VRIJE UNIVERSITEIT

Quality Management Guidelines for Islamic Societies

ACADEMISCH PROEFSCHRIFT

ter verkrijging van de graad Doctor aan
de Vrije Universiteit Amsterdam,
op gezag van de rector magnificus
prof.dr. V. Subramaniam,
in het openbaar te verdedigen
ten overstaan van de promotiecommissie
van de Faculteit der Geesteswetenschappen
op donderdag 12 januari 2017 om 11.45 uur
in de aula van de universiteit,
De Boelelaan 1105

door

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Quality Management Guidelines for Islamic Societies

Nasser Al-Salmani

VU University Press, Amsterdam
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<th>Description</th>
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<td>BEMs</td>
<td>Business Excellence Models</td>
</tr>
<tr>
<td>HRM</td>
<td>Human Resource Management</td>
</tr>
<tr>
<td>CSR</td>
<td>Corporate Social Responsibility</td>
</tr>
<tr>
<td>DP</td>
<td>Deming Prize</td>
</tr>
<tr>
<td>EFQM</td>
<td>European Foundation for Quality Management</td>
</tr>
<tr>
<td>ERIM</td>
<td>Erasmus Research Institute of Management</td>
</tr>
<tr>
<td>IWEs</td>
<td>Islamic Work Ethics</td>
</tr>
<tr>
<td>ISO</td>
<td>International Organization for Standardization</td>
</tr>
<tr>
<td>KPIs</td>
<td>Key Performance Indicators</td>
</tr>
<tr>
<td>MBNQA</td>
<td>Malcolm Baldrige National Quality Award</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>NQAs</td>
<td>National Quality Awards</td>
</tr>
<tr>
<td>PWEs</td>
<td>Protestant Work Ethics</td>
</tr>
<tr>
<td>TCs</td>
<td>Ten Commandments</td>
</tr>
<tr>
<td>TQM</td>
<td>Total Quality Management</td>
</tr>
<tr>
<td>SQUH</td>
<td>Sultan Qaboos University Hospital</td>
</tr>
<tr>
<td>SOPs</td>
<td>Standard Operating Procedures</td>
</tr>
<tr>
<td>QMAs</td>
<td>Quality Management Awards</td>
</tr>
<tr>
<td>RADAR</td>
<td>Result, Approach, Deploy, Assess, and Refine</td>
</tr>
</tbody>
</table>
# Glossary of Terms Used in Chapter 2

<table>
<thead>
<tr>
<th>Islamic term</th>
<th>Arabic</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adl/Adil</td>
<td>العدل</td>
<td>Justice</td>
</tr>
<tr>
<td>Allah</td>
<td>الهد</td>
<td>The name for God in Islam. This term is used by Arabic speakers of all Abrahamic faiths, including Christians and Jews. Allah is the only real Supreme Being, the all-powerful and all-knowing Creator, Sustainer, Ordained, and Judge of the universe. There is no plural, masculine, or feminine form of this word in Arabic. This denotes the One True God, the Almighty Creator, Who is neither male nor female. Islam puts great emphasis on the conceptualization of God as strictly singular (tawhid). God is unique (Wahid) and inherently one (ahad), all-merciful, and omnipotent. Islam teaches that Allah is the same God worshipped by the members of other Abrahamic religions, such as Christianity and Judaism.</td>
</tr>
<tr>
<td>Bayt al mal</td>
<td>بيت المال</td>
<td>Treasury of the Muslim community and forerunner of the state treasury. The funds contained in the Bayt al-mal were meant to be spent on the needs of the Ummah (community).</td>
</tr>
<tr>
<td>Fa’ida ribawiya</td>
<td>فائدة روبية</td>
<td>Usurious interest.</td>
</tr>
<tr>
<td>Fiqh</td>
<td>فقه</td>
<td>This is the science of the Shari’ah. Fiqh is based on practical jurisprudence and the teachings of the fuqaha (specialists in Shari’ah).</td>
</tr>
<tr>
<td>Fatwa</td>
<td>قتوى</td>
<td>An authoritative legal opinion based on the Shari’ah (Islamic law).</td>
</tr>
<tr>
<td>Hadith</td>
<td>حديث</td>
<td>The narrative record of the sayings, doings, and implicit approval or disapproval of the Prophet, peace be upon Him.</td>
</tr>
<tr>
<td>Halal</td>
<td>حلال</td>
<td>The opposite of Haram; permissible, lawful, said of a deed that is not prohibited by Allah.</td>
</tr>
<tr>
<td>Haram</td>
<td>حرام</td>
<td>Illegal, in opposition to halal, unlawful, forbidden.</td>
</tr>
<tr>
<td>Hussn Niya</td>
<td>النية</td>
<td>Good faith, intention.</td>
</tr>
<tr>
<td>Ijma’a</td>
<td>الاجتماع</td>
<td>The consensus of jurists; considered a binding legal indicator (dalil) in the classical jurisprudence. Ijma’a has traditionally been recognized as an independent source of law, along with the Qur’an, Sunna, and Qiyas (analogical deduction).</td>
</tr>
<tr>
<td>Arabic Term</td>
<td>English Term</td>
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<td>-------------</td>
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<tr>
<td>Ijtihad</td>
<td>The endeavor of qualified jurists to formulate a new rule of law based on existing sources, namely the Qur'an and Sunna.</td>
<td></td>
</tr>
<tr>
<td>Islam</td>
<td>Submission, which dictates that a believer must submit to the will of the one Almighty God (Allah), conforming inwardly and outwardly to His laws. The doctrine of One God is the most emphasized and repeated principle in the Qur'an.</td>
<td></td>
</tr>
<tr>
<td>Istihsan</td>
<td>Juristic preference. In Islamic jurisprudence, this refers to departure from the application of a ruling on an exceptional basis by taking a lenient view of an act that may otherwise cause unfairness or distress.</td>
<td></td>
</tr>
<tr>
<td>Manfa‘ah</td>
<td>The yield that a utilizable property produces. The term is often used to describe the usufruct associated with a given property, especially in leasing transactions. In an automobile lease, for example, the term manfa‘ah might be used to describe the benefit.</td>
<td></td>
</tr>
<tr>
<td>Murabahah</td>
<td>A sale in which the cost price, the profit margin, and other costs to the seller are stated at the time of the contract. The settlement of the price is normally made on deferred payment terms.</td>
<td></td>
</tr>
<tr>
<td>Maqasid al-Shari`ah</td>
<td>The objectives of the Shari<code>ah. The expression Maqasid al-Shari</code>ah refers to the comprehensive goals and purposes of the Shari`ah to aid in interpreting or explaining new cases and to help improve existing rulings.</td>
<td></td>
</tr>
<tr>
<td>Mubadala</td>
<td>Exchange, swap.</td>
<td></td>
</tr>
<tr>
<td>Maslaha</td>
<td>Utility, usefulness.</td>
<td></td>
</tr>
<tr>
<td>Mufti</td>
<td>A highly qualified Sharia specialist who issues fatawa (sing. fatwa, informed legal opinion), usually in response to questions posed to him.</td>
<td></td>
</tr>
<tr>
<td>Muraqabah-Riqabah</td>
<td>Muraqabah comes from the word raqib, which means to follow, watch, and keep tabs on.</td>
<td></td>
</tr>
<tr>
<td>Mutabakah</td>
<td>Conformity, compliance, accordance.</td>
<td></td>
</tr>
<tr>
<td>Niya – Niyyah</td>
<td>Niyyah means “intention.” If someone intends to perform a good deed but his actions are cut short due to no fault of his/her own, then this individual still receives the thawab (plus points) for it as if he or she had succeeded.</td>
<td></td>
</tr>
<tr>
<td>PBUH</td>
<td>“Peace be upon Him.” Muslims say “peace be upon Him” after every mention of the Prophet Muhammad’s name as a mark of respect. The Arabic translation of peace be upon Him is sallallahu alayhi wa sallam.</td>
<td></td>
</tr>
</tbody>
</table>
### Glossary of Terms Used in Chapter 2

<table>
<thead>
<tr>
<th>Term</th>
<th>Arabic</th>
<th>English</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qiyas</td>
<td>القياس</td>
<td>The process of analogical reasoning as applied to the deduction of juridical principles from the Qur’an and the Sunna (the normative practice of the community). With the Qur’an, the Sunna, and the ijma’a (scholarly consensus), it constitutes the four sources of Islamic jurisprudence.</td>
</tr>
<tr>
<td>Qur’an</td>
<td>القرآن</td>
<td>The Holy Book of Divine Revelation that was delivered to humankind by the Prophet Mohammed, PBUH.</td>
</tr>
<tr>
<td>Riba</td>
<td>الزبا</td>
<td>Literally: supplement or increase. Riba is equated either with interest or with usury.</td>
</tr>
<tr>
<td>Sahih</td>
<td>صحيح</td>
<td>Valid, said of a valid contract; the opposite of batil, a hadith of the highest level of authentication, that is, Sahih Bukari and Muslim.</td>
</tr>
<tr>
<td>Shari’ah</td>
<td>الشريعة</td>
<td>Often referred to as Islamic law. Shari’ah as a legal case did not exist at the time the Qur’an was revealed. It is a system that is all too often misunderstood and misinterpreted in the West. It refers to the rulings contained in and derived from the Qur’an and the Sunna (sayings and living example of the Prophet Muhammad, PBUH). These cover every action performed by an individual or a society. Shari’ah is primarily concerned with a set of values that are essential to Islam and the best manner of their protection. The essential values of the Shari’ah include faith, life, intellect, lineage, property, protection of honor, fulfillment of contracts, preservation of ties of kinship, honoring the rights of one’s neighbor insofar as the affairs of this world are concerned, and the love of God, sincerity, trustworthiness, and moral purity in relation to the hereafter.</td>
</tr>
<tr>
<td>Shura</td>
<td>الشورى</td>
<td>Consultation</td>
</tr>
<tr>
<td>Sunna/Sunnah</td>
<td>السنة</td>
<td>The way of the Prophet Mohammed, including his sayings</td>
</tr>
<tr>
<td>Taqwa</td>
<td>التقوى</td>
<td>Taqwa is a concept in Islam that is interpreted by some Islamic scholars as God consciousness. It has many further understandings and interpretations. Taqwa may mean piousness, fear of Allah, love for Allah, or self-restraint. Having Taqwa allows a person constantly to be aware of both God’s presence and His attributes and serves as a reminder of his/her relationship with and responsibility to God as His creation and servant. Scholars explain that the way to Taqwa is through obedience to God, avoiding disobedience, and striving to stay away from doubtful matters.</td>
</tr>
</tbody>
</table>
Usul al-fiqh

Means the “roots of the law,” which are (a) the Qur’an; (b) the Sunna; (c) the Ijma’a or “consensus” of the community of Islamic scholars; and (d) the Qiyas, or analogical deductions and reasoning of the Islamic scholars.

References:
– Islamic-dictionary.com/glossary
– Islamic-banking.com/glossary
– Islamicfinancenavigator.com/glossary
Chapter 1: Introduction

So give back to Caesar what is Caesar’s, and to God what is God’s. (Matthew 22: 15–22)

The quotation above refers to the fundamental differences between Islamic and Western modes of thinking. A defining feature of the Western world is the separation of church and state, which, according to Huntington (1997), is “Western culture’s key contribution” (p. 139) to civilization. It is a direct result of Christianity’s influence on the formation of Western civilization. Stepan (2000) contended that this separation is “foreign to the world’s other major religious systems” (p. 38). This division between the religious and the secular realm has resulted in many Christian values guiding Western practices, taking an implicit role within cultural practices, and acting as an invisible cultural base rather than a visible structure. In Islam the opposite is true. As Lapidus (1975) noted, “in the early polity led by Muhammad and in the early decades of the Caliphate, membership in the Muslim community entailed participation in a state order, with one person, the Caliph, representing both the religious and the political aspects of Muslim identifications” (p. 384). Religion/the Mosque and the State are united, and this is reflected in most cultural practices.

These differences in Islamic and Western views of the relationship between the church/the Mosque and the state, as well as their influence on cultural practices, affect the development of different aspects of life, including quality management practices. In Western organizations Christian values often remain implicit. Although Christian values often provide the ethical and moral basis for organizational structures and practices, it is the language of business—efficiency, profit margins, and customer service goals—that characterizes the quality management models developed in Western societies.

Many Arabic/Muslim countries, such as Oman, the United Arab Emirates (UAE), Egypt, and Jordan, have attempted to apply these existing quality management approaches to their business practices. However, these attempts have encountered challenges. For instance, Jordan adopted a Western model, the Malcolm Baldrige National Quality Award (MBNQA) Criteria Model, but found that its features do not fit some aspects of management, the public sector, or human resource management (HRM) and procurements. Jordan then changed to another Western model, the European business excellence model (BEM) or Eur-
opean Foundation for Quality Management (EFQM) Excellence Model, but faced the same challenges. As a result, Jordan has tailored its own model.

The lack of explicit religious values within each of the above-referenced models makes their adoption by and implementation in Islamic organizations problematic. Islam is a constitution, a doctrine, and a law that regulates all spheres of society—the political, the economic, and the social. Islam provides clear moral and ethical values that must be followed and acknowledged in business cultures, including in the development of quality management practices (Saeed, Ahmed, & Muktar, 2001).

In contrast, Western-centric models focus largely on output and returns. The differences can also be formulated as follows: while, in the Western world, the models are designed to generate intended effects, in the Islamic world, models are required that have prior in-built moral behavioral values. This is an explicit normative position and an explicit requirement in the Muslim world for the acceptance and implementation of quality models. Put differently, the Muslim world requires an explicit connection between moral and ethical values and business practices. Such a concept of quality, as well as a model for implementation, is lacking. This thesis is an attempt to address this deficiency and develop an alternative or specified model for the Islamic world.

Most Western countries have developed their own BEMs, whereas less developed societies have adopted them. The Western models aim to understand the requirements of excellence, enhance customer satisfaction, and increase competitiveness. However, each of these quality management models has been developed to address particular circumstances. Moreover, a model developed in one country may not be suitable for use in countries with a different culture. This is particularly true when countries that are influenced by the Islamic Shari’ah, an Islamic law that has been derived from the Qur’an (God’s word) and Sunna (the Prophet Mohammed’s words and deeds), attempt to implement Western quality management awards (QMAs) in their business practices. For instance, the King Abdullah II Centre for Excellence in Jordan attempted to implement the MBNQA or the European quality model but failed due to certain differences in the management culture (e.g., procurement procedures).

The Western models, which focus solely on achieving specific business-related goals, are not easily adapted to include the Islamic ethics and values (set forth in Islamic legislation) that shape the Muslim culture and guide Muslim behavior. The components of the Islamic ethical system construct the Islamic management model, which consists of a number of Islamic work ethics (IWEs) that must be acknowledged explicitly in business practices. The quality management approaches that are currently available are the Deming Prize (DP), the MBNQA model, the EFQM, and the ISO 9001 certification scheme (CS), which were in-
vented in the West. As I have argued before, there is a need to develop a model from an Islamic perspective.

This research is based on the assumption that the present Western models are incompatible with Islamic lifestyles. Islamic “values” are religious and moral in nature, and they are meant as prescriptions on how to conduct life, while Western models do not fit within the dominant value pattern of Islam, which has a wide impact on daily life in Islamic countries (Zakaria & Abdul-Talib, 2010). As a result, Western models do not satisfy the requirements of the IWEs (Ahmed, 2011; Lewison, 1999). Concepts that are highly important in the Islamic Shari’ah are not addressed by the existing quality approaches, such as halal (something that is lawful and permitted in Islam) and haram (the opposite of halal).

In contrast, many business models, specifically the MBQNA Criteria Model, also refer to “value” but with a totally different meaning. The best proxy for “value” in business quality models is “principle” or “distinguishing feature.” Since the concept of “value” has become common usage in the scholarly literature on business sciences, I adopt this usage. However, the values in Islamic society that I refer to consist of religious values, while those in Western scholarship are predominantly market values. Consequently, the term “value” may be the same, but it refers to different phenomena in different contexts.

As argued above, in the present literature, there is no quality model that adheres to the requirements of Muslim societies. Assuming that the Western models do not fit, it is of paramount importance to develop such a model for Islamic societies; this represents the major contribution of this study. The second aim of this research concerns the formulation of recommendations regarding the implementation of the model. This may affect the model and call for its adaptation. Hence, the two goals of this study are interrelated.

In the preceding discussion, I used the term “quality” in a very general sense. However, the concept of quality—which is central to this study—has different features. Without indulging in an extensive discussion, I will highlight a few aspects that are of interest for the present research.

Reeves and Bednar (1994) classified the definitions of quality according to the roots of the various definitions, which are excellence, value, conformance to specification, and meeting and exceeding customers’ expectations. The concept of quality has also been expanded to include a discussion of values. In this regard Feigenbaum (1951) noted that “quality does not have the popular meaning of best in any absolute sense. It means best for certain customer conditions. These conditions are (a) the actual use and (b) the selling price of the product. Product quality can not be thought of apart from product cost” (p. 1).

Over the years, quality has been defined in various ways by quality gurus and authors. For instance, it has been defined as conformance to specifications (Gillmore, 1994; Levitt, 1972) and conformance to requirements (Crosby, 1979). To
meet specifications, make a product or service fit for use, and fulfill the quality requirements, Crosby (1979) emphasized the importance of success the first time. Juran, Gryna, and Bingham (1974) and Juran and Gryna (1988) defined quality as fitness for use and contended that quality does not happen by accident; instead, it is a result of planning. Clarke (1998) reviewed many definitions of quality and concluded that most of the definitions focus on one thing—doing the right thing in the right way.

Other authors have focused on the customer and suggested that quality should not only meet the requirements but should also in fact exceed the customers’ expectations (Gronroos, 1983; Parasuraman, Zeithaml, & Berry, 1985). Deming (1982) also envisioned quality as something that is determined by the customers. Feigenbaum (1999), who was the first to use the term total quality control, stated that “the key is transforming quality from the past emphasis on things gone wrong for the customer to emphasis upon the increase in things gone right for the customer, with the constant improvement in the sale and revenue growth” (p. 376).

It was not until after World War II that the concept of quality began to be used widely. Over the decades the concept of quality has undergone several iterations in terms of the vision regarding the implementation of the quality basics and the principles evolved. The notion of quality has evolved from focusing solely on business outputs (the product) to focusing on all the aspects of the business management systems involved in the production process. This evolution of the quality concept can be divided into the first, second, and third generations of quality management.

This brief outline demonstrated the complexities of the concept of quality; these become even more apparent when one tries to apply it to different sectors. The quality requirements of a police force, for example, are different from those of a university. Every human activity is assessed according to different standards, and the same activity can be judged using several criteria. Moreover, uniform standards of assessment for one activity are rare. These observations suggest that one should not assume overall uniform standards but should instead be sensitive to the specificity of the type of activity or sector.

In this research the Islamic quality model will be restricted to the health care sector in Oman. The rapid expansion of the health care sector and the demand for health care services in a developing country like Oman result in the need for a quality model or guideline that fits the country’s context and culture. Consequently, the Ministry of Health (MoH) in Oman has developed a health plan called “Health Planning 2050” to raise the level of health care services to international standards. A quality management model/guideline is helpful when it comes to ensuring the effective and efficient implementation of the plan. Moreover, the health care sector has zero tolerance of defects or mistakes, because it deals with
human life, and errors could lead to death or long-term disability. In addition, a personal reason to embark on this research is that I am familiar with the health care sector and have extensive practical knowledge about it.

Considering the aim of the research, the central research question was formulated as follows: What are the specificities of a quality management model for the health care sector in Islamic cultures? This question does not rule out fundamental or coincidental similarities between the Islamic requirements and the current Western models. However, at this level the commonalities between the models are too general to be of practical relevance. What the question is probing involves the specificities that an Islamic quality model should possess to be of practical use in an Islamic society.

The main research question can be broken down into sub-questions that mirror the three aims of the research outlined above, as follows:
1. What are the Islamic requirements of a quality model?
2. What should a model for the health care sector in Islamic societies look like?
3. What are the requirements for implementing such a model in Islamic countries?

The first sub-question is addressed by outlining the relevant values in Islamic cultures. These are considered at the general level, since one can argue that every Islamic country has different concrete Islamic values.

The general Islamic values will be used as criteria to evaluate the Western models to determine whether they fit with the Islamic social environment. Their evaluation enables the specification of the properties that health care sector models should include. Based on these specificities, a model is designed; however, this represents a construct of the researcher. To determine whether the model can gain broad acceptance in the relevant society (Oman), it is discussed with Omani health care workers with a view to improving and fine-tuning it. This procedure yields a finely tuned model for the health care sector in Oman. The choice for this sector should be obvious: the model should be of practical use and value for this sector. Moreover, the author was employed in this sector, possesses knowledge about its practices, and has networks conducive to this research. Thus, the choice of country is practical: the author lives and works in Oman, and the authorities of that country are in need of a quality model. Due to the selection of Oman as the focus of the research, the findings may not be entirely applicable to similar countries in the region. However, I have tried to address this limitation by incorporating the experiences of these countries into the research.

The third question is addressed via a Delphi study chaired by the Mufti (the prime Islamic leader in Oman) and involving Omani experts and many religious and political leaders. The major aim here is to fine-tune the model as well as to identify and specify the (pre)conditions for the implementation of the model.
Relevance of this study

The scholarly relevance of this study is located in its explicit linkage with Islamic values. These values or guidelines are an explicit prerequisite for the use of the quality model in Islamic societies. By developing such a model, this study contributes to a model that has hitherto been absent from the scholarly literature. While the current Western models are often implicitly founded on values, these are rarely made explicit. In the next chapter I will establish these differences, but for the moment it should be noted that the Western and Islamic models cannot be taken as full substitutes, although there is some overlap. With the development of an Islamic model for quality management, this study contributes to the scholarly literature beyond the available models in the Western and the Islamic world.

More specifically, models like the MBQNA Criteria Model refer to “value,” but their meaning is different from that employed in Islamic societies. These criteria are prescribed by Islamic guidelines, which is a fundamental difference between a society in which church and society are not separated and a society in which market values predominate. The added value of this study therefore consists of the construction of a quality model for a non-market type of society (cf. Whetten, 1989).

The second contribution of this study consists of its societal relevance, as the model is required by Islamic societies such as that of Oman and can be implemented to cater to their practical need. In most cases the Western values are commercial, including sales, profit, and output. These models, although they are not absent from Islamic societies, generally do not fit into Islamic societies. These societies require models that are not only explicitly based on their religious values, notably the Islamic work ethics. They also take these guidelines into account when implementing them. Consequently, in the latter societies, quality includes—and often depends—on the person supplying the service. That is to say, the quality of the person (the service provider) matters too. This study contributes both to the scholarly and to the societal need to incorporate Islamic guidelines into the quality model.

Outline of the Thesis

After this introduction to the research problem, aims, and questions, the rest of the thesis consists of seven chapters and six appendices.

Chapter 2 aims to identify and specify the Islamic values that matter for quality management. As stated above, these specific Islamic values are determined at the general level. They serve the methodological function of criteria for the assessment of the Western models. This chapter attempts to develop explicit IWEs. To
substantiate this perspective, the sources of Islamic legislation are illustrated and the advantages of the IWEs are highlighted. The Ten Commandments (TCs) of Islam are emphasized to make a connection with the IWEs.

In Chapter 3 three categories of quality models are discussed, namely BEMs, CSs, and quality management improvement systems. The central aim of this chapter is to determine whether the Western models contain elements that are useful for the development of an Islamic model or whether they are incompatible with it. The chapter evaluates the models and discusses the requirements for an Islamic model. It concludes with the “first draft” of the desired model.

Chapter 4 presents the methodology of the fieldwork conducted in this thesis. It explains the study location and the research methods used to collect the data. Two methods were used in this research, which are quantitative (survey) and qualitative (three Delphi sessions). The survey was conducted in 2 governmental hospitals and involved 190 health care workers. The Delphi sessions were conducted in 3 stages; the first session involved health care personnel from 4 governmental hospitals, the second included 28 quality officers from all the regions in Oman, and the third was carried out with the Mufti and experts from different sectors. The description of each method includes the sample used, the selection, and the results. For the chapter on the implementation, I visited 3 other Islamic countries to identify the best practices and preconditions for successful implementation. The duration of these visits varied from 1 to 4 weeks. The results of these visits are reported in chapter 6.

Chapter 5 presents the feedback from Omani health care workers and other experts concerning the preliminary model. The model was presented at a round-table discussion involving major leaders from different sectors, including the Government, universities, and the private sector. The research benefitted greatly from this discussion. The outcome of this exercise was that the model was supplemented, modified, and fine-tuned. This established a firm basis and perception in the Omani health care sector that this is a relevant instrument to improve health care.

Chapter 6 addresses the issue of implementation. The suggestions made and the discussion conducted during all the Delphi sessions yielded valuable insights into the best way to finalize the model. The chapter sets the conditions required for the implementation, preconditions, missing conditions, and actors who should take responsibility for it. It concludes by describing the implementation process, which is divided into three stages, namely preparation, implementation, and evaluation.

Chapter 7 concludes the study. It summarizes the model and specifies its Islamic features. This chapter also highlights the theoretical added value of the research.
Chapter 2: Islamic Work Ethics

2.1. Introduction

The way in which business is perceived and conducted differs from one country to another due to differing religious and business ethics. In countries where Islam is the official religion, constitutions are based on the Shari’ah, the Islamic law that governs all aspects of Muslim life, including business. Business is further regulated by government legislation. Muslim scholars describe these governmental policies as the source of Islamic legislation. Managers who intend to conduct business in a Muslim country must be fully aware of the IWEs and Islamic legislation. Only a few studies on IWEs have been published in the literature.

A number of studies have been conducted to examine work ethics, but most of these have focused on the United States and Europe (Lim & Lay, 2003; Ragab Rizk, 2008; Rice, 1999). These studies have been conducted in the tradition of Max Weber’s theory and the Protestant work ethics (PWEs; Ahmed, 2011). In contrast, as Abuznaid (2009) noted, very little research has been conducted on IWEs. One significant study, completed by Yousef (2000), concluded that the IWEs and PWEs both focus on hard work, commitment to the organization, creativity in work, and cooperation among employees during working hours. This suggests that the topic of IWEs has not been discussed deeply or received sufficient attention. However, the few studies found suggest some commonalities between the IWEs and the PWEs, as mentioned above.

The IWEs are broad principles guiding daily activity in Muslim society. However, these principles have never been translated into a practical framework or standard operating procedures (SOPs) for business practices. Indonesia has taken steps to promote the IWEs through an Islamic micro-finance initiative and the implementation of Act No. 7 of 1992 relating to the banking sector, but this attempt remains insufficient (Rokhman, 2010). Act No. 7 is the blueprint of Islamic banking developed in Indonesia; this was followed by the establishment of the country’s first Shari’ah-compliant bank. In many Islamic societies, ethical values constitute the basic components of a society’s culture as well as social behaviors toward the economic system of that society. Religion is therefore considered to be a fundamental determinant of social behavior (Schneider, Krieger, & Bayraktar, 2011).

This chapter discusses the relationship between Islamic religion and Islamic ethics. It begins with an examination of the Islamic view on work ethics. The
chapter discusses the sources of Islamic legislation and the ways in which it provides an ethical base for business operations in Islamic societies. It highlights the TCs of Islam and the ways in which this ethical code differs from the commandments proffered by other religions. The TCs of Islam are used in this research to display the connection between the IWEs and the TCs in a way that describes the implications for organizations. In the discussion I highlight the shared values between the West and the Islamic world, as well as the values that are specific to the Islamic world. These specificities, either at the conceptual level or in the practice of values, will be used to define the requirements for an Islamic model for the health care sector.

2.2. The Islamic View of Work Ethics

*Islam* is an Arabic word that means submission, surrender, and obedience to God’s will as well as peace of body and soul. As a religion, Islam dictates “the complete submission and obedience to Allah” (Abbasi et al., 2010). The path to this obedience is through a set of guidelines systematizing all aspects of Muslim life, including working in an organization and/or performing business. These guidelines act as work ethics and are commonly known as IWEs. These can be derived from Islamic legislation and are defined as “the set of moral principles that distinguish what is right from what is wrong” (Beekun, 1997, p. 1).

The terms “business” and “private administration” are used interchangeably in Islamic references. Islam defines private/business administration as “any permissible activity by an individual or a group through which to submit items to the public is permissible in certain period of time permitted to achieve the objectives are to maximize profits from legitimate” (Al-Ashari, 2000). The terms “permitted” and “legitimate,” as found in the previous passage, constitute the basis for the concept of business in Islam. Private administration or business is not just a tool but a behavior that must comply with the Shari’ah.

Ahmed (2011, p. 851) claimed that “there isn’t much contribution by researchers on Islamic work ethics but there are a few authors whose work has contributed towards promoting and highlighting Islamic work principles in organizational life.” Ahmed (2011) summarized the studies conducted on IWEs as shown in Table 2.1.
Table 2.1: Studies Conducted on IWEs (Ahmed, 2011).

<table>
<thead>
<tr>
<th>Authors</th>
<th>Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ali (1988, 1992)</td>
<td>Two studies on IWEs regarding the IWEs in Saudi Arabia and scaling an IWE.</td>
</tr>
<tr>
<td>Furnham (1984, 1991), Rehman et al. (2006), and Yousaf (2001)</td>
<td>These authors suggested that greater work commitment and job satisfaction result in more satisfied employees in a study on IWEs.</td>
</tr>
<tr>
<td>Abbas et al. (2007)</td>
<td>These researchers investigated the centrality of the IWEs in the lives of managers in Kuwait and provided a useful insight into the nature of the work environment and organizational culture. Their results indicated that managers achieved high scores on IWE and loyalty scales. There was a positive high correlation between the two measures. In particular, it was found that expatriates scored higher than Kuwaiti managers on both IWEs and loyalty and men scored relatively higher than women on IWEs.</td>
</tr>
<tr>
<td>Naresh and Raduan (2010)</td>
<td>These authors presented an in-depth analysis of the IWEs and their influence on innovation capability in the public sector. The unit of analysis for their study was the Malaysian public sector. The IWE measure was found to be significant, with a moderate correlation and positive relationship with the innovation capability scale.</td>
</tr>
<tr>
<td>Mahmood and Ismael (2009)</td>
<td>These researchers studied the impact of the IWEs on Arab college students in Israel. The participants included male and female students from an academic college and a technical college in northern Israel. According to the results of their study, there was a strong and highly significant correlation between the IWE and individualism scales.</td>
</tr>
</tbody>
</table>

Under Islam “permitted” business activities are defined as services or products that are not forbidden by the Shari’ah; forbidden practices include usury, trading in alcoholic drinks, and activities that are not beneficial for the citizens and community. That activities should be “legitimated” indicates that businesses should not seek high profits at the cost of the consumers; rather, they should aim to achieve reasonable profit margins. In the Islamic financial system, for instance, banks are not allowed to earn interest on financial loans (Sakai, 2010). Instead, they may conduct business through a commercial financing system called “Murabaha,” which provides cost and resale transactions (Lewison, 1999). Murabaha
involves three parties, namely the financier, the broker, and the consumer. The financier purchases goods from the broker and then resells the goods to the consumer. Through this system, customers receive goods and can pay for them on deferred payment terms. At the same time, the bank is able to provide a permitted service as well as making legitimate, reasonable profits.

