



CHAPTER 9

Total quality management in fitness:

On the way to operational excellence

EVERARD VAN KEMENADE

9.1 Introduction

In the current times of increasing complexity and uncertainty the aim of achieving operational excellence is less easy but even more important than in the relatively stable past. That is surely the case in the fitness sector nowadays under the influence of the COVID-19 pandemic. In this chapter the focus will be on Total Quality Management (TQM) as a way of thinking that helps to achieve operational excellence despite the context we are in. Or rather, by taking the context we are taking it into account. The aim of the article is to provide leadership (club owners and managers) in the European health, fitness, and physical activity sector some practical suggestions from TQM on the way to operational excellence and beyond.

Before going further into the matter, it needs to be clear what we are talking about. First the concept of Operational Excellence (OE) will be explored, thereafter the recent vision on TQM will be presented as proposed by Van Kemenade and Hardjono (2018). This vision pictures TQM as the resultant of four lenses you can use to look at operational quality (the four quality paradigms). These lenses will be described as related to the health, fitness, and physical activity sector. From there, suggestions are made how each of the four lenses can be of use for the sector, for larger multinational organisations as well as for small and medium sized enterprises.

9.2 Operational excellence

The buzzword Operational Excellence is among the most over-used in the consulting field of production optimisation (Jeager et al., 2014). The term Operational Excellence is widely applied to businesses, but the meaning is ill-defined (Found et al., 2018). A definition often cited in scientific literature is presented by Sutton (2012): Operational Excellence means focusing strategically on maximizing the value that operations deliver to customers, through strong leadership, the power of people, the use of industry best practice and the application of value-add technologies. Here, we see attributes such as leadership, strategy, people, customers, and technologies.

The editors of this book give the following popular definition of operational excellence: Operational excellence is the execution of the business strategy more consistently and reliably than the competition. Operational excellence is evidenced by results. Given two companies with the same strategy, the operationally excellent company will have lower operational risk, lower operating costs, and increased revenues relative to its competitors, creating value for customers and shareholders. The definition is retrieved from Wikipedia and attributed to an undated blog from Soto (2017). The concept has the following attribute of execution of business strategy that are evidenced by results, they are better than the competition, and create value for customers and shareholders. The editors add that operational excellence may more simply be interpreted as executional excellence.

When you look at the chapters in this book you see that not just execution of the service as such (the primary processes), but also supporting systems as leadership, finance and marketing are considered (secondary processes). In this you can recognise the (old version of) the quality management model designed by the European Foundation for Quality Management (EFQM), the so-called Excellence model. The term Operational Excellence is assumed to originate from his model.

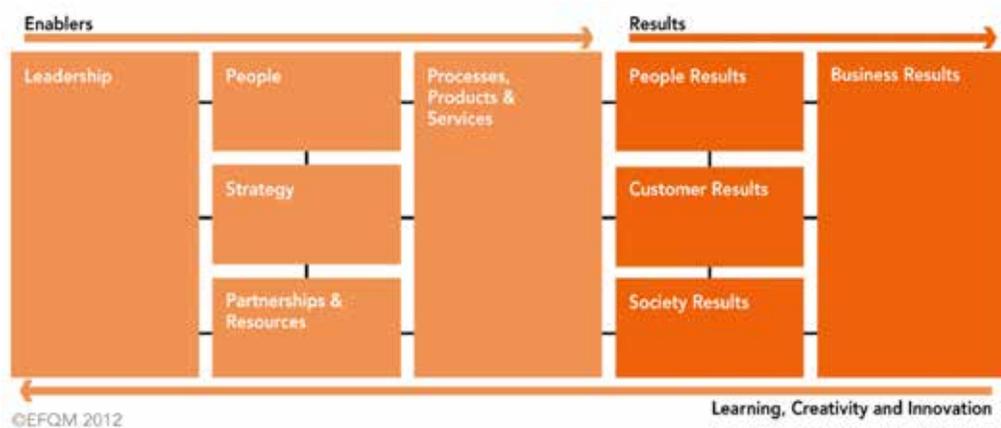


Figure 9.1: The excellence model (EFQM, 2012).

