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Abstract

In recent years, Kosovo has set the foundation for quality infrastructure in its journey towards European integration. Although it lags behind in comparison to its neighbors in terms of quality infrastructure, it has eliminated some of the existing barriers to legal infrastructure. Creating a quality system abide by the requirements of the EN ISO 9001 standard is easier to constantly install and monitor health care standards according to the definition of work guidelines for good hospitaly practices in particular and internationally recognized areas.

Continuous quality improvement and application of the requirements of the Quality Management System in the public system is a challenge for many countries, especially for those who have gone through or are going through a difficult period of transition from a system where quality was neither known nor measured and consequently not even improved, in the system where the provision of public services is different. This study investigates the evaluation of the Quality Management System in public institutions in the Peja region as a method of continuous improvement in public services.

In the last decade of the 20th century, the systematic approach to quality enhancement based on the Quality Based Management System has become the dominant model of quality management application. From the standpoint of developing business standardization, we can say that the ISO 9001 standard has become a general and acceptable framework for improving the quality of products and services regardless of sector.

Key words: *Standards, Quality Management System, Institutions, Public*

1. Entry

Continuous quality improvement and application of the requirements of the Quality Management System in the public system is a challenge for many countries, especially for those who have gone through or are going through a difficult period of transition from a system where quality was neither known nor measured and consequently not even improved, in the system where the provision of public services is different. This study investigates the evaluation of the Quality Management System in public institutions in the Peja region as a method of continuous improvement in public services. This study also aims to define the concept of quality, the characteristics of a quality system and the definition and importance of a Quality Management System with a focus on the public sector. This study focuses on the objective of proving the advantages of using SMC requirements in order to increase productivity and efficiency in the public system in Kosovo and especially of primary and secondary service institutions. The object of the research will also be to explain the motives and reasons why institutions should adapt their management systems to the requirements according to ISO 9001. Standardization activity includes the processes of development, approval, publication and application of standards through compliance with the principles and standardization work rules. Standards are developed and published to serve the public interest and they are a strong tool for disseminating information and mutual understanding between partners. (Nwabueze, U., 1997, Editorial: Total Quality Management in Health Care, Total Quality Management, Vol. 8, No. 5, pp. 203).

In the conditions of economic development and approximation of Kosovo in the European Union, standardization and application of their requirements plays an even more important role for companies, enterprises, academic and scientific facilities, governmental and non-governmental organizations, laboratories, certification of inspection bodies, recognizing the importance of standards in support of legislation as an effective instrument for the development of production, trade and services, conformity assessment and certification activities for the implementation of innovations in science and technology development. Quality represents a new strategic management philosophy of the enterprise-institution based on the overall commitment of management and employees towards customer satisfaction and continuous improvement of products, products and services. Quality Assurance (QA) is the guarantee of the institution that the

service it provides meets accepted quality standards and is both accredited and certified. Scheduled control procedures occur "before, during and after" and the goal is to become "good the first time and always". Quality assurance should be the responsibility of everyone involved in creating the product or service. This approach on quality and patient-client satisfaction, show the importance of implementing the requirements of the Quality Management System in the public sector in Kosovo.

1.1. The purpose of the research

The study of this topic aims to provide an assessment of the quality management system in public institutions in the Peja region. So, based on the fact that the continuous improvement of quality in the public system is a challenge for many developing countries, including Kosovo, setting modern standards in public service remains a very big and important challenge in the public sector. The quality management system is one of the most important assets that can affect and improve the quality of services and performance and then create institutions a competitive advantage in the market.

This study aims to assess the importance and necessity of implementing the requirements of the quality management system in the public sector.

2. Review literatu new

The word quality has multiple meanings. Quality is defined as: "The set of characteristics of an entity that relates to its ability to meet the needs expressed and the needs it encompasses." In some sources quality is defined as:

- ➤ reliability for use;
- ➤ suitability in relation to purpose;
- ➤ buyer satisfaction;
- ➤ compliance with the requirements.