Islam promotes social equality, a value that some might consider to be an obstacle to entrepreneurialism. However, as Wang and Yang (2011) note, Islam actually encourages business; they claim that “drawing on Marxism, Rodinson views Islam as a neutral factor and tries to dispel the negative perception among the western academia of the relationship between Islam and modern capitalism” (p. 557). Brammer, Millington, and Rayton (2007) and Sakai (2010) identified several criteria or prerequisites for conducting business from an Islamic perspective. First, the business should be permissible under Islam. Second, the business should maintain the Islamic moral and ethical system. Third, it should be free from interest on loans or usury. In addition, the price of goods must be determined, thereby prohibiting speculation. A business must also avoid forming a monopoly or withholding goods to raise the prices later. Finally, uncertainty is prohibited in trading—the goods must be in the hands of the seller before they are sold to the customer.

At its core, the Islamic concept of administration is taken from the Islamic faith (Abbasi et al., 2010; Wang & Yang, 2011); this can be characterized as follows:

a. It is a comprehensive approach that transcends the human being spiritually, mentally, morally, materially, politically, economically, and socially. A holistic system will be more advantageous in an organization;

b. It is an approach that creates balance between the individual and the group interests, between religion and life, and between the material and the soul;

c. It is a practical approach that suits any time and place. Islam is not fixed but flexible, and Muslims can adapt to life in any society;

d. It is a spiritual approach that encourages reflection about the reason for our existence in this world. According to the Qur’an, “Blessed is He in whose hand is the sovereignty, and He is Able to do all things. Who hath created life and death that He may try you, which of you is best in conduct” (67: 1–2);

e. It is a behavioral and ethical approach stressing values like justice, trustworthiness, and equality;

f. It is a gradualistic approach. By nature, humans fear change and tend to oppose new ideas, but Islam has offered a system called gradualism (Tadaruj). The aim of this system is to take steps in advance to prepare minds for accepting a new idea. For example, the prohibition of alcohol for Muslims started in the Qur’anic verse focused on disliking alcohol and describing its disadvan-
tages. The second step in prohibition—to prohibit alcohol completely—was introduced in another verse; and
g. It is a contingency approach that dictates alternative plans for unpredicted events. For instance, Ramadan is a month of fasting, but if someone were to become ill or need to travel, he is permitted to eat and fast for the same period at a later time. This demonstrates how merciful God is and that Islam is a merciful and flexible religion.

2.3 The Sources of Islamic Legislation

Islamic legislation, or Islamic law, offers principles and guidelines that regulate the physical, social, spiritual, economic, and political life of Muslims. This legislation primarily derives from four sources; the Qur’an (texts that have been descended by Allah) and the Sunna (actions and words of the Prophet Mohammed, Peace Be upon Him [PBUH]) act as primary influences. All beliefs, principles, and rulings in Islam are derived from these two sources. As Imam al-Shaafa’i (may Allah have mercy on him) said, “no view is binding unless it is based on the Book of Allah or the Sunna of His Messenger (peace and blessings of Allah be upon him). Everything other than them should be based on them” (Jimaa’ al-‘Ilm, 1986, p. 11). The other two sources of Islamic legislation are the Consensus of Scholars (IJma’a) and the Analogy (Qiyas). Together, these four texts provide the sources for the Islamic business ethics model. The companions, those who had met or had seen the Prophet Muhammad, believed in him, and died as Muslims, suggested some other sources, such as the Al-maslahah Al-mursalah and Maqasid Al-Shari’ah (K. Alkarousi, personal communication, March 12, 2013). Islamic researcher Jasser Auda noted that the “literal and nominal methods that were developed, until the fifth century, proved incapable of coping with the complexities of the evolving civilization. This is why unrestricted interest (al-maslahah al-mursalah) was developed as a method that covers what was not mentioned in the scripts, and thus, compensates for the limitations of Qiyas” (Auda, 2008, p. 50). These sources are listed below.

Al-Qur’an: The Qur’an is the most important source of teaching in Islam and is considered the verbatim word of Allah (Beekun & Badawi, 2005) as stated to his messenger, the Prophet Mohammed (PBUH). All instructions and guidelines for human behavior are derived from the Qur’an (Abbasi et al., 2010).

Sunna: The Sunna represents the words of the Prophet Mohammed (PBUH) as well as his deeds (Beekun & Badawi, 2005). It is the second source of legislation in
Islam. The Prophet Mohammed (PBUH) is considered as the teacher and leader of Muslims.

**Consensus of Scholars (Ijma’a):** When there is disagreement about an issue related to Muslim life, Muslim scholars discuss the matter and reach a consensus. However, the scholars are obliged to consult the Qur’an or Sunna for similar situations and follow the solution presented in the texts. This means that the Qur’an and Hadeeth are the sources for other sources like the Ijma’a (Beekun & Badawi, 2005).

**Analogy (Qiyas):** Analogy is initiated by newly occurring situations. The rule addressing the situation will be derived from similar situations mentioned in the Qur’an or Sunna. Analogy itself derives from the Qur’an and Sunna.

**Al-Masaleh al-mursalah:** This is a source that has been suggested by companions and Muslim scholars to clarify complicated issues. It is often referred to unrestricted public interests or considerations that secure a benefit or prevent harm but at the same time are in harmony with the objectives (Maqasid) of Shari’ah (Obaidullah, 2011). Auda (2011) argued that the Qiyas could not handle all new situations because it was restricted to specific conditions. Therefore, it was important to find another method that would provide solutions for new situations. According to Auda (2011), al-Masaleh al-mursalah was developed to fill this gap, and it has played a role in developing another source, known as Maqasid theory.

**Maqasid Al-Shari’ah (Maqasid theory):** Maqasid al-Shari’ah in Islam are the goals that legislation has been enacted to achieve. Abdul-Malik al-Juwaini (d. 478 AH/1185 CE), who is considered as one of the great contributors to Maqasid Al-Shari’ah, described it as something that is not subject to opposing tendencies and differences of opinion over interpretations. He provided some examples, such as the “re-constructed” Islamic law as “facilitation” in the laws of purification, “elevating the burden of the poor” in the laws of charity, and “mutual agreement” in the laws of trade (Auda, 2008). Maqasid Al-Shari’ah is divided into general and special purposes, including saving religion, the mind, money, the self, and one’s offspring. They offer four primary benefits related to Islamic law as follows: a correct understanding of the law; a deeper understanding of the Book of Allah and the Sunna of His Prophet (PBUH); access to the legitimate government in times of calamity, which is not provided for in the Sharia; and easing the people’s religious and life affairs.

The sources of Islamic legislation play a major role in regulating different aspects of Muslims’ lives. They represent an ethical system guiding all Muslims’
behaviors. Figure 2.1 illustrates the relationship between Islamic Shari’ah, ethics, and Muslim behavior.

**Figure 2.1**: The Relationships between Islamic Shari’ah, Ethics, and Muslim Behavior.

According to Saeed et al. (2001), this relationship suggests that the Islamic religious perspective deserves attention for five reasons. First, it shapes the moral and ethical behavior of a growing population (representing more than one-quarter of the world) through a balanced framework. Second, this growing Muslim population comprises some of the richest consumers in the world. Third, the number of investments in Muslim countries is growing, and, fourth, there is an intention to form a Muslim trading block. Finally, political indicators show that there is a trend toward Islamization and the application of the Islamic Shari’ah.

In Islamic philosophy mankind is accountable to God and his words. An individual’s deeds determine his treatment in the afterlife (Tsalikis & Lassar, 2009). The Islamic community is organized through the Shari’ah, a set of Islamic rules and regulations derived from the Qur’an and Sunna that organizes Muslim life affairs. Unlike Western societies, in which the state and the church separated centuries ago, the sources of Islamic Shari’ah are the foundation of legislation for every aspect of life, including business practices. Not many people around the world understand Islam and realize that it contains an entire socioeconomic system based on a set of ethical values. Rice (1999) argued that the Islamic ethical
system is based on Islamic concepts that emphasize human well-being and a good life, thereby leading to brotherhood/sisterhood and socioeconomic justice. However, these goals can only be achieved if a balance between humans’ material and spiritual needs is achieved. As Saeed et al. (2001, p. 127) noted, “at the heart of the Islamic marketing is the principle of value maximization based on equity and justice (constituting just dealing and fair play) for the wider welfare of the society.”

Ethics represent the application of moral codes in a culture or a society. There are two categories of moral philosophies—deontological and teleological (Cornwell et al., 2005). Deontology concentrates on individuals’ actions, either right or wrong. Under the deontological view, individuals tend to perceive that right behaviors lead to good results. From a teleological, relativistic viewpoint, individuals who fail to adhere to a set of moral absolutes will attempt to achieve their goals in any way necessary. In other words, teleology represents the view that the ends justify the means. Cornwell et al. (2005) conducted a survey of 700 consumers to measure the similarities and differences in ethical positions under different religions, namely Christianity, Islam, and Buddhism. The authors hypothesized that followers of Islam would be idealistic in their actions, a characteristic supported by the research. This result is due to Islam’s rejection of the idea of the ends justifying the means. Under Islam, for an action to be acceptable, it must conform to the two following criteria: serving a noble purpose and being a clean means. Abû Hurayrah related that Allah’s Messenger (PBUH) said: “Allah is good and accepts nothing but what is good” (Sahih Muslim). Allah gives the same stipulation to believers that He gives the Messenger—work is good only if meets the two criteria of sincerity and righteousness to God. Allah said in the Holy Qur’an, “O Messengers! Eat of the things good and pure and work righteous deeds” (Sûrah al-Mu’minûn 23: 51).

The question of humans as free agents, or whether humans have a free or a restricted will, has been an ongoing debate among different scholars (Ali, Camp, & Gibbs, 2005). However, in the case of Muslims, this debate has been decided. The Qur’an states, “And shown him the two highways” (89: 10), dictating that mankind should be taught the ways of good and evil. The Qur’an also states, “we showed him the way: whether he be grateful or ungrateful (rests on his will)” (76: 3), indicating that it is an individual’s choice to follow an ethical or an unethical path. As Ali et al. (2005) argued, “The man is free to engage at any activity. The Islamic emphasis on free will and the absence of original sin offers the most liberal and progressive implications for organizational development and change. However, the one should hold responsibility for his preferences” (p. 107).

Trusteeship and work are also important concepts in Islam (K. Al-Karousi, personal communication, March 12, 2013). In Islamic teachings humankind is the trustee of God on earth, or the khalifah (Beekun & Badawi, 2005). Khalifah
represents the idea that the earth's wealth and resources belong to God and that humankind exists to manage these resources as trustees (Branine & Pollard, 2010). According to this trust, mankind should meet His conditions through following the Prophet Mohammed's words and deeds, as he is the role model for all Muslims. A second condition for trusteeship states that mankind should worship Allah with pure intention. The word “work” is used 385 times in the Qur'an, which is slightly more than the number of days in a year, reflecting the importance of work in Islam. Work is considered to be an act of worship through which Muslims receive blessings from God.

To conclude, the Islamic legislation system is mainly derived from two primary sources, namely the Holy Qur'an and Sunna. The secondary sources include the Consensus of Scholars, the Analogy, Al-Masaleh Al-mursalah, and Maqasid al-Shari'ah. All of the principles and guidelines regulating the different aspects of Muslim life are derived from these sources. Among these principles and guidelines are ethical values that need to be considered.

2.4 The Components of Islamic Work Ethics

Thirteen IWEs were identified through the literature review. The sample of literature was generated from the Web of Science search engine. From this sample I selected articles with “Islamic” and “work ethics” in the title. In addition, the 13 IWEs discussed below were taken as mentioned or written in the articles and studies that were reviewed for this research. Furthermore, a glossary of terms is included with the translation of the sources. This provides the reader with the background necessary for understanding the meaning of the IWE components as well as the other Islamic terms used in this chapter.

Intention (Niya)

Muslims’ actions should be accompanied by good intentions (Branine & Pollard, 2010). As God said in the Qur'an, “God does not change the condition of people unless they change what is in their hearts” (Surah Ar-ad, 13: 11); moreover, as the Prophet Mohammed stated, “Actions are recorded based on intentions and the person will be rewarded or punished accordingly” (Al-Nasser, 2002). In other words, people should be judged based on their intentions. One might ask how this Islamic principle could be linked to business; HRM provides a good example. Employees should not be punished for making mistakes or reaching unintended outcomes; instead, to account for external factors beyond an employee's control that may have led to the mistake or unintended outcome, they should be rewarded or punished based on their objectives, ideas, plans, and strategies.
Taqwa is defined as fear of God out of our love for him. It is a belief that our actions and intentions are known to God. When people fear only God, they will do what He has commanded (good deeds) and avoid forbidden actions. In other words, Taqwa demands piety, doing what is right, avoiding what is wrong, and sensing God’s presence in action and thought. If employees perform their duty with Taqwa, they will obey the rules and standards of their organization, complying with their job requirements. An employee’s good performance will lead to good results. As God said in the Qur’an, “Truly, Allah is with those who fear Him, keep their duty to Him, and those who are doers of good for the sake of Allah only” (Surah An-Naahl, 16: 128).

Benevolence (Ehsan)

Ehsan represents several Islamic values, such as proffering alms, perfection, amelioration, forgiveness, and complete faith. However, Ehsan’s most important meaning is carrying out good deeds (Branine & Pollard, 2010). This represents a voluntary act to help other person(s), and it is performed without any expectations of reward. It is an act with the pure intention of seeking God’s blessing and satisfaction (Beekun & Badawi, 2005). According to Ali (2010), Ehsan shapes the individual and group interactions within an organization and equips employees with certain values, such as forgiveness, mercy, goodness, tolerance, and kindness. Ehsan represents excellence, stressing good performance and productivity.

Conscientious self-improvement (Etqan)

The Prophet Mohammed said that God loves when someone executes a job well (Assad, 1984). From this hadith, we understand that Islam urges all Muslims to exert their best effort while performing a task (Hashim, 2010). According to Branine and Pollard (2010), Etqan, another principle in the IWEs, encourages self-betterment to perform well at work. In addition, Etqan leads to Alfalah, an Islamic value representing a passion for excellence. This is in line with what Crosby mentioned in his book *Quality is free* (1979) about quality and zero defects (achieving success the first time). To perform an activity correctly, skills and knowledge are required, which cannot be acquired unless an employee has a sense of conscientious self-improvement. Etqan and Ehsan define quality in Islam (K. Alkarousi, personal communication, March 12, 2013). As God said in the Qur’an, such is “the artistry of Allah, Who disposes of all things in perfect order: for He-acquainted with all that they do” (Surah An-Naml, 16: 88). Thus, Muslims are obliged to perform their duties in a perfect way.
Etqan also leads to another ethical value, called *haq alsanah* (branding), which emphasizes the need to maintain the standards of the profession in which the service or the product is produced. Al-Karousi (2013) described Etqan in terms of the three following elements: personal supervision, consensus, and sensing that Allah is watching one’s performance. These values also formulate *Ekhlas*, as discussed below.

**Sincerity and keeping promises (Ekhlas)***

Muslims are obliged to be sincere in their words and deeds. The Holy Qur'an states, “It is Allah I serve, with my sincere and exclusive devotion” (Surah, 39: 14). Abbasi et al. (2010) noted that the best complement that an employee can give to his or her organization is to carry out his or her duties and tasks with sincerity. A sincere staff member does not need constant supervision, as he has developed a self-supervision attitude and performs his or her tasks in a complete way.

**Justice (Adil)***

Justice, or Adil, represents absolute value and is considered to be the foundation of the Islamic ethical system. Under Adil, all people should be treated equally regardless of their gender, color, race, wealth, job, or social status. This value is common to other religions. The Islamic ethical system encourages the use of a contract between the organization and the employee to ensure fairness and justice for both parties (Abbasi, 2010). A contract between two persons describing the conditions of the agreement and signed by witnesses associated with the interaction will ensure justice in later disputes and maintain the rights of each party. Individuals are expected to develop Adil within themselves and to take responsibility for their actions. In a business environment, this value applies to both managers and subordinate employees (Wilson, 2006). As the Holy Qur’an states, “O you who believe! Stand out firmly for God as witnesses to fair dealing and let not the hatred of others to you make you swerve to wrong and depart from justice” (AlMa‘idah, 5: 8). The Qur’an also states, “Be just! For justice it is nearest to piety” (AlMa‘idah, 5: 8). To create a healthy and productive work environment, justice—which leads to equality—should be given high priority (Branine & Pollard, 2010).

**Trust (Amana)***

The Holy Qur’an states, “O you that believe! Betray not the trust of God and the Apostle nor misappropriate knowingly things entrusted to you” (Surat Al-Anfal,
One of the core values in any governing social relationship is trust (Branine & Pollard, 2010), which leads to consultation and the delegation of authority from the top management to subordinates (Tayeb, 1997). However, a trusted leader, or ameen (trustee), should respect the trust bestowed on him by avoiding the misuse of organizational resources and the violation of rules (Branine & Pollard, 2010). The story of Prophet Yusuf (Joseph) (PBUH) telling the King of Egypt to “set me over the storehouses of the land: I will indeed guard them, as one that knows (their importance)” (Yusuf, 10: 55) reflects the importance of trust in management. The value of trust is also represented by the story of the Prophet Musa (Moses): “Said one of the (damsels): O my (dear) father! Engage him on wages: truly the best of men for thee to employ is the (man) who is strong and trusty” (Al-Qasas, 28: 26). Trust is important in efforts to accelerate performance and collaboration; as Covey noted in his book *The speed of trust: The one thing that changes everything* (2006), “the synergistic effect of being trusted and giving trust unleashed a level of performance we had never experienced before.”

Trustfulness (Sidq)

Sidq refers to doing and saying what is right to the best of one’s knowledge; the opposite of Sidq is to lie or cheat (Branine & Pollard, 2010). It is not acceptable for an individual to be honest in one aspect of his life and a liar in another. Muslims are obligated to keep their promises; breaking promises is not Islamic behavior, especially if it is intentional (Abuznait, 2006). Keeping the promises made between employees and managers increases the confidence within an organization and creates a culture of trust (Branine & Pollard, 2010); this may have a positive impact on the organizational performance as a whole. Abbasi et al. (2010) considered trustfulness to be the most important ethical value in Islam, because it is required in speech, intention, resolution, fulfillment of resolution, action, and all stations on the path. In business-related activities, Sidq, or trustfulness, builds a sense of confidence among the members of an organization.

Consultation (Shura)

Islam emphasizes the importance of seeking advice. As stated in the Holy Qur’an, “Their matters are Shura between them” (Surah, 42: 38). The Prophet Mohammed practiced consultation with his companions before making decisions on different subjects. Consultation (Shura) was a major characteristic of the Prophet’s management; therefore, Muslim leaders should consult others prior to making decisions, especially on socioeconomic matters that are not addressed or clearly defined in the Qur’an and Sunna (Branine & Pollard, 2010). Shura helps to develop consensus and agreement, ensuring that all decision making benefits the
community business. Best practices in modern management emphasize customer participation in decision-making and planning processes. Shura helps to develop a sense of loyalty toward and ownership of the organization among the employees. It also provides Muslim managers with a better tool for supervising subordinate employees, encouraging humbleness in supervisory duties, and engaging employees in decision-making processes (Abuzniad, 2006). Shura, or consultation, aims to build consensus.

**Patience (Sabr)**

Sabr, or patience, is an important ethical value in Islamic teachings. According to Abbas et al. (2010), Sabr is practiced in two ways. Mental patience is the ability to control one’s anger. The best mechanism for practicing mental patience in Islamic teachings is to assume a lower physical position than that of one’s opponent, such as by sitting down if one’s opponent is standing or lying down if he is in a sitting position. Sabr is also practiced through bodily patience, represented through tolerance of physical pain, performing acts of worship, or facing difficulties in life. Praying five times per day and fasting for a full month are forms of physical patience.

**Conformity/compliance (Mutabakah)**

In Islam, compliance, or Mutabaqa, is considered the criterion for achieving quality of performance. For example, the Articles of Faith and the Pillars of Eman are basic elements of the Islamic faith with which every Muslim is required to comply. Any deviation from these elements is considered to be non-conformity with God’s law and regulations. The rule of Mutabaqa applies to Muslim activities in the community and the work environment, which should comply with Islamic principles. The Articles of Faith encompass belief in Allah, His Angels, His revealed Books, His Messengers, the Day of Resurrection, and Al-Qadr (fate and destiny). The Pillars of Eman direct Muslims to testify that there is no true God but Allah and that Muhammad (PBUH) is His last Messenger, to perform prayers, to pay zakat, to fast during the month of Ramadan, and to perform hajj (pilgrimage).

**Teamwork (Ruh aljam’ah)**

Islam emphasizes the need to work in a team and direct all efforts toward achieving group objectives and values. Being a good employee does not mean being a good team player, but successfully working within a team is the challenge that Islam sets for all employees. Teamwork is represented by God’s words, as stated...
in the Qur'an: “And hold fast all together by the rope which Allah (stretches out for you) and be not divided among yourselves; and remember with gratitude Allah’s favor on you; for you were enemies and He joined your hearts in love so that by His grace you became brothers; and you were on the brink of the pit of fire and He saved you from it. Thus doth Allah make His signs clear to you: that you may be guided” (Surah, 3: 103). It is also evident in the words of the Prophet Muhammad (PBUH): “Faithful believers are to each other as the bricks of a wall, supporting and reinforcing each other. So saying, the Prophet Muhammad (PBUH) clasped his hands by interlocking his fingers” (Sahih al-Bukhari). For organizations, it is very important for all employees to share the same values and purposes and to work together as a team (Abbasi et al., 2010). A good example of teamwork in Islamic teachings is the story of Dhu al Qamayn and his response to a group of people asking for his help: “They said: ‘O Dhu al Qarnayn! The Gog and Magog (people) do great mischief on earth: shall we render thee tribute in order thou mightiest erect a barrier between us and them?’ He said: ‘(The power) in which my Lord has established me is better (than tribute): help me therefore with strength (and labor): I will erect a strong barrier between you and them’” (Surat Al-Kahf, 18: 94–95). While Dhu al Qarnayn was granted the power necessary to perform the job himself, he asked the people to work with him as a team.

Supervision (Riqabah)

In the Holy Qur'an, God states, “Not a word does he utter but there is a sentinel by him, ready (to note it)” (50: 18). We understand from this verse that everything uttered and every act performed by a Muslim is noted by God. In business, Islamic teachings highlight the importance of supervision. They dictate that managers should not only give orders but also ensure that the implementation of those orders complies with Islamic principles. The Islamic Riqabah (supervision), whether it is internal or external, ensures the implementation of the goals set in minutes as per the norms, standards, and control of legitimacy. It has been found that supervision as an Islamic work ethic helps in developing an organization’s citizenship behavior (Alhyasat, 2012). Figure 2.2 summarizes the best-known IWEs mentioned in the literature. In addition, the Acting Mufti, the higher religious authority in Oman, was consulted regarding whether there are more ethics, but he claimed that these 13 ethics are comprehensive. Not all of them are equal; some are considered to be more important than others.
Figure 2.2: The Components of Islamic Work Ethics.

To summarize, the IWEs comprise 13 values as follows: intentions (Niya), benevolence (Ehsan), justice (Adil), being forever mindful of the Almighty God (Taqwa), sincerity and keeping promises (Ekhlas), trust (Amanah), trustfulness (Sidq), conscientious self-improvement (Etqan), consultation (Shura), patience (Sabr), teamwork (Ruh al-Jama’ah), conformity/compliance (Mutabakah), and supervision (Riqabah). Arguably, considering the highly competitive nature of Western societies and the strong focus on material effects, these guidelines differ in their emphasis on the moral nature, cooperation, and betterment as intended effects. Some of these values, such as breaking promises, are not specific to Islamic or to European behavior. The main difference is in assessing employees on their intentions and behavioral guidelines as prescribed by Islam rather than on the results. Therefore, these guidelines differ considerably from those of Western societies.
2.5 The Ten Commandments of Islam

While the IWEs guide Muslim behavior on a personal level, the TCs influence activities on an organizational level. According to Ali, Camp, and Gibbs (2000), Islam, Christianity, and Buddhism all follow the TCs, 10 primary laws for humankind to follow. In their article “The Ten Commandments perspective on power and authority,” Ali et al. (2000) noted that the TCs provide the moral foundation for both individuals and groups. According to the authors, religious sentiments also shape organizational cultures. Ali and his colleagues (2000) compared the TCs of the world’s three major religions; they found commonalities among them, such as hard work, commitment, and cooperation. Ali et al. (2000) believed that the Islamic TCs set them apart from those of Christianity and Buddhism. One of these characteristics is that an individual’s work should not be judged by the results of that work but by the intention behind it. As Prophet Mohammed (PBUH) said, “Actions will be judged according to the intention” (Al-Nasser, 2002).

Williams and Zinkin (2009) examined consumer perceptions of ethical business behavior in Egypt and Turkey. The authors compared principles of the United Nations (UN) Global Compact (human rights; equality; life and security; personal freedom; economic, social, and cultural freedom; labor; a natural environment; transparency; and corruption) with the TCs of Islam. The study’s results indicated that Islamic teachings exceed the requirements of the UN Global Compact, which forms the baseline for corporate social responsibility (CSR). Islamic teachings are wider in scope, have a clear codification between permissible and forbidden activities, and have a clear mechanism, called Shari’ah. Finally, following the financial crisis in 2008–2009, the Islamic financial system became interesting to Western countries due to the system’s prohibitions on speculation, interest on loans or usury, and uncertainty. The Islamic financing system based on Islamic business ethics offered a safe alternative, including Murabaha (as explained earlier) and Musharaka, in which financing is generated from a number of financers through secured certificates of ownership of assets (Karim, 2010).

The abovementioned studies suggest that the TCs of Islam differ from those of Christianity and Buddhism, as they are more comprehensive; thus, they fulfill and even exceed the requirements of the UN Global Compact, providing more clarification between permissible and forbidden activities. Therefore, the Islamic Shari’ah teachings are rich with values that have positive implications for organizations. For these work values, reflecting work ethics, no widely accepted definition exists (Pryor, 1981; Zytowski, 1970). I propose the following definition: Work values are evaluative standards relating to work or the work environment. This definition incorporates the dominant view of values as standards (e.g., Kilmann, 1981; Kluckhohn, 1951; Rokeach, 1981) but also recognizes that work values may
be classified according to certain properties. Hence, work values are evaluative standards regarding work or the work environment used to determine what is right or assess the importance of preferences.

2.6 Discussion

Thirteen IWEs were identified based on different sources. These are highly normative determinants of the Islamic concept of quality. Some of them seem to be the same as those current in Western quality management, while others are highly specific to the Islamic world (like the preponderance of religion). These IWEs can be used to design an Islamic quality model for the health sector.

The seemingly shared values include supervision, teamwork, conformity, consultation, and justice. Some of the common values might have a shared concept but differ in practice. For example, the concept of supervision (Riqaba) in Islam differs from that in the Western world, which prefers the term leadership. Islam is a complete constitution and doctrine that regulates all human activities. Throughout life, Islam firmly urges Muslims to engage in strict supervision of their thoughts and actions and provides a foundation for supervision that focuses on supervisors’ intrinsic qualities, such as honesty, justice, reliability, patience, accessibility, and accountability. For instance, a supervisor is accountable not only to Almighty God on the Day of Judgment but also to the people supervised.

Similarly, a fundamental characteristic of reliability for officials is that they must be accessible to their employees and the public. Reliability is also important because it affects decision making, which might influence employees or the public. Regarding honesty, the provision of important amenities to supervisors, such as adequate salaries and facilities, will prevent corruption and evil action and ensure justice. Teamwork is a common value between the IWEs and the existing quality management approaches. In Islamic culture everything created by Allah is made to serve the human being, and every human being is gifted with specific bounties. Therefore, Islam emphasizes teamwork through which individuals help each other to fulfill each other’s needs in this world. Practically, competition between teams can be executed fairly through the concept of Muwalah, which means cooperation between team members to ensure good; inciting virtuous actions in the workplace; and preventing evil and immoral actions.

Justice is also a shared value, and it is the opposite of Zulu. Islam demands individuals to uphold justice where it is due and in every action. Justice delivers positive qualities, such as honesty, moderation, and the elimination of greed and extravagance.

Consultation (Shura) refers to mutual communication and empowerment. It plays a role in team building, promoting the spirit of oneness, sharing power, and
respecting and trusting workers’ competency. Mutual consultation improves quality and productivity by enhancing creativity and innovation. According to modern science, consultation with employees improves their sense of loyalty and ownership, thereby enhancing productivity and improving quality.

The second category of values that are specific to Islam includes intention (Niya), sincerity and keeping promises (Ekhlas), patience (Sabr), conscientious self-improvement (Etqan), being forever mindful of the Almighty God (Taqwa), benevolence (Ehsan), trust (Amanah), and trustfulness (Sidq). A fundamental issue here is that Islam considers work as a form of worship (Ibadah). Intention, for instance, is a unique value. Most Western quality management approaches judge the employee by results, whereas “a fundamental assumption in Islam is that intention rather than result is the criterion through which the employee's performance is evaluated in terms of benefit to community as well as organization. Any activity that is perceived to do harm, even though it results in significant wealth to those who undertake it, is considered unlawful” (Ahmed, 2011, p. 856). For the evaluation of action, Islam emphasizes intention and conceives the spirit of the action as formed by intent. Sincerity and keeping promises (Ekhlas) are connected with the intent. This means that true intent is work with sincerity, whereby a work is performed for God’s sake and not only to achieve specific results or profit. Sincerity and keeping promises in Islam are motivated and derived spiritually. They represent a method of worship.