The excellence model states that business results (financially as well as key performance results), people results, customer results, and society results are created by the services, that are enabled by leadership, strategy, partnerships and resources and people. These nine criteria need to be managed to achieve operational excellence. The EFQM model has already been applied in the fitness sector over ten years ago. Using the EFQM Excellence model Middelkamp (1999) provides a global overview of strengths and weaknesses regarding quality in Dutch fitness centers at the time (see items in Table 9.1). It shows an example how an organization can use the EFQM-model to get to know the nine key criteria for operational excellence.

Looking at the situation twenty years later some of the weaknesses can still be identified. These might differ from the Netherlands to other European countries and within each country one organisation differs from another. Larger fitness chains and boutique studios for example do collect data, but many smaller SME's do not. Furthermore, it is important to take into account that the customer is now much better informed and has a much higher level of expectation than they did twenty years ago. The bar for operational excellence is set higher.

EFQM CRITERIA	STRONG	WEAK
Leadership	Strong commitment Professional knowledge	Impulsive actions Short term view Little overview regarding quality
People	Challenging jobs Good work atmosphere	Little job perspectives Little structural human resource policies Limited job descriptions
Strategy	Growing attention for strategy	Limited vision Little coherence between EFQM criteria Person-related
Partnerships and resources	Attention for quality Professional knowledge	Little cost-benefit analysis No budget systems Little knowledge management

EFQM CRITERIA	STRONG	WEAK
Processes, products & services	Computer programmes used Card system	Little data registration Procedures are often not described
Customer results	Strong commitment Short lines of communication between staff and customer	No structural data on customer satisfaction Person-related Little focus on target groups
Staff results	Strong motivation Enthusiastic work atmosphere	Often little structure No structural data on staff satisfaction
Society results	High impact on health	Little attention for employment
Business results	More continuity	Not always enough profitability Limited insight in finances Little financial indicators Little non-financial indicators

Table 9.1: Arbitrary overview of strengths and weaknesses regarding quality in Dutch fitness centers (Middelkamp, 1999, pp. 98-99).

9.3 TQM and operational excellence

Total Quality Management (TQM) is widely recognised as one of the major innovations in management practice over the last decades. And at the same time there is a debate on its effectiveness. Feigenbaum, a quality management guru defined Total Quality Management as “An effective system for integrating quality development, quality maintenance and quality improvement efforts of various groups in an organisation so as to enable production and service at the most economical level to allow full customer satisfaction” (Feigenbaum, 1983). Total Quality Management is defined more practically by ISO9000 (2000) as “what the organisation does to ensure that its product conforms to the customer requirements”. In those definitions of TQM we stay close to Operational Excellence. One could say TQM is then considered to be a means to come to the end of operational excellence. However, TQM is more. The concept of operational excellence is ‘just’ a one-way or one lens to look at quality management.

Van Kemenade & Hardjono (2018) discern four lenses and the combination of these four is what they call TQM. An elaboration of the concepts is provided in Hardjono & Van Kemenade (2020).

The reference lens

Operational Excellence fits in one of the four lenses, that is called the lens of reference. In this way of thinking (or paradigm) models are used to refer to the EFQM-model, the ISO9000-series, or the Malcolm Baldrige National Quality Award in the U.S. In all these models you can recognise the basic idea of quality management of Plan-Do-Study-Act (from Deming (1986)). The definition of quality in this paradigm is its fitness for use (Juran, 1974). The customer is leading. Central is the customer experience (see for example Middelkamp & Rutgers, 2017). In its extreme version the customer should not just be satisfied but delighted (Kano, 1984). The risk of this way of thinking is that you end up pampering the customer. Leadership is supportive and coaching. The values in the reference way of thinking are success and improvement. This is about competition and growth. In the fitness sector you can recognise this paradigm where some clubs are ISO9001 certified or according to the specific standards of EN 17229:2019. Quality management research repeatedly mentions that another model, SERVQUAL is popular (see Jasinskas et al. 2013). Although, consistent use of quality management models is still rare.