Quality management is a continuation of the process of developing the concept for management, as well as more than two decades of operation in the field of quality control. The development of the quality management concept has continued in two directions: 1. Development of basic MTC concepts in Japan, based on Suharto principles and Deming learning and formation and MTC, 2. Development of quality systems standards. The study of the quality phenomenon began between the two world wars in the twentieth century, when Walter Shewhart (1920) began to consider the problem of variations including debris and waste in the production process. Simultaneously created a control table, which creates conditions based on the application of statistical data from the past and probability theory enables production forecasting. This lesson of Shewhart in Japan was applied by Edwards Deming, who working together with Japanese colleagues gathered around the Japanese Association of Scientists and Engineers (JUSE), headed by Kaoru Ishikawa, developed the approach to the study of quality. This lesson, which are Japanese experts applied in practice Japanese businesses, had a revolutionary impact on Japan as a whole and prepare the ground for the application of MTC (Total Quality Management). This lesson, which Japanese experts applied in practice to Japanese businesses, had a revolutionary impact on the entire Japanese economy and has been the basis for implementing Total Quality Management. Also in the development of the concept of quality, at the beginning of the 20th century a big step forward was made with the works of Frederik W. Taylor (Principles of Scientific Management, 1911) who used statistical theory (chronic variations in production), a way to improve productivity in industrial systems. Taylor introduced some important concepts, including:

- Functional specialization - definition and division of tasks to be undertaken under standard conditions (inspection is only one of these tasks),
- Process analysis, in order to improve productivity, and
- Quality control, formalized as a separate function performed by individuals who are not directly involved in the production process.

This method is known as "Statistical Process Control" (SPC) or "Statistical Quality Control" (SQC). He also modeled the so-called quality improvement circle (Shewhart cycle), which includes three mutually conditioned joint steps: specificity, production and inspection, believing, at the same time, a continuous evaluation of leadership practices, as well as management readiness. to "embrace" new ideas that influence the formation of a philosophical basis for all future quality

management concepts. Edwards Deming in particular emphasizes the importance of the role of management in quality delivery, both at the individual and organizational level. According to Deming, 80% - 90% of quality problems are under the control of management, respecting, at the same time, changes in organizational culture and climate, as well as labor-management relations as a kind of trajectory in achieving quality. In the early 1950s, Deming improved the Suharto district to improve quality and introduce it as a fourth process: design - Production - market placement - market research. This process should always be repeated in order to improve the quality of the product or service, but here, in fact, we have a kind of spiral in the continuous improvement of quality. Each new quality round will result in higher quality products or services, starting with the new step - Step 5: redesigning the products in the light of customer feedback on product quality (Deming circle -ut). Based on the Deming district improvement from 1951, the PDCA (plan-do-check-act) quality improvement district has been set up.

2.1. History and definition of quality

Quality is considered to be a competitive weapon in the market. Quality brings competitive advantage by producing products that meet or exceed customer needs and expectations (Lee and Zhou, 2000). Quality is determined using different perspectives, as it is still a subjective goal that has undefined characteristics (Kazan et al., 2006). An early definition of quality is presented by Juran (1974) who defines quality as "suitability for use". Juran's definition comes mainly from the consumer perspective in quality determination. The customer determines whether the products or services received meet his or her needs. Reeves and Bednar (1994) also agree with this definition and define quality as excellence, value, compliance with specifications, and meeting or exceeding customer expectations. The term "suitability for use" as defined by Juran (1974) is also included in the definition of quality presented by Reeves and Bednar (1994). Thus, the consumer perspective regarding quality is the key that needs to be understood when defining any term for quality or quality definition. Garvin (1987) sees quality as a multidimensional construction. He describes quality as having eight dimensions that include: performance, features, reliability,

conformity, durability, service, aesthetics, and perceived quality. It can be concluded that quality provides a competitive advantage for an organization, meeting the needs of customers.

Therefore, researchers have concluded that quality should be linked to competitive strategy. Prajogo (2007) considers quality as a strategic performance which is a reflection of a competitive strategy of firms. He agrees with the notion that the definition of quality has been gradually developed from an operational level to a strategic level. This concludes that a working organization should consider quality as its strategic objective when it aims to meet customer demands. Therefore, quality should help work organizations increase their competitiveness and lead to or even improve customer loyalty, meeting customer demands and expectations. So far, quality has been presented simply as a definition without any means to achieve it. Total Quality Management Standard (MTC), ISO 9000 (QMS), Six sigma, poor manufacturing and other quality practices are ways of implementing quality methods. Collis and Montgomery (1997) suggested that the implementation of practices (e.g. quality) such as ISO 9000 can increase organizational performance and result in a competitive advantage. This makes the organization view quality as a highly competitive weapon that must be adopted and implemented as a competitive strategy to play a major role in creating, maintaining, and maintaining the competitive advantage of a given work organization.

2.2. Quality management and basic quality dimensions

Quality assurance means the entire system of policies, procedures and guidelines set by the organization to achieve and maintain quality that, as a rule, at its core has: engineering quality, quality control and quality management. Quality engineering aims at implementing quality in the design of products and processes, as well as anticipating potential quality problems before the actual delivery of goods or services. Quality control includes a series of planned measurements to determine if all quality standards have been met.