Another Islam-specific value is patience, which is represented by mental and physical patience and tolerance. Similarly, Etqan requires Muslims to have adequate knowledge and skills before executing a job. However, Etqan requires not only knowledge but also *tadabbur* to discover Allah's bounties. Even in the application of knowledge and skills, consciousness, and perseverance, passion and commitment are needed in the individual performance and must be followed with self-evaluation (*muhasabah*) to correct wrongs and ensure good actions.

Ehsan as a value is related to justice. It means right action, goodness, charity, and proficiency. Ehsan enhances productivity, because it teaches individuals to sacrifice extra effort, time, and wealth voluntarily as an addition to the compulsory job requirements.

### 2.7 Conclusion

Although the Islamic world and the West share values, there are still differences in conceptions concerning quality. At the same time, there are moral values that are specific to Islamic. The evaluation of workers based on results, as practiced in the West, is rare, while judgment based on the intention is quite common. The Islamic concept takes into consideration circumstances that could affect the re-
sults and cannot be controlled by the workers. Although there are commonalities between the TCs of Islam, Buddhism, and Christianity, many studies claim that the Islamic TCs are more comprehensive and exceed the UN Global Compact (Karim, 2010; Williams & Zinkin, 2009).

The following are the Islamic values that matter for quality management and could be used to evaluate the currently existing quality management approaches: intention (Niya), benevolence (Ehsan), justice (Adl), being forever mindful of the Almighty God (Taqwa), sincerity and keeping promises (Ekhlas), trust (Amanah), trustfulness (Sidq), conscientious self-improvement (Etqan), consultation (Shura), patience (Sabr), teamwork (Ruh al Jama’ah), conformity (Mutabakah), and supervision (Riqabah). These serve the methodological function of providing criteria for the assessment of Western models and are taken as the requirements that an Islamic quality model should meet.

Islam, Christianity, and Buddhism all follow the TCs for power and authority, which are the 10 primary laws governing mankind. This chapter explored the TCs of Islam and the ways in which this ethical code differs from the commandments proffered by other religions. One important and distinguishing feature of Islamic doctrine is that individuals are judged not solely on the results of their work but also on the intentions behind it. Unethical business practices are prohibited by Islam, as such actions may cause damage to the culture and economy of a society. Value maximization in Islam is based on empathy and mercy; therefore, it does not harm people or the environment.

Islam is not just a religion. Rather, it is a complete system that organizes people’s lives; thus, it is described as comprehensive, practical, spiritual, behavioral, and gradualistic. It is a balanced system and has contingency plans for unpredictable events. Islam encourages Muslims to work and conduct business, which is considered as one way to worship Allah and act as his trustee (khalifa) on the earth to benefit other people. To fulfill khalifa, Islam has provided the IWEs, which are governed by the Islamic Shari’ah, including the Qur’an and Sunna. Both the IWEs and the TCs in Islam have a profound influence on individual and organizational behavior.
Chapter 3: Quality Management Approaches

3.1 Introduction

This chapter discusses the quality management approaches developed in the Western world to determine whether they will be of use in developing an Islamic model for the health care sector. The reason for this is that the Western world has developed a huge variety of quality models, representing the first pool of knowledge to consider. The relevance of this stock of knowledge is not clear at first sight, however. It is therefore difficult to establish the relevance of the literature to the purpose of this study. Because of the vast amount and the foggy nature of the literature, this chapter is exploratory in nature. The main purpose of this exploration is to distill elements from the existing scholarly literature for the purpose of this research to develop an Islamic quality model.

Since not all of these models are relevant to my purpose, I focus on models that are popular and reflect general founding principles. This selection was based on a prior review of the existing literature. The selection of literature was carried out as thoroughly as possible. The period was delimited to 1950–2011. The search was conducted via the Web of Knowledge by applying the search terms “Deming Prize,” “Malcolm Baldrige Award,” “EFQM,” “ISO 9000,” and “ISO 9001” either alone or in combination with “background,” “principles,” or “understanding.” For publications issued during the period of 1950–2005, only frequently cited articles were selected. This list was further limited by discarding all publications not included in the list of journals acknowledged by the University of Rotterdam’s Erasmus Research Institute of Management (ERIM) List of Journals. This step was taken to help to ensure that good-quality publications were selected. Articles published between 2006 and 2011 were reviewed for topic relevance and to ensure that they examined the historical and cultural/religious backgrounds of the models as well as the principles and core values on which the selected quality management models were based. The articles were then categorized according to the underlying quality management model examined and reviewed.

Next, for the substantiation of the selection of the models, I singled out models that specifically relate to the health care sector. Since these models often constitute a class of models, I had to make a choice of “individual models.” These included health care models such as the ISO 9001 and JCI and the Dutch NIAZ and HKZ models. The next step in this chapter consists of a comparison of Western models and Islamic values and guidelines as distilled in chapter two.
Given its exploratory nature, this chapter is structured as follows. First, I discuss the most popular models that might be useful. I classify them as BEMs in general because they are well known and represent the first candidates to consider. In the second section of this chapter, I concentrate on specific health care sector models and cover the CSs used in this sector. These models are directly related to my research aim, and therefore they are outlined in detail. I conclude this chapter by describing the results of the exercise.

### 3.2 Business Excellence Models

BEMs are considered to be effective methods to achieve excellence in different sectors. The most well-known and probably most frequently applied models are the Deming Model, the MBNQA model, and the EFQM. The following is a discussion of the BEMs reviewed for this research. A literature review of quality management approaches is conducted with a matrix for each approach that describes the model’s features. The matrix concept and the features were adopted from Van Kemenade and Hardjono (2010), who conducted a comparison between various quality management systems, the parameters, and the possible outcomes. In the matrix the models are compared regarding their focus, history, form, function, objects, values, and fundamental concepts and methodology.

#### 3.1.1 Deming Model

The keywords used were “Deming” AND “Award” or “Deming” AND “Prize.” The Deming model is one of the most frequently used BEMs, and therefore it must be considered. For the Deming model, 47 papers were found (some duplication was identified, which reduced the number to 22 articles) for the publication period of 1950–2011. The selection of the starting date of 1950 was made based on the fact that the publications in the search engine used (Web of Knowledge; Web of Science) started by 1950. The results of the search covered published articles and conference papers; only published/peer-reviewed journal articles were used (conference papers, for example, were excluded). Table 3.1 provides the dates and numbers of publications for the Deming model/Deming Prize (DP).
The DP was established in 1951 by the Japanese Union of Scientists & Engineers (JUSE) in recognition of Dr W. Edward Deming’s efforts in quality management and statistical quality control (Jackson, 1999; www.juse.or.jp/e/deming/). The model represents a philosophy of management based on sharing success for mutual development, which encompasses elements based on Deming’s 14 points. It is an annual, non-competitive award that recognizes organizations’ efforts to understand their current situations and set goals for improvement. The award is open to all individuals, groups, businesses, and organizations that contribute to the development of the quality management field (Bohoris, 1995).

Entrants for the DP are evaluated on three independent criteria—basic categories, unique activities, and the role of the top management—and two recently added subcategories, namely CSR and environmental management and social relations (Application Guide for the Deming Grand Prize for Overseas, 2012; Khoo & Tan, 2003; Talwar, 2011). A combined total of 100 points may be earned by the applicants. Prior to evaluation by the Awards Committee, applicants for the DP complete a self-assessment. The applications are then evaluated following a two-step process comprising a review of the submitted documentation and an on-site review (Ghobadian & Seng Woo, 1996; Jackson, 1999).

The values in the DP model are implicit. A search for the word “values” on the JUSE’s home page revealed no results. A search conducted using the search engine Web of Knowledge for the word “Deming” provided 275 hits, but when combined with the word “values,” it produced only 3 hits. None of the 3 identified articles discussed values in the Deming model. This suggests that the values in this model are implicit and not stated clearly. Moreover, there is little research examining the cultural or religious influences on the model’s development. However, while the values underpinning the DP are not explicitly stated, the principles of the model are clear. Conway (1991) examined the eighth principle, “drive out fear,” noting that blame and finger pointing should be replaced with asking how improvements can be attained. As described by Conway, fear can take many forms (e.g., fear of reprisal, fear of failure, fear of the unknown, or fear of change) and often causes an organization to continue to carry out inefficient or undesired
activities although they occur due to incorrect information or poor decision-making processes.

In terms of the model’s applications, little evidence exists to support the effectiveness of the DP for ensuring business excellence. A study conducted by Zairi (1998) highlighted a number of organizations known for their best practices in people management. Each of these organizations, such as Florida Power & Light, Cadillac, and BP Chemicals, has achieved quality excellence through the implementation of four of the DP principles. However, Harrington (2004) cautioned that the success of these organizations does not fully support the widespread use of the DP model. While he noted that winners of the Excellence Awards may serve as role models for quality management, organizations must be prepared to embrace change before moving ahead, since, as Harrington (2004) stated, “What may be good for them could be disastrous” (p. 849). Hughes and Halsall (2002) suggested that the DP’s strongest influence has been on the creation of other BEMs, such as the MBNQA and EFQM models. As these authors noted, a BEM by itself does not guarantee excellence or the elimination of fundamental barriers to change. Other factors may have a stronger influence on quality management and should be investigated.

No articles were found linking Deming’s 14 points of management to cultural or religious values. Thus, there is no evidence that culture and religion have a relationship with the Deming model. This might be due to the low number of publications found on the Deming model. The limited number of publications concerning the Deming model/DP might be due to the limited number of publications in the English language (and more publications in the Japanese language). This hinders researchers from understanding this model better.

3.2.2 The Malcolm Baldrige National Award Model

The Malcolm Baldrige National Award Model is the second most prevalent model in the field of quality management. The key term used in the search was “Malcolm Baldrige Award,” and this resulted in 170 articles. It should be noted that searching for literature on the Malcolm Baldrige model for the period 1950–2005 would not make much sense, since the model was only officially introduced in 1987. However, I demarcated the period from 1950 onwards for two related reasons. The first was for consistency reasons, as literature on the Deming model was gathered from 1950 (see Table 3.1). This desire for consistency was inspired by the general evolution of models. Often, models are preceded by papers that accumulate into a model that becomes formalized at a later stage. To capture these prior publications, I included a long time span before the introduction of the formal models. This procedure was followed when selecting literature on the other models described in this chapter.
The publication period of 1950-2005 produced 141 results, 90 of which were articles. Only 62 of these articles were cited. However, the requirement that articles must be published in journals from the ERIM List of Journals limited the results to 17 articles. The period of 2006-2011 provided 29 articles, which were checked for relevance (Table 3.2). From 2006 to 2011, approximately 6 articles were published each year, whereas from 1950 to 2005, only 2 or 3 articles were published each year. This might reflect an increased interest in quality, improving management processes in general, and the MBNQA model in particular.

<table>
<thead>
<tr>
<th>Keyword(s)</th>
<th>Results for 1950-2005</th>
<th>Results for 2006-2011</th>
<th>Total</th>
</tr>
</thead>
<tbody>
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<td>&quot;Malcolm Baldrige Award&quot;</td>
<td>141 total</td>
<td>33 total</td>
<td>28</td>
</tr>
<tr>
<td>Articles only = 90</td>
<td></td>
<td>Articles only = 23</td>
<td></td>
</tr>
<tr>
<td>Articles with citations = 62</td>
<td></td>
<td>Relevant articles = 11</td>
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<tr>
<td>ERIM List = 17</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The MBNQA was established in 1987 in honor of Malcolm Baldrige, Secretary of the US Department of Congress. The award recognizes companies for their achievements in quality, increased competitiveness, and raising awareness concerning quality as a business improvement strategy (Bohoris, 1995; Prybutok & Cutshall, 2004). According to Jackson (1999), the award is the United States’ response to the DP. The MBNQA model does not offer a definition of quality; instead, the model provides criteria for excellence in the private, health care, and education sectors (DeJong, 2009; www.nist.gov/baldrige). The model is a tool for business improvement and excellence. It is a competitive, annual award for businesses and organizations operating within the United States (Ghobadian & Seng Woo, 1996). Organizations are evaluated through a self-assessment process measuring their adherence to seven criteria, including their achievements in public responsibility and citizenship (Bohoris, 1995; Khoo & Tan, 2003).

The underlying values associated with the award have recently been made explicit through the Baldrige Performance Excellence Program 2015. According to this program, the core value of the MBNQA model consists of the following: visionary leadership, customer-driven excellence, organizational and personal learning, valuing workforce members and partners, agility, a focus on the future, managing for innovation, management by facts, social responsibility, a focus on results and creating value, and a systems perspective. These values are expressed through seven model criteria covering leadership; strategic planning; measurement, analysis, and knowledge management; a workforce focus; an operations focus; and results (Talwar, 2011; www.nist.gov/baldrige/). Figure 3.1 represents the new version of the MBNQA model, which explicitly mentions the values underlying the model’s principles.
This model was designed to enhance competitiveness among companies in the United States. This is achieved by identifying and recognizing role model companies, establishing criteria for evaluating improvement efforts, and disseminating and sharing best practices. The model stresses the importance of good top management in achieving the desired quality improvements. The model framework is based on three essential factors—the driver, the system, and the goal. The driver stands for leadership that strives for customer satisfaction and performance improvement. Overall, the MBNQA model is a customer-driven model of quality management; however, it also addresses financial and non-financial results.

The MBNQA model was the first model identified in this research that has explicit values represented by seven criteria. It fits the purpose of the study because the model’s framework describes the values underlying each criterion; for example, the workforce principle aims to value people. The model is also influenced by the national culture (Flynn & Saladin, 2006).
Several researchers have examined the effectiveness of the MBNQA model. Curkovic, Melnyk, Calantone, and Handfield (2000) found that the model is appropriate for total quality management (TQM). Flynn and Saladin (2001) stated that the theoretical model on which the MBNQA is based is fit for this purpose.

Foster, Johnson, Nelson, and Batalden (2007) evaluated the application of the MBNQA model framework in the health care industry. The authors compared the success factors of high-performing clinical microsystems with the MBNQA’s criteria for the health care industry and assessed whether the model addresses the same range of issues as the Baldrige model. The study concluded that both models address important aspects of organizational performance, but the MBNQA model appears to be more efficient and comprehensive.

In his study of the SSM Health Care Center, Ryan (2005) indicated that the MBNQA model is an effective quality management model for the health care sector. According to Ryan (2005), “the MBNQA model provided SSM with the required framework and tool for improvement and helped in establishing the quality culture that led SSM to be the first health care organization to win the MBNQA.” In a separate study by Foster and Pitts (2009), the model was successfully used to implement a standard insulin therapy protocol. Balasubramanian, Mathur, and Thakur (2005) found significant shareholder values secured by companies employing the MBNQA model, although the use of the model did not result in any increase in the company stock values.

Hart and Schlesinger (1991) described the Baldrige framework as an agent of change that not only assists organizations in comprehending the how and why of quality but also provides them with a practical approach to carrying out their tasks. In this framework/tool, Hart and Schlesinger (1991) stressed the workforce/HRM value, stating that “Baldrige’s emphasis on HR activities not only clarifies HRM’s role in quality efforts, but can also help the HR professional make the case for a better allocation of corporate resources to the HRM function” (p. 453).

There is some indication that cultural values influenced the form that the MBNQA model has taken. Flynn and Saladin (2006) examined the MBNQA constructs in an international context. Their study employed Hofstede and Bond’s (1984) dimensions of national culture to evaluate the theoretical constructs underlying the MBNQA criteria. The study indicated that the national culture plays a strong role in the effectiveness of the MBNQA constructs and principles in a given country. Kull and Wacker (2010, p. 224) emphasized the need for countries to develop quality management systems that suit their national cultures, because (a) “specific cultural dimensions are statistically related to quality management effectiveness” and (b) “certain cultural traits help organizations coordinate quality efforts more effectively.” These scholars’ positions endorse my mission in this dissertation and serve as a stepping stone to develop a model for Islamic societies.
3.2.3 The European Foundation for Quality Management Excellence Model

The keyword used in the search was “EFQM.” The method used for the Deming model and MBNQA to filter the results was also implemented for the EFQM. The number of articles found was 156. The publication period of 1950-2005 provided 133 results, 74 of which were cited articles. The ERIM List of Journals included 14 articles. The publication period of 2006-2011 gave 123 results, which were limited to 87 articles after excluding conference papers. These articles were checked for relevance, which reduced the number to 19 articles. The number of articles published in the last 5 years is almost equal to the publications from the years before 2006. This might suggest that the EFQM model has become an important management approach worldwide and has attracted the interest of companies and researchers. Table 3.3 provides data on the retrieved articles.

Table 3.3: The Number of Results from the Keyword Search for the EFQM.

<table>
<thead>
<tr>
<th>Keyword(s)</th>
<th>Results for 1950-2005</th>
<th>Results for 2006-2011</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFQM</td>
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<td>123</td>
<td>23</td>
</tr>
<tr>
<td>Articles only = 95</td>
<td>Articles only = 87</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Articles with citations = 74</td>
<td>Articles with citations = 79</td>
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</tr>
<tr>
<td>ERIM List = 14</td>
<td>Relevant articles = 19</td>
<td></td>
<td></td>
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</tbody>
</table>

The EFQM was launched in 1991 through an initiative of 14 European multinational corporations (Jackson, 1999; Nabitz, Klazinga, & Walburg, 2000). In this model quality is measured through key performance results, customer satisfaction, people satisfaction, and societal impact. Like the models discussed previously, the EFQM Excellence Model can be used as a tool for business improvement as well as an award recognizing business excellence. The primary purpose of this model is to increase the competitiveness of European organizations (www.efqm.org).

Initially, the values in the EFQM Excellence Model might seem to be implicit. For instance, the EFQM (2013) brochure did not discuss the values explicitly. It mentioned the word values twice but in relation to subjects that are not relevant to the core values of the model. The search on the Web of Knowledge about the EFQM Excellence Model revealed 383 results, but combining the term EFQM with “values” produced 0 results. However, as I researched it further, I discovered that the EFQM does actually have fundamental concepts guiding it. These are as follows: results and a customer focus, leadership, process-based management, and partnership and CSR (Sarria Ansoleaga, 2007). However, these concepts may be viewed better as the values on which the model is based. In addition, there are indications that the model has values underlying the enablers principle,
such as people, and the results principle, such as results for society. The people principle stresses valuing people, while results for society emphasize monitoring the effects of the business on society. Finally, the EFQM Excellence Model was developed as a response to and drawing experience from the MBNQA model. Thus, the EFQM Excellence Model fits the purpose of this research and could be used along with the MB model to develop a quality management approach from an Islamic perspective.

The model is based on nine criteria categorized as enablers and results (Figure 3.2). The enablers include leadership; people; strategy; partnerships and resources; and processes, products, and resources. The results category addresses people results, customer results, societal results, and key results.

**Figure 3.2:** The EFQM Model.

![EFQM Model Diagram](www.efqm.org)

The implementation of the nine EFQM criteria is accomplished through a dynamic assessment tool that evaluates organizational performance (EFQM, 2010). Organizational evaluation is accomplished through a self-assessment process that results in a final score of no more than 1,000 points (Bohoris, 1995). The scoring system is designed to provide equal weight to the enablers and the results, reflecting the interrelationship between the criteria. Like the MBNQA model, the EFQM framework follows an evaluation trajectory moving from leadership to results (Talwar, 2011). The model provides a realistic and non-prescriptive evaluation of organizational structures and processes, highlighting problem areas (Hardjono, Ten Have, & Wouter, 1997).

Martín-Castilla (2002) and Ruiz-Carrillo and Fernández-Ortiz (2005) argued that the EFQM Excellence Model provides a humanistic approach to quality management, placing individuals and clients at the center of organizational activ-
The authors stressed the ways in which individual skills can be turned into organizational capabilities and emphasized the important role that clients play in improving organizational competitiveness and performance. Gutierréz, Torres, and Molina (2010) argued that the EFQM Excellence Model represents an initial step toward quality management. To achieve higher levels of organizational development, a stronger quality management model is required. A number of studies have been completed to examine the effectiveness of the EFQM in business management practices. Wongrassamee, Simmons, and Gardiner (2003) criticized the model for its lack of a management strategy to guide an organization toward excellence. Mehrmanesh and Taghavi (2010) assessed the implementation of the EFQM Excellence Model by the Republic of Iran and identified two weaknesses inherent in the model: the evaluation process, which is subjective, indefinite, and relies on qualitative variables; and the lack of problem-solving recommendations. The authors recommended altering the assessment tool so that it focuses on the areas that an organization needs to address and incorporates evidential reasoning into the final evaluation. This approach would provide organizations with the information necessary to rank organizational needs by priority levels and create an action plan based on those priorities. Haffer and Kristensen (2008) and McCarthy and Greatbanks (2006) questioned the humanistic characteristic often attributed to the EFQM Excellence Model, arguing that the model appears to emphasize good leadership over good people management. Hill and Huq (2004) criticized the EFQM Excellence Model for failing to address employee empowerment and the redistribution of power within an organization. While they acknowledged that the EFQM framework may facilitate employee empowerment, in many of the organizations that the authors examined, empowerment was limited to employee involvement. As Hill and Huq (2004) noted, “if empowerment in practice is nothing more than employee involvement then perhaps this term should be omitted from the EFQM Business Excellence framework” (p. 1041).

Other studies have been more supportive of the EFQM Excellence Model, noting its positive influence on organizational achievements (Bou-Llusar, Escrig-Tena, Roca-Puig, & Beltrán-Martín, 2005, 2009; Boulté, Bendell, Abas, Dahlgaard, & Singhal, 2005; Doeleman, Ten Have, & Ahaus, 2014; George, Cooper, & Douglas, 2003; Jackson & Bircher, 2002; Nabitz, Schramade, & Schippers, 2006; Nabitz et al., 2006; Sánchez et al., 2006; Stewart, 2003; Tutuncu & Kucukusta, 2010; Vallejo et al., 2007). Calvo-Mora, Leal, and Roldán (2006) disputed the claims made by Haffer and Kristensen (2008) and McCarthy and Greatbanks (2006), identifying good leadership as an important driver of business excellence. Bou-Llusar et al. (2009), Calvo-Mora, Leal, and Roldán (2005, 2006), and Santos Vijande and Alvarez-Gonzalez (2007) reported strong internal consistency between the model’s enablers and results criteria. Bayo-Mariones, Merino-Díaz-de-Cerio, Escamilla-de-Léon, and Selvam (2011) and Madan (2010) found the EFQM...
Excellence Model to be easy to adopt by organizations, as it is flexible and comprehensive. The model has also been found to be more complex than many other quality management models, integrating more aspects of business management into its framework (Bayo-Mariones et al., 2011; Gutiérrez et al., 2010), while Rusjan (2005) praised the model for its usefulness in decision-making processes. Ultimately, however, the adoption of the EFQM Excellence Model over another model depends on a number of internal motivations (Heras-Saizarabitoria et al., 2006).

<table>
<thead>
<tr>
<th>Features</th>
<th>Deming Model/DP</th>
<th>MBNQA Model</th>
<th>EFQM Excellence Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definition of Quality</td>
<td>“A product or service possesses quality if it helps somebody and enjoys a good and sustainable market” (Hoely, 2009).</td>
<td>No definition found. This model is not based on a quality definition but describes quality according to its Criteria for Business Excellence (National Institute of Standards and Technology, 2014).</td>
<td>This model is not based on a quality definition but describes quality in terms of customer satisfaction, people satisfaction, and impact on society achieved through leadership driving policy and strategy, people management, resources, and processes, leading ultimately to organizational excellence (Nabitz &amp; Klazinga, 1999).</td>
</tr>
<tr>
<td>Focus</td>
<td>Role of managers, ongoing operations, policies, conformity, and understanding the situation and setting objectives accordingly.</td>
<td>Customer-based, commercial and financial sides, and results.</td>
<td>People and customer satisfaction.</td>
</tr>
<tr>
<td>Form</td>
<td>An award and a tool for excellence.</td>
<td>An award and a tool for excellence.</td>
<td>An award and a tool for excellence.</td>
</tr>
<tr>
<td>Function</td>
<td>Recognizes individuals, groups, and organizations that contributed to the development of quality control/management in Japan.</td>
<td>Recognizes companies for achievements in quality; increases competitiveness between companies.</td>
<td>Increases competitiveness, understands the requirements of excellence, and recognizes organizations and firms for their achievements.</td>
</tr>
<tr>
<td>Object</td>
<td>Individuals, groups, organizations.</td>
<td>Organizations.</td>
<td>Organizations.</td>
</tr>
<tr>
<td>Values*</td>
<td>Partial.</td>
<td>* Partial (see Figure 3.1). Partial.</td>
<td>Partial.</td>
</tr>
</tbody>
</table>
The matrix provided in Table 3.4 describes the features of the discussed BEMs. In the models described above, the business excellence function is performed through the accountability and improvement structures of the frameworks. The values underlying the models are not overtly expressed except in the MBNQA model. The objects can be organizations and institutions across sectors and apply to similar stakeholders. The model’s forms are tools for improvement and awards. The stakeholders in all the models do not differ. The methodology followed is self-assessment.

### 3.3 Health Care Sector Models (Certification Schemes)

This section discusses a number of CSs, including: the ISO 9000/9001, the Netherlands Institution for Accreditation in Healthcare (NIAZ), the Dutch Harmonization Quality Assessment in the Healthcare Sector (HKZ), and the Joint Commission International (JCI). Unlike the BEMs, the CSs take the form of standards, which are sets of requirements and specifications to comply with to build an effective quality management system.

#### 3.3.1 ISO 9001

ISO refers to the International Organization for Standardization. The keywords used for the search were “ISO 9001” or “ISO 9000,” either alone or in combination with “background,” “principles,” or “understanding” to avoid missing relevant papers. In the publication period of 1950-2005, the first search provided 204 results. These were checked for relevance and limited to 111 articles. Out of the 111 articles, the 68 with the highest numbers of citations were selected. This list was refined such that only articles published in journals listed in the ERIM List of Journals were considered for the purposes of this report, resulting in 13 articles.

For the publication period of 2006-2011, the first search provided 124 publications. The results were limited to articles, which revealed 82 articles. Of these, 79 were selected with high numbers of citations, but only 27 were relevant. Approximately 25 percent of the total publications on ISO 9001 were generated in the last 5 years, suggesting that it is currently receiving attention from researchers and reflecting the wide acceptance of this system within organizations. Table 3.5 provides data on the number of publications for ISO 9000/ISO 9001.
Table 3.5: The Number of Results from the Keyword Search for ISO 9000/ISO 9001.

<table>
<thead>
<tr>
<th>Keywords</th>
<th>Results for 1950-2005</th>
<th>Results for 2006-2011</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>“ISO9000” OR “ISO9001”</td>
<td>204</td>
<td>124</td>
<td>40</td>
</tr>
<tr>
<td>OR “ISO 9000” OR “ISO 9001” AND “background” OR “principles” OR “understanding”</td>
<td>Articles only = 111</td>
<td>Articles only = 82</td>
<td>Articles with citations = 68</td>
</tr>
<tr>
<td></td>
<td>Articles with citations = 79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“ISO 9000” OR “ISO 9001” AND “background” OR “principles” OR “understanding”</td>
<td>ERIM List = 13 articles</td>
<td>Relevant articles = 27</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2 not related)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The International Organization for Standardization (ISO) was established in 1947 following World War II. The ISO 9001 is a CS outlining the standards and specifications with which organizations must comply to achieve certification (www.iso.org). The standards were launched in 1994 and revised in 2000, 2008, and 2015. While the certification program is open to organizations worldwide, the scheme is often adopted by organizations seeking methods for system improvement (Hardjono, 1999). Hoely (2009, p. 28) defined quality as “a degree to which a set of inherent characteristics fulfills requirement.” The scheme aims to enhance customer service through the effective application of the ISO system (British Standards EN ISO 9001, 2008) and through the standardization of organizational procedures.

Yung (1997) assessed the values of TQM in the revision of the ISO system and concluded that the ISO 9000 (1997 version) seeks to embrace TQM principles, such as quality improvement, management commitment, operational processes, and customer satisfaction. It should be noted that these features can be labeled values, but they are part of a production process. They differ essentially from the Islamic values discussed in chapter 2.

One of the updates of the ISO 9001 is the integration of CSR, which focuses on how a corporation should manage its business to have a positive impact on society. Castka and Balzarova (2008) evaluated the ISO 9001 and ISO 14000 models' CSR standards. The authors found that the advisory group and other participants chose to provide a set of guideline standards for CSR rather than a set of assessable specifications.

The search for “ISO 9001” using the Web of Knowledge search engine revealed thousands of results. Eight principles in the ISO 9001 were identified, namely a customer focus, leadership, involvement of people, a process approach, a system approach to management, continual improvement, a factual approach to decision making, and mutually beneficial supplier relationships. These principles have implicit underlying values. It can be noted that the first principle, a customer focus, reflects the importance of customers and their satisfaction with the business operations (Zeng, Tian, & Shi, 2005).
The evaluation process is accomplished through an audit system conducted by ISO assessors. The audit includes an inspection of the documents and records comprising the quality system and is carried out through a series of external audits of the quality management system (www.iso.org). Several years ago, the ISO integrated CSR into ISO 9001.

The drivers that motivate companies to seek ISO 9001 certification represented an area of interest for several researchers. Prajogo (2011) explored the roles of internal and external motives in influencing the outcomes of ISO 9001 implementation. The author found that internal organizational motives have a positive relationship with operational performance. According to the author, internal motives include the desire (a) to combat poor performance, (b) to build a foundation for systematic management, (c) to maintain better control of business operations, (d) to provide a foundation for continuous improvement, and (e) to realize the company’s strategy for pursuing quality. Djordjevic, Cockalo, and Bogetic (2011) surveyed Serbian businesses to assess those organizations’ experiences of implementing the ISO 9001. The results of this study indicated the significance of internal motivations for business improvement. Nair and Prajogo (2009) investigated the relationship between the business motivations for ISO 9000 certification and the internalization of the practices underlying ISO 9000 standards. The study also indicated that the internalization of ISO standards is positively associated with operational performance and business performance.