Picture 9.1: The reference paradigm.

Empirical lens

Within TQM there is another lens to look at quality in your organization which is the empirical lens. Here, standards are used to measure, and the motto is 'to measure is to know'. If you cannot measure it, you cannot improve it. Accreditation and certification systems are often used where the definition of quality is conformance to requirements (Crosby, 1979). Management is leading. Leadership is directive. The values in the empirical way of thinking are accountability and accuracy. This is about data and key performance indicators. The risk of this way of thinking is that you create bureaucracy.

In the fitness sector you can recognise this in reports such as the European Fitness & Health Market research done by EuropeActive and Deloitte. You see it, where manufacturers of fitness equipment follow CEN standards in accordance with EN ISO 20957-1:2013. You see it, where the sector strives to set up a certification scheme for instructors. You see it in the use of indicators like number of members, revenues, market share, profit, return on investment, stock market value and fitness penetration rates. Middelkamp and Rieger (2013) give an overview of indicators regarding retention such as drop-out percentage, visit frequency, utilisation of the club (pp. 40-42). Often the use of such data and measurements are combined with the use in a strategic (reference) model. But again, this is not yet done consistently throughout the sector.



Picture 9.2: The empirical paradigm.

Reflective lens

The third TQM lens to look at quality in your organisation is the reflective lens. This paradigm is coined by Huub Vinkenburg (2016). He wanted to stress the power of the professional within the organisation that might have been buried under protocols, standards, guidelines, and measurements. He was afraid the professional was robbed from his own decisiveness or even would be not able anymore to think for himself. The motto is that you cannot measure everything. Or even, what can be counted, does not count and what can be counted does not count (Deming, 1986). Quality is seen as an event (Pirsig, 1974). After the manager and the customer, here the professional is the third logic (Freidson, 2001).

The professional is in the center of the attention. The professionals reflect on their practice and hold discussions. The organisation can support this by human capacity management (preferable to human 'resource' management). See also as an example what Google as a company does to delight its staff. The values in this way of thinking are wisdom and professionalism. The risk is arrogance of the alleged expert(s). An important instrument in this paradigm is peer review, with professionals visiting each other to support the quality improvement process. Leadership is in delegating. In the fitness sector in the Netherlands, you recognise this in the example of the fitness association Nederland Actief and the Exclusive Sports Centers. You see it when the European Register of Exercise Professionals (EREPS) organizes its webinars, masterclasses and seminars. You see it in the professional conferences organised by EuropeActive, such as the Annual International Standards Meeting.



Picture 9.3: The reflective paradigm.

Lens of emergence

The fourth TQM lens is the lens of emergence. Emergence can occur everywhere. It is the murmuration of starlings that fly together, interacting with each other and co-creating the most beautiful movements or with ants that combine to build an anthill. None of the actors could have achieved this on their own, and the whole is more and different from its parts. We also see this emergence in organisations or networks. The motto is that the interaction between a diverse group of people can achieve radical innovation. This includes the customer as partner in the co-production or co-design. This interaction is unplanned, unexpected, and unpredictable. Values are flexibility and a willingness-to-change. The risk of this way of thinking is that it leads to chaos. Quality is dynamic. It changes from day to day, from place-to-place and context to context. Leadership is shared or distributed, and organisations are agile (Lely, 2019).