Quality management means planning, organizing, directing and controlling all quality assurance activities. In manufacturing organizations, quality is a vital component of all business functions. For example, effective market research is needed to identify customer needs and to identify functional product design requirements, where designers in contemporary manufacturing

organizations take responsibility for potentially low efficiency in the use of available resources and / or products. of poor quality. At the same time, production planning should not put pressure on production because it would affect quality degradation. The industrial engineering function is responsible for selecting the right technology in achieving the right capacity to satisfy all design requirements and working methods.

Packaging, storage and distribution are responsible for ensuring the conditions for regular and timely transport. And finally, the "ancillary" functions - finance, human resources, and administrative requirements that support quality efforts, providing a real budget, a skilled and motivated workforce, as well as control over issues such as: security, warranty conditions and durability. It is not at all easy to determine the quality of service. Service characteristics greatly complicate the understanding and definition of the notion of service quality. The problem becomes even more complicated in the necessary reliance on consumer perception, with the inevitable introduction of subjective rather than material (tangible) elements. Therefore, measuring the quality of services often remains (becomes) a kind of challenge because it is simply individually defined and has many meanings for many individuals. Although service is not a product, it is a result, the output size of the production process which has its own value and user value for the consumer. The nature of the services basically has the following characteristics:

- ➢ inviolability,
- ➢ indivisibility,
- ➢ variability, and
- ➢ no deposit.

Inviolability means that the service cannot be seen, tasted, felt, heard or smelled before it is purchased. Kotler gives for example passengers in air traffic who have nothing but the ticket and the promise that they and their luggage will arrive safely at their destination, in the hope that it will be at the same time.

For this reason, in order to reduce risk and uncertainty, consumers tend to perceive certain "signals" about service quality. They pay particular attention to the cost of services, the quality of the service site, the vendor, the equipment, and the quality of communication with the vendor - the organization providing the service. Aware of this, service organizations strive to send appropriate

signals to customers, in an organized and honest manner, and to demonstrate their capacity to provide such services. In today's conditions, this communication tool is based on "word of mouth" messages, through various marketing tools, up to various electronic networks and social sites. Products, physical goods, are first produced, stored, then sold and later consumed. On the other hand, services are first sold, then produced-created and consumed at the same time. In the field of service marketing, the service provider is actually the service itself. This, in other words, means that the service is inseparable from its provider, regardless of whether the provider is humans or some machines. If the employees in a service organization provide direct services, then he himself becomes part of this service. Service variability means that the quality of service depends on who is providing it, but also when, where and how services are provided. For example in a highly reputable hotel, the receptionist may be very polite and efficient, while the other at the workplace, which is only a few meters away, may be slow and not quite interested. No deposit means the services can not be stored for sale or use in the future. This feature of the service for its providers will not be a problem when the demand is stable. However, in the face of fluctuations in demand, service organizations are required to model their operational steps (strategies) in order to balance supply and demand.

2.3.   Conception of service quality

The concept of quality has its origins in the time of the industrial revolution. Previously in the time of handicrafts, products (goods or services) have been realized from beginning to end by the same person or group of people who made every possible effort for the product in question to meet the requirements of a quality acceptable to the customer. Mass production brought about the involvement of a large group of people who had to work together for a particular stage of production where a single person could not be effective in its realization from beginning to end. Klaus Peter (1986) has highlighted different meanings for the quality of services to customers, employees and managers in service organizations, as well as to the public when judging the quality in their daily lives. Thus, quality in customer service represents the total net value of the benefits compared to the expectations in the customer subconscious. From the customer perspective, the service can be seen in two ways: (i) as true, functional service and (ii) the way the service is delivered. Service quality is the term that encompasses both approaches (functional and technical),

although much more is in use for real service because it is much easier to measure service performance. In other words, customer satisfaction with the service is a function of the actual elements and delivery. (Czepiel, John A.1986). This approach to service quality in the reference literature is also represented by Gronroos Christian (1982). He suggests that functional quality is more important in the perception of services than that of technique, albeit as long as the latter is at a satisfactory level. Moreover, functional quality should be much more important especially in those segments of the service industry where technical quality is very similar to many service organizations in the market.