In a 2004 study, Arauz and Suzuki analyzed the factors determining the adoption of the ISO 9001 standards in Japanese industries. The results indicated that “the integration of the influential issues within the organizational system allows the organization effectively to improve quality, minimize cost, develop international markets, and optimize profits through ISO 9000” (Arauz & Suzuki, 2004, p. 3). The results question the ability of ISO standards to ensure successful implementation of TQM and improve organizational performance. Bergholz (2008) noted that the technical approach to quality management associated with the ISO 9001 is not sufficient for achieving business excellence, as factors like customer and employee satisfaction and leadership quality should be integrated into the QMS. Yeung, Lee, and Chan (2003) argued that other factors, such as the role of the top management in business excellence, also need to be considered. Resistance to standardization and the implementation of a QMS may arise in companies not only from employees but from management as well. Boiral (2003) explored the management and employee perceptions of and resistance to the implementation of the ISO 9000 standards and certifications. The author argued that the ISO system is often implemented by organizations before they have acquired a full understanding of the scheme’s requirements and implications for employees. The study’s results revealed that the attitudes were contradictory to the ISO system.
Manders and de Vries (2012) conducted a systematic review of the impact of the ISO 9001 on business operations and practices. The authors analyzed research findings relating to 42 empirical studies and concluded that the implementation of the ISO 9001 affected business performance. Their analysis revealed that ISO 9001 certification enhances financial performance, reflected through an increase in sales. The authors also studied the relationship between the ISO 9001 mechanisms and the internal, external, and signaling benefits that led to increased financial performance. The authors concluded that motivation and internalization are the two most important variables that organizations should take into consideration when implementing the ISO 9001.

The implementation of the ISO 9001 standards is growing widely. A positive experience of implementing the ISO 9001:2008 was reported in an intensive care unit in a hospital in Spain (Lorenzo, Sánchez, Santana, Cobian, & García, 2010). The implementation of the ISO 9001:2008 enabled the unit to detect the needs that the service covers to achieve patient and employee satisfaction and improve communication inside and outside the service. Similarly, Buciniene, Stonienė, Blazeviciene, Kazlauskaite, and Skudiene (2006) assessed the state of quality management approaches implemented in Lithuanian hospitals and nursing care from a managerial perspective. The results revealed that critical issues had been faced, such as procedure development, a lack of financial resources, the lack of an information system, and the development of work guidelines. However, benefits were gained, such as sharing power, improved responsibility, better service quality, and high levels of customer satisfaction. In the health care sector, quality management implementation seems to be perceived positively. Bialasiewicz, Breidenbach, Ganesh, Al-Saeidi, and Ganguly (2006) conducted a feasibility study to assess the possibility of implementing the ISO 9001:2000 in the ophthalmology department at a university hospital. The study revealed that it is feasible to introduce the ISO 9001:2000 in the Middle East.

A successful story about implementing the ISO 9000 is that of the Sundlink Construction Company, which designed and constructed a bridge between Sweden and Denmark. Schenkel (2004) analyzed the use of the ISO 9001 at Sundlink, and found that it had an effect on who, what, how, and why people communicate; on thinking; and on working on a large, complex project. The study also revealed that the ISO 9000 was not just a tool for ensuring that customer requirements were met but also influenced the ways in which people thought and spoke about quality. The study concluded by suggesting that the effective usage of the ISO 9000 standard depends on understanding the particular effects that the implementation of this standard may have on organizations and subsequently managing them. However, the ophthalmology department and Sundlink Construction are single-case studies that do not provide a high level of evidence.
Withers et al. (1997) addressed the implications of TQM implementation on the ISO 9000 registration process. Data from over 500 ISO 9000-registered firms in the United States were reviewed to determine whether differences in the ISO 9000 registration experience exist for firms with TQM. The results indicated that the firms had a better understanding of the importance of top management commitment, quality training, and communication after ISO 9000 implementation.

The previously mentioned studies suggest that a positive relationship exists between certification in the ISO 9000 series and organizational performance. This relationship was tested by Singels, Ruël, and Van De Water (2001). The results indicated that “ISO certification in itself does not lead to an improvement in the performance of organizations. The claims, concerning ISO certification, which are sometimes made in the literature, find no support in our research results” (p. 73). However, they also found that, when the drivers of management are intrinsically motivated, performance improvement is achieved. Other studies have claimed that the success of the implementation of the ISO 9001 depends on the investor’s perception of achieving satisfactory results and meeting investment goals (Karapetrovic & Willborn, 2001). Karapetrovic and Willborn (2001) argued that “the measures and processes for quality assurance should be oriented toward achieving and maintaining a positive conclusion and attitude of the investor while making an acceptable level of profit for the service provider” (p. 134).

In terms of cultural and religious influences, Mo-Ching (2011) explored the possibility of assessing organizational culture and business ethics through the use of the ISO 9001:2008 QMS audit. The results indicated that assessing the organizational culture and business ethics is important; there is a relationship between quality and organizational behavior, the integration of business ethics into the workplace, and staff attitudes. In addition, a strong positive correlation was found between provided services that met customer requirements and treated them fairly and provided services that met customer requirements while behaving fairly during all activities (Mo-Ching, 2011, p. 3497).

### 3.3.2 The Netherlands Institution for Accreditation in Healthcare (NIAZ)

The NIAZ provides standards for quality assurance and improvement in long-term care facilities. It is a Dutch body that was created in 1998, and its main beneficiaries are customers, health care insurers, partners, and governments. The body awarded its first accreditation in 1999 (NIAZ, 2008). The scheme is compatible with the EFQM Excellence Model and uses the PDCA cycle, which stands for plan, do, check, and act. It comprises the following seven core values: openness and learning, patient value is true north, trust, wisdom, diligence, sharing, and innovation (www.niaz.nl). The values guiding the scheme are defined explicitly through NIAZ’s Mission, Vision, and Values statements. In this research this
method represents the third with explicit values, following the MBNQA model and the EFQM Excellence Model.

NIAZ certification follows a two-step process beginning with an organization’s completion of a self-assessment tool. The self-assessment is reviewed by the NIAZ and the organization is asked to address issues identified through the self-assessment before a site visit is scheduled with an NIAZ survey team. The results from the site survey are compiled into a report and inform the creation of an action plan to meet the unique needs of the organization. Once certification has been awarded to an organization, a follow-up visit is completed within 12 months to evaluate the progress on the action plan (www.niaz.nl/procedure). The scheme follows the EFQM Excellence Model and has been designed to encourage the exchange of information and knowledge throughout the health care field.

**Figure 3.3:** The NIAZ Model (source: www.ink.nl).

![NIAZ Model Diagram](image)

Figure 3.3 represents the NIAZ model, which is obviously compatible with the EFQM Excellence Model.

### 3.3.3 The Dutch Harmonization Quality Assessment in Healthcare (HKZ)

The HKZ is another Dutch quality management system that is compatible with the ISO. The scheme was developed to assess specialized fields related to both short-term care, such as community services and dialysis centers, and long-term
care, such as nursing homes and mental health care. The HKZ provides a set of standards for quality management. Accreditation under this scheme indicates that an institution provides a high quality of care. The scheme assesses health care institutions on issues like customer-oriented service delivery, optimization of effort, reliable results, and ability to meet the demands of clients and partners.

The core values of the HKZ are not overtly defined. The model has been updated recently, and the new HKZ model consists of three rings or processes; these are the primary process, the PDCA cycle at the organizational level, and the supporting strategies. The inner process is considered to be the center of the new HKZ model, where all care and services provided to the client take place (e.g. intake/indication, care, evaluation/follow-up care). The outer layer represents the comprehensive PDCA cycle of the organization, which is characterized by flexibility and dynamism. Between the primary process and the comprehensive PDCA cycle are the supporting strategies, denoting policy, staff, research and development, work environment, purchasing, and documentation. The ISO standards do not contain sector-specific requirements and can be applied to any sector; meanwhile, the HKZ has sector-specific requirements for health care institutions and services. Since it is a Dutch model, the only version available is in the Dutch language, and the description has been taken from the home page of the model (www.hkz.nl).

**Figure 3.4:** The HKZ Harmonization Model—Renewed in 2015.
The above figure serves as a guide for an organization to set up a quality management system to define several aspects of the work processes, including tasks and responsibilities.

The idea of harmonization is not explicated in the model. In the literature search, hardly any reference to the HKZ model was found. However, from the text on the website, it could be concluded that “harmonization” comprises aspects like collaboration between employees, coordination of activities, and a focus on the safety and quality of services.

### 3.3.4 Joint Commission International (JCI)

Established in 1951 in the United States, the JCI has played a major role in improving the quality of hospital services for more than half a century. It is the result of a joint venture of the American College of Surgeons, American College of Physicians, American Hospital Association, American Medical Association, and Canadian Medical Association (Ratcliffe, 2009). It is a standards-based, not-for-profit organization that is formally known as the Joint Commission for the Accreditation of Hospital Organizations (JCAHO). Approximately 100 partner organizations have been established in countries throughout the world, including Arab countries (www.jointcommissioninternational.org). The JCI specializes in the accreditation of health care organizations with the aim of “continuously improving the safety and quality of care in the international community through the provision of education and advisory services and international accreditation and certification” (JCI, 2014). The core values of the JCI are implicit. The criteria for this CS include the following:

- Access to care and continuity of care;
- Patient and family rights;
- Assessment of patients;
- Care of patients;
- Anesthesia and surgical care;
- Medication management and use, patient and family education;
- Quality improvement and patient safety;
- Prevention and control of infection;
- Governance, leadership, and direction;
- Staff qualifications and education; and
- Management of communication and information.

According to Kobs-Abbott (2010), the JCI standards are function-focused and examine processes of care, keeping patients safe, and improving outcomes; in contrast, other systems’ standards (such as those for the National Integrated Accreditation for Healthcare Organizations) are structure-oriented. Donahue and
van Ostenberg (2000) studied the relationship between the JCI and three other evaluation systems, namely visitation (inspection), the EFQM Excellence Model, and the ISO. The authors concluded, “We believe that the JCI accreditation model provides a framework for the convergence and integration of the strengths of all the models into a common health care quality evaluation model” (p. 243).

Oman has very limited experience with the JCI standards. In the Sultanate of Oman, only 2 hospitals out of a total of 65 public and private hospitals have achieved JCI accreditation; both of these hospitals are privately owned and managed. The first is StarCare, a UK-based health care and consultancy company that gained accreditation in April 2012 (Albelushi, 2012). The other is Muscat Private Hospital, managed by United Medical (an international hospital management group), which received JCI accreditation in February 2012 (Muscat Daily, 2012). The implementation of the JCI in these private sector facilities could have been performed for marketing–profit purposes. At the time of this research, the MoH has given no indication of its intention to implement any type of quality standards.

To summarize, the second approach to quality management is represented by CSs, such as the ISO 9001, NIAZ, HKZ, and JCI, which are sets of standards. The values associated with each CS are implicit, except in the case of the NIAZ. The primary function of CSs is the standardization and improvement of service delivery and organizational practices. Unlike the BEMs, the CSs are non-competitive accreditation awards; therefore, any organization is able to receive certification if it meets the standards. Organizations are evaluated through an audit carried out by third-party certification bodies or peer review. Table 3.6 summarizes the key characteristics of the CSs discussed in this chapter.
Table 3.6: Matrix of the Certification Schemes.

<table>
<thead>
<tr>
<th>Features</th>
<th>ISO 9001</th>
<th>JCI</th>
<th>NIAZ</th>
<th>HKZ</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition of Quality</strong></td>
<td>“The degree to which a set of inherent characteristics fulfills requirement” (ISO 9000:2000).</td>
<td>The JCI does not provide a clear definition of quality, but by focusing on the definition of the JCI and its mission, it is obvious that quality is determined through patient safety.</td>
<td>The NIAZ does not provide a definition of quality on its website, but it follows the philosophy of the EFQM.</td>
<td>The HKZ does not provide any definition of quality on its official website. However, its standards are based on the internationally recognized ISO 9001:2000 standards.</td>
</tr>
<tr>
<td><strong>Focus</strong></td>
<td>Focus on standardization of procedures within an organization and customers through conformance to specified requirements.</td>
<td>Focus on patient safety and quality of care.</td>
<td>Focus on ensuring that the quality and safety of services provided by a health care organization are up to the standards based on the judgment of third parties—customers, health insurers, and other governmental agencies.</td>
<td>Focus on quality and safety of processes in institutions for care and welfare.</td>
</tr>
<tr>
<td><strong>Form</strong></td>
<td>Standards and specifications.</td>
<td>Standards and specifications.</td>
<td>Standards and specifications.</td>
<td>Standards and specifications.</td>
</tr>
<tr>
<td><strong>Function</strong></td>
<td>Standardization and improvement.</td>
<td>Standardization and improvement.</td>
<td>Standardization and improvement.</td>
<td>Standardization and improvement.</td>
</tr>
<tr>
<td><strong>Object</strong></td>
<td>Quality management system (products, services, and processes).</td>
<td>Quality management system (products, services, and processes).</td>
<td>Quality management system (products, services, and processes).</td>
<td>Quality management system (products, services, and processes).</td>
</tr>
</tbody>
</table>

Openness and learning attitude, patient value is true north, trust, wisdom, diligence, sharing, innovation.
## Features

<table>
<thead>
<tr>
<th>Criteria</th>
<th>ISO 9001</th>
<th>JCI</th>
<th>NIAZ</th>
<th>HKZ</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Customer focus,</strong> leadership, involvement of people, a process approach, a system approach to management, continual improvement, a factual approach to decision making, and mutually beneficial supplier relationships.</td>
<td>Access to care and continuity of care, patient and family rights, assessment of patients, care of patients, anesthesia and surgical care, medication management and use, patient and family education, quality improvement and patient safety, prevention and control of infection, governance, leadership and direction, staff qualifications and education, and management of communication and information.</td>
<td>The NIAZ adopted its criteria from the EFQM model. The criteria are the following: leadership, strategy and policy, management of employees, management of means, management of processes, appreciation by patients and clients, appreciation by employees, appreciation for society, and final results.</td>
<td>Intake, implementation, evaluation/aftercare, policy and organization, staff, research and development, physical environment and material, services by third parties, and documents.</td>
<td></td>
</tr>
</tbody>
</table>

## Principles

<table>
<thead>
<tr>
<th>Criteria</th>
<th>ISO 9001</th>
<th>JCI</th>
<th>NIAZ</th>
<th>HKZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customer focus, leadership, involvement of people, a process approach, a system approach to management, continual improvement, a factual approach to decision making, and mutually beneficial supplier relationships.</td>
<td>Not applicable.</td>
<td>Core values used as principles: openness and learning attitude, patient value is true north, trust, wisdom, diligence, sharing, and innovation.</td>
<td>Not applicable.</td>
<td></td>
</tr>
</tbody>
</table>

## Methodology

<table>
<thead>
<tr>
<th>Criteria</th>
<th>ISO 9001</th>
<th>JCI</th>
<th>NIAZ</th>
<th>HKZ</th>
</tr>
</thead>
</table>

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Quality Management Guidelines for Islamic Societies

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66
3.4 Western Models and Islamic Guidelines

The exploration of Western approaches needs to be compared with the Islamic guidelines detailed in chapter 2. Table 3.7 provides an overview of the core values of the Baldrige Model, the EFQM Excellence Model, the NIAZ, and the IWEs. The values in the MBNQA model, the EFQM Excellence Model, and the NIAZ refer to personal behavior, such as trust, wisdom, and diligence. In some cases these are also the values of the IWEs. However, the Islamic values are more relational. Put differently, the values of the Western models are individual attributes and are needed in the organization to produce, whereas the IWEs are more focused on how people should behave in the organization or society.

Table 3.7: Comparison between the Core Values in the MBNQA, EFQM, NIAZ, and IWEs.

<table>
<thead>
<tr>
<th>Baldrige Core Values</th>
<th>EFQM Award Fundamental Concepts</th>
<th>NIAZ Core Values</th>
<th>IWEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visionary leadership</td>
<td>Leading with vision, inspiration, and integrity</td>
<td>Wisdom</td>
<td>Supervision, consultation</td>
</tr>
<tr>
<td>Customer-driven excellence</td>
<td>Adding value for customers</td>
<td>Patient value is true north</td>
<td>Trust, sincerity, and keeping promises</td>
</tr>
<tr>
<td>Valuing workforce members and partners</td>
<td>Succeeding through the talents of people</td>
<td>Trust, diligence</td>
<td>Teamwork, patience, trustfulness, and justice</td>
</tr>
<tr>
<td>Management for innovation</td>
<td>Harnessing creativity and innovation</td>
<td>Innovation</td>
<td>*</td>
</tr>
<tr>
<td>Organizational and personal learning</td>
<td>*</td>
<td>Openness and learning attitude, sharing</td>
<td>Conscientious self-improvement</td>
</tr>
<tr>
<td>Focus on results and creating value</td>
<td>Sustaining outstanding results</td>
<td>*</td>
<td>Intention, conformity</td>
</tr>
<tr>
<td>Focus on the future</td>
<td>Creating a sustainable future</td>
<td>*</td>
<td>Forever mindful of the Almighty</td>
</tr>
<tr>
<td>Agility</td>
<td>Managing agility</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Social responsibility</td>
<td>*</td>
<td>*</td>
<td>Benevolence</td>
</tr>
<tr>
<td>Management by fact</td>
<td>*</td>
<td>*</td>
<td></td>
</tr>
<tr>
<td>Systems perspective</td>
<td>*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* The value mentioned on the left side is not applicable to the model (differences).

The above table is a novelty, since such an exercise has not been conducted before. It contrasts the values in Western models with those of Islam. At first glance, it may seem that the Western models and the Islamic guidelines share a great
similarity. However, that is the effect of the table, which places different values in the same category. The actual practice is that the Western models differ in content from the meaning given to them in Islam. The above table determines the gaps between Western models and Islamic guidelines, which will help this study to focus more on these gaps.

The Islamic values are highly normative or moral. This moral element is not entirely absent from the Western discourse. For example, values in the table such as “God almighty,” “intention,” or “conformity” are typical of religious societies rather than individualized market societies. Moreover, it should be kept in mind that the term “value” is the same, but the origin and content of the values differ.

This study does not claim that there is no similarity between values in Islamic and Western societies. However, the complexes of values differ in nature and this constitutes a different value pattern. An important difference is that IWEs are always highlighted when it comes to business in Muslim countries. That makes the Islamic values highly specific. These values are codes of conduct and act as behavioral guidelines. In all the models, the customer is the center of the organization’s activities. However, serving customers requires trust and sincerity in performance. The specification of trust in Islam is that people are considered as trustees of the earth on behalf of God; their trusteeship is characterized by confidence, belief, faith, freedom from suspicion, and the ability to build relationships on mutual trust and respect with superiors, colleagues, or customers. In health care an employee is entrusted to perform his or her duty with sincerity, with the aim of achieving the best outcomes for the patient and for the organization. Employees are also trusted to keep patient information confidential and not to disclose it to any party unless for treatment purposes.

The issue of the workforce, people, or employees is common to all four models. The EFQM Excellence Model, the NIAZ, and Islam view employees as people with emotions, feelings, and interest, a view that seems to be more humanitarian. In these three models, success, trust, and diligence represent the common shared culture or values. More values are explicated, such as teamwork, patience, and justice, which are influential values in health care. It is a profession that requires focus while dealing with patients to achieve the desired outcomes. The Prophet Mohammed advised taking the “middle way” to create a balance in human endeavors to ensure employees’ well-being. The tasks given to employees should be within their capabilities (Rice, 1999). Thus, if a manager wants to be obeyed, he or she should request what is possible. Equal opportunities should be provided with no discrimination in hiring, training, or appraisal.

Conscientious self-improvement, openness and learning attitude, sharing, and organizational and personal learning are common values in the MBNQA model, the NIAZ, and Islam but are not evident in the EFQM Excellence Model. The
specificity in Islamic culture is that it focuses on individual improvement, which will lead to organizational improvement. Health care personnel need to cope with the rapid development of health care services and technology; the standards of today might not be useful for tomorrow. As a value, conscientious self-improvement is needed for personnel to update their knowledge and skills.

The remaining values are specific to each model and are not available in the others. The difference is that the values in the MBNQA model, EFQM Excellence Model, and NIAZ involve the organizational level, whereas the IWEs focus on the individual employee. For instance, intention, conformity, being forever mindful of the Almighty, and benevolence are specified in terms of individual behavior, not that of the organization. This is an important issue, because the employees are the ones who process the organizational tasks and activities. If they have the right work values, their performance and productivity are perceived to improve.

The specificity of the IWEs is summarized in the points listed below.

**Islamic work ethics and the effect of culture:** The difference between Islam and Christianity is that in Christianity the quality management models are designed with the values backstage, whereas in Islam the values are central. In the Islamic world, religion/the mosque and the state are interconnected in each aspect of daily life and activities. Thus, it is impossible to introduce a management model and ignore religious values and ethics, because Islam is a constitution or law that regulates Muslims’ lives. All religions distinguish between right and wrong and give people solutions to issues that they might face in their lives because they cover economic, social, and moral elements. The separation between church and state could be one of the reasons for the resistance or challenges related to implementing Western management models in Islamic countries, as the current existing quality management approaches touch on values only implicitly.

The effect of culture on organizational performance cannot be ignored. McManus (2006) outlined how to develop a high-performance work culture, stating that “most improvement efforts fail because the existing work culture does not support a high performance way of thinking and acting.” Changing the work system is the key to changing a work culture, because the system itself drives, supports, and encourages the workplace behaviors and beliefs. Babatunde and Pheng (2015) stated that “it has been very difficult to implement TQM successfully due to a failure to pay sufficient attention to the cultural and structural variables that influence TQM” (p. 25). They claimed that the national culture influences organizations and their operations. The Muslim behavior, beliefs, and culture are derived from the Islamic Shari’ah principles. Among these, there are values and work ethics that cannot be ignored and have to be considered in building or developing management systems.
**Rigidity in standards:** Other quality approaches, such as the CSs, take the form of rigid standards and specifications that guide organizations in setting up a good quality management system. In his analysis of the perception to the ISO standards, Boiral (2003) reported critical attitudes toward standards expressed by the managers interviewed, who perceived that the standards had a negative impact on the management’s practices, created an iron cage, caused uncertain commercial advantages, and increased bureaucracy in the Islamic culture.

**Cost and resources:** Although accreditation schemes such as the ISO 9001 have been adopted by some Islamic and Arab countries, they seem to have encountered some difficulties. Magd (2006) reported that, although the ISO standards improved efficiency, documentation, and quality awareness within organizations in Saudi Arabia, the high cost of registration and implementation seems to be a barrier. Thus, due to the high cost, and taking into consideration the fact that the economy in the Muslim and Arab world is still developing, small and medium-sized organizations could encounter some difficulties, such as a lack of financial and human resources and a lack of experience in auditing.

In conclusion, although the Western models and the Islamic guidelines seem to share some values, there are significant differences between them. The Western models denote properties that individuals should possess to be productive, while the Islamic values prescribe behavioral rules. The concepts of quality in these two world views are therefore incompatible, despite some overlap. This discrepancy underscores the need to develop a specific Islamic quality model for the health sector. The next chapters report on that endeavor based on empirical research.
Chapter 4: Methodology

4.1 Introduction

This study attempted to develop a quality model for the health sector in Oman. To that end, chapter 2 set out the criteria that the model should meet. Chapter 3 explored Western models to determine whether they could be of any help in designing a model for the Islamic world. The findings of chapters 2 and 3 and the subsequent evaluation in chapter 5 enabled me to design a first draft of the “Islamic model.” This represents a construct or product of the researcher, but I found it necessary to test this product in an Islamic society to determine its appropriateness and acceptability. With that aim, I conducted fieldwork in Oman. This location was paramount, since the model was meant to be implemented in this society. Therefore, the field research was geared to determine whether the model complies with Islamic values, identify the challenges that arise when implementing the model, and shape a consensus in the field concerning the model’s utility and needed implementation.

Since this investigation was exploratory, I proceeded via five different pieces of research. First, I conducted a pilot study to check whether the intended survey included the relevant questions. Next, I administered the survey to personnel at two Omani hospitals. This part of the research was intended to identify the IWEs in Oman’s health care practice. The outcome of this research enabled me to modify and specify the model. Third, I conducted three Delphi sessions. The first included personnel from four Omani hospitals (a total of twenty persons and a group of five hospitals). The reason for conducting these Delphi sessions was to forge commitment from Omani hospitals’ personnel and consensus related to the design and implementation of the model developed in the previous stages. During these sessions the researcher presented the primary design for the quality management model. The central question concerned what a quality management model could look like from the Islamic perspective. The second Delphi session supplemented the results of the survey and the first Delphi session with a discussion about the IWEs. Twenty-eight quality officers from different regions were involved in this part. The outcome of this discussion provided a second opportunity to fine-tune the model. I conducted the third Delphi session and presented the model to a panel of high officials from different Omani sectors, including the Acting Mufti, the highest religious authority of Oman. The results of this session were used to produce the final version, which was approved by the Acting Mufti.
I first developed a preliminary questionnaire; this was tested via a pilot meant to determine whether the IWEs were operative and how to set up the proceeding survey. The survey was intended to verify the scale of operation of the IWEs and to establish which guidelines were more important than others. This sequence of research was finalized with three Delphi sessions, the primary aim of which was to shape a consensus and to invoke additional suggestions to improve the model. Consequently, the various methods and the different parts of the research were cumulative and resulted in the desired model concerning health care in Islamic societies.

It should be kept in mind that not only the goals of these stages of the research were different but so were the techniques. The pilot was conducted using qualitative techniques; the survey was more formalized and quantitative; and the three other parts were stages of the Delphi method. Below, I discuss each of these stages and methods. Figure 4.1 outlines the methodology guiding this study and the steps taken to complete this research. Descriptions of the quantitative and qualitative components are provided below.

### 4.2 Location of the Fieldwork

The Sultanate of Oman is located in the south-eastern corner of the Arabian Peninsula. Its coastal line extends 3,165 kilometers from the Strait of Hormuz in the North to the borders of the Republic of Yemen, overlooking three seas, namely the Arabian Gulf, the Gulf of Oman, and the Arabian Sea. The country is bordered by the Kingdom of Saudi Arabia and the UAE to the west, the Republic of Yemen to the south, the Strait of Hormuz to the north, and the Arabian Sea to the east. The Sultanate of Oman is classified among the upper-middle income countries according to the classifications of the World Bank (Boutayeb & Serghini, 2006). The annual per capita national income was $17,890 in 2008 (World Bank, 2008). The sultanate had a population of around 3,173,917 in 2009, of which 2,017,559 are Omanis; the remainder are foreign nationals. Moreover, 34.5 percent of the population is under the age of 15 years, whereas those aged 60 and over make up 3.8 percent (Annual Report of the MoH, 2009).

The present research was conducted in different regions of Oman. It is important to mention that the researcher collected data from different hospitals in four regions (Muscat, Dakiliya, South Batinah, and North Batinah) to ensure that different opinions and points of view were included. The third Delphi session was conducted in the Ministry of the Islamic Affairs in the presence of the Acting Mufti.
4.3 The Pilot Study

The pilot study was conducted in Rustaq Polyclinic in the Rustaq Region. Ten participants were selected to pilot the survey questionnaire. The criteria applied to select the candidates for the pilot study included the following: a minimum of five years of experience in the health care profession to ensure adequate exposure to knowledge and skills; and English proficiency, because the survey was written in the English language. As mentioned above, five female nurses and five doctors participated. The years of experience among the nurses ranged from nine to twelve years, whereas for the doctors they ranged from six to seven years.

Prior to the meeting, the candidates received information about the aim of the study and the research topic, and informed consent was taken. Each candidate met with the researcher separately for the duration of 1 hour. In cooperation with the polyclinic manager, the meetings discussed the survey questionnaire concerning issues like the language, the comprehensiveness of the survey, possible areas of improvement, and the conceptual framework. Written notes were taken during these meetings. At a later stage, a report was written on the pilot study, and a copy was sent to the candidates through the manager to check the conclusions with the participants; no additional comments were received.
According to the participants, the pilot questionnaire addressed important values and ethics. However, some of the statements needed to be rewritten to ensure clarity and each statement needed to be translated into Arabic (see Appendix A).

In response to the question of whether the statements used to describe the ethics and values studied in the questionnaire were appropriate, the participants answered affirmatively. They also indicated that some of the statements held primary importance; that is to say, the list below reflects a ranking. It should be noted that the statements were normative, as the Islamic concept of quality is highly interwoven with moral rules of conduct. These statements included the following:

1. One should feel the presence of Allah and recognize that He observes our deeds and actions;
2. Omani society would have fewer problems if each person was committed to his work and avoided its hazards;
3. Trust is a survivor (a person who continues to live).
4. Dedication to work is a virtue;
5. One should take community affairs into consideration in one’s work;
6. Always follow the job instructions and standards while performing job duties;
7. What is expected of employees should be made clear and explicit;
8. Work should be carried out with sufficient effort;
9. One should strive to achieve better job performance;
10. Consulting with colleagues is one of the most valuable opportunities for personal growth;
11. One should always speak the truth regardless of the consequences.
12. Job-related roles and responsibility are too vague and ill-defined;
13. The ends justify the means;
14. It is not important to consider trustfulness at work;
15. One should feel obliged to try to improve things; and
16. Many respondents rarely worry about letting fellow workers down.

The results of the analysis for Statements 2, 3, 4, and 5 were significant. First, in the Islamic Shari’ah, the end does not justify the means, because the means or the tools in Islam should be derived from the Islamic ethical system. Second, trustfulness is a core pillar in the IWEs, but three participants out of six reported that trustfulness is not important for consideration in the workplace, which raised some questions. Did those participants understand the question completely? Did they truly perceive that trustfulness is not important? Third, the fact that four respondents out of six did not feel obliged to try to improve things was another significant result. Muslims are obliged to improve their capabilities to perform their duty in a better way. The Prophet Mohammed (PBUH) said that Allah will be pleased with those who try to do their work in a perfect way, which is a direct
request for Muslims to make every effort to try to improve their performance. Finally, teamwork is an important aspect of the management system. Each team member should have a sense of belonging to the team in which he works and should share the values of the team. All team members should strive to meet the team objectives. The result showed that three out of six respondents rarely worried about letting down their fellow workers, which might indicate little obligation and sense of belonging to the organization as well as an absence of team spirit.