In the fitness sector this way of thinking might be growing in the concept of integrated care where the fitness institutes seek to co-operate with healthcare institutes. to support prevention and treatment of diabetes, heart diseases and obesity, for example. Or initiatives in the care of the because “fitness is medicine” (Middelkamp, 2019). Innovations in the fitness sector have been described in Middelkamp & Rutgers (2016). In the long list of innovations since 1811, when the first sales-driven fitness club is supposed to be established in Germany, we can discern innovation in the concept of fitness (e.g., sales-driven, modality-driven, budget clubs, and boutique studios, etc.). Then there is innovation in the equipment and resources (e.g., cross training, and elliptical machines, but also the electronic card systems, and electronic payment, etc.). And innovation in the activities themselves (e.g., aerobics, body pump, Pilates, spinning, and exergaming, etc.). The innovative power of many stakeholders has been a key factor in the growth of the fitness and health sector.



Picture 9.4: The emergence paradigm.

Epistemic fluency

The four paradigms mentioned above are equal and where one is not more useful than the other. What is needed at a certain moment in time, at a certain place depends on the context. We need the capacity to understand, switch between and combine different kinds of knowledge and different ways of knowing about the world. Markauskaite and Goodyear (2016) call this epistemic fluency (see Figure 9.2). Total Quality Management is just that - the combination of the four quality management paradigms of the empirical, the reflective, the reference, and the emergence paradigm.

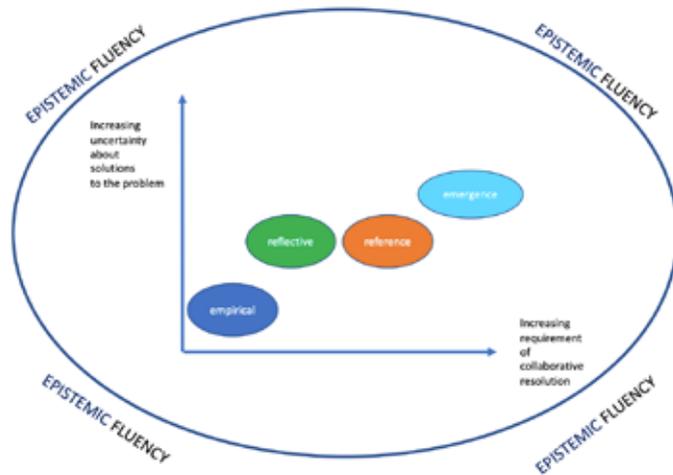


Figure 9.2: Total Quality Management as the epistemic fluency of four quality paradigms, based on Van Loon & Van Dijk (2015).

One can imagine that in a Corona-pandemic a government directs an urgent total lockdown to try to lower down the infected cases and thereafter to open up again (empirical paradigm). Maybe the effect of a total lockdown is only short term, and it might have a disastrous effect on the economy, the social situation of elderly, and on cultural life. In a case such as that, it might be wise to facilitate the interaction of a diverse group of stakeholders from all sectors, to investigate if they can create a more radical innovation (emergence paradigm).



So, when do we need to use which lens to create operational quality? We do know that the empirical and reference paradigm fit best in a planned context of order and certainty, in a situation where we are relatively certain about the problem at hand and its solutions. In such circumstances one can define standards and measure or make plans to check and act upon them. However, when the uncertainty about solutions to the problems are increasing, the reflective and the emergence paradigms fit best. Then the requirement for collaborative resolution like the reflective and emergence paradigms offer will increase.

9.4 Tools for TQM in the fitness sector

The aim of the article is to provide leadership (for club owners and managers) in the European fitness and physical activity sector with some practical suggestions from TQM on the way to operational excellence. If we combine quality management lenses to look at quality management in this sector one can choose a set of applicable tools. In this section we address the four paradigms. At the end, a distinction is made between larger multinational organisations and the SME's, but most of the recommendations apply to both. Large organisations as well as SME's need to embrace elements from the reference lens. Deming's PDSA-cycle (Plan-Do-Study-Act) is the core of quality management and required at organisational level, team level and at an individual level. Any fitness organisation needs a mission and a vision, and a strategic plan (Plan). Any organisation needs to execute the required services (Do) and to look at the results of its operations (Study). Thereafter, adjustments need to be made (Act). For that purpose, a model like the EFQM Excellence model can be used, but that does not mean one has to apply for an EFQM Award. For the moment such an award in Europe will not make a difference in the eye of the customer. There are National Fitness Awards, such as those rewarded in the UK for FLAME, at the Body Life Awards in Germany, and by Body Factory in Spain to promote operational excellence. CEN is developing a norm for fitness clubs that will be launched in 2021. In the eye of the customer achievements such as accreditation and awards might mainly be considered to be a marketing tool to attract media attention, rather than a quality improvement instrument (Van Kemenade, 2009b).

