Total Quality Management: Do health profession educators need to be educated?

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Abstract

Total Quality Management (TQM) is the art and science of managing the whole to achieve excellence. Though TQM proved its worth in production and service industries it took ten more years for Higher Education (HE) to adapt TQM principles. Implementation of TQM in USA and UK HE began in 1980s. The achieved outcomes reported are increased enrolments in programs, reduced dropouts, improved student performance, reduction in resources needed (money, time, material), efficient human resource use, increased morale and enthusiasm of faculty and administrative staff. A large majority of health professions educators are not trained in the principles of TQM. This has resulted in differences in standards of HPE at various institutions and failure to considerably improve upon the quality of HPE. Educating the health professions educators in TQM is the way forward. Knowledge of quality management principles and its application in one’s own setting is a pre-requisite to achieve excellence.

Keywords: Total Quality Management, Health Profession Educator, Medical Education, Management.

Introduction

Total Quality Management (TQM) is the art and science of managing the whole to achieve excellence and is based on six basic principles which are known to be its pillars (1) (Figure 1).

The history of TQM dates back to 1950s. After World War II when Japanese economy was collapsed, W. Edwards Deming and Joseph Juran introduced the concepts of TQM in Japan (2). Application of the TQM principles helped the country to build up its economy again by producing highly reliable and quality products at lower costs and the Japanese industry began to compete effectively in the global market.

At the same time US industries were faced with many challenges such as increasing costs, rising customer expectations about quality, government pressures for accountability, increased global competition, decreased market share and struggle to survive. The growing Japanese economy was perceived as a major threat. All this lead the US industry to adopt and apply the principles of TQM. TQM also helped the US economy and it began to improve and rise globally. Hewlett Packard, Xerox, IBM and Motorola are the few companies which benefited and are well known all around the world (2).

Today, Higher Education (HE) is faced with many challenges like demand for higher
quality education at lower cost, unhappy stakeholders (students, faculty, parents, employers, government and society at large), low employee morale, poor teaching, incoherent curricula and unmet needs (3-5). Assessments and accreditations may not be the sole solution to such challenges as these mainly focuses on inputs and outputs of the system in contrast to TQM principles which are based on a holistic approach. It is believed by many that the application of TQM may help overcome such challenges by improving student / staff morale, increasing efficiency and meeting the expectations of all stakeholders in HE (6, 7). According to Harvard Business Review (8), “Academic institutions that are slow to embrace TQM, at best, miss the opportunity to lead change and, at worst, run the risk of becoming less relevant to the business world”.

Though TQM proved its worth in solving complex problems and issues in production and service industries as mentioned above, it took ten more years for HE to adapt TQM principles (4). Owlia and Aspinwall (9) carried out an analysis in 1997 based on the literature available on TQM success factors in HE and the Malcolm Baldrige National Quality Awards. This analysis revealed top ten critical success factors in HE which are listed in Figure 2.

**Important to note is that top management commitment, and employee training and involvement is among the top ten success factors.** It is also evident that the successful implementation of many other factors is also dependent on workforce training in TQM.

Implementation of TQM in United States (US) HE began in 1985 in two colleges. It started to make its place in HE rapidly and by 1996 over 300 colleges and universities were reported to implement at least some form of quality management principles (2, 9). Limited financial resources, rapidly changing technology, increased accountability and need for quality enhancement due to increasing competition were the major causes identified to adopt TQM in most institutions (2). **Training of the workforce in TQM was the first step on most institutions.** In some it was the only step taken by the higher management. Most of these programs were successful (2). The achieved outcomes reported are increased enrolments in programs, reduced dropouts, increased employee and customer satisfaction, reduction in resources needed (money, time, material), efficient human resource use, increased morale and enthusiasm of faculty and administrative staff. The most common barrier among all institutions to implement TQM was resistance to change. Others include lack of information specifically regarding internal and external customer satisfaction.