To summarize, the pilot analysis indicated that almost half of the respondents did not consider trustfulness, conscientious self-improvement, or teamwork to be important. This will have negative implications for the workers’ performance and affect the overall organizational performance.

After completing the pilot, the respondents were asked to complete a short evaluation form containing the following questions:
1. Was it difficult to answer all or some of the questions? If yes, what was the nature of this difficulty? Specify the numbers of the difficult questions.
2. Please write down the numbers of the questions that you think should be omitted because they are not congruent with your practice or they are unethical.
3. Are there any points or questions that you think should be asked about that were not included in the questionnaire?
4. Are there additional questions you might have?

The evaluation form provided two pieces of feedback. First, for question 3, one respondent reported the need to ask questions about the methods of selecting leaders and managers in health care institutions: “What are the criteria to select leaders?” Second, for question 4, two respondents suggested including Arabic translations of the statements beside the English statements.

After consideration of the feedback received during the pilot study, the questionnaire was updated accordingly. The English statements were clarified and Arabic translations were provided for each English statement. Accordingly, the survey was developed to assess Omani health care workers’ perceptions of the IWEs and to evaluate the presence of these ethics in the health care field. Interviews were conducted with a sample of Omani health care workers to collect their opinions on the form that an Islamic quality approach could take and whether a set of quality standards or quality guidelines would suit the country context better.
4.4 The Survey

**Epi Info**7, a software program for population surveys, was used to calculate the sample size. A multistage, stratified probability sampling method was utilized to select 190 Omani medical staff to complete the survey.

- In the first stage, we selected 2 governmental hospitals (Nizwa and Rustaq) randomly out of 14 hospitals.
- In the second stage, about 45 Omani doctors and 145 Omani nurses were selected randomly proportional to the size.

The final sample population was selected through the following steps. The personnel affairs department (also called human resource management) from two selected hospitals provided complete listings of the professional, doctor, and nursing staff associated with each facility. Other professional staff were removed from each listing and the medical staff were stratified according to their position within the hospital (doctor or nurse). The lists were then alphabetized and each employee was assigned an identification number. A random number generator function in Microsoft Excel was then used to select respondents for the survey sample and avoid bias. Table 4.1 provides a breakdown of the health care worker population used to select the survey sample. To ensure the availability and selection of the right candidates, the following criteria were applied:

- The respondent is currently employed at one of the study locations;
- The respondent has a minimum of five years of experience in the health care field; and
- The respondent is proficient in the English language.

Table 4.1: Staff of the Sampled Hospitals in Oman.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Total Number of Staff</th>
<th>Number of Doctors</th>
<th>Number of Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nizwa</td>
<td>690</td>
<td>162</td>
<td>528</td>
</tr>
<tr>
<td>Rustaq</td>
<td>566</td>
<td>130</td>
<td>436</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1256</strong></td>
<td><strong>292</strong></td>
<td><strong>964</strong></td>
</tr>
</tbody>
</table>

A random sample of 190 health care workers (86 from Rustaq Hospital and 104 from Nizwa Hospital), representing both doctors and nurses, was selected. The sample sizes selected from each hospital were proportional to the size of each hospital’s medical staff. Once the survey sample had been selected, a self-reported questionnaire was distributed to each member of the sample. To ensure confidentiality, each participant received the questionnaire in an envelope and was asked to drop the sealed envelope into a collection box placed in the staff development office in each hospital. The researcher’s contact information was provided with the questionnaire for any inquiries. Each questionnaire included an identification
number for data management purposes. Once complete, the survey data were entered into an EPI-Data program and reviewed for sampling coverage and duplications. The data were used to generate descriptive statistics to assist in identifying any relationships between the questionnaire topics and the demographic variables.

The survey questionnaire comprised 52 items—13 primary items with 4 corresponding questions for each—with the primary purpose of gauging the health care sector’s understanding of the IWEs. A 5-point Likert scale, ranging from 1 = “strongly disagree” to 5 = “strongly agree,” was utilized to measure the respondents’ agreement with each of the presented topics.

A total of 138 complete surveys were returned out of the 190 questionnaires distributed, achieving a response rate of 72 percent. Of the 138 respondents completing the questionnaire, 43.5 percent worked at Rustaq Hospital and 56.5 percent worked at Nizwa Hospital. Most of the respondents were male (58.8 percent). The largest group of respondents (43.5 percent) fell within the age range of 35–44 years; 37 percent were aged 25–34 years; and 19 percent were older than 45 years. Nurses represented the majority of the respondents (67.4 percent), followed by doctors (19.7 percent) and administrators (12.9 percent). More than three-quarters (76.8 percent) of the survey respondents had 11 or more years of work experience in the health care field.

4.5 The Delphi Sessions

The aim of this study is to develop a quality model from an Islamic perspective. It was therefore important to collect opinions on how this model can be designed. The Delphi technique was the best choice, because it combines the opinions of experts and professionals to arrive at a group consensus about what this model could look like. When dealing with groups, the Delphi technique helps in posing questions, synthesizing feedback, and guiding the group toward common ground (Donohoe, Stellefson, & Tennant, 2012).

The Delphi technique was therefore chosen due to its effectiveness in determining the potential of a proposed model or policy, identifying areas of agreement and discord related to the proposed activity, and estimating the applicability of the proposed activity in a given situation. According to Hasson, Keeney, and McKenna (2000), situations involving contradictory or insufficient information to make effective decisions have led to increased use of consensus methods such as the Delphi approach. This method was developed by the Rand Corporation for technological forecasting. It has commonly been adopted in the health sector for medical, nursing, and health services (Gibson, 1998; Kirk, Carlisle, & Luker, 1996; Williams & Webb, 1994).
Three Delphi sessions were conducted. The first involved health care personnel from four governmental hospitals (20 participants), the second involved 28 quality officers from all regions and hospitals, and the third included high officials and experts from different sectors. In the first Delphi session, the inclusion criteria were: being a member of the medical and administrative staff, having 3 years of experience, and being on duty during the study period. In the second Delphi session, we included all heads of quality sections in all governmental hospitals and directorates and excluded other heads of sections. In the third Delphi session, we included quality experts in different sectors, such as education, oil and gas, medical services, and the deputy to the Mufti, who is an expert in the Islamic Shari’ah and gave us his opinion about the Islamic work ethics. We excluded experts in specialties other than quality.

The first Delphi session took the form of an in-depth meeting with Omani health care workers associated with four regional hospitals (Rustaq, Nizwa, Sohar, and Al-Nahda). These hospitals were selected based on the random sampling process by writing each hospital’s name on a separate piece of paper, putting them in a small bag, shaking the bag well, and then withdrawing four papers that nominated the above-mentioned hospitals. The aim of the interviews was to determine whether a quality approach model should take the form of a set of standards or a set of guidelines for quality management. Another purpose was to gain an insight into what an Islamic quality management model could look like in the Omani health care sector. The same method as described above was used to select the participants, who included Omani doctors, nurses, and administrators. Two doctors, two nurses, and one administrator were selected randomly from each hospital through the department of health studies and research of the MoH in Oman, resulting in twenty health care workers being selected in total from the four hospitals. To accommodate the workers’ schedules, the interviews took the form of focus group sessions with the goal of assessing the participants’ support for the development of Islam-centric quality management guidelines. Four sessions were held, one for each hospital’s group. The data collected through the survey and interviews were analyzed, and the results were used to develop a preliminary quality management model. By the end of this session, the version proposed by the researcher had been modified (Model 1, first modification).

The second Delphi session included 28 quality officers in the MoH from all regions, and Model 1, as modified by the hospitals’ health care personnel in the first Delphi session, was presented. The meeting was instrumental in verifying the results of the first Delphi session and the choice of guidelines as the form of the model as well as eliciting the participants’ opinions on the developed model. The information collected during this meeting revealed no major comments, and the participants supported the model. Thus, by the end of the second Delphi session, no changes had been made to Model 1.
The final stage of the qualitative research process was the third Delphi session with experts representing various governmental sectors, including officials from the MoH. The session was conducted at the Ministry of Islamic Affairs in the presence of the Mufti, with the primary aim of validating the data collected and the proposed quality approach model (Model 1). The session was guided by the seven following Delphi session steps:

1. A facilitator, familiar with the research subject and data collection process, was selected to manage the discussion;
2. Invitations were sent to a number of experts with knowledge of and experience in the management and quality fields;
3. The invited experts were provided with a comprehensive description of, information about, and data related to quality approach models. This information provided each expert with the knowledge required to understand the session's topic and prepare effectively for the discussion;
4. The facilitator began with a set of general questions to help ascertain the session participants' views about the subject. The topic-relevant viewpoints were collected for future analysis;
5. The facilitator then asked a series of more in-depth questions related to the proposed quality assurance model and the model's applicability to Omani culture. Again, the comments were collected for future analysis;
6. Finally, the facilitator guided the session participants in a more focused discussion about the research and proposed quality approach model. This discussion resulted in a final agreement among all the session attendees; and
7. The data collected during each stage of the Delphi session were analyzed, and a final quality approach model was developed (Model 2).

A group of high officials and experts from different sectors and fields was invited to attend the discussion session (see Table 4.2).

Table 4.2: A Description of the Experts Attending the Third Delphi Session.

<table>
<thead>
<tr>
<th>S.NO</th>
<th>NAME</th>
<th>SPECIALTY/FIELD</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>His Eminence Dr Kahlan Al-Karousi</td>
<td>Deputy to the Mufti in the Sultanate of Oman</td>
<td>Invitee</td>
</tr>
<tr>
<td></td>
<td>His Excellency Sheik Khalfan Al-Aisari</td>
<td>Member of the State Council, Sultanate of Oman</td>
<td>Invitee</td>
</tr>
<tr>
<td></td>
<td>Dr Ahmed Al-Mandari</td>
<td>Director General, Sultanate Qaboos University Hospital</td>
<td>Invitee</td>
</tr>
<tr>
<td></td>
<td>Dr Amr Tamman</td>
<td>Quality Advisor, MoH</td>
<td>invitee</td>
</tr>
<tr>
<td></td>
<td>Dr Abdullah Al-Batashi</td>
<td>Dean of Muscat Nursing Institute, MoH</td>
<td>Invitee</td>
</tr>
</tbody>
</table>
The comments raised by the experts during the session could be classified into three categories, namely the structure and design of the guidelines, the guidelines’ elements (content), and the translation of the IWEs.

1. The structure and the design of the guidelines.
   
   – Prioritize the IWEs according to importance (evaluating ethics and performance ethics); and
   
   – Clarify the interrelationships between the guidelines’ elements. The experts thought that the interrelationships between the guidelines’ elements, including the principles and IWEs, were not clear. They perceived that the guidelines’ design needed to be reworked.

   Prioritization could be helpful in highlighting the most important ethics. As regards the interrelationships between the guidelines’ elements, the guidelines were reworked to make the relationship clear.

2. The guidelines’ elements (content)
   
   – Define the IWEs in a behavioral and technical way that suits the work environment. The experts perceived that the IWEs are truly familiar to each Muslim but at an abstract level; thus, they needed to be translated into behavioral points to be understood at the individual or organizational level;
   
   – Prepare a glossary of terminology; for instance, intention needed to be narrowed down in the sense of how much a person’s work matches his or her aims. This needed to be integrated into the principle of work and economy, with the concept of serving others as an act of worship to please Almighty Allah rather than just to earn money and profit. Another example is leadership. In the Holy Qur’an, Allah said, “So by mercy from Allah, [O Muhammad], you were lenient with them. And if you had been rude [in speech] and harsh in heart, they would have disbanded from about you. So pardon them and ask forgiveness for them and consult them in the matter. And when you have decided, then rely upon Allah. Indeed, Allah loves those who rely upon Him” (Qur’an 3:159). In this verse the Qur’an clarifies the characteristics of a leader, who should exhibit courtesy, the companionship, and assertiveness.
   
   – Clarifying the outcomes. The experts suggested mentioning the proximal outcomes of work, which are money, interest, and profits, as well as the
distal profit (God’s worship, which is the ultimate goal of any Muslim). Worship of God can be carried out in many ways; one of these is to provide care and save lives, as these are greatly rewarded by Allah. The Holy Qur’an states: “And whoever saves one—it is as if he had saved mankind entirely. And our messengers had certainly come to them with clear proofs. Then indeed many of them, [even] after that, throughout the land, were transgressors” (Qur’an 5: 32). This comment will be taken into consideration and the outcome principle will be explained to capture this idea.

– Adding other values as ethics, such as patience, emotions, and attitude, and adding principles, such as a vision and mission, knowledge and skills, lateral integration, a simple process, self-assessment, culture, strategy, information, and measurement. The experts also suggested adding prohibited ethics, because, as much as we need to highlight the good ethics, we also need to eradicate the unwanted and prohibited ethics, such as injustice, hatred, and arrogance. This was a valued comment; however, due to time constraints, it is left for future researchers to address this issue and integrate prohibited ethics into the guidelines.

3. The translation
– Translating the IWEs using the Congress or Oxford codes. Although the IWEs were derived from articles written about Islam and business and/or IWEs, they were reviewed again to make sure that they have the same translation as in the Congress and Oxford codes.

4. Other issues (thesis)
– Using the term “source of Islamic legislation” instead of “source of Islamic Shari’ah” (Qur’an, Sunna, Masaleh Mursala, and Maqasid alshari’ah). This suggestion was important and was taken into consideration, and the thesis was updated accordingly.

All of the Delphi sessions were recorded and later transcribed for analysis. The results from the survey and Delphi sessions were presented to the experts attending the Delphi session.

4.6 Observing the Current Practices

Various Muslim/Arab countries were visited to explore the current practices in the field of quality management. Visits were planned to four countries, namely the Sultanate of Oman, the UAE (Dubai), Jordan, and Egypt. In the cases of Oman, Jordan, and Dubai, personal meetings were conducted with an official in each country. As for Egypt, the physical visit was cancelled for security reasons.
Instead, a telephone interview was conducted. The officials were telephoned to ask permission for the visits and to arrange the meetings. The meetings were documented in writing using a questionnaire to collect the data. A detailed description of these visits is provided in chapter 6.

The main reason for visiting the countries in the region was inspired by the implementation of the model. Since every society has its own history of development of health care institutions, and none of the visited societies had a quality model based on Islamic guidelines, it sufficed to identify the (pre)conditions for implementation. The societies were visited to detail their frame of reference. Due to their different models, the identification of their frame was made roughly.
Chapter 5: Toward an Islamic Quality Management Approach

5.1 Introduction

The purpose of this thesis is to determine what an Islamic quality approach could look like for the health care sector in Oman. To that end, I discussed the commonly considered Islamic values in chapter 2. Next, I discussed the Western models that might be of assistance in chapter 3 and found three models that could be useful. In this chapter I bring these pieces together by evaluating the Western models discussed in chapter 3 according to the Islamic values outlined in chapter 2. Thus, I attempt to reveal the (in)compatibility of the Western models and the Islamic requirements. I do not suggest that there is wide support for the “Islamic model” or that the model has been detailed; such a claim can only be made after the proposed model has been reviewed in Delphi sessions. Thus, the purpose of this chapter is to design an “Islamic model” and to determine whether there is support for it in Oman.

Before proceeding, one caveat should be made. In this attempt to develop the final version of a quality approach, I prefer to speak of guidelines rather than models or standards. Models or standards require previous experiences, cases, and practices. However, there are no cases and practices on the subject at this time, which is precisely the rationale for this research. One of the main reasons for using the term “guidelines” was excellently phrased by the Mufti, who emphasized that “Islam as a guideline only provides advice and recommendations.” In addition, guidelines are more flexible and provide an organization with opportunities to improve and customize them according to its own requirements. These guidelines are limited to quality at the organizational level and are specific to hospitals; the introduction chapter (1) can be referred to for the list of the five basic organizational types (Mintzberg, 1979).

Given the aims of this chapter, I start with an evaluation of the Western models according to Islamic values. Next, I propose guidelines for quality from an Islamic perspective. Following this, I report the findings of the survey of personnel from two hospitals (20 respondents) concerning the proposed model. The input received was used to revise the model. I also check and report whether there was a general consensus among the staff members. Next, I present the revised model resulting from two Delphi sessions, one with Omani quality officers (28 officers) in the MoH and one with relevant Omani leaders and experts in health care and
other sectors. These two sessions resulted in slight adjustment of the guidelines. With the survey and the Delphi sessions, I fine-tuned the guidelines and shaped a consensus about them. I conclude this chapter with the final formulation of the guidelines.

5.2 Proposed Guidelines from an Islamic Perspective

Quality can be assured through guidelines or standards. Guidelines consist of recommendations for best practice; here, the best practices are not mandatory but strongly recommended. A guideline can be defined as a “recommended practice that allows some discretion or leeway in its interpretation, implementation, or use” (www.businessdictionary.com). In contrast, standards are mandatory statements of controls that must be strictly followed. A standard is defined as a “written definition, limit, or rule, approved and monitored for compliance by an authoritative agency or professional or recognized body as a minimum acceptable benchmark” (www.businessdictionary.com).

In this attempt to develop a quality management approach from an Islamic perspective, producing guidelines may be the best option. First, guidelines are more flexible and provide organizations with opportunities to interact with the development and improvement of the initiative. Second, the nature of guidelines is to provide suggestions and recommendations for best practices while allowing organizations to decide; it is not mandatory to follow guideline recommendations. Third, as this research represents the first attempt to develop a quality approach from an Islamic perspective, guidelines will be more acceptable; imposing strict standards may negatively affect the organizational acceptance of the new approach. Fourth, developing standards requires a knowledge base of previous experiences, cases, and practices. Such knowledge does not currently exist in relation to the Omani health care system.

Due to the time constraints related to this research, the creation of guidelines was a more viable option. More importantly, guidelines are better suited to the Omani culture, since, as the Deputy to the Mufti (Acting Mufti) of the Sultanate of Oman stated, “Islam is … advice and … a guideline provide[s] suggestion[s] and recommendation[s] for the best practice, which is … advice.” The Deputy to the Acting Mufti perceived that standards are too strict and imposing, and such strictness is highly unusual in Islam. The research presented in this thesis is limited to addressing organizational quality; it is left to future researchers to explore the requirements of quality management in medical professions in more detail.

The guidelines shown in Figure 5.1 constitute the proposed Islamic quality model based on the IWEs distilled in chapter 2 and the principles derived from the Western models. This model is derived from Table 5.3 and the guidelines
were suggested by the respondents. The proposed guidelines are shown on the right side of the conceptual framework illustrated below. They can be used for an internal audit of an organization or peer review. However, they can be used from the left side as well, namely for inspection or while making a business plan. The guidelines act as an internal driver within the organization that takes ethical values into consideration while implementing the quality management principles.

I have generated a conceptual framework from an Islamic perspective to integrate the IWEs in quality management for organizations, especially those operating in Muslim countries. The proposed conceptual framework contains the following four dimensions: a control system, change and learn, internal drive, and external needs. The control system is divided into four elements, namely an internal audit, peer review, inspection using normative models and standards, and business plan. The internal drive includes the IWEs (moral) as a method to meet external needs and attain excellence.

For Muslims, work is a method of worshiping Allah, and the IWEs play a major role in shaping organization and employee behavior. The business plan for an organization or even an employee should include not only the stakeholders’ needs but also any moral needs. The control system with the four methods used (internal audit, peer review, inspection, and business plan) should help in making changes according to the learning process and results.

Figure 5.1: Proposed Guidelines for an Islamic Quality Approach.
The Islamic guidelines consist of eight principles, namely good governance, leadership, results, mutually beneficial relationships, a systematic approach, a process approach, and a customer focus. They also consist of thirteen IWEs, as outlined in chapter 2. The philosophy of the guidelines is centralized around good governance, which is supported by other principles for quality management. There are interrelations between the principles and between the principles and good governance. The function of the IWEs is to make the guidelines explicit in explaining how each principle can be carried out. For instance, leadership can be performed in an organization through ensuring a good intention, justice, trustfulness, and so on.

5.3 Hospitals’ Concerns

A survey was conducted in two governmental hospitals in Oman with 190 participants. The questionnaire was developed by the researcher and piloted previously. It included the 13 IWEs discussed in chapter 2 to assess the perceptions of Omani health care workers concerning the IWEs as well as the existence of these values in their organizations.

5.3.1 Outcomes of the Survey

The guidelines proposed above were discussed with twenty staff members from four hospitals, with five from each institution. All the participants from the four hospitals, as well as the group of quality professionals from the MoH, agreed that the guidelines for quality management would suit the country’s context. Because this was the first attempt to identify best practices, guidelines that provided recommendations about how quality could be practiced would be more acceptable than imposing standards to be followed. Table 5.1 describes the main concerns of the participants, explaining the requirements needed to develop guidelines for a quality approach.

The participants strongly considered that the IWEs should be considered in designing a quality management approach. As one interviewee commented: “If we are aware about our basics Islamic principles, then we can proceed for the better.” In addition, there were principles that should be considered that might suit the specificities of the country, such as its culture. Besides the IWEs and the principles, the participants highlighted some other issues, which are discussed in the next part of this chapter. According to the health care workers interviewed, guidelines for a quality management approach that can be applied to Omani health care should consider a number of issues, which are summarized in Table 5.
Table 5.1: First Delphi Summary for the Four Hospitals.

<table>
<thead>
<tr>
<th>Topics</th>
<th>Nizwa Hospital</th>
<th>Rustaq Hospital</th>
<th>AL-Nahda Hospital</th>
<th>Sohar Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consensus among the participants about the need for guidelines</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Using the 13 IWEs</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Using quality principles</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Defining the principles, writing a protocol of implementation, and clarifying the guidelines' structure</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Guidelines vs. standards</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Measurement tool</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Results = outcomes</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Process approach/system approach/systematic approach</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>People = employees</td>
<td>✓</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Raising awareness of the ethics</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Selection of leaders</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Why good governance/why not excellence</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Ethics and values of BEMs</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As presented in Table 5.1, consensus was reached among the respondents interviewed about the need to develop an Islamic quality approach that fits the country context. The research technique aimed to include both a focus group and a Delphi session. The first function of this method was to collect data, while the second was to shape a consensus. One participant stated: “I just want to appreciate this research made by Mr Nasser to come up with a guideline in our country.” The respondents also preferred to use guidelines instead of standards, because these would be flexible and allow organizations to make improvements to the guidelines according to their business’s needs and requirements. As one participant stated, “the guideline is what we need, I think.” According to another respondent, “Actually we need to stress on it … being an Islamic country. Yes, we require it, instead of adopting, you know, from here or there.” All 13 IWEs that had been suggested received full support from the respondents. The respondents suggested the additions of innovation and creativity, resources, transparency, and CSR. Suggestions were made to change the terms of some principles; for instance, the respondents considered that results should be replaced with outcomes, mutually beneficial relationship should be replaced with partnership and resources, and people management should be changed to employee management. In addition, they suggested deleting process approach, as they considered the term system...
approach to be adequate, since the system generates the processes and activities. According to the respondents, the principles should be defined clearly through a protocol for implementation. A respondent said, “I think you will need to define the principles, like you need to define good governance and what you mean by good governance.” Although this was not a goal of the present research, the respondents also suggested creating a measurement tool for the guidelines.

Other concerns of the respondents include raising awareness among health care workers about the IWEs and better selection of leaders. The major concerns expressed in the interviews involved the IWEs, the principles, and the desire for a protocol for implementation. The findings are summarized below.

5.3.1 Discussion of Islamic Values

The purpose of the survey was to corroborate the initial findings of the research. According to the respondents, the IWEs should be part of the guidelines because this would reflect the country context. One respondent said, “We need to stress on it … being an Islamic country. Yes, we require it, instead of adopting, you know, from here or there.” The proposed IWEs included intentions (Niya), benevolence (Ehsan), justice (Adil), being forever mindful of the Almighty God (Taqwa), sincerity and keeping promises (Ekhlas), trust (Amanah), trustfulness (Sidq), conscientious self-improvement (Etqan), consultation (Shura), patience (Saber), teamwork (Ruh al Jama’ah), compliance (Mutabakah), and supervision. One respondent said, “I think they are very good ethics, every [leader] should know it.”

According to the respondents, there are a number of ethics that must be mandatory in the guidelines. The results were significant for some of these ethics, revealing that trust (Amana), consultation (Shura), conscientious self-improvement (Etqan), teamwork (Ruh al Jama’ah), and compliance (Mutabakah) do not receive adequate attention and might be present among health care workers. All the other IWEs are important, but these five ethics in particular seem to be missed and must be integrated into the guidelines with a greater focus during implementation. For instance, one of the respondents said, “Even [the] systematic approach as a principle can be linked to Amanah as Islamic work ethics in terms of making decisions.”

In the interviews the respondents commented on the proposed IWEs. They agreed that the 13 IWEs should be included, but many of them also suggested 6 more values, namely commitment, responsibility, willingness, self-evaluation (mohasabat al-nafs), reward or punishment (Jazza), forgiveness, and mercy (rahma).

It is important to mention that the 13 proposed IWEs were derived from the Islamic legislation system; they have been mentioned in the literature and studies on the IWEs. The 6 additional ethics suggested by the respondents are important
and could be considered to be work ethics, but no reference has been made to them in the literature. In addition, the Acting Mufti said that the 13 ethics suggested by the researcher represent the components of the Islamic ethical system. Table 5.2 compares the IWEs suggested by the researcher and those identified by the Omani health care workers.

Table 5.2: IWEs Suggested by the Researcher and by Omani Health Care Workers.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Values proposed by the researcher</th>
<th>Values proposed by the respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Intentions (Niya)</td>
<td>Intentions (Niya)</td>
</tr>
<tr>
<td>2.</td>
<td>Benevolence (Ehsan)</td>
<td>Benevolence (Ehsan)</td>
</tr>
<tr>
<td>3.</td>
<td>Forever mindful of the Almighty God (Taqwa)</td>
<td>Forever mindful of the Almighty God (Taqwa)</td>
</tr>
<tr>
<td>4.</td>
<td>Justice (Adil)</td>
<td>Justice (Adil)</td>
</tr>
<tr>
<td>5.</td>
<td>Sincerity and keeping promises (Ekhlas)</td>
<td>Sincerity and keeping promises (Ekhlas)</td>
</tr>
<tr>
<td>6.</td>
<td>Trust (Amanah)</td>
<td>Trust (Amanah)</td>
</tr>
<tr>
<td>7.</td>
<td>Trustfulness (Sidq)</td>
<td>Trustfulness (Sidq)</td>
</tr>
<tr>
<td>8.</td>
<td>Conscientious self-improvement (Etqan)</td>
<td>Conscientious self-improvement (Etqan)</td>
</tr>
<tr>
<td>9.</td>
<td>Consultation (Shura)</td>
<td>Consultation (Shura)</td>
</tr>
<tr>
<td>10.</td>
<td>Patience (Saber)</td>
<td>Patience (saber)</td>
</tr>
<tr>
<td>11.</td>
<td>Teamwork (Ruh al Jama’ah)</td>
<td>Teamwork (Ruh al Jama’ah)</td>
</tr>
<tr>
<td>12.</td>
<td>Compliance (Mutabakah)</td>
<td>Compliance (Mutabakah)</td>
</tr>
<tr>
<td>13.</td>
<td>Supervision (Riqabah)</td>
<td>Supervision (Riqabah)</td>
</tr>
<tr>
<td>14.</td>
<td>Commitment</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Willingness</td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>Responsibility</td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>Self-evaluation (Mohasabat al-nafs)</td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>Reward or punishment (Jazaa)</td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td>Forgiveness</td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Mercy (Rahma)</td>
<td></td>
</tr>
</tbody>
</table>

One of the respondents claimed that mercy (rahma) is a work value in terms of the relationship between the top management and the employees and between the top management and the customers (patients). This relationship should not be characterized by power and domination but rather by humanity and mercy. However, mercy could be categorized under benevolence (ehsan), which basically means being well meaning and kind as well as doing good for others. Benevolence (rahma) in Islam is equal to CSR, because both emphasize perpetrating “no harm” on people and society. In the European model, the interests of society as a whole need to be considered, but this is not the case in the United States, because
organizations claim that responsibility to society is a function of government. Organizations in Europe are considered to be part of society, and as all their actions affect society, they have responsibility in this sense. Benevolence also covers forgiveness, because the more benevolence individuals have, the less prevalent avoidance or revenge will become.

_Mohasabat al-nafs_ was another value suggested by some respondents. However, other respondents thought that this could be categorized under supervision (Riqabah). One respondent stated, “I think it can come under supervision, because it is Riqabah. If you have supervision, then you can evaluate yourself and others. And maybe intention plays a role here. When I come to work in the morning, do I come to say that I have just reported to my duty, or [do] I come to work because I have objectives to achieve? And have [a] sense of responsibility.”

_Commitment and willingness_ were other values suggested by respondents, but it can be said that commitment is the same as willingness. Stone-Romero and Anderson (1994) defined commitment as the willingness of social actors to put their energy and loyalty into a social system. Strong working relationships, fair treatment, and involvement in decision making are factors that increase an employee’s commitment and willingness to devote his knowledge and skills to benefit the organization. These two values are covered by several of the proposed IWEs, such as consultation, benevolence, justice, and teamwork.

The respondents were curious about the tool by which the IWEs could be measured. They suggested starting with teamwork as a measurable value. The respondents also suggested developing a course on IWEs that could be taught in health care institutions and colleges of medicine in Oman.

### 5.3.2 Applicable Principles

Principles are “a fundamental truth or proposition that serves as the foundation for a system of belief or behavior or for a chain of reasoning” (Oxforddictionary.com). In business there are several principles for organizational management that are considered core values in BEMs and quality management systems. Table 5.3 highlights the principles discussed by the researcher during the interviews and those suggested by the health care workers. A number of principles that could suit the country context were presented by the participants. These initial principles were good governance, leadership, people, a customer focus, results, a mutually beneficial supplier relationship, a system approach, and a process approach. However, the participants suggested the following principles: good governance, leadership, employee management, a customer focus, partnership, resources, a systems approach, outcomes, transparency, social responsibility, system effectiveness, and innovation and creativity.
Table 5.3: The List of Principles Suggested by the Researcher and by the Omani Health Care Workers.