Employees and managers in service organizations relate quality to physical and technical specifics, as well as interpersonal relationships within the organization itself. The public monitors quality through efficiency and effectiveness in providing public, educational, social and other services. A common approach to service quality uses the product attribute model. to model output attributes. That is, the quality of a certain thing, as a summary of its physical and technological attributes, is in compliance with established standards. This concept enables measurability and leadership ability, so it seems that quality is easy to define and manage. However, this is not easy due to interpersonal communication in the service delivery process. On the other hand, Evelyn & DeCarlo (1982) define service quality in a very simple way - quality means customer satisfaction. By analyzing services as a dynamic process - the interaction between service organizations and customers, we gain support to understand quality which focuses on the subjective perception of the customer. Consumer decisions are made based on subjective perceptions, have the component of the moment and the situation and at the same time it is difficult to clarify and understand. Satisfaction is the evolution of evaluation from the subjective experience of the consumer during consumption and represents a kind of amalgam of his perception and at the same time an objective attribute of the service itself (Gronroos, Ch.1982). Klaus further emphasizes that service quality is a phenomenon that is defined by individuals and their behavior and is limited to the dynamic and complex configuration of physical components, situation and behavior. At the same time, it is also a unique model of shared behavior and experience gained in the service delivery process.

2.4. Quality management in the public sector k

Quality assurance is based on the experience of the quality assurance process working with public services in developing countries. This process goes through several steps:

- Quality assurance planning;
- Developing guidelines and setting standards;
- Specification of standards;
- Quality monitoring;
- Identify problems and select opportunities for improvement;
- Operational definition of the problem;
- Team selection;
- Analyze and study the problem in order to identify the source of the cause;
- Defining solutions and actions for improvement; AND
- Implementation and evaluation of efforts to improve quality.

Continuous improvement of quality in the public system is a challenge for many countries, especially for those who have gone through or are going through a difficult period of transition from a system where quality was neither known, nor measured and consequently neither improved, in the system where the provision of public services is different. The main goal of public service providers is for them to be of the highest possible quality. According to Dalrymple and Drew (2000,), "quality is conceptually complex and represents a synthesis of lessons, methods, and knowledge gained from a range of disciplines." As a result, a public manager can easily be overwhelmed by the complexity and wide range of views on the subject. However, if the public care manager considers this set of perspectives as an asset and not as a hindrance, he or she has the opportunity to draw from an extended set of quality lessons, methods and knowledge. Quality is not simply the responsibility of the quality officer of an organization; Patient safety is not simply the responsibility of the patient safety worker. People in these roles can be sources of expertise to help managers understand; Choose; And implement tactics, interventions and methods. However, the responsibility for quality assurance and safe results for clients, customers, stakeholders and employees lies within those who determine how and what organizational objectives are set; How human, fiscal, material and intellectual resources are provided, allocated, used and stored; And how activities in the organization are designed, performed, coordinated and improved. SMC is defined as a formalized system that documents the structure, responsibility, and procedures needed

to achieve effective quality management that is focused on quality policy and quality objectives in order to meet customer requirements.

2.5. Customer satisfaction and loyalty

Since customer satisfaction refers to a specific assessment of the overall service provided, it should be assessed on the basis of experience during the service delivery process. According to Kotler (2003), satisfaction includes the feeling of happiness or disappointment and derives from a comparison of one between the impression, effect and impact (or result) of the product or service. Customer satisfaction is the result of customer perceptions of the value of service received, where value equals quality of perceived service over price (Hallowell, 1996). Customer satisfaction should always be a priority if it is hoped to build an image and grow over time. And while there are many positive things that can be done to satisfy customers, everything can be discovered at some point by doing the wrong things. (Larry Alton, 2017). The relationship between the customer and the service provider can last a long time when companies have a customer focus as the center of their activities (Gronroos, 2007). Service providers in the public care sector include those parts that serve patients (as consumers), such as managers, doctors, nurses, and administrative staff. In public institutions, clients also interact with each other. A good relationship between the customer and the service provider can lead to a satisfied customer. Groocock (2000) classifies clients into three different categories:

1) powerful;

2) weak; AND

3) patients.

He explained that strong customers have more impact on their suppliers than weak customers and clients. Strong customers make suppliers respect the quality assurance system and quality improvement programs more than the other two types of customers. Terziovski et al. (2001) show that the client can put pressure on the organization or institution to seek ISO 9001 certification. Thus, customer satisfaction should be the primary vision for any organization wishing to require or maintain an ISO 9001 quality management system. Gremler and Brown identified three distinct