One can add tools to the quality management system from the empirical paradigm. Data is needed to check if evidence about achieving the intended results - mentioned in the definition by the editors, has been achieved, where performance indicators can be measured. The advice is to stick to a maximum of six performance indicators that have influence on the strategic goals and where you can easily collect data. An interesting indicator can be the Net Promoter Score. It is simple. Just ask your customers one magic question 'How likely is it that you would recommend our magic service to a friend or colleague?' It results in an easy-to-read number and research has shown that NPS correlates strongly with a company's revenue. However, the question asks the customers their "likelihood" to recommend the brand or service. Leadership must be mindful of this word. In no way does it guarantee that a customer giving a score of 10 will always certainly go ahead and 'promote' the business. And, surely through this you are not measuring customer delight. It would be preferable to hold half-yearly surveys on the satisfaction of your customers, and smaller organisations could choose to go for a focus group approach.

Certification of fitness trainers such as EuropeActive promotes surely can assure the quality of the professionals and the service. The use of the European professional standards needs to be supported and embraced in fitness organisations. From a quality perspective it is preferable that trainers at several levels are certified and need to maintain their certificate by continuous professional development like in the case of healthcare workers, e.g. using yearly credit points to be achieved.

The tools of the reflective paradigm focus on the professional. When personal training and group lessons become the main areas for growth, the quality of the fitness trainers becomes even more important. If the presumption is correct that professionals in some organisations in the fitness sector are undervalued, the reflective paradigm would suggest the need to strengthen their position. Employees are the main asset of a service organisation. Valuing the professionals means that they also are invited to give their opinion on the quality of the services (EFQM, Figure 9.1, criterion 6; people satisfaction).

The reflective paradigm also relates to (professional) reflexivity. This concept is defined as a "continuous reflection on the identity of the firm and the self-identity of its owner(s) through the discourses within the business and with stakeholders. It is vision-setting through narratives of self and firm of the 'who we are' " (Fuller et al., 2008, p. 12). Another tool to create reflexivity are audits. Instead of external audits in the scope of accreditation or a national fitness award, internal audits can be very effective. Within larger (multi)national organisations one fitness centre could visit another, and the other way around. In SME's one organisation could visit the other. This has appeared to be very fruitful for the organisations that were visited as well as for those who performed the audit. Again, professionals should be the largest part of such audit teams, in that sense it should be based on peer reviews.

Last but not least, the question is what can the emergence paradigm contribute to the way of operational quality. Van Kemenade (2019) executed a concept analysis of emergence following Walker and Avant (2014) leading to the following definition of emergence: Emergence is the phenomenon where out of a network of interacting internal and external elements in the course of time arises a coherent new pattern, that is unpredictable, unexpected, unplanned, and irreducible to the separate parts. That new pattern, that innovative power appeared to be crucial in the history of the fitness and health sector (Middelkamp & Rutgers, 2016).

The fitness sector needs to prepare for the future. That future after COVID-19 might have changed forever compared to the situation of today. What can leadership do to facilitate such innovation? Van Kemenade (2020) undertook research on the question: What can leadership do to support the emergence of innovation in an uncertain context? The literature review showed that leadership needs to stimulate people to interaction, since the interaction of a diverse and interdependent group of people may bring about novelty. Literature shows the need for reflexivity. Enabling is the third characteristic of emergent leadership. Enabling is about improvisation, sense-making, simple rules, creative dialogue, self-organisation and creating shared values.