<table>
<thead>
<tr>
<th>S. No</th>
<th>Principles discussed with the participants</th>
<th>Principles suggested by the participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Good governance</td>
<td>Good governance</td>
</tr>
<tr>
<td>2</td>
<td>Leadership</td>
<td>Leadership</td>
</tr>
<tr>
<td>3</td>
<td>People</td>
<td>Employee management</td>
</tr>
<tr>
<td>4</td>
<td>Customer focus</td>
<td>Customer focus</td>
</tr>
<tr>
<td>5</td>
<td>Results</td>
<td>Outcomes</td>
</tr>
<tr>
<td>6</td>
<td>Mutually beneficial supplier relationship</td>
<td>Partnership</td>
</tr>
<tr>
<td>7</td>
<td>Process approach</td>
<td>System approach</td>
</tr>
<tr>
<td>8</td>
<td>System approach</td>
<td>Innovation and creativity</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>Social responsibility</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>System effectiveness (impact)</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>Resources</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>Transparency</td>
</tr>
</tbody>
</table>

The guidelines were centralized on the concept of good governance. For business excellence and quality management approaches, good governance needs to be supported by management principles. The paragraphs below explain the selected principles.

**Leadership**: An organization’s leadership is responsible for establishing unity of purpose and direction in the organization. This principle is a combination of the leadership adopted in the ISO 9001 and the EFQM Excellence Model; both models emphasize a clear vision and mission as well as the involvement of employees in decision-making processes. Leadership as a principle is also considered to be important for other BEMs, such as the Deming and MBNQA models. As for the guidelines proposed in this study, leadership was also included, because the results of the quantitative study provided another rationale for it. For instance, 43 percent of the respondents reported that the capabilities and skills of staff are not used properly, while 26 percent of them stated that the capabilities and skills of staff are not always used properly. In addition, only 36 percent of the participants thought that promising individuals are identified and groomed for success. When the participants were asked whether the information flow follows the formal organizational hierarchy, 9 percent disagreed and 36 percent were neutral. One of the interviewees stated, “We have leadership training for hospitals … There is no implementation … Leadership should be stressed in the guideline.” This could be due to a lack of awareness among the top management on how to follow up the implementation of knowledge and skills after training. According to the respondents, leadership is important as a principle because “we have an issue in the
selection of the leaders, the way they manage and evaluate others. They lack experience, and they are not prepared. They don’t allow change and they themselves don’t want to change.”

**Employee management:** The word “employee” represented the adapted version of the EFQM principle “people.” In the proposed guidelines, *people* were included as a principle, but the interview respondents preferred to use the word *employees*. One of them stated, “It is important to clarify that the people here mean working staff or employees.” Another reported that it “will be clear if we call [them] employees because people sound[s] general.” The concept of people in the EFQM Excellence Model is more humanitarian than that in the MBNQA model, which considers workers as a resource. Moreover, the EFQM Excellence Model has added value to people or employees, whereby it encourages not only their involvement but their development as well. The training of employees should be seen as an investment that will have a positive impact on the organization’s performance in the long term. Succeeding through the talent of people is one of the EFQM themes, which was adopted to celebrate 25 years of success in October 2014 in Brussels. Employees as a principle could be connected to a number of IWEs, such as intention (Niya), teamwork (Ruh al Jema’ah), consultation (Shura), and trust (Amanah).

**Customer focus:** The customer is the most important target for any organization. A successful organization should fully understand the needs and expectations of its customers. An organization should not only meet these needs and expectations; it should also strive to exceed them to ensure satisfaction. Any organization has two types of customers, namely internal and external ones. Internal customers include employees, while external customers include service users and partners. Success is a result of satisfaction among both of these groups.

**Partnership and resources:** The relationship between the organization and its stakeholders is interdependent; each depends on and adds value to the other. In the proposed guidelines, I suggested a mutually beneficial supplier relationship as a principle, but one of the respondents asked, “What is [a] mutually beneficial supplier relationship?” Thus, they suggested the term *partnership*. The organization should work toward satisfying the needs of all stakeholders, including shareholders, suppliers, customers, and employees. Resources are also important for an organization to achieve targets and should be used efficiently. One of the respondents stated, “And also why don’t you add resources to these principles? Because you cannot run without resources.” Another commented that “resources as [a] principle are important.”

**System approach:** The system approach and process approach are principles that are used by BEMs. However, the participants contended that the system approach is a sufficient principle to cover this area. They argued that the system generates and controls the activities and processes. Thus, the system approach
was selected for the guidelines. This approach involves “identifying, understanding and managing interrelated processes as a system contributes to the organization’s effectiveness and efficiency in achieving its objectives” (ISO 9001, 2012).

**Outcomes**: When the participants were asked about the use of results or outcomes as a principle in the guidelines, most of them agreed with the concept, but they suggested using the term *outcomes* rather than *results*. One of the respondents asked, “Why you wrote results and not outcome?” According to the participants, the word results gives the impression of positive or negative results, whereas the term outcomes provides a positive impression. Outcomes stand for what the organization has achieved. A respondent from another hospital said, “Maybe they should be called outcome or evaluation.” A third one said, “outcomes are more than results.”

**Creativity and innovation**: Creativity is the production of novel ideas, whereas innovation is the implementation of creative ideas in an organization (Amabile, 1997). They help organizations to create value and increase their performance level. Their advantages in organizations can be summarized as follows: “business agility, cost reduction, additional opportunities, reaching the optimum level of performance, improvement of all employees in their daily work activities” (Uygur & Sümerli, 2013). One respondent stated, “I cannot see innovation and creativity in your guideline. Updating and changing [this] will add to the model in future.” Another claimed, “Creativity is helpful for improvement and brings new ideas, to progress, to develop.”

**Transparency**: Transparency is a “situation in which business and financial activities are done in an open way without secrets, so that people can trust that they are fair and honest” (businessdictionary.com). It is also defined by Transparency International as “shedding light on rules, plans, processes and actions. It is knowing why, how, what, and how much” (www.transparency.org). The purpose of transparency is not only to satisfy governments or stakeholders and increase profits but also to demonstrate the actual picture of the organization to people and society. It is about communicating the decision-making and behavior outcomes to all the stakeholders through the provision of accurate information when needed. Transparency will increase the value of the business assets. In business the less information disclosed to the investors and stakeholders, the less trust the investors and stakeholders will have in the organization. Some organizations have provided their clients with access to their records, which has led to a reduction in administrative costs and an improvement in customer satisfaction; this is called social innovation. Transparency was one of the principles suggested by the respondents. As one participant stated, “Transparency, I feel if people know what is going on, not behind or under the desk ... [this] can have an impact/inputs for good governance.” Another stated that “transparency [is] about information and about self-evaluation.”
5.3.3 Protocol for the Guidelines

The participants also suggested that a protocol should be used for the implementation of the guidelines. They expressed that each principle should be defined and the scope should be specified. The protocol should also determine the evidence that needs to be collected to ensure the integration of the ethics into each principle (see Appendix B). Other suggestions included developing an instrument to measure the guidelines. A measurement tool is indeed important, but the main objective of the study at this stage was only to propose guidelines. Future studies will be needed to construct a measurement tool.

The principles suggested by the participants were used to complete the first modification of the guidelines. Figure 5.2 presents the guidelines after the modification had been made.

Figure 5.2: First Revised Quality Model.

The principles here are the topics suggested to develop the guidelines. In the questionnaire used in this research, we made a connection between the IWEs and the principles. For instance, teamwork as an IWE is connected to employee management. A team spirit should be encouraged and spread by the leaders among the employees in a way that focuses all of the organization’s effort on meeting customers’ needs and requirements. Another example is consultation, which can be connected to leadership, a system approach, partnership, and em-
employees. This is a value that should be used by leaders to engage the employees in decision making and planning system activities and processes.

5.3.4 The Delphi Sessions: The Second and Third Adjustments

Two other Delphi sessions were conducted. One included a total of 28 quality officers at MoH institutions. The purpose of this session was to present the suggestions of the Omani health care workers in hospitals. This group of 28 participants specialized in quality management; thus, it was important to review their feedback on the findings to ensure the comprehensiveness of the guidelines. For this group I requested a list of the quality officers in the MoH. Coincidently, I learned that the group would be attending a 2-day workshop in the Muscat region. Permission was granted by the organizers to schedule a 2-hour Delphi session. The participants were informed of the plan and agreed to take part. During the session a presentation was given to the quality officers about the research and interview results. There was consensus among the participants about the development of guidelines instead of standards and the guidelines’ elements, including the IWEs and principles. The only comment that they made was that the interrelationships between the good governance and the principles, as well as between the principles and the IWEs, should be clarified in the drawing (Figure 5.3). This was a technical comment that has been addressed through proper design of the guidelines.

The final Delphi session included high-level leaders in the MoH, the Acting Mufti, and quality experts not only from the MoH but also from other sectors. The purpose of this session was to ensure that the guidelines included all the requirements and elements necessary to function effectively in the country. Other reasons were to attain top management support and legitimacy and the blessing of the Mufti in the Sultanate of Oman. The selection of the attendees was made based on their authority and experience. The members of this session were invited through personal invitation after the researcher had met with each one of them and explained the purpose and objectives of the meeting. A detailed description of the group is provided in chapter 4. The meeting was conducted in the office of the Acting Mufti for two hours. A brief presentation was given to the attendees through a selected facilitator. After the presentation the modified guidelines were presented, and the discussion started with a focus on the structure, design, and contents of the guidelines.

The major concern of the experts was to add strategy to the guidelines as one of the principles. The attendees were enthusiastic about the idea of inventing the guidelines and considered it as a first initiative. There was consensus among them concerning the need for the guidelines to set a base for quality management
in the country. Table 5.4 lists the principles presented to the experts based on the modifications resulting from the surveys and interviews conducted previously.

**Table 5.4: The List of Principles Suggested by the Researcher and by the High Authority and Experts.**

<table>
<thead>
<tr>
<th>Principles discussed with the participants</th>
<th>Principles suggested by the participants</th>
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<tbody>
<tr>
<td>Good governance</td>
<td>Good governance</td>
</tr>
<tr>
<td>Leadership</td>
<td>Leadership</td>
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<tr>
<td>Employee management</td>
<td>Employee management</td>
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<tr>
<td>Customer focus</td>
<td>Customer focus</td>
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<tr>
<td>Outcomes</td>
<td>Outcomes</td>
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<tr>
<td>Partnership</td>
<td>Partnership</td>
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<tr>
<td>System approach</td>
<td>System approach</td>
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<tr>
<td>Innovation and creativity</td>
<td>Innovation and creativity</td>
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<tr>
<td>Social responsibility</td>
<td>Social responsibility</td>
</tr>
<tr>
<td>System effectiveness</td>
<td>System effectiveness (impact)</td>
</tr>
<tr>
<td>Resources</td>
<td>Resources</td>
</tr>
<tr>
<td>Transparency</td>
<td>Transparency</td>
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</table>

*Strategy

The comments raised by the experts during the session could be categorized into four categories, namely the structure and design of the guidelines, the guidelines’ elements (content), and the translation of the IWEs. The following suggestions were made:

1. **Structure and the design of the guidelines:** Prioritize the IWEs according to the importance of and interrelationships between the guidelines’ elements. The experts thought that the interrelationships in the drawing (Figure 5.4) between the guidelines’ elements, including the principles and IWEs, were not clear. They perceived that the guidelines’ design needed to be reworked. This comment was addressed and the improved design is reflected in Figure 5.5.

2. **Guideline elements (content):** Define the IWEs according to behavioral and technical aspects that suit the work environment. The experts perceived that the IWEs are truly familiar to each Muslim but at an abstract level; thus, they need to be translated into behavioral elements to be understood at the individual or organizational level. In addition, the experts suggested the following:
   - Add strategy as a principle; and
   - Prepare a glossary of terminology; for instance, *intention* needs to be narrowed down to the sense of how much the work matches the aims.
3. Translation: Translate the IWEs using the Congress or Oxford codes. Although the IWEs were derived from articles written about Islam and business and/or IWEs, this work was reviewed again to ensure that the translation is the same as in the Congress and Oxford codes.

4. Other issues (thesis): Use the term “source of Islamic legislation” instead of “source of Islamic Shari’ah” (Qur’an, Sunna, Masaleh Mursala, and Maqasid alshari’ah). This suggestion is important and was taken into consideration; the thesis was updated accordingly.

One major concern raised in the second Delphi session with the high authority official and experts was to add strategy as a principle.

Strategy is an important element of business excellence. An organization is assessed to understand the strategy development and implementation. Strategy development examines how the organization develops strategic objectives and action plans, whereas strategy implementation inspects how the chosen strategic objectives and action plans are put into operation. Strategy implementation concerns whether the strategic objectives and action plans change according to circumstances and progress as well as whether the progress is measured periodically. A good strategy should encourage innovation in products, operations, and service delivery, and it should be able to answer questions like “Where do you want to go?” Based on the feedback received from the second Delphi discussion, the guidelines were modified as presented in Figure 5.3. The final principles that received a high degree of consensus among the participants were good governance, leadership, employee management, customer focus, partnership and resources, a systems approach, outcomes, transparency, and innovation and creativity. Integration with the 13 IWEs was also suggested. At this point of the research, based on the interviews, the decision was made to modify the guidelines to achieve a quality approach from an Islamic perspective based on the second Delphi session. Figure 5.3 represents the final version of the guidelines.

The final guidelines consist of 13 IWEs and 9 principles. The notion of the guidelines was to integrate the IWEs into each principle. For instance, justice, compliance, supervision, Adil, Etqan, Taqwa, and so on can be applied in the employee management principle through specific measures that have been mentioned in the information set of the guidelines. This can be applied to other principles used in the guidelines. At the same time, the creativity and innovation principle acts as a method to generate improvement in the organizational system, performance, and productivity. I think that if this guideline is implemented as a quality management approach in the Sultanate of Oman or any other Muslim country, it will have a positive impact on the organization, products, and services.
5.3 The Final Guidelines

The guidelines were developed in four stages. First, the researcher proposed guidelines for a quality management approach from an Islamic perspective. Second, the proposed guidelines were presented to health care personnel in four hospitals in Oman. Accordingly, the first modification was made to the guidelines based on the interview results. Third, the guidelines were presented to 28 quality officers in the MoH from all regions. This group agreed on the modifications made and did not make any other comments. Finally, a Delphi session was conducted with high officials and quality experts, with the Acting Mufti in the Sulta-
nate of Oman attending. The experts approved the guidelines with minor changes; accordingly, the guidelines were updated to the final version.

The nature of the modifications made focused on the principles and technical design of the guidelines. Some of the principles’ wordings were changed, as in the cases of people, results, and mutually beneficial relationship. The EFQM Excellence Model uses the term people to refer to the workers within the organization, but in Oman the respondents suggested that employee management made more sense. Furthermore, because the word results gives the impression of being either positive or negative, whereas the term outcomes sounds neutral, preference was given to the latter concept. A mutually beneficial relationship was combined with resources to formulate the partnership and resources principle. The respondents added transparency as another principle. The technical design of the guidelines was improved to clarify the interrelationships between good governance and other supportive principles and between the principles and the IWEs.

It should be recalled that this study represented the first attempt to think about quality in a manner specific to Islamic societies. Therefore, no appropriate literature is available to interpret or to compare the findings. However, one can reasonably argue that such a scholarly requirement was not the purpose of the study. It is more appropriate that the initial model proposed by the researcher has been commented on by those involved in actual health care practice, whose views have helped to improve the proposed model.
Chapter 6: Implementation

6.1 Introduction

This chapter addresses the issue of requirements for implementation, the third sub-question of this thesis. The topic was discussed with the participants in the Delphi sessions. The major reason for this casual treatment of the subject was that Oman has no clear experience with implementing an Islamic model. Nevertheless, the participants made valuable suggestions, and the discussion helped to finalize the model. However, implementation could necessitate additional adjustments to the model. This issue was mentioned to the participants in the Delphi sessions.

Apart from the Western models and the Islamic sources, there was a different pool of knowledge regarding the implementation of models. Many countries in the region (Egypt, Jordan, and the UAE) have been wrestling with similar Islam-inspired questions and have implemented quality models in their health care sector. It was an obvious step to consider and learn from their practices. To that end, I visited the three countries mentioned to explore their experiences with their health care sector model. More specifically, I focused on the requirements—both the required and the missing conditions in Oman—to implement the model. The outcome of this research is reported in the present chapter.

It should be noted that with this chapter the thesis moves beyond its principal aim of developing a quality model based on the Islamic guidelines. The chapter reports all types of knowledge of practical relevance, notably reflections on practices and on implementation, both on the organization level and nationwide, that are considered to be relevant to the implementation of the model in Oman. Moreover, considering the target of collecting data and experiences and the different implementation histories of the Islamic societies visited, I opted for the identification of the general conditions and preconditions required to produce an implementation strategy. The details of that strategy need to be worked out in another context, however, because of the limited and pragmatic aim of this chapter.
6.2 Reflection on the Current Practices in Islamic Societies

The current practices in selected Islamic countries, namely the United Arab Emirates, Jordan, and Egypt, were investigated. There were various reasons for choosing these three countries. First of all, these societies are dominated by the Islamic religion. It is therefore the closest best experience to look for the implementation of a quality model. Dubai, UAE, was chosen because of its "Dubai Government Excellence Program." Jordan was selected because it has a center of excellence that might have accumulated experience and expertise. Egypt was visited mainly for the same reasons as Jordan.

This section describes the current models used and the organization responsible for carrying out the activities. Field visits were made to these countries. A visit was also planned to Egypt, but it was ultimately impossible to make this trip due to security reasons; thus, a telephone interview was carried out. Table 6.1 presents the information about the interviews—the date of the visit, the country, the organization visited, the interviewee, and the interviewee’s position. The interviews were recorded and a report was written (see the pre-exploratory interviews in Appendices C [Dubai], D [Jordan], and E [Egypt]).

Table 6.1: Interviews Conducted in Islamic Societies.

<table>
<thead>
<tr>
<th>Country</th>
<th>Organization</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dubai, UAE</td>
<td>Dubai Government Excellence Program</td>
<td>Coordinator general, Executive Council</td>
</tr>
<tr>
<td>Jordan</td>
<td>King Abdalla II Center of Excellence</td>
<td>Industrial engineering professor, University of Jordan; chairman of Jordan Society for Quality; EFQM licensed trainer and certified assessor</td>
</tr>
<tr>
<td>Egypt</td>
<td>Egyptian Organization for Standardization and Quality Control (EOS)</td>
<td>Member of production quality development system product at the EOS</td>
</tr>
<tr>
<td>Oman</td>
<td>Sultan Qaboos University Hospital (SQUH)</td>
<td>Director general</td>
</tr>
</tbody>
</table>

Before embarking on the visits to Dubai and Jordan, I designed a list of topics and discussed them with the director general of the SQUH. The topic list was refined and used in my exploration in the three countries mentioned.
- Oman

The MoH in Oman has developed a national quality system that suits the Omani health care system. In 2002 the MoH appointed a team to develop a quality monitoring system consisting of self-assessment, auditing, customer feedback, top management review, and key performance indicators (KPIs; Figure 6.1). Each of these tools is described below.

**Figure 6.1**: The Monitoring System Implemented in Primary Health Care (PHC) Institutions in Oman.

- **Self-assessment**: The self-assessment tool is completed by staff on a biannual basis. The self-assessment applies to each program and service provided by the primary health care centers. It helps primary health care workers to evaluate staff performance, identify deficiencies in care and/or opportunities for improvement, and ensure compliance with health care standards. When any deficiencies are found, a non-conformity report is completed and a corrective action plan prepared and implemented. The use of self-assessment in health care was described by the World Health Organization in 2008 as a tool to support professionals in quality management to improve the accountability of hospital management (Groene, Klazinger, Kazandjian, Lombrail, & Bartels, 2008).
**Audit**: An audit is a formal activity carried out to measure the extent to which health care policy, practices, and procedures conform to the elements characterizing the quality management system. It is a tool that has been recognized globally to improve the quality of care provided by health service institutions (Berk, Callaly, & Hyland, 2003). The auditing process identifies areas for improvement in facility operations, following a system known as the P-E-R-C cycle, which stands for planning, execution, recording, and closeout. The process can be completed through an internal audit in the form of a peer review, an external audit conducted by health care workers from a different facility or the regional office, or a surveillance visit. The surveillance visit is generally conducted by members of the quality control team or representatives from the MoH and evaluates health care service provision as well as the facilities’ policies and procedures.

**Customer feedback**: Customer satisfaction is an important objective for any organization. Customers deserve appreciation; organizations should strive not only to meet their needs but also to provide state-of-the-art services. Thus, customer feedback assists the organization in evaluating the effectiveness of the services provided and creating a balance between the actual services provided and the customers’ expectations (Sureshchandar, Rajendran, & Anantharaman, 2002). Customers can be categorized into two types, namely internal customers, represented by the service providers, and external customers, who use the services provided. External customer feedback is collected through a service users’ satisfaction survey facilitated by a community support group (CSG). The CSG staff members are trained to administer the survey in a sensitive and easy-to-understand format. Internal customer feedback is collected through a service providers’ survey, which is completed anonymously and deposited in a sealed box to ensure confidentiality.

**Top management review**: Strategic planning is essential for organizations to function and achieve the desired outcomes. An organization should conduct an annual review to analyze and evaluate the achievements made and the challenges faced. The MoH in Oman conducts a management review meeting every year with high-level managers from central, regional, district, and primary health care centers to review, plan, and discuss health care objectives, program/service challenges, and resource needs. The annual forum ensures transparency in health care services, commitment to high-quality service, and effective planning for success.

**Key performance indicators (KPIs)**: The KPIs are a set of indicators measuring performance concerning the achievement of organizational objectives and goals. Sheldon (1998) described KPIs as key elements of quality improvement strategies. An important issue to mention about the MoH’s quality monitoring system is that, up to the time of this research, the quality activities in the MoH were carried out through other departments. No department was allocated the management of the quality management activities or even specialized personnel.
to carry out the activities. Leadership was also distributed among different directors, hindering progress and the decision-making process.

– **Practice in Dubai**

Dubai is one of the seven states in the UAE and is considered to be the richest one among them. The first initiative started in 1993, when the Department of Economic Development of the Dubai Government established the Dubai Quality Award. Then, in 1997 the Governor of Dubai decided to establish the Dubai Government Program for Excellence (DGPE); the first award was given in 1998. The Executive Council of the DGPE is linked directly to the Governor of Dubai, which reflects the importance of leadership in establishing quality culture, planning, and executing executives. The Dubai Government has adopted the EFQM Excellence Model for several reasons, such as the following:

– Europe is near to the Middle East, so the EFQM Excellence Model provides a good basis for benchmarking;
– The EFQM Excellence Model is comprehensive, as it focuses on the organization as a whole;
– It is flexible for use according to an organization’s needs and requirements;
– It involves a system called the RADAR (results, approach, deploy, assess, and refine) system, which has been effective in improving performance and results;
– This model is the latest model; and
– The EFQM Excellence Model is well known and implemented worldwide.

The model application in an organization begins with self-assessment. The first stage involves the collection of the data and documents required, such as documents about performance and practices, policies and procedures, statistics, and so on. In the second stage, the participating organizations write the first draft of the application according to the category in which they want to compete. The third stage involves revising the application according to the requirements. In the fourth stage, the organizations submit their application to the DGPE. In stage five, the DGPE assessors review the applications in terms of criteria and standards. A meeting was conducted with the council coordinator, who highlighted the challenges and difficulties involved in implementing the EFQM Excellence Model in Dubai, which are as follows:

– The EFQM foundation is bureaucratic and very slow to update;
– The model does not provide any guidance for challenges faced by organizations in some areas, such as difficulty in changing the culture, increases in customer expectations, and lack of knowledge and experience; and
– The initiatives and focus are limited to Europe.
Practice in Jordan

The King Abdullah II Excellence Center was founded in 2006. It is linked directly to King Abdullah II, who appointed a Board of Trustees that consists of nine experts chaired by His Royal Highness Prince Feisal Bin Al-Hussein. The award is managed by the King Abdullah II Center for Excellence (KACE).

The KACE aims to promote a culture of excellence in Jordan and the region through developing excellence frameworks and assessment criteria based on international best practices, assessing organizations’ performance, managing the King Abdullah II awards for excellence, and promoting excellence in the public and private sectors as well as among not-for-profit and non-governmental organizations. The award was a combination of the MBNQA model and EFQM Excellence Model for the private sector when it began in 1999. However, after expanding the award to include the government sector and business associations, the model changed to a pure EFQM Excellence Model in 2006. For the private sector, the EFQM Excellence Model was taken exactly as it is; it was simply translated into Arabic. However, for the governmental sector, the EFQM Excellence Model was modified slightly to suit the management rules and regulations in Jordan. This modification was basically carried out in the areas of HRM systems, procurement systems, and financial systems. Professor Ibrahim Rawabdh, who is the chairman of the Jordan Quality Society, stated in the meeting conducted with him that “the EFQM Excellence Model is flexible and can be modified according to your requirements and needs.” Other strengths of the EFQM Excellence Model from the point of view of Jordan are as follows:

- There is a clear relationship between the enablers and the results;
- The flexibility of the model (adaptable);
- The model is periodically updated; the current RADAR system is the 2010 version; and
- It is used by many countries and implemented worldwide.

As in Dubai, the EFQM Excellence Model is applied in Jordanian organizations through self-assessment. The assessment process begins with a full report submitted to the center based on the assessment questionnaire provided. The assessors—a minimum of two per organization—study the report or feedback provided by the applying organizations. The assessors meet and evaluate the report and agree on the non-conformity report (NCR) and opportunities for improvement (OFI). If the assessors agree on the same NCRs and OFIs, then the grading will be carried out accordingly. Should the assessors disagree on the NCRs and OFIs, a site visit to the organization will be scheduled to assess the areas of disagreement. Another consolidation meeting will be conducted to finalize the grade.
given to the organization, which is usually out of 1,000. The maximum score reported so far is 500.

**Practice in Egypt**

The initial research plan involved a visit to Egypt. However, due to the political revolution in 2011 and 2012, it was impossible to carry this out. Instead, I conducted a telephone interview with the Egyptian Organization for Standardization and Quality Control (EOS) about the country’s implementation of the DP. The DP is considered to be attractive because it is based on a holistic approach. The implementation of the DP in Egypt has passed through many stages, including awareness, establishment of the system, documentation, implementation, internal audits, corrective actions, and improvement.

In January of each year, all companies and organizations apply for the award. Applicants conduct self-assessment before assessors visit their organizations for evaluation. The approach, deployment, learn, and improvement (ADLI) method is applied during the evaluation. Every organization is evaluated by three assessors, but none of them know the name of the other, so the assessments are conducted anonymously. The evaluation period usually takes 1 month. In the consolidation phase, all the assessors meet and agree on the points to be given to an organization; the score is usually a maximum of 1,000 points. Then, the supervisor of the assessors finalizes the evaluation in a meeting with all the assessors. Finally, a presentation is given to the steering committee of the Egyptian Quality Award and the winners are finalized.

The DP components consist of a customer-focused organization, leadership, people involvement, a process approach, a system approach to management, continual improvement, a factual approach, and a win–win relationship. According to the Egyptians, the DP emphasizes a customer focus (internal/external) as well as leadership and employee motivation. Nevertheless, changes are needed, not in the award or model itself but in the strategy.

One issue that was observed in the experiences of Oman, Dubai, and Jordan is that the latter two have established national centers for excellence while Oman has not yet done so. Another issue involves the leadership provided for these centers and the direct link to the top management of the country.

### 6.3 Conditions for Implementation

In chapter 4 I described a protocol for the implementation of the guidelines. This protocol was one of the requirements mentioned by the Omani health care workers, and it should specify the conditions required to implement the guidelines.
Some of the preconditions are derived from the experience of some Western models. The protocol for implementation is available in Appendix B. This protocol explains the steps required to implement each principle and specifies the source of that principle. I have suggested additional principles, such as good governance and transparency, which are not required for the implementation of the Western models. Thus, this thesis not only uses the available data and experience from the existing models but also suggests new principles and preconditions as requirements for successful implementation.

6.3.1 Preconditions

The guidelines’ notion is centralized around the concept of good governance. The World Bank’s Poverty reduction strategy paper (PRSP) handbook defined good governance as a power that is exercised through a country’s economic, political, and social institutions. Good governance is a core function of any organization responsible for decision making. It can vary from one organization to another depending on the type and size of the organization and whether the organization is controlled by senior managers or shareholders with the authority to achieve the organizational objectives. For business excellence and quality management approaches, good governance needs to be supported by other management principles, notably skills, motivation, and expertise, which result in creativity, as well as resources, management practices, and organizational motivation, which lead to innovation (Amabile, 1997). Adams (2005) stated that creativity and innovation can be achieved through the following measures:

- Creating a challenging environment in which employees are matched with jobs that offer a challenge;
- Providing employees with the freedom/autonomy to determine how their work can be accomplished, as such a process will enhance individual creativity and increase a sense of ownership of their work;
- Providing sufficient resources, such as time and money. People who work under pressure are more creative;
- Considering work group features by building a team of people with diverse perspectives; maintain supervisory encouragement by appreciating and recognizing creative work even if an idea does not succeed;
- Maintaining organizational support. Generally, intrinsic motivation increases with the knowledge that the organization is supportive of the working team’s efforts to make the idea a success; and
- Communicating the organization’s expectations to the employees and letting them know that their creative ideas are expected and welcomed.
Another precondition is transparency, as this was one of the principles suggested by the participants. Transparency can be defined as a “situation in which business and financial activities are done in an open way without secrets, so that people can trust that they are fair and honest” (businessdictionary.com). Transparency was also defined by Transparency International as “shedding light on rules, plans, processes and actions. It is knowing why, how, what, and how much” (www.transparency.org). The purpose of transparency is not only to satisfy governments or stakeholders and increase profits but also to provide society with an actual picture of the organization. It is about communicating decision-making and behavior outcomes to all the stakeholders through the provision of accurate information.

Transparency increases the value of business assets. In business the less information that is disclosed to the investors and stakeholders, the less trust the investors and stakeholders will have in the organization. The same applies to health care institutions in relation to patients and community relations. All types of organization should have transparent strategies, policies, and standards. According to Kordas and Taber (2009), “transparency in healthcare appears to be an inevitable evolution in the information and consumer age. It has already led to widespread changes in the way that nearly all the players in healthcare operate—from healthcare consumers, to providers, to third party payers, to academia, to government, and industry.”