dimensions of customer loyalty: behavioral loyalty, attitude loyalty, and cognitive loyalty. Behavioral loyalty was defined in terms of consumer behaviors (such as recurring purchases) associated with certain brands over time (Gremler & Brown, 1996). Customer loyalty is considered a top priority - we can even say as the ultimate priority - in industries where consumers have more choices. Customer loyalty is built with great effort by personalized marketing programs that place the customer at the center of all company activities. However, several multidimensional factors contribute to customer loyalty. Customer loyalty is also determined by customer characteristics. Dick and Basu (1994) treated the concept of customer loyalty as the relationship between a person's attitude towards an entity (brand, service, store, and seller) and customer behavior. Customer loyalty should be an important consideration for all public institutions and continue to be present for a long period of time. Loyalty is the continued use of a product or service and is based on attitudes towards the product or service. The difference between faithful and perpetual use has to do with the dynamics that imply the selection of a particular product or service. Due to the complex nature of services and the high level of patient involvement in interactions with public staff, interaction with the provider will be more important than the environment of public care institutions. Clients come to public institutions to recover. The basic services provided can create positive physical and psychological reactions to physicians and treatment, which can increase loyalty (Salgaonkar, 2006). Everything a patient sees, hears, feels, and experiences about a public care environment should instill confidence (Baird, 2013). Developments in technology have depersonalized some elements of public care, and are likely to continue to do so, but the most successful public care institutions in the future will still be those that still prioritize the patient experience. (Larry Alton, 2016).

2.6. The concept of reward

We should not take it for granted that all of the organization's top stakeholders share the same view of what constitutes a reward and the value that each particular reward represents. For

too long, rewards have been equated only with pay and this perception needs to be challenged. As Thompson (2002) Says -

... we need to rethink what is and what is not a reward.

In a sense, rewards can be instruments of behavior control. Consider using them, first and foremost, in a non-employment context. Anyone who has visited Disney SeaWorld water park theme parks will almost certainly have observed the use of bonuses to reinforce desired animal behavior. When a seal, dolphin or killer whale performs an action exactly, the coach caresses, praises and feeds him fish as a reward for doing the right thing. This is what is known as "instrumental conditioning", under which desired behaviors are immediately followed by reward. Soon the animal begins to associate certain behaviors with certain consequences, let's say reward, and because reward is desirable, it soon learns to associate with one another.

Similarly children learn through the use of different types of rewards. Behavior can be accompanied by cakes and chocolates, with extra time for television and special rights. Interestingly, however, while using bonuses to train animals seems to work most of the time, the same cannot be said for children, who do not seem to play the same set of rules as animals.

What if the bonuses are withdrawn? Is this a form of punishment? It is important to remember that just as rewards have the potential to give pleasure and satisfy a basic need if given, retaining or withdrawing rewards has the potential to hurt. From a behavioral perspective, managers should try to anticipate the reactions that follow from using rewards in different ways.

Kohn (1993a) argues that rewards and punishment are not actually opposites, but different sides of the same coin. He suggests that awarding and withdrawing rewards each constitute strategies aimed at manipulating the behavior of the animal, child, or employee. In this sense, reward is an uncharacteristic source - found outside - of motivation that, according to Kohn, does not replace the emotional or cognitive commitment of the person, which are the keys to understanding and influencing behavior. But managers do not deal with animals or children and the questions they are particularly interested in are:

➢ can bonuses be used to condition employee behavior and if so, under what circumstances?

➢ which types of rewards have the greatest impact on employee behavior?

- ➢ is the difference between external and internal rewards useful and if so, why?

- ➢ ea has problems and costs associated with improper use of

- ➢ bonuses?

3. Analysis and interpretation of data

In Chapter 3 we will treat the analysis and interpretation of data from the questionnaire developed with employees of the public sector-Municipality of Peja. In this section we will first analyze the parts of the questionnaire, divided into specific parts addressed in the paper.

The statistical analysis to be used in the paper will be descriptive analysis, or central statistical analysis, accompanied by statistical conjunctural elements and simple correlation, or person correlation.

3.1. General data results

Within the general data (See Annex 1) are these results below.

Graph 1. Gender results of survey participants

36% of female and 64% of male employees participated in the survey, or 34 male and 19 female respondents.