Collective mindfulness supports some of the other leadership characteristics. The last factor adaptive leadership is about communication, contextual sensitivity, managing and stabilizing feedback, or it can also be about agility. So, leadership can support emergence and the creation of innovation in an uncertain context by interaction, reflexivity, enabling, collective mindfulness and adaptivity. Together the first letters form the Greek word *irema* that means serenely (or calmly, placidly, restfully, slow ahead). It is mentioned here as a mnemonic (see Figure 9.3). Serenity in the storm is what leaders need.

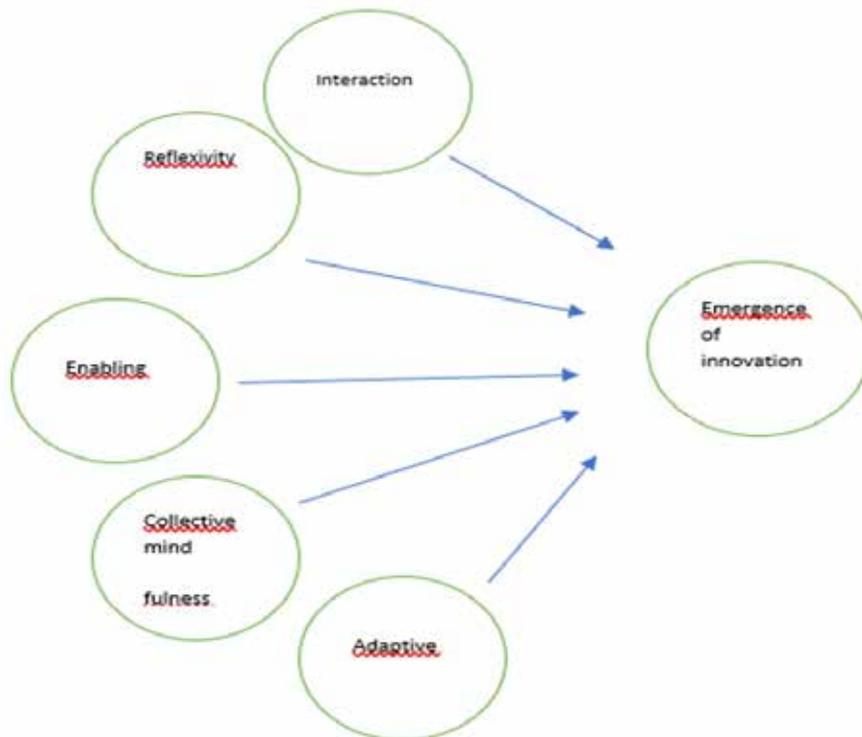


Figure 9.3: 'Irema' leading to the emergence of innovation.

9.5 Conclusions

To achieve operational excellence an organisation in the health and fitness sector should perform on four levels (see Table 9.2).

PARADIGMS	QUALITY MANAGEMENT INITIATIVES
Reference	<ul style="list-style-type: none"> Assign quality and safety (Q&S) responsibility in the Board Assign Q&S officer Choose for the Plan-Do-Study-Act cycle Larger organisations can consider models like the EFQM Excellence model, including CSR
Empirical	<ul style="list-style-type: none"> Establish performance indicators Measure customer satisfaction or delight on organisational, local and personal level Small organisation can choose for focus groups Measure staff satisfaction Benchmark the data Promote staff certification schemes
Reflective	<ul style="list-style-type: none"> Organise management reflexivity Perform internal audits Mindfulness
Emergence	<ul style="list-style-type: none"> Facilitate an interaction between all stakeholders Co-create with the customer Take care of sense-making, simple rules, creative dialogue, self-organisation and creating shared values. Organise collective mindfulness Arrange communication, contextual sensitivity, manage and feedback

Table 9.2: On the way to TQM.