Henke, Kelsey, and Whately (2011) stated that transparency is the most powerful driver of health care improvement. These authors identified several effects of transparency on the health care industry, including the following:

- **Accountability**: Transparency is a powerful driver of accountability within health care institutions regarding their services in front of regulators;
- **Choice**: The high level of demand for health care services increases the competition between service providers. The availability of adequate and transparent information enables patients/clients to make knowledgeable decisions about their treatment;
- **Productivity**: Information is powerful; publishing comparative productivity data motivates employees to act for change and improvement to deliver more cost-effective services with high quality.
- **Quality and outcomes**: Transparency can increase the quality of care and outcomes. An accountable institution that provides choices for its clients, with productive employees who are eager to make changes and improvements, will experience better quality and outcomes. Note that transparency and accountability seem to overlap; and
- **Social innovation**: Some organizations have provided their clients with access to their own records, which has led to a reduction in administrative costs and improvements in customer satisfaction.
The Institute of Medicine (2001) considered transparency to be an essential component of high-performing health care systems. As a result, some health care institutions have begun to recognize transparency as an important principle. According to Transparency International (www.transparency.org), transparency can be adopted through the following:

– Establishing a good governance system to ensure accountability to owners/shareholders and stakeholders, transparency of operations, and fair treatment of all stakeholders;
– Ensuring that strategies, policies, and operations are clear and transparent to all stakeholders;
– Considering honesty as the best policy to deal with all stakeholders;
– Communicating decisions and actions in an honest way to all stakeholders, regardless of whether they will be positively or negatively affected; and
– Establishing a system that provides customers with information and opportunities to exercise a degree of control over their preferences as well as ensuring that information flows freely to customers by providing access to their records.

In the case of health care institutions, information regarding treatment plans, hospitals, clinical practices, and medications should be made available to patients/clients and their families to help them make informed choices about their care.

6.3.2 Missing Conditions

In the previous section, the preconditions and requirements for an effective implementation of the model were discussed. These are prior requirements for a successful implementation process. In addition to these, some conditions need to be established that are intrinsic to the implementation itself. This section highlights the missing conditions in Omani health care; achieving these would boost the implementation and effectiveness of the model.

Centre for Excellence in the Ministry of Health

Up to the time of this research, the quality management activities in the MoH were being carried out by several departments, such as the Department of Hospital Affairs and the Department of Primary Healthcare Affairs. Moreover, the leadership in quality projects was distributed among several officials. Because politics may interfere with the optimal implementation or sidetrack the desired agenda of the health care sector, it is essential to establish an independent body for quality management that is responsible for improving health care quality and promoting the delivery of care in a way that is effective, achieves better health outcomes, increases patients’ satisfaction, and ensures safety. This is necessary not only for the implementation process but also to monitor performance. The
UAE (Dubai) has a department responsible for assessing, planning, executing, and evaluating the quality activities conducted.

An independent unit entails independent leadership that is designated to unify activities and decision-making processes. The center could have two teams, namely an executive team (steering) and a technical team. The executive team would consist of experts with knowledge and skills in the quality field that could meet monthly. This team would be responsible for approving the roadmap annually, securing funding, and prioritizing projects. The technical team would consist of quality officers to coordinate projects, users, and departments. The technical team would also be responsible for defining best practices, developing tools and requirements, monitoring performance, and submitting reports to the executive team.

National Centre for Excellence (NCE)

In Jordan there is an excellence center that plays an important role in improving quality practice at the national level. An NCE is required to unify efforts to improve quality. The center could be responsible for ensuring the quality of services provided by organizations in different sectors, including the health care sector. The main aim of the NCE would be to act as a national surveillance system, conducting systematic reviews to determine whether quality is improving in the sectors through an information management system that could inform the center about organizations’ performance. All types of organizations from different sectors should be members of the NCE. Membership could be attained if an organization followed the needs and requirements set out in the national requirements and specifications.

There is great demand for health care services, for instance, and more health care institutions are required to cope with the expansion. A systematic review of health care services would ensure accountability and quality in the provision of these services. This is especially the case because there has been a great expansion in the health care services provided by the private sector. Private hospitals should be supervised to ensure safety and quality. The NCE could use the following steps to follow up the health care sector, including governmental and private hospitals:

– Develop and implement a program for measuring and reporting the quality of health care at the national level;
– Standardize the measurement tools;
– Empower consumers to make choices through the provision of adequate data about health care providers;
– Empower health care providers with essential quality-related data; and
– Create an annual report about the best health care providers to increase competitiveness.
Capacity building
The role of experts is vital in assessing, planning, implementing, and evaluating projects. The quality professionals and experts in the ministry are very limited; thus, there is a lack of knowledgeable and skillful quality personnel. Most individuals are not prepared for the post to which they have been assigned. This could be overcome by developing a quality diploma course to be conducted in one of the MoH institutions for one year for one group only. After graduation, a career pathway plan should be set for each candidate; this would include assessments through different stages and an updated workshop for each stage. A candidate would need to fulfill a number of skill requirements at each stage. The centers of excellence in Dubai and Jordan conduct regular courses and workshops to prepare quality professionals, assessors, and lead assessors to carry out quality activities. Their courses and programs are accredited by international organizations.

Connection to geographical regions
A connection to countries and regions that are known for their excellence centers, such as Dubai and Jordan, is important to share best practices. This step is essential to benchmark performance with similar countries in the area; it is practical and will save a considerable amount of time and effort. Their experiences could enrich the Omani health care sector by helping to overcome challenges in implementing quality management. Sharing data and field visits to those countries will assist our personnel in gaining the necessary knowledge and skills in the field.

Universities and research centers
The NCE and the center for excellence in the MoH should establish and maintain relationships with universities and research centers, especially those with a good business management background. In Jordan the University of Jordan is affiliated with the KACE. The academic faculty participates in the center’s activities and research. The center is also affiliated with the EFQM to provide it with trainers. The first step that could be taken in this regard is to establish an affiliation with the Sultan Qaboos University in Oman, including colleagues in Medicine and Health Science, Economic and Political Science, and Nursing. Such connections would help to build a common consensus about the needs and requirements of the health care sector and strategies to meet them through education programs in the university. In the future this step could be expanded externally with universities and research centers worldwide to generate relevant and practical knowledge as well as exchanging experiences.
6.3.3 Actors and Responsibilities

The implementation of the model demands a strong relationship. This thesis suggests fostering a direct link to the Office of the Minister of Health to ensure effective and quick decision making, rapid problem solving, and adequate funding. The CE in the MoH should lead the model implementation under the direct supervision of his Excellency the Minister. The executive officer would be responsible for leading and managing the center and reporting on its progress to the minister biannually. The regions and health institutions should report to the CE every three months. Figure 6.2 represents a proposal for the organizational structure of the CE. The CE should be responsible for the following:

- Setting and approving the annual plan for quality activities;
- Providing support to the health care institutions through the needed services, experts, and funding;
- Providing guidance to the health care institutions through knowledge, tools, and methodologies to carry out the quality activities;
- Promoting the culture of shared learning through training and success stories;
- Measuring outcomes periodically; and
- Collaborating with the regions and recognizing best practices.

Figure 6.2: The Proposed Structure for the Centre of Excellence.
vices provided. The second department is the patient safety and risk management department, which would be responsible for developing indicators to monitor patient safety and risk management. Accordingly, the department would set and execute the training needed in this regard. The third department is the studies and research department, which would be responsible for preparing proposals about the studies and research required in the field of quality development and evaluation as well as patient safety and risk management. It should also conduct studies and provide the top management with the necessary data to enhance the factual approach to decision making and establish a database for the studies conducted.

6.4 The Implementation Process

Leadership is crucial to the successful implementation of the guidelines. The top management should have the willingness and readiness to create and lead the change. Change management strategies are required at this point to convince others of the need for a quality management culture and ensure the collaboration of all partners. To implement the guidelines, several stages should be followed, namely the preparation, implementation, and evaluation stages, as described in the following:

- **Preparation stage**: First, a team should be gathered for the project that is chaired by the CEO of the center. A CEO from another institution may open the door to political interference and affect the independence of the quality center. Second, two regions should be selected to pilot the guidelines and maintain a small scale to ensure adequate follow-up and resources for the implementation; it should be ensured that the two regions are accessible to the team. Third, a focal point should be assigned to each region to provide the necessary guidance for implementation. The two focal points have to be members of the project team. All the forms and documents should be prepared.

- **Implementation**: An awareness workshop should be conducted in the two regions to raise awareness of the project, including the guidelines, objectives, and roadmap. A taskforce should be set up in each region for the implementation, headed by the focal point selected. The launch day should be decided, and this decision should be implemented. The focal point should report to the CEO about the progress every three months. Field visits are necessary from the project team at the center to follow up on the progress and address any challenges.

- **Evaluation**: After one year of implementation, the project team should conduct visits to the piloted regions for evaluation. A proposal for an assessment sheet has been prepared (Appendix F).
Chapter 7: Conclusion

In Islamic societies religion penetrates all aspects of social and professional life, and health issues are no exception. In the health care sector, the Sultanate of Oman faces the challenge of implementing a quality model. This sector is considered to be of the utmost importance, since no mistakes are allowed here. The work attitude and ethos are perceived as decisive aspects in this regard. It is clear that this model should comply with Islamic values. However, such a model was lacking not only in Oman but also in adjacent countries. Dubai and Jordan only used some aspects of Western models that suited their organizations’ requirements and the countries’ rules. Jordan faced challenges in implementing the EFQM Excellence Model in the public sector due to differences in procurement procedures, HRM, and country laws. In the case of Oman, represented by the University Hospital, the ISO 9001 was implemented a few years ago, but this shifted to the Canadian International Accreditation in 2014. In addition, these models and systems do not cover the Islamic values that are essentials for Muslims’ social and professional life.

Given this gap, the present research took up the challenge of developing such a model. The research question was as follows: What are the specificities of a quality management model for the health sector in Islamic cultures? This question was broken up into the following sub-questions:
1. What are the Islamic requirements of a quality model?
2. What should a model for the health care sector in Islamic societies look like?
3. What are the requirements for implementing such a model in Islamic countries?

The steps in the methodology used to develop the model were as follows. First, we clarified the Islamic requirements with which the model should comply. These consisted of 13 values. Next, we scrutinized Western models to determine whether they were compatible with Islamic lifestyles. Based on a comparison between the Islamic values and the Western models, I produced an initial set of guidelines. Following this, I conducted a survey (preceded by piloting to establish the right questions), presented the initial guidelines to hospital staff, and adjusted the guidelines according to their suggestions. As a follow-up, I conducted three Delphi sessions with different types of experts at different levels of Omani society. That operation yielded a final set of guidelines that serve as a quality model for the health care sector.
In chapter 2, 13 IWEs were identified. These elements were distilled from the literature. In addition, the Mufti of the Sultanate of Oman was consulted, and he verified that these are the well-known work ethics in Islam. The 13 values, representing the IWEs, were as follows: intentions (Niya), benevolence (Ehsan), justice (Adil), being forever mindful of the Almighty God (Taqwa), sincerity and keeping promises (Ekhlas), trust (Amanah), trustfulness (Sidq), conscientious self-improvement (Etqan), consultation (Shura), patience (Saber), teamwork (Ruh al Jama’ah), compliance (Mutabakah), and supervision (Riqabah). With this outcome, the first sub-question was addressed.

We proceeded to examine the existing Western models to determine whether they were compatible with the Islamic guidelines and could be of assistance in generating an Islamic quality model. A comparison of the distilled Islamic values with the Western models yielded three basic models, the MBNQA model, the NIAZ, and the EFQM Excellence Model. These contained values that were seemingly similar to those of the IWEs but differed significantly from the meaning intended by Islam. Therefore, the series of Islamic guidelines that was formulated acted as the first design of quality requirements for the Omani health care sector.

So far, all the insights stemmed from the researcher, who found that they should be checked with the people who are involved in the health care sector on a daily basis. To that end, I conducted a survey of hospital employees. This part of the research identified a number of IWEs, particularly trust (Amana), consultation (Shura), conscientious self-improvement (Etqan), teamwork (Ruh al Jama’ah), and compliance (Mutabakah), which seemed to be largely ignored in the current quality models. While other work ethics hold some importance, the above-mentioned IWEs were given primary importance in the development of the new guidelines.

To increase the reliability of the guidelines, I organized three Delphi sessions. The first session, with health care workers from four government hospitals, indicated that guidelines are the best form for the Islamic quality management to start with. The preference for guidelines was based on the need for flexibility of implementation and the desire for quality management that is more suitable for the Muslim/Arabic cultural context. The study participants provided suggestions to improve the proposed guidelines, such as adding more guideline principles (including innovation/creativity, social responsibility, system effectiveness, resources, and transparency), defining the proposed model and the goals to achieve more clearly, and renaming some of the guidelines’ principles (e.g., outcomes instead of results or employee management as opposed to people management). The comments provided by the study participants in the first Delphi session helped in modifying the version of the model for the first time.

The second Delphi session targeted quality officers and heads of quality departments, including lab technicians, doctors, nurses, X-ray technicians, and
managers. They aimed to make a similar improvement of the revised model. However, the quality officers did not provide major comments. Instead, they focused on the interrelationship between good governance and the guidelines’ principles as well as the relationship between the principles and the IWEs. The quality officers suggested making these relationships clear in the design of the guidelines. During the third Delphi session, the attendees approved the structure, principles, and IWEs of the proposed guidelines and suggested including strategy as one of the guideline principles. The suggestions were accordingly incorporated into the guidelines. This proposed model was approved by the Acting Mufti, who attended the third Delphi session. Thus, the answer to the second sub-question (“What would a quality management approach from an Islamic perspective look like?”) has been provided.

The third sub-question was addressed based on visits to the health care systems of three Islamic countries (Jordan, Egypt, and Dubai) and the suggestions made during the survey and the three Delphi sessions. We distinguished between present and absent conditions for the implementation and focused on Oman. The conditions that were present to some degree are good governance and transparency. The missing conditions are a CE in the MoH, an NCE, capacity building, a connection to geographical regions, university and research centers, and actors and responsibilities.

The first lacking condition was a CE at the ministry level to provide leadership and management to all quality management activities. The second was the lack of an NCE to coordinate and organize the quality management activities of all sectors, including health care. Other missing conditions included the capacity of professionals working in the quality field, connection with geographical regions to share best practices and success stories, and connections with universities and research centers. Furthermore, I suggested that the implementation process should consist of three stages—preparation, implementation, and evaluation. For the evaluation phase, the development of an assessment sheet was suggested by the researcher.

Relating the findings to Western scholarship, it should be noted that a number of studies have examined American and European business work ethics, generally based on Max Weber's theories and the PWEs (Ahmed, 2011; Lim & Lay, 2003; Ragab Rizk 2008; Rice, 1999). However, as Shakil (2011) stated, only a few studies have examined the IWEs. Rice (1999) highlighted two points, specifically (1) insufficient efforts of the West to highlight the relationships between IWEs and business and (2) the need to orient those who intend to conduct business in Islamic countries toward the IWEs. Lim and Lay (2003) and Ragab Rizk (2008) highlighted the PWEs in the economic success of Western countries as well as Confucian values in the success of Asian countries, such as China, Japan, Taiwan, and
Hong Kong. They claimed that both work ethics have been instrumental in their respective regions’ prosperity in promoting hard work and diligence.

In this regard the thesis offers three contributions. First, for the Islamic world, it identified the well-known IWEs, highlighted their influence on Muslim behavior, and reviewed their overall implications for organizational performance. Moreover, it provided the necessary knowledge about the IWEs for managers intending to conduct business in Muslim countries. Like the Protestant and Confucian values, Islamic work values could also be instrumental in the success of the Muslim institutions in different sectors.

The second contribution concerns the few studies that have focused on different issues, such as work ethics, their sources, or the TCs. This thesis provided a comprehensive overview of the subject. It highlighted the Islamic view of the concept of business, identified the essential Islamic work values/components, their sources, the TCs, and their implications for organizations. The thesis took the challenge of integrating these values/ethics with quality principles to develop guidelines for a quality approach from an Islamic perspective. It established the base for other researchers to take this subject further.

Third, this thesis contributed to the field of quality management models. It conducted a comprehensive literature review of Western quality approaches and identified the shared values and principles with the IWEs. This opened the door for other research in this area. In addition, the thesis developed Islamic quality management guidelines that could establish a base for future research. It also identified common values between some specific Western models, such as the MBNQA, the NIAZ, and the EFQM Excellence Model.

Some differences were also identified between the IWEs and the Western models. A major difference is that the IWEs involve groups, such as ones relating to supervision, whereas the Western models refer to individual properties, such as wisdom and diligence. Although there is a formal overlap between the values of the IWEs and those of the Western models, it can be said that the IWEs provide guidelines for behavior not only at the professional level but also within societies. They also provide individual guidelines required to work within organizations. Thus, the values of the IWEs are more comprehensive and less instrumental.

It was observed that compatible elements are shared between the values of the IWEs and those of the Western models. The first shared principle is leadership, which is underlined by common values such as supervision, consultation, wisdom, leading with vision, inspiration, integrity, and vision. The second principle is a customer focus, which is stimulated by values of trust, sincerity, and keeping promises, patient value as the true north, adding value for customers, and customer-driven excellence. The third principle is the workforce as described in the MBNQA model, people in the EFQM Excellence Model and the NIAZ, or employees in this study’s Islamic guidelines. In all four models, this principle is mo-
tivated through values of teamwork, patience, trustfulness, justice, diligence, succeeding through talented people, valuing workforce members, and partnership.

The practical value of this thesis is that it has produced a set of guidelines that the Omani society needed. The health care sector in the Sultanate of Oman requires a quality management system to raise the level of the health care services to the international level and ensure that Omani citizens receive high-quality health care services. Through the incorporation of the IWEs with quality management and business practices, a set of quality management guidelines was created to meet the specific cultural needs of the Omani health care system. This model represents the country's first steps, including the strong recommendations to establish a national quality management award and an NCE for the Sultanate of Oman. In addition, the model proposed here can be used as a basis for establishing more comprehensive quality management models in other Islamic countries.

Both qualitative and quantitative research methods were employed during this research study, resulting in the collection of a significant amount of data relating to Omani health care workers’ perceptions of the IWEs, the application of the IWEs in the health care environment, and the form that an Islamic-centric quality management system could take. While the amount of data collected through the fieldwork provided a sufficient level of confidence in the study results, increasing the number of regional hospitals in the case study could have increased it even more. In addition, the number of health care workers participating in this research (20) may have placed some limitations on the results. However, this limitation may have been overcome by conducting several Delphi sessions, consisting of discussions held with quality officers from the MoH as well as high religious and governmental officials and experts from different sectors. The participation of the Acting Mufti in the third Delphi session provided support and legitimacy to the results and the research in general. Overall, the results of this study provide an insight into a relatively unexplored research area—quality management from an Islamic perspective.

The results of this research suggest several areas for possible future research. Once implemented, the proposed guidelines should be tested for their effectiveness within the health care system. In addition, future research is needed to develop appropriate tools to evaluate each component of the guidelines. Finally, moving to a broader scale, research should be conducted into the ethics prohibited within Islamic culture, such as injustice, hatred, and arrogance. This research has provided a crucial line of inquiry; to complete the project, a comprehensive research program is needed.
References


References
References


Appendices

Appendix A: Survey Questionnaire

Dear participant:

The purpose of this study is to develop a framework for improving the quality of healthcare services.

I would like to thank you for your time and participation in this study. We will handle all information in confidence and will not release any personal details.

This study is divided into two main sections:

1. The first section inquires about your experiences with the two main sections of the study. Please indicate your opinion on the study.

2. The second section is about your personal details.

Nasser Al-Salmi
Manager (7869)

Healthcare Quality Control Department
Ministry of Health

I agree to participate in this study.

Signature:

Date:

A热烈: إخلاق العمل الإسلامية
Islamic Work Ethics (IWEs) Questionnaire

الاستبيان المرفق به عددا من العبارات حول أخلاقيات العمل الإسلامية. يرجى قراءة كل عبارة وتقييمها وفقاً لمكان عملك. يتكون مقياس التقييم من خمس نقاط. يرجى وضع (√) في المكان الذي يعبر عن رأيك مع ملاحظة أنه لا توجد هناك إجابة صحيحة أو خاطئة.

Attached are a number of statements about the Islamic Work Ethics. Please read each statement and evaluate it according to your workplace. The evaluation scale consists of five points. Kindly put (√) in the place that reflect your opinion. Please note that there is no right or wrong answer. After you fill this questionnaire, there will be an interview that will last for 10-15 minutes.

مستهل:
ID:
Hospital: 
مستشفى: 1-
AGE:........Year
العمر بالسنوات:ـ سنة
مكان العمل:
Place of Work:..........................................................
وظيفة:
Designation:............................................................
الجنس: 1- ذكر 2- أنثى
Gender: 1- Male 2- Female
عدد سنوات الخبرة:ـ سنة
Years of Experience:..................................................
<table>
<thead>
<tr>
<th>S.N</th>
<th>Statements</th>
<th>Oafiq</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Intention (Niya)</td>
<td>11</td>
<td>Dedication to work is a virtue</td>
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<tr>
<td>12</td>
<td></td>
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<td>The value of work is derived from the accompanying intention, rather than its results</td>
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<td>13</td>
<td></td>
<td></td>
<td>End justifies the means</td>
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<td>14</td>
<td></td>
<td></td>
<td>ينفي للمرء أن يأخذ في الاعتبار مصلحة المجتمع في أثناء تأديته لعمله</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td>Benevolence (Ehsan)</td>
<td>21</td>
<td>One synonym for Quality in Islam is Ehsan</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>22</td>
<td></td>
<td></td>
<td>Ehsan shapes individual and groups interaction within an organization and equips them with values such as forgiveness, mercy, goodness, tolerance, and kindness</td>
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<td>23</td>
<td></td>
<td></td>
<td>ينفي للمرء أن يؤدي واجبه تماما دون التوقير لكافاهة</td>
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<td>24</td>
<td></td>
<td></td>
<td>One should perform his duty completely without waiting for reward</td>
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<td>ينفي للمرء أن يأخذ المهم في الاعتبار شؤون المجتمع في عمله</td>
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<td>One should take community affairs in consideration in his work</td>
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<tr>
<td>S.N</td>
<td>Justice (Adil)</td>
<td>مسند 3</td>
<td>العدل</td>
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<td>31</td>
<td>العدالة والكرم مهمة في ظروف العمل وضرورة من أجل رفاهية المجتمع.</td>
<td>Justice and generosity are important in the workplace and necessary conditions for the society welfare.</td>
<td></td>
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<tr>
<td>32</td>
<td>عملي مجزى للغاية ويرضيني شخصياً.</td>
<td>My work is very rewarding and personally fulfilling.</td>
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<td>33</td>
<td>الأجور جيدة بالنسبة لتنوع العمل.</td>
<td>Payment is particularly good for the type of work.</td>
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<td>34</td>
<td>أتلقى تعليمات واضحة حول ما هو مطلوب مني.</td>
<td>I receive clear instructions or guidance about what is required of me.</td>
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<tr>
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<tbody>
<tr>
<td>41</td>
<td>ي ينبغي للمؤمن أن يستمتع وجود الله وآله يراه في جميع أوقات وأفعاله.</td>
</tr>
<tr>
<td>42</td>
<td>ينبغي للمؤمن أن يستمتع وجود وكرامة الله ولا يهم الرضي أو عدم الرضي عن الأمور المالية.</td>
</tr>
<tr>
<td>43</td>
<td>سوف تستمر حتى لو كانت المكافآت المالية ليست جيدة بما فيه الكفاية.</td>
</tr>
<tr>
<td>44</td>
<td>سوياً، المجتمع لدينا مشاكل صغيرة إذا فم كل شخص يبدأ عمله ومنالأمانة والتجنب المفطر.</td>
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<td>5</td>
<td>Strongly disagree</td>
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الخلاصة والتوقيع بالعهد

kęłłka (Amanah)

أعمال

S.N.
<table>
<thead>
<tr>
<th>Statement</th>
<th>S.N.</th>
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<tbody>
<tr>
<td>It is not important to consider trustfulness at work</td>
<td>74</td>
</tr>
<tr>
<td>One should carry out work to the best of his capability</td>
<td>81</td>
</tr>
<tr>
<td>New imaginative ways of tackling work tasks are encouraged</td>
<td>82</td>
</tr>
<tr>
<td>I feel little or no obligation to try and improve things</td>
<td>83</td>
</tr>
<tr>
<td>Job description and standards of procedures (SOPs) are available to perform our duty</td>
<td>84</td>
</tr>
<tr>
<td>Staff engagement in decision making could improve productivity</td>
<td>91</td>
</tr>
<tr>
<td>Consulting with colleagues is one of the most personal growth opportunities</td>
<td>92</td>
</tr>
<tr>
<td>Staff are often involved in decision making process</td>
<td>93</td>
</tr>
<tr>
<td>Staff suggestions are considered to improve work flow and productivity</td>
<td>94</td>
</tr>
<tr>
<td>S.N</td>
<td>عبارات statements</td>
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<td>-----</td>
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</tr>
<tr>
<td>10</td>
<td>Patience (Saber)</td>
</tr>
<tr>
<td></td>
<td>العمل واجب على كل شخص قادر. Work is an obligatory for each and every capable person</td>
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<td>The restriction and constraints prevent me from working effectively. صعوبات العمل هي جزء من العمل.</td>
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<td></td>
<td>Work difficulties are part of work.</td>
</tr>
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<td></td>
<td>تواجه احتمالات كبيرة مع صعوبات العمل. High tolerable facing with work difficulties</td>
</tr>
<tr>
<td>11</td>
<td></td>
</tr>
<tr>
<td>111</td>
<td>People are made scapegoat when things goes wrong. يصبح الناس كيسي فداء عندما تسير الأمور بشكل خاطئ.</td>
</tr>
<tr>
<td>112</td>
<td>The potential power of good teamwork is fully realized. لا يدرك كثير من الموظفين أهمية العمل الجماعي.</td>
</tr>
<tr>
<td>113</td>
<td>I enjoy my job and working with my colleagues. أنا أسهم في العمل والعمل مع زملائي.</td>
</tr>
<tr>
<td>114</td>
<td>I rarely worry about letting down my fellow workers. نادرًا ما أقلق من تحسن زملائي في العمل.</td>
</tr>
<tr>
<td>12</td>
<td>Complianc (Mutabakah) . المطابقة</td>
</tr>
<tr>
<td></td>
<td>Standards of procedures (SOPs) are available in my job. تتوفر في وظيفتي معايير الإجراءات التشغيلية.</td>
</tr>
<tr>
<td></td>
<td>Staff tend to ignore or misinterpret policies from the top. يتم منع الموظفين من التحكم أو إساءة تفسير السياسات العليا.</td>
</tr>
<tr>
<td></td>
<td>What is expected from you is made clear, explicit, and documented. عمل المتوقع مبديءه واضح وموثق.</td>
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<tr>
<td></td>
<td>I always follow the job instruction and standards in performing my duty. أنا دائما أتبع التعليمات العمل والمعايير في أدائني وجني.</td>
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<td>مسلسل</td>
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<td>134</td>
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</tbody>
</table>

- قنوات ومهارات الموظفين تستخدم دائما بشكل صحيح.
- المدراء مهتمون بخصوص احتياجات الموظفين.
- يتم تحديد الأفراد المتميزين واعدادهم لتحقيق النجاح.
- تدفق المعلومات يلي التعليمات الهرمية للتنظيم الرسمى.
Appendix B: Protocol for Implementation

<table>
<thead>
<tr>
<th>S. No</th>
<th>Principle</th>
<th>Source of Principle</th>
<th>Definition/measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Good governance</td>
<td>ISO 26000, 2010</td>
<td>The system by which an organization makes and implements decisions in pursuit of its objectives.</td>
</tr>
</tbody>
</table>

An organization’s decision-making processes and structures should enable it to perform the following:

1. Create and nurture an environment in which the principles of social responsibility are practiced;
2. Create a system of economic and non-economic incentives related to performance on social responsibility;
3. Use financial, natural, and human resources efficiently;
4. Promote fair representation of under-represented groups (including women and racial and ethnic groups) in senior positions in the organization;
5. Balance the needs of the organization and its stakeholders, including immediate needs and those of future generations;
6. Establish two-way communication processes with its stakeholders that take into account the stakeholders’ interests and assist in identifying areas of agreement and disagreement and in negotiation to resolve possible conflicts;
7. Encourage effective participation of all levels of employees in the organization’s decision making on issues of social responsibility;
8. Balance the level of authority, responsibility, and capacity of people who make decisions on behalf of the organization;
9. Keep track of the implementation of decisions to ensure that these decisions are followed through and to determine accountability for the results of the organization’s decisions and activities, either positive or negative; and
10. Periodically review and evaluate the governance processes of the organization.
2. Leadership ISO 9001/EFQM  
With the involvement of employees, the organization’s leadership is responsible for establishing unity of purpose and direction of the organization. It can be implemented through the following:

1. Having a clear vision and mission;
2. Having a policy, strategy, and objectives;
3. Providing an environment of innovation within the organization;
4. Communicating 1 and 2 to employees;
5. Adopting revision techniques, such as top management review meetings (consideration of customer feedback, performance, non-conformity, audits, actions raised) and self-assessment;
6. Identifying staff capabilities and skills and using them efficiently and effectively;
7. Identifying promising individuals and setting career pathways for them; and
8. Establishing proper communication channels with staff and the community.

3. Strategy EFQM/MBNQA  
Strategy is an important element for business excellence. It involves assessment of the organization to understand the strategy development and strategy implementation. Strategy development examines how the organization develops strategic objectives and action plans, whereas strategy implementation inspects how the chosen strategic objectives and action plans are implemented. Strategy implementation can also determine whether these strategic objectives and actions plans have changed according to the circumstances and progress as well as whether the progress is measured periodically. A good strategy should encourage innovation in product, operation, and service delivery, and it should be able to answer a question such as “Where do you want to go?” This should be achieved through the following:

1. Focusing on the stakeholders;
2. Understanding the needs and expectations of both the stakeholders and the external environment;
3. Understanding internal performance and capabilities;
4. Setting an organization plan according to the information collected; and
5. Tracing the progress and implementing changes according to circumstances.
4. Employees ISO 9001/EFQM

The organization’s employees should represent one of the core values of the organization, and their involvement and development should allow their abilities to be used for the organization’s benefit. The training of employees should be seen as an investment that will have a positive impact on the organization’s performance in the long term. Organizations should perform the following:

1. Consider employees as humans with interests, emotions, needs, and expectations rather than a resource;
2. Have a written job description for each job;
3. Have competency criteria for each job;
4. Conduct training needs assessment annually;
5. Engage employees in performance review techniques;
6. Conduct annual appraisals;
7. Encourage a teamwork culture within the organization;
8. Provide rewards and incentives for good performance;
9. Ensure a safe working environment; and
10. Ensure staff welfare.