Table 1. Results by age

Gender

Female
36%

Male
64%

Age

	0	2	4	6	8	10	12	14	16	18	20
Over 56											
45-55											
35-45											
26-34											
18-25											

	18-25	26-34	35-45	45-55	Over 56
■ Age	18	12	9	8	6
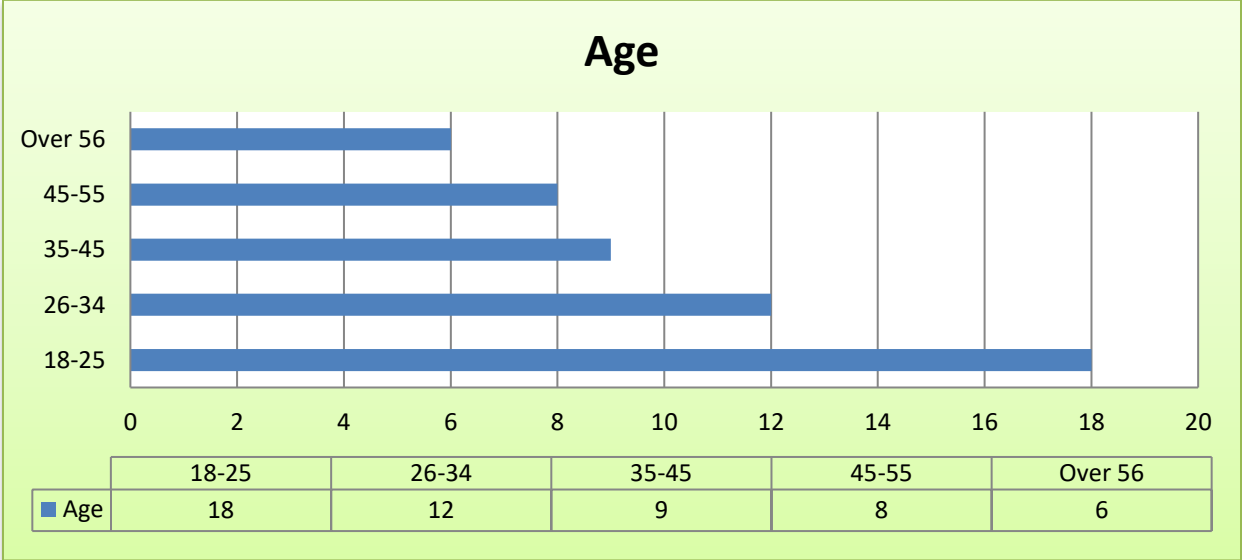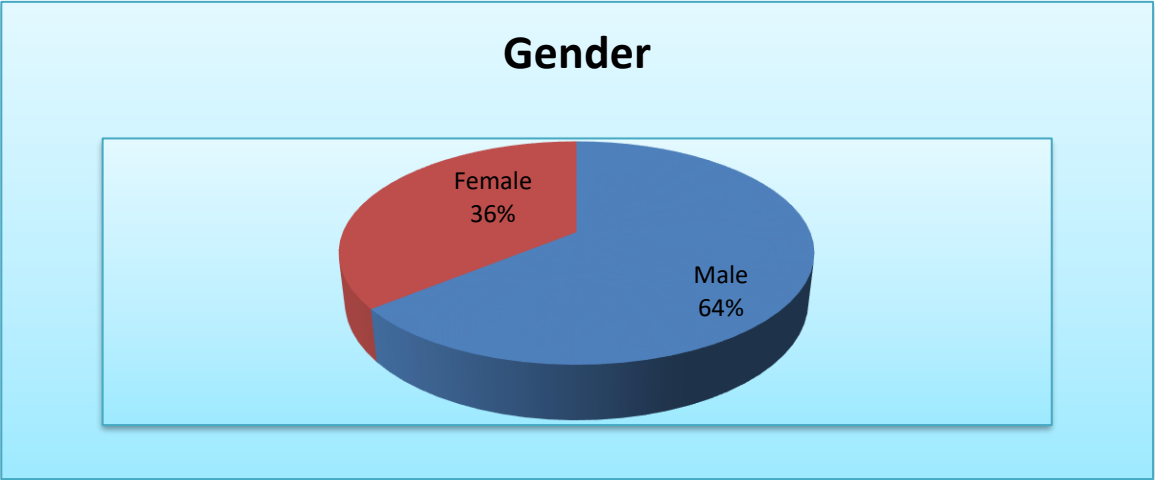
Based on the results of Table 1, participants by age were divided into 5 groups of employees, where from the age of 18-25 participated 18 employees, 26-34 participated 12 employees, 35-45 participated 9 employees, 45 -55 8 employees participated, while over the age of 6 employees.