Firstly, leadership needs to choose a model. The model that is actually the base of any other is the PDSA-cycle from W.E. Deming. This says that as an organisation you need to plan (strategic, operational and individual planning), do (execute the services), study (take time to analyse what the results are), and act (adjust what is not yet ok). One could expand this way of thinking in adopting a SERVQUAL or an EFQM Excellence model. In the case of the latter, I would suggest choosing the latest version. An important added value of this version in relation to the earlier one is that the aspect of society results has been changed into “creating sustainable value”, giving an opening to Corporate Social Responsibility (Paulsen, 2020).

Choosing a model also relates to the organisation of quality management within the organisation. Someone within the top management of the company should be responsible for quality and safety and at least someone else within the staff should be assigned to do the dirty work. In the end, of course, quality is an individual journey and it is the responsibility of every staff member. We should talk about the need for creating a quality culture.



Figure 9.4: EFQM Excellence model, version 2018.

Secondly, leadership needs to measure the achievements. Again, we are talking about achievements on organisational, local, and personal level. That requires the choice for performance indicators on organisational and local level, as well as a staff appraisal system. Furthermore, any organisation should measure customer and staff satisfaction typically twice a year and through a validated questionnaire. To learn from the data, it could be benchmarked with other organisations within and outside the sector. from.

Thirdly, leadership should take the time to reflect. Having a discourse within the business and with stakeholders, through conducting internal audits. It is important in being a mindful and reflective leader.

Last but not least, leadership should facilitate emergence of novelty. Where in the past innovations could be created by individuals such as professionals in the field of fitness and its entrepreneurs which could lead to new equipment, new concepts and new activities, nowadays the interaction of a diverse group of people is needed. This can also include the customer. That requires organising an innovation team from all stakeholders holding a creative dialogue and improvising with the purpose that a radical innovation might emerge. This requires collective mindfulness, enabling the process and being reflective and adaptive. Leadership (club owners and managers) in the European health, fitness and physical activity sector need to enable interaction to co-create innovation, and together with the customer.

In this way the sector can grow, not only in quantity of clubs and members, but also in the quality of the services.

9.6 References

Crosby, P.B. (1979). *Quality is Free*, New York, McGraw-Hill.

Deming, W.E. (1986). *Out of the crisis*. Cambridge, MA: Massachusetts Institute of Technology, Center for Advanced Engineering Study. p. 88.

Feigenbaum, A.V. (1983). *Total Quality Control*, 3rd ed. McGrawHill, New York USA.

Found, P., Lahy, A., Williams, S., Hu Q. & Mason R. (2018). Towards a theory of operational excellence, *Total Quality Management & Business Excellence*, 29(9-10,) 1012-1024.

Freidson, E. (2001). *Professionalism. The Third Logic*, Polity Press, Cambridge, UK.

Fuller, T., Warren L. & Welter F., (2008). An emergence perspective on entrepreneurship: processes, structure and methodology, paper presented at EGOS, Amsterdam, retrieved 10th November 2020.

Hardjono, T.W & Van Kemenade, E.A. (2020). *The Emergence Paradigm in Quality Management. A way towards radical innovation* Cham, Springer Verlag. ISO9000 (2000) *Quality Management Systems; Fundamentals and vocabulary*, International Standard, international Organisation of Standardisation, Geneva.

Jaegera, A., Matyasb, K. & Sih W. (2014), Selection and peer-review under responsibility of the International Scientific Committee of "The 47th CIRP Conference on Manufacturing Systems" *Variety Management in Manufacturing. Proceedings of the 47th CIRP Conference on Manufacturing Systems:487 – 492.*

Jasinskas, E., Reklaitiene, D. & Svagzdiene, B. (2013), "Evaluation of Service Quality in Fitness Centres", *Transformations in Business & Economics*, 12,(1):, 108-124.

Juran, J.M. (1974) *Quality Control Handbook*, 6th ed. 2010 New York: McGraw-Hill.