5. Customer focus ISO 9001

The customer is the most important target for any organization. A successful organization needs to understand fully the customers’ needs and expectations not only to meet these needs and expectations but also to strive to exceed them. This can be accomplished through the following steps:

1. Researching and understanding customer needs and expectations;
2. Ensuring that the objectives of the organization are linked to customer needs and expectations;
3. Communicating customer needs and expectations throughout the organization;
4. Measuring customer satisfaction and acting on the results (constant assessment to identify the customers’ needs and requirements; suggestion box, complement/complaint comment card technique);
5. Systematically managing customer relationships; and
6. Ensuring a balanced approach between satisfying customers and other interested parties (such as owners, employees, suppliers, financiers, local communities, and society as a whole).
6. Outcomes

Outcomes represent the organizational expectations. These can be measured as follows:

1. Developing a set of key performance indicators and related outcomes to determine the successful deployment of the organization's strategy based on the needs and expectations of the relevant stakeholder groups;
2. Setting clear targets for key results in line with their chosen strategy, based on the needs and expectations of the business stakeholders;
3. Segmenting results to understand the performance of specific areas of the organization and the experience, needs, and expectations of their stakeholders;
4. Demonstrating positive or sustained good business results over at least three years;
5. Clearly understanding the underlying reasons and drivers of the observed trends and the effect that these results will have on other performance indicators and related outcomes;
6. Having confidence in future performance and results based on their understanding of the cause and effect relationships established; and
7. Understanding how their key results compare with those of similar organizations and using this data, where relevant, for target setting.
The relationship between the organization and its stakeholders is interdependent; each one depends on and adds value to the other. Thus, the organization should work toward satisfying the needs of all its stakeholders, including shareholders, suppliers, customers, and employees. This can be accomplished through the following:

1. Managing partners and suppliers for sustainable benefit;
2. Managing finances to secure sustained success;
3. Managing buildings, equipment, materials, and natural resources in a sustainable way;
4. Managing technology to support the delivery of the strategy;
5. Managing information and knowledge to support effective decision making and to build the organizational capability;
6. Conducting joint development and improvement activities;
7. Implementing measures to inspire, encourage, and recognize improvements and achievements by suppliers; and
8. Determining and providing the needed resources and infrastructure.
9. System approach  ISO 9001/EFQM

The organization’s system is the generator of the tasks or processes. Thus, the system needs to adopt a process approach to identify, understand, and manage interrelated processes as a system to achieve the organizational objectives effectively and efficiently. This can be achieved through the following steps:

1. Structuring a system to achieve the organization's objectives in the most effective and efficient way;
2. Planning, defining, and communicating each activity/process (standards of operations that describe who does what);
3. Understanding the interdependencies between the processes of the system;
4. Using structured approaches that harmonize and integrate the processes;
5. Providing a better understanding of the roles and responsibilities necessary for achieving common objectives, thereby reducing cross-functional barriers;
6. Understanding organizational capabilities and establishing resource constraints prior to action;
7. Targeting and defining how specific activities within a system should operate;
8. Establishing an effective monitoring system;
9. Establishing an effective incident reporting system;
10. Continually improving the system through measurement and evaluation;
11. Constantly reviewing activities/processes to eliminate tasks that add no value or might cause damage;
12. Implementing effective methods of internal communication (employees); and
13. Implementing effective methods of external communication (customers, suppliers, shareholders).
Creativity is defined as “the production of novel and useful ideas in any domain,” whereas “innovation is the implementation of creative ideas within an organization” (Amabile, 1997). Innovation and creativity should be encouraged by the organization to ensure sustainable development and success of the organization. This can be achieved through the following measures:

1. Creating a challenging environment in which employees are matched with jobs that challenge them;
2. Providing freedom/autonomy to the employees concerning how their work can be accomplished, as the process will enhance people's creativity and increase their sense of ownership;
3. Providing sufficient resources, including time and money. People who work under time pressure are more creative;
4. Considering work group features by building a team of people with different perspectives;
5. Maintaining supervisory encouragement by appreciating and recognizing creative work even if the idea does not succeed;
6. Maintaining organizational support. Usually, intrinsic motivation increases when employees know that the working team is excited and supportive of making the idea succeed; and
7. Leaders should communicate the organization’s expectations to the employees and let them know that their creative ideas are expected and welcomed.
2. Transparency

Transparency was defined by Transparency International as “shedding light on rules, plans, processes and actions. It is knowing why, how, what, and how much” (www.transparancy.org). The organization has to be transparent about decisions and their effect on the service or product receiver, society, and the environment. Related information should be accessible when needed. Transparency can be accomplished through the following:

1. Establishing a good governance system to ensure accountability to owners/shareholders and stakeholders, transparency of operations, and fair treatment of all stakeholders;
2. Ensuring that strategies, policies, and operations are clear and transparent to all stakeholders;
3. Considering honesty as the best policy in dealing with all stakeholders;
4. Communicating decisions and actions in an honest way to any stakeholders who will be positively or negatively affected.
5. Establishing a system that provides customers with information and opportunities to exercise a degree of control over their preferences, ensures that information flows freely to customers, and allows them to have access to their records. In the case of health institutions, information regarding the treatment plan, hospitals, clinical practice, and medication should be made available to patients/clients and their families to make their choices.
Appendix C: Current Best Practices—Dubai

1. Which quality management system or business excellence model do you implement in your organization?

European Foundation for Quality Management Excellence Award Model.

2. Could you provide the historical development of this system in your organization?

The first initiative started in 1993, when the Department of Economic Development in the Dubai Government started a quality award called the Dubai Quality Award. Then, in 1997 the Governor of Dubai decided to establish the Dubai Government Program for Excellence. The first award was given in 1998.

3. Why do you use this system specifically?
   - Europe is near the Middle East, so the EFQM model provides a good base for benchmarking.
   - The EFQM Model is comprehensive, as it focuses on the organization as a whole.
– It is flexible for use according to your needs and requirements.
– It adopts the RADAR system, which is effective in improving performance and results.
– This model is the latest model.
– The EFQM is implemented worldwide (famous).

4. How does this system differ from other quality management systems?
– It can be applied to organizations as well as individuals.
– The model focuses on self-assessment for all organizational activities.
– It depends on reality and results, not on individuals.
– It helps the organization to implement the TQM strategy.

5. How is this system implemented?
Through self-assessment. There are three stages for implementation:
1. First stage: collecting data and documents required, such as documents about the performance and practices, policies and procedures, statistics, etc.
2. Second stage: the participating organization writes the first draft of application according to the category in which it wants to compete.
3. Third stage: revising the application request and attachments.
4. Fourth stage: submitting the application to the DGPE.
5. Fifth stage: assessors in the DGPE revise the application for each participant in terms of criteria and standards.

6. What are the principles and components of this system?
– Leadership
– Policy and strategy
– People
– Partnership and resources
– Process, products, and services
– Customer results
– People results
– Social results
– Key results

7. What are the strengths of this system?
For the EFQM model itself:
– A clear relationship between enablers and results.
– Focus on customers.
– It depends on enablers that harmonize with each other; any problem in one enabler affects the whole process (enablers).

For the DGPE:
– Direct support from the leadership; HE Governor of Dubai.
Teamwork.
- Subjectivity (standards, process, assessment).
- Dubai is a small city and manageable.

8. Are there any deficiencies/weaknesses in this system that need to be improved to maximize/develop its performance?

9. If the answer is yes, what are the improvements that can be made?
   - The EFQM's foundation is bureaucratic.
   - It is very slow in updating.
   - It does not provide any guidance for challenges faced by organizations in some areas, such as difficulty in changing the culture, an increase in customer expectations, and a lack of knowledge and experience.
   - It limits its initiatives and focus to Europe only.

10. Did you consider the country's culture and religion when you chose to use this system?

11. If the answer to question 10 is yes, what are these considerations?
   a. Cultural considerations: the management culture in Dubai, the national identity and the language (you could notice that the website of DGPE is in Arabic only). Also, all the documents regarding the award, the standards, the participation, and the manuals are available in Arabic only.
   b. Religion: there is no conflict between the model principles and the Islamic religion.
Appendix D: Current Best Practices—Jordan

1. Which quality management system or business excellence model do you implement in your organization?

European Foundation for Quality Management Excellence Award Model.

2. Could you provide the historical development of this system in your organization?

The King Abdullah II Excellence was founded in 2006. The award is managed by the King Abdullah II Center for Excellence (KACE). There are three types of awards in the center:

a. King Abdullah II Award for Excellence in the private sector (1999).


The King Abdullah II Center for Excellence aims to promote a culture of excellence in Jordan and the region through developing excellence frameworks and assessment criteria based on international best practices, assessing organizations’ performance, managing King Abdullah II Awards for Excellence, and promoting excellence to public sector, private sector, not-for-profit, and...
non-governmental organizations. The award was a combination of the MBNQA and EFQM for the private sector when it started in 1999. However, after expanding the award to include the governmental sector and business associations, the model was changed to the pure EFQM in 2006 until today. For the private sector, the EFQM was taken exactly as it is, just translated into Arabic. However, for the governmental sector, the EFQM was modified slightly to suit the management rules and regulations in Jordan. This modification was made basically in the areas of HRM systems, procurement systems, and financial systems.

3. Why do you use this system specifically?
   The EFQM model is flexible and can be modified according to your requirements and needs.

4. How does this system differ from other quality management systems?
   The MBNQA criteria for health care and education are similar; they just change the client name; for example, instead of patient they write student, and instead of doctor they write teacher. The MBNQA focuses on a theoretical framework more than a practical one, whereas the EFQM is more practical as well as being flexible enough to be modified. The RADAR model could be modified in some areas, such as benchmarking.

5. How is this system implemented?
   A self-assessment tool is used. The assessment process begins with a full report submitted to the center based on the assessment questionnaire provided by the center for them. The assessors, a minimum of two assessors for each organization, study the report or feedback provided by the applying organizations. The assessors meet and evaluate the report and agree on the non-conformity report (NCR) and opportunities for improvement (OFIs). If the assessors agreed on the same NCRs and OFIs, then the grading will be made accordingly. Should the assessors disagree on the NCRs and OFIs, a site visit to that organization will be scheduled to assess the areas of disagreement. Another consolidation meeting will be conducted to finalize the grades that should be given to that organization, which is usually out of 1,000. The maximum score reported so far is 500.
Implementation process

1. Organization applies for awards
2. Organization conducts self-assessment
3. Organization submits the report
4. Assessors review the report
5. Consolidation phase (grading)
6. Assessors disagree on the NCRs &amp;
7. Schedule visit to the organization and assess the areas of disagreement
8. Final grade given
9. Assessors agree on the NCRs &amp;
10. Final grade given
11. Assessors submit results to steering committee
12. Winners announced
6. What are the principles and components of this system?
   - Leadership
   - Policy and strategy
   - People
   - Partnership and resources
   - Process, products, and services
   - Customer results
   - People results
   - Social results
   - Key results

7. What are the strengths of this system?
   - Clear relationship between the enablers and results.
   - Flexibility of the model (adaptable).
   - Periodical update to the model; the current RADAR system is the 2010 version.
   - Used by many countries and implemented worldwide.

8. Are there any deficiencies in this system that need to be improved to maximize/develop its performance?

9. If the answer is yes, what are the improvements that can be made?

10. Did you consider the country’s culture and religion when you chose to use this system?
    No because the model does not conflict with the culture and the religion in the country.

11. If the answer to question 10 is yes, what are these considerations?
Appendix E: Current Best Practices—Egypt

1. Which quality management system or business excellence model do you implement in your organization?
   Deming Prize model

2. Could you provide the historical development of this system in your organization?
   1- Awareness
   2- Establishing the system
   3- Documentation
   4- Implementation
   5- Internal audits
   6- Corrective actions
   7- Improvement

3. Why do you use this system specifically?
   Because it constitutes the basis for all other excellence models. The Americans followed the Japanese and created the MBNQA. Then, the Europeans also followed the Americans and created their EFQM model. However, all of these models can be referred to the Deming model and his philosophy.

4. How does this system differ from other quality management systems?
   The philosophy of Deming is a holistic approach and other awards gained their inspiration from the Deming model.

5. How is this system implemented?
   In January of each year, all companies and organizations apply for the award. Self-assessment will be conducted by the applicants themselves before the assessors visit them for evaluation. The ADLI method (which stands for approach, deployment, learning, and improvement) will be applied during the evaluation. Each of the assessors will have a number of organizations to evaluate; the same organizations will be given to another three assessors, but none of them will know the name of the others, so they conduct the evaluation on different days. The evaluation period usually takes 1 month. There will be a consolidation phase in which all the assessors for each organization meet and agree about the points to be given to this organization, which is usually out of 1,000 points. Then, the supervisor of all the assessors will finalize the evaluation in a meeting with all the assessors. Finally, a presentation will be given to the steering committee of the Egyptian Quality Award and the winners will be finalized.

6. What are the principles and components of this system?
7. What are the strengths of this system?
   It emphasizes a customer focus (internal/external) as well as leadership and motivation of employees.

8. Are there any deficiencies in this system that need to be improved to maximize/develop its performance?
   Yes, but the change to be made is not in the award or model itself but in the strategy.

9. If the answer is yes, what are the improvements that can be made?
   The Egyptian Government should apply and implement all of the opportunities for improvement (OFI) results from this award in all the organizations in Egypt instead of making it obligatory for the evaluated organizations only.

10. Did you consider the country’s culture and religion when you chose to use this system?
    Yes.

11. If the answer to question 10 is yes, what are these considerations?
    a. Cultural considerations: there is no conflict between the model principles and the Egyptian culture.
    b. Religion: there is no conflict between the model principles and the Islamic religion.
### Appendix F: Proposal for the Assessment Sheet

<table>
<thead>
<tr>
<th>Principles</th>
<th>Questions</th>
<th>Yes/No</th>
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<tbody>
<tr>
<td>Good Governance</td>
<td>Does the organization adopt principles of social responsibility?</td>
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<td></td>
<td>Are financial resources and employees used efficiently and effectively?</td>
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<td></td>
<td>Do all stakeholders participate in the process of decision making related to social responsibility issues?</td>
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<td></td>
<td>Are the organization decisions that are related to the social responsibility traced and monitored periodically?</td>
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<tr>
<td>Leadership</td>
<td>Is the organization's vision clear and communicated to all managers and employees?</td>
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<td></td>
<td>Does the top management set directions and values for the organization that consider the needs of all the stakeholders?</td>
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<td></td>
<td>Is the leadership team always seeking new methods to sustain and grow the organization?</td>
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<td></td>
<td>Does the top management have a sense of assertiveness, compassion, and courteousness?</td>
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<td></td>
<td>Is a top management review meeting conducted annually to discuss the overall organization's performance and challenges?</td>
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<td>Are there channels of communication between the top management and the employees and the top management and the community?</td>
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<td></td>
<td>Are promising staff identified and groomed?</td>
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<tr>
<td>Strategy</td>
<td>Are the organization's strategy, objectives, and action plan set based on a range of information (financial, customer satisfaction, employee satisfaction, environment, suppliers, and key processes)?</td>
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<td></td>
<td>Are the organizational strategy, objectives, and action plan reviewed periodically and changes applied based on changes in data and circumstances?</td>
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<td></td>
<td>Is the organization's progress traced and measured?</td>
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<tr>
<td>Customer Focus</td>
<td>Does the organization conduct initiatives to obtain customer feedback about its products and services?</td>
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<td></td>
<td>Are customer needs and expectations linked to the organization's objectives?</td>
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<td></td>
<td>Are customer needs, requirements, and level of satisfaction assessed and monitored regularly?</td>
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<tr>
<td><strong>Employee Management</strong></td>
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<tr>
<td>Are employees considered as human beings rather than a resource?</td>
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<td>Is a job description available for each employee?</td>
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<tr>
<td>Are key factors that affect employee well-being, satisfaction, and motivation determined and monitored?</td>
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<td>Does the top management develop career pathways for leadership and management positions and career progression plans for employees?</td>
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<tr>
<td>Are employees are involved in the top management review meeting?</td>
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<td>Are employees’ capabilities identified, analyzed, and developed to improve organizational performance?</td>
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<tr>
<td>Is a team culture realized and promoted among the employees?</td>
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<td>Is a safe working environment ensured?</td>
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<td>Are good performers motivated and rewarded?</td>
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<table>
<thead>
<tr>
<th><strong>System Approach</strong></th>
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<tbody>
<tr>
<td>Is each activity and process planned, defined, and communicated (who, what, where, how, when)?</td>
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<tr>
<td>Does the organization understand the interdependencies between the process and environment?</td>
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<td>Are the daily operations and activities traced and assessed, monitored, and evaluated for added value using an effective monitoring system?</td>
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<td>Is re-engineering of processes conducted based on regular assessment?</td>
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<td>Are incidents and events analyzed and documented?</td>
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<td>Is a disaster/emergency plan available?</td>
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<table>
<thead>
<tr>
<th><strong>Partnership and Resources</strong></th>
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<tbody>
<tr>
<td>Does the organization have a joint committee for development that includes all partners?</td>
<td></td>
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<tr>
<td>Does the organization share success and information with all partners?</td>
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<td>Are resources provided sufficiently and managed properly?</td>
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<table>
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<tr>
<th><strong>Outcomes</strong></th>
<th></th>
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<tbody>
<tr>
<td>Is a set of key performance indicators that determine the deployment of the organizational strategy available?</td>
<td></td>
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</tbody>
</table>
Do the organizational outcomes include service/product and process outcomes, customer-oriented outcomes, employee-focused outcomes, leadership and governance outcomes, and financial outcomes?

Are the targets for key results clear, achievable, and measurable, and do they have a timeline?

Are the organization’s achievements benchmarked to best practice organizations in the field?

**Social Responsibility**

Do the organization’s leaders stress responsibilities to the public, ethical behavior, and the need to consider societal well-being and benefits?

Does the organization conduct regular discussions to assess the negative impact of its products, services, and processes on the environment and community?

**Transparency**

Has the organization established a good governance system that ensures accountability to owners/stakeholders and transparency of operations?

Are all strategies, policies, and operations clear and transparent to all stakeholders?

Has the organization established a system that provides customers with information and opportunities to exercise a degree of control over their preferences and personal record?

**Innovation and Creativity**

Has the organization taken steps to improve the quality of its processes, products, and services?

Is there a challenge environment and are employees matched with jobs that challenge them?

Do employees have room for freedom and autonomy about how work should be accomplished to ensure creativity and increase their sense of ownership?

Does the organization promote individual initiative, innovation, rapid response, cooperation, and effective communication throughout the organization?

Is organizational support provided and maintained to increase the intrinsic motivation of the employees?

Are the organization’s expectations communicated to the employees to ensure that their creative ideas are welcomed?
Summary

In Islamic societies, religion penetrates all aspects of social and professional life, including health issues. In the healthcare sector, the Sultanate of Oman faces the challenge of implementing a quality model. This sector is considered to be of the utmost importance, since no mistakes are allowed here. The work attitude and ethos are perceived as decisive aspects in this regard. It is clear that this model should comply with Islamic values. However, such a model was missing not only in Oman, but also in adjacent countries. Dubai and Jordan only used some aspects of Western models that suited their organizations’ requirements and the countries’ rules. Jordan faced challenges in implementing the European Foundation for Quality Management (EFQM) in the public sector due to difference in procurements procedures, HRM, and country laws. In the case of Oman, represented by the University Hospital, the ISO 9001 has been implemented for few years, but this shifted to Canadian International Accreditation in 2014. In addition, these models and systems do not cover the Islamic values that are essentials for Muslims’ social and professional life.

Given this gap, the present research took up the challenge to develop such a model. The research question was as follows: What are specificities of a quality management model for the health sector in Islamic cultures? This question has been broken up in the following sub questions:

1. What are the Islamic requirements of a quality model?
2. What should a model for the healthcare sector in Islamic societies look like?
3. What are the requirements for implementing such a model in Islamic countries?

The steps in the methodology used to develop the model were as follows: First, we clarified the Islamic requirements with which the model should comply. These consisted of 13 values. Next, we scrutinized Western models to determine whether they were compatible with Islamic lifestyles. Based on a comparison between the Islamic values and the Western models, we came up with an initial set of guidelines. Following this, we conducted a survey (preceded by piloting to establish the right questions), presented the initial guideline to hospital staff, and adjusted the guideline according to their suggestions. As a follow-up, we conducted three Delphi sessions with different types of experts and at different levels of Omani society. That operation yielded a final guideline that serves as a quality model for the healthcare sector.
In chapter 2, 13 rules of Islamic Work Ethics (IWEs) were identified. These elements were distilled from the literature. In addition, the Mufti of the Sultanate of Oman was consulted, and he verified that these are the well-known work ethics in Islam. The 13 values, representing the IWEs, were as follows: intentions (Niya), benevolence (Ehsan), justice (Adil), forever mindful of the Almighty God (Taqwa), sincerity and keeping promises (Ekhlas), trust (Amanah), trustfulness (Sidq), conscientious self-improvement (Etqan), consultation (Shura), patience (Saber), teamwork (Ruh al Jama’ah), compliance (Mutabakah), and supervision (Riqa-bah). With this outcome, the first sub-question was addressed.

We proceeded to examine the existing Western models to determine whether they were compatible with Islamic guidelines and could be of assistance in generating an Islamic quality model. A comparison of the distilled Islamic values with the Western models yielded three basic models, Malcolm Baldrige National Quality Award (MBNQA model), the Dutch NIAZ model, and the EFQM Excellence Model. These contained values that were seemingly similar to those of the IWEs but differed significantly from the meaning intended by Islam. Therefore, the series of Islamic guidelines that was formulated acted as a first design of quality requirements for the Omani health sector.

So far, all the insights stemmed from the researcher. We found that they should be checked with the people who are involved in the healthcare sector on a daily basis. To that end, we conducted a survey of hospital employees. This part of the research identified a number of IWEs, particularly trust (Amana), consultation (Shura), conscious of self-improvement (Etqan), teamwork (Ruh-al Jama’ah), and compliance (Mutabakah), which seemed to be largely ignored in current quality models. While other work ethics hold some importance, the abovementioned IWEs were given primary importance in the development of the new guideline.

To increase the reliability of the guideline, we organized three Delphi sessions. The first session, with healthcare workers from four government hospitals, indicated that guidelines are the best form for the Islamic quality management to start with. The preference for guidelines was based on the need for flexibility of implementation and the desire for a quality management that was more suitable in a Muslim/Arabic cultural context. The study participants provided suggestions to improve the proposed guideline, such as adding more guideline principles (including innovation/creativity, social responsibility, system effectiveness, resources, and transparency), defining the proposed model and the goals to achieve more clearly, and renaming some of the guideline’s principles (e.g., outcomes instead of results or employee management as opposed to people management). The comments provided by the study participants in the first Delphi session helped in modifying the version of the model for the first time.
The second Delphi session targeted quality officers and heads of quality departments, including lab technicians, doctors, nurses, X-ray technicians, and managers. They aimed at a similar improvement of the revised model. However, the quality officers did not provide major comments. Instead, they focused on the interrelationship between good governance and the guideline’s principles, as well as the relationship between the principles and the IWEs. The quality officers suggested making these relationships clear in the design of the guideline. During the third Delphi session, attendees approved the structure, principles, and IWEs of the proposed guideline, and suggested including strategy as one of the guideline principles. The suggestions were accordingly incorporated into the guideline. This proposed model was approved by the Acting Mufti, who attended the third Delphi session. Thus, the answer to the second sub-question (What would a quality management approach from an Islamic perspective look like?) has been provided.

The third sub-questions was addressed based on visits to the healthcare systems of three Islamic countries (Jordan, Egypt, and Dubai) and the suggestions made during the survey and the three Delphi sessions. We distinguished between present and missing conditions for the implementation and focused on Oman. The conditions that were present to some degree are good governance and transparency. The missing conditions are a Center of Excellence (CE) in the Ministry of Health, National Center of Excellence (NCE), capacity building, connection to geographical regions, university and research centers, and actors and responsibilities.

The first missing condition was the absence of a CE at the ministry level to provide leadership and management to all quality management activities. The second was the lack of an NCE to coordinate and organize the quality management activities of all sectors, including health care. Other missing conditions included the capacity of professionals working in the quality field, connection with geographical regions to share best practices and success stories, and connections with the universities and research centers. Furthermore, we suggested that the implementation process should consist of three stages—preparation, implementation, and evaluation. For the evaluation phase, the development of an assessment sheet was suggested by the researcher.

Relating our findings to Western scholarship, it should be noted that a number of studies have examined American and European business work ethics, generally based on Max Weber’s theories and the PWEs stated, only a few studies have examined IWEs. For example, Rice (1999) highlighted two points, specifically (1) insufficient efforts of the West to highlight the relationships between IWEs and business and (2) the need to orient those who intend to conduct business in Islamic countries to the IWEs. Lim and Lay (2003) and Rizk (2008) highlighted the PWEs in the economic success of Western countries, as well as Confucian values.
in the success of the Asian countries, such as China, Japan, Taiwan, and Hong Kong. They claimed that both work ethics have been instrumental to their respective regions’ prosperity in promoting hard work and diligence.

In this regard, the thesis offered three contributions. First, for the Islamic world, this thesis identified the well-known IWEs, highlighted their influence on Muslim behavior, and reviewed their overall implications for organizational performance. Moreover, it provided the necessary knowledge about the IWEs for managers intending to conduct business in Muslim countries. Like the Protestant and Confucian values, Islamic work values could also be instrumental for the success of the Muslim institutions in different sectors.

A second contribution, few studies have focused on different issues, such as work ethics, their sources, or the Ten Commandments (TCs). This thesis provided a comprehensive overview on the subject. It highlighted the Islamic view of the concept of business, identified the essential Islamic work values/components, their sources, the TC’s, and their implications for organizations. The thesis took the challenge of integrating these values/ethics with quality principles to develop a guideline for a quality approach from an Islamic perspective. It established the base for other researchers to take this subject further.

Third, this thesis contributed to the field of quality management models. It conducted a comprehensive literature review on Western quality approaches and identified the shared values and principles in comparison with the IWEs. This opened the door for other research in this area. In addition, the thesis developed an Islamic quality management guideline that could establish a base for future research. It also identified common values between some specific Western models, such as the MBNQA, NIAZ, and the EFQM Excellence Model.

There were also some differences identified between the IWEs and the Western models. A major difference is that the IWEs involve groups, such as when it comes to supervision, whereas the Western models refer to individual properties, such as wisdom and diligence. Although there was a formal overlap between the values of the IWEs and those of the Western models, it can be said that the IWEs provide guidelines on how people behave not only at the professional level but also within societies. They also provide individual guidelines required to work within organizations. Thus, the values of the IWEs are more comprehensive and less instrumental.

It was observed that there are compatible elements shared between the values of the IWEs and those of the Western models. The first shared principle is leadership, which is underlined by common values as supervision, consultation, wisdom, leading with vision, inspiration, integrity, and vision. The second principle is a customer focus, which is stimulated by values of trust, sincerity and keeping promises, patient value as the true north, adding value for customers, and customer-driven excellence. The third principle is the workforce as described in the
MBNQA model, people in the EFQM Excellence Model and NIAZ, or employees in our Islamic guideline. In all four models, this principle is motivated through values of teamwork, patience, trustfulness, justice, diligence, succeeding through talent people, valuing workforce members, and partnership.

The practical value of this thesis is that it has produced a set of guidelines that the Omani society needed. The healthcare sector in the Sultanate of Oman requires a quality management system to raise the level of the healthcare services to the international level and ensure that the Omani citizens receive high-quality healthcare services. Through the incorporation of IWEs with quality management and business practices, a set of quality management guidelines was created to meet the specific cultural needs of the Omani healthcare system. This model represents the country’s first steps, including the strong recommendations to establish a national quality management award and an NCE for the Sultanate of Oman. In addition, the model proposed here can be used as a basis for establishing more comprehensive quality management models in other Islamic countries.

Both qualitative and quantitative research methods were employed during this research study, resulting in the collection of a significant amount of data relating to Omani healthcare workers’ perceptions of the IWEs, the application of the IWEs in the healthcare environment, and the form an Islamic-centric quality management system could take. While the amount of data collected through the fieldwork provided a sufficient level of confidence in the study results, increasing the number of regional hospitals in the case study could have increased it even more. In addition, the number of healthcare workers participating in this research (20) may have placed some limitations on the results. However, this limitation may have been overcome by conducting several Delphi sessions, with discussions held with quality officers from the MoH, as well as high religious and governmental officials and experts from different sectors. The participation of the Acting Mufti in the third Delphi session provided support and legitimacy to the results and the research in general. Overall, the results of this study provide insight into a relatively unexplored research area—quality management from an Islamic perspective.

The results of this research suggest several areas for possible future research. Once implemented, the proposed guideline should be tested for its effectiveness within the healthcare system. In addition, future research is needed to develop appropriate tools to evaluate each component of the guideline. Finally, moving to a broader scale, research should be conducted into the ethics prohibited within Islamic culture, such as injustice, hatred, and arrogance. This research has provided a crucial line of inquiry; to complete the project, comprehensive research program is needed.
Acknowledgements

After four years of study in the Netherlands, I have finally completed this thesis. Throughout these years, I have met with people who have been, sometimes without knowing, of great support for me.

I express my deep sense of gratitude to Professor dr. Ruben Gowricharn, Professor dr. ing Teun. W. Hardjono, and Professor dr. Frits Engel Gastelaars for the support and guidance they have provided during my study. They have been a great source of learning for me.

I wish to express my great thanks to the officials in the Ministry of Health for their support, encouragement and trust.

I wish to place on record my gratitude to my colleagues in Oman for helping me to conduct the survey and the interviews needed to collect data for this thesis.

Last but not the least, I thank my family for tolerating my absence to complete my study and for their support and encouragement.