Table 2. Results by education

	High School	Faculty	Master	Ph.D.
Level of Education	6	29	18	
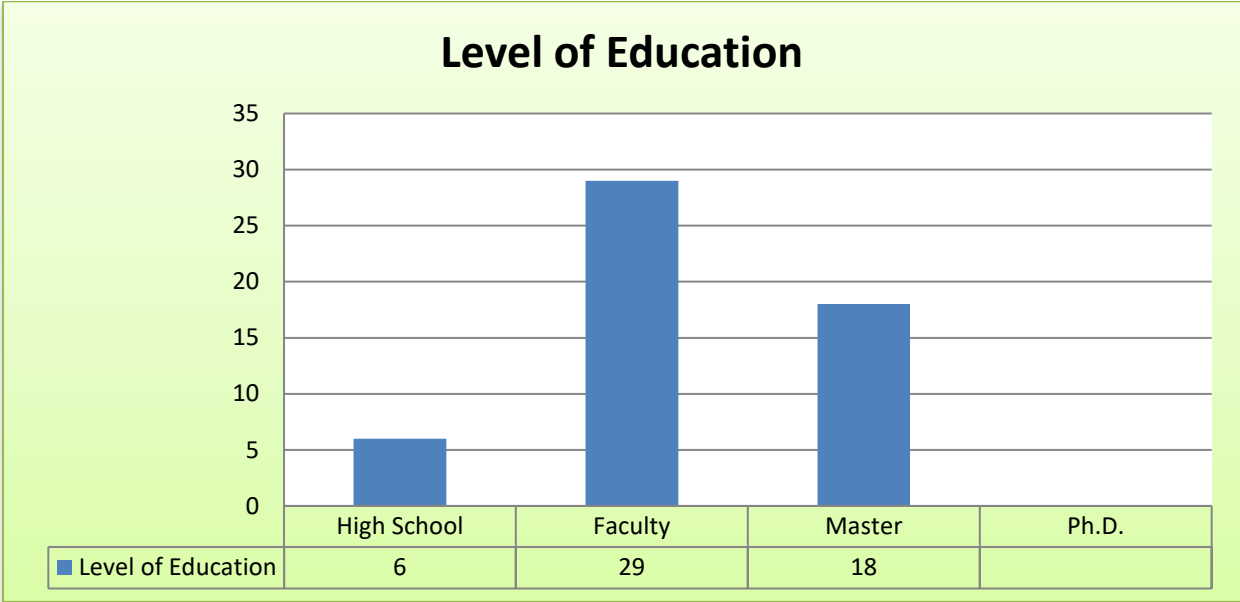
Results for level of education participated 6 employees with secondary education, 29 with faculty, 13 with master's level, while none of the respondents had a level of doctoral education.

Table 3. Years of work experience

	Less than 1 year	1-3 years	3-5 years	Over 5 years
■ Working experience	10	19	7	17

The results of Table 3 show the number of participants according to work experience, where in less than a year we have 10 participants, 13 years 19 participants, 3-5 7 participants and over 5 years 17 respondents work.

Table 4. Descriptive analysis of sections 2 and 3

Statistics

		2_1	2_2	2_3	2_4	2_5	2_6	2_7	2_8	3_1	3_2	3_3	3_4	3_5	3_6	3_7	3_8
N	Valid	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53	53
	Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mean		4.08	3.96	4.13	4.00	4.77	4.08	3.62	4.26	4.81	3.57	3.42	3.94	3.57	4.66	3.36	4.08
media		4.00	4.00	5.00	4.00	5.00	4.00	4.00	4.00	5.00	4.00	4.00	4.00	4.00	5.00	2.00	5.00
Mode		5	4	5	3 ^{a}	5	4	4	4	5	4	2	5	3	5	2	5
Std. Deviation		.874	.706	1,001	.920	.640	.385	.489	.711	.395	.500	1,351	1,292	1,101	.478	1,508	1,089
Variance		.763	.499	1,001	.846	.409	.148	.239	.506	.156	.250	1,824	1,670	1,212	.229	2,273	1,187
Minimum		3	3	3	3	3	3	3	3	4	3	2	1	2	4	2	2
Maximum		5	5	5	5	5	5	4	5	5	4	5	5	5	5	5	5
Sum		216	210	219	212	253	216	192	226	255	189	181	209	189	247	178	216
a. Multiple modes exist. The smallest value is shown																	

Based on the results of the questionnaire in table 4 are used descriptive or central analysis, where 5 = strongly agree ... 1 = Disagree are coded in SPSS v.24 and the results show in section 2, that respondents in " *You possess technical skills needed to perform your tasks* " we have an average of 4.08, so agree with this statement, normal standard deviation in scale .874 and representative variance .763, in the statement" *Management believes in your ability to do the job* ", we have a little average lower 3.96 which indicates that the respondents agree on average, while in the other statements in section 2, the statement that has the highest average is " *You get gratitude for your work",* so respondents appreciate this statement more. In section 3 the highest average is in the statements " *You receive a salary as a payment for your work", and "You receive an annual bonus based on your performance",* with a mean average of 4.81 and 4.66 and a normal standard deviation of .5 and .478 , so these statements of the respondents in section 3 of the questionnaire are supported more in the survey conducted with employees in banks.