United Kingdom (UK) HE was a little late to adopt TQM and earlier attempts were made in late 1980s. A rapid growth is seen in adopting TQM in UK HE since 1993 (5). In contrast to US HE, the initial stimulus to adopt TQM in UK HE was from the government. Later, increased competitions led the universities to adopt TQM themselves (9). Though small steps were taken by UK HE, desired outcomes were reported like improved student performance, improved communication and co-operation among employees, increased satisfaction of stakeholders, and defining processes and responsibilities for improvement (5, 10). In 1998, a survey was conducted by Kanji et al (5) in which 51 UK higher education institutions participated. The survey indicated that leadership involvement is the most important to implement TQM in an institution, and **the barriers to TQM are insufficient knowledge and fear of failure. This can be overcome by arranging training and education of institutional members in TQM by experts** (5).

Similarly, a large majority of health professions educators are not trained in the principles of Total Quality Management and hence quality management principles may not be applied in planning and delivery of Health Professions Education (HPE). This has resulted in the differences in the standards of HPE at various institutions and failure to considerably improve upon the quality of HPE (11, 12). This problem is affecting the health professions...
educators, students & their prospective employers, and the society at large (Figure 3).

The most common cause of the educators not involved in quality management practices may be the lack of insight and training. Other possible causes would be fear of change and the habit of doing it the traditional way. The factors which may help motivate them to adopt quality practices are opportunities to learn and practice, internal motivation to improve and get recognized for quality services. Other factors which may reinforce quality practices are institutional pressures to perform, pay for performance and funding grants for research on quality education.

Lessons should be learnt from higher education in other specialties, as evident from the literature, to incorporate and apply the principles of Total Quality Management in the planning, delivery and evaluation of HPE. This would help deal with the above mentioned problems by developing committed leaders, involving all the stakeholders (faculty, students, parents, employers, government and the society), responding to information overload/ changing technology, linking curricula with the actual needs, measuring performance and trying to improve on a continuous basis. A journey towards quality requires involvement of all who are involved. Educating the health professions educators in TQM is the way forward. Knowledge of quality management principles and its application in one’s own setting is a pre-requisite to achieve excellence at institutional, national and global levels.

References

Total = sum / whole / entirety
Quality = excellence / superiority / worth
Management = art and science of controlling / organizing / directing

Six basic principles of TQM:

1. Leadership – committed to quality
2. Customers – focus on customer satisfaction and delight
3. Employees – involvement of all
4. Suppliers – maintaining true relations
5. Continuous quality improvement – ongoing incremental steps towards quality
6. Performance measures – management by fact

**Figure 1:** Six basic principles of TQM.

1. Top management commitment
2. Strategic planning
3. Organization for quality
4. Employee involvement and team working
5. Training for quality
6. Design management
7. Process management
8. Supplier quality management
9. Information and analysis
10. Customer focus and satisfaction

**Figure 2:** Top ten critical success factors in Higher Education.
**Health Professions Educators:**

1. Inability to measure and improve upon their performance
2. Increased work load due to re-work for improvement or correction
3. Ineffective teaching and inefficient performance leading to waste of resources.
4. Job dissatisfaction / No promotions
5. Dissatisfied students
6. Student drop-outs / decreased number of students seeking admissions
7. Societal and government pressures on faculty and institutions
8. Loss of accreditation / licensure of institutions
9. Lack of trust by the funding agencies

**Students:**

1. Ineffective learning
2. Lack of knowledge and skills
3. No feedback sought / No involvement in planning and decision making
4. Inability to compete with other national and international graduates
5. Inability to perform well at work

**Employers and the society at large:**

1. Inefficient health care professionals
2. Loss of resources and opportunities
3. No involvement in planning and decision making in the health professionals curricula, which results in programs non-responsive to the actual needs

**Figure 3:** Problems affecting the health professions educators, students & their prospective employers, and the society.

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