Kano, N. Nobuhiko S.; Fumio T.; Shinichi T. (1984). Attractive quality and must-be quality. *Journal of the Japanese Society for Quality Control (in Japanese)*. 14 (2): 39-48.

Lely, M. (2019), Building an agile organization, in: Middelkamp, J. & Rutgers, H. (2019), Horizon 2030. The future of the health and fitness sector Brussels, EuropeActive and Den Bosch, BlackBoxPublishers, pp. 142-153.

Markauskaite, L. and Goodyear, P. (2016), Epistemic Fluency and Professional Education: Innovation, Knowledgeable Action and Actionable Knowledge, Dordrecht: Springer.

Middelkamp, J. (1999). De fitnessbranche in beeld. EFAA, Weert.

Middelkamp, J. (2019). Physical activity and exercise are medicine. In: Middelkamp, J. & Rutgers, H. (2019). Horizon 2030. The future of the health and fitness sector Brussels, EuropeActive and Den Bosch, BlackBoxPublishers, pp. 25-35.

Middelkamp, J. & Rieger, T. (2013). A comprehensive understanding of member retention in fitness clubs, European Health Fitness Association in association with BlackBoxFitness, Den Bosch.

Middelkamp, J. & Rutgers, H. (eds.) (2016). Growing the fitness sector through innovation. For fitness club owners and managers, Brussels, EuropeActive and Den Bosch, BlackBoxPublishers.

Middelkamp, J. & Rutgers, H. (eds.) (2017). Customer engagement and experience in the fitness sector, Den Bosch, BlackBoxPublishers.

Paulsen, A. (2020). Corporate Social Responsibility (CSR) in the fitness sector. In: Middelkamp, J. & Rutgers, H. (2020) Horizon 2030. The future of the health and fitness sector. Brussels, EuropeActive and Den Bosch, BlackBoxPublishers.

Pirsig, R. (1974). Zen and the art of motorcycle maintenance, New York: Bantam Books.

Rutgers, H. (2020), Growth scenario towards 2030, in: Middelkamp, J. & Rutgers, H. (2020). Horizon 2030. The future of the health and fitness sector. Brussels, EuropeActive and Den Bosch,, BlackBoxPublishers.

Sutton, D. (2012). Back to basics: A practitioner's guide to operations excellence. Cincinnati, Ohio: Operations Excellence Services.

Van Kemenade E. A. (2009). Professionals freaking out: Accreditation in Dutch Higher Education. *Total Quality Management Journal* 21 (8): 473-485.

Van Kemenade, E.A. (2009b). Certificering, accreditatie en de professional, PhD thesis, Erasmus University, Rotterdam School of Management.

Van Kemenade, E.A. (2019). Emergence in TQM: a concept analysis, *TQM Journal*, 32:1, 143-161.

Van Kemenade, E.A. (2020), Education and Training in Emergent Leadership, under review *Journal of Leadership Education*.

Van Kemenade, E.A., Hardjono T.W. (2018). Twenty-first century Total Quality Management: the Emergence Paradigm, *The TQM Journal*, 31 (2): 150-166.

Van Kemenade, E.A. & Hardjono T.W. (2019), Twenty First Century Total Quality Management: The Emergence paradigm, *TQM Journal*, Vol. 31, No. 2, pp. 150-166.

Van Kemenade, E.A. & Van der Vlegel-Brouwer, W. (2020). Integrated Care Research and the Lack of the Emergence Paradigm. (under review) *International Journal for Integrated Care*.

Van Loon, R. & Van Dijk, G. (2015). Dialogical leadership: dialogue as condition zero, *Journal of Leadership, Accountability and Ethics*, 12(3); 62-75.

Vinkenburg, H. (2010). Naar een derde school in de kwaliteitskunde, *Synaps* 31, pp 3-5.

Walker L.O. and Avant K.C. (2014). *Strategies for Theory Construction in Nursing*, Pearson Prentice Hall, Upper Saddle River, NJ.