Table 5. Descriptive analysis of sections 4 and 5

Statistics		4_1	4_2	4_3	4_4	4_5	4_6	4_7	4_8	5_1	5_2	5_3	5_4	5_5	5_6
N	Valid	53	53	53	53	53	53	53	53	53	53	53	53	53	53
	Missing	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mean		4.28	3.09	3.30	3.77	4.40	3.85	4.08	3.85	2.68	3.28	3.40	3.94	4.36	3.92
media		4.00	2.00	3.00	4.00	4.00	4.00	4.00	4.00	3.00	4.00	4.00	4.00	4.00	4.00
Mode		4	2	4	3	4	3	4	3	3	2	2	3	4	5
Std. Deviation		.455	1,305	1,049	.824	.494	.864	.781	.841	1,140	1,321	1,291	.818	.834	1,016
Variance		.207	1,702	1,099	.679	.244	.746	.610	.708	1,299	1,745	1,667	.670	.696	1,033
Minimum		4	2	2	3	4	3	3	3	1	1	2	3	1	2
Maximum		5	5	5	5	5	5	5	5	4	5	5	5	5	5
Sum		227	164	175	200	233	204	216	204	142	174	180	209	231	208

Based on the results of the questionnaire in table 5 are used descriptive or central analysis, where 5 = strongly agree ... 1 = Disagree are coded in SPSS v.24 and the results show in section 4, that respondents in " *You enjoy the environment in which you perform your duties* " we have an average of 4.28, so they agree with this statement, normal standard deviation in scale .455 and representative variance .207, in the statement" *Your supervisor provides continuous guidance and support during your work* ", we have a little average lower 4.40 indicating that respondents agree on average. In section 5 the highest average is in the statements " *There are positive consequences for good performance and negative consequences for poor performance", and "More often than not, your department meets its goals and objectives",* with an average of 3.95 respectively and 4.36 and normal standard deviation of .670 and .696, so these statements of the respondents in section 5 of the questionnaire are more supported in the survey conducted with bank employees.

3.2. Correlation analysis

A correlation analysis was done to determine if the study variables had any significant relationships. The findings found that the relationship between internal rewards and employee performance was stronger, r (0.722); p <0.01; followed by the relationship between external rewards and employee performance, r (0.522); p <0.05; then the relationship between other factors and employee performance, r (0.468); p <0.01. Other important relationships included the relationship between other factors and external rewards, r (0.402); p <0.05; followed by the relationship between external and internal rewards r (0.364); p <0.05, and finally the relationship between internal rewards and other factors, r (0.227); p <0.01. Table 6 shows that all variables were statistically significant.

Table 6. Correlation

Correlations					
Performance_punonjesve	Pearson Correlation	1			
	Sig. (2-tailed)				
	N	53	3		
Internal_Re rewards	Pearson Correlation	.722[**]	1		
	Sig. (2-tailed)	.000			
	N	53	53		
External_Re rewards	Pearson Correlation	.551[**]	.364[**]	1	
	Sig. (2-tailed)	.000	.000		
	N	53	53	53	
Other_Factors	Pearson Correlation	.468[**]	.227[**]	.402[**]	1
	Sig. (2-tailed)	.000	.000	.000	
	N	53	53	53	53
**. Correlation is significant at the 0.01 level (2-tailed).					

Conclusions

The results of the research showed that the measures taken by the state administration, which aimed to increase the quality of the public system have been only partially fruitful. It is depressing that most of them only declaratively make efforts to improve the quality of the final output. Even the lack of financial means has not been the main obstacle to the implementation of the quality management system and accreditation of public institutions as well, because the implementation of an appropriate public system has not yet been realized, so it is necessary to train staff for a future better. Research has confirmed differences in the understanding and implementation of quality management systems in relation to different levels of public care activity. Primary public care managers have had less knowledge of Quality Management Systems, while something better is in secondary level institutions.

The aforementioned system requires a documented system sequence and special interaction in the process of implementing internal controls to determine corrective and preventive actions in order to improve and continuously monitor. Through corrective and preventive actions standardization of procedures (existence of instructions for use), better maintenance and calibration of equipment (at regular, intervals regardless of use) and regular implementation of internal control (audit) ensures system maintenance. Certification is the imposed obligation to continuously monitor the results and at the same time to consistently lead the complete public documentation. By applying ISO standards, we encourage teamwork, creativity, initiative and responsibility of all employees.

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