



Global Advanced Research Journal of Management and Business Studies (ISSN: 2315-5086) Vol. 2(4) pp. 199-205, April, 2013
Available online <http://garj.org/garjmbs/index.htm>
Copyright © 2013 Global Advanced Research Journals

Full Length Research Paper

Enhancing Quality Education Through Total Quality Management Approach: The Students' Assessment Methods

Adeoti Johnson Olabode¹ and Omolabi, Issa²

¹Business Administration Department, Landmark University, Omu – Aran, Kwara State, Nigeria.

²Business Administration Department, University Of Ilorin, Ilorin.

Accepted 22 April 2013

Total Quality Management (TQM) is the mutual cooperation of everyone in an organization and associated business processes to produce products and services which meets the needs and expectations of customers. The application of the term to service sector has made it applicable to the educational sector, particularly, the tertiary sub-sector. This paper used the 16 service factors from the perception of the students to judge the quality of education delivered by lecturers to students. This is because the students being the receiver of the service could judge the quality of the educational service delivered. Frequency counts and Likert scale of 5 points was used to measure how students rated the 16 quality factors and the factors were weighted and ranked. Lecturers – students relationship ranked first with 96% followed by continuous assessment test with 87%.

Keywords: Total Quality Management, Quality Education, Quality Factors, Service Sector, Ranking

INTRODUCTION

This paper seeks to investigate how the students as stakeholders of the University education assess the quality of educational services provided by University of Ilorin, as a way of enhancing quality education through Total Quality Management approach.

Higher Education according to National Policy on Education (2004) is the Education given after secondary education in Universities, College of education, Polytechnics, Monotechnics including those institution offering correspondence courses. The National goals of this level of education (NPE, 2004), shall be to:

- Contribute to national development through high level relevant manpower training
- Develop and inculcate proper value for the survival of the individuals and society
- Develop the intellectual capability of individual to understand and appreciate their local and external environments.
- Acquire both physical and intellectual skills which will enable individuals to be self reliant and useful members of society
- Promote and encourage scholarship and community service
- Forge and cement national unity
- Promote an international understanding and interaction

These goals will only be achievable if the quality of education delivered passed the litmus test of total quality management in which all the stakeholders, parents, teachers, students and government would be able to assess the quality of education delivered.

Zelvys (2004) perceived that the concept of quality has been one of the most important concepts in contemporary educationists have attempted to define the quality of education and educational assurance. International Organization of Standardization (1994) defines quality as the totality of feature and characteristics of a product or service that bear on its ability to satisfy stated needs.

Alele – Williams (2004) defines quality assurance in any educational institution as that which indicates the pre-eminence and special features that makes the institution distinct from other frame of institution. This paper seeks to investigate the factors to factor – in for measuring the quality of education from the students' perspectives.

Literature Review

Bemowski, (1992) states that the term TQM was initially coined in 1985 by the Naval Air Systems Command to describe its Japanese-style management approach to quality improvement. Perhaps the main reason for the origin of the TQM could be a substitution in the previously used term of Total Quality Control (TQC). The word "control" was substituted with "management" with the reasoning that quality is not just a matter of controls, it has to be managed. This is reinforced by Deming's (1982) view that sampling inspection should be suppressed and also by Crosby (1979) who makes the point that control is not necessary when a zero defect level is achieved. The Term 'control' according to Godfrey et al (1997) is often misunderstood as meaning control over the work forces activities and this is clearly not the aim of TQM.

Feigenbaum (1961) in his first book on TQC, a revision of the book he published under the title Quality control in 1951, defined TQC as "*an effective system for integrating the quality development efforts of the various groups in an organization so as to enable production and services at the most economical levels which allow for full customer satisfaction*". He considered that control must start with the design of the product and end only when the product has been placed in the hands of a customer who remains 'satisfied'. In the book, Feigenbaum recognized that all departments in, a company have some responsibility for the achievement of quality as it was originally perceived by Feigeubaum. However, TQM did not include many of the elements (e.g. supplier developmental relationship, people empowerment and team work) that are now considered part of the TQM concept.

Ishikawa (1990), domesticating the concept to suit the Japanese version of TQC designing, producing, marketing and servicing products and services with optimum cost effectiveness and usefulness which customers will purchase with satisfaction. According to him, to achieve this sum all the separate parts of a company must work together. The difference between Feigenbaum's approach and Ishikawa's company wide Quality control (CWQC), is that while Feigaubaum advocate that TQC is conducted essentially by QC specialists, CWQC has never been an exclusive domain of such specialists. While the focus on participation of employees appears to be weak in Feigenbaum's definition, the task of improving quality is given to managers.

The common denominator in the views of gurus of TQM is the need to top management support and the importance of customer relationship.

The application varies from country to countries.

Definition of TQM

The definition of the term TQM is not an easy task as almost every writer on the subject has their own definition, by and large devising it to suit their own beliefs, prejudices and business and academic experiences. To some degree this is also true in the organizations which have introduced a TQM approach to managing the business. The result is proliferation of unique definitions which confound comparisons and add to the difficulties of understanding analysis.

Dale and Lascelles (1997) view TQM as a broad journey of organizational development from an organization's initial quality involvement to business excellence status.

Five points definitional framework for TQM emerges from the view:

- (i) That TQM is strategically linked to the organizational goals.
- (ii) That customer understanding and satisfaction is vital within the organization.
- (iii) That employee participation and understanding in continuous improvement at all levels is required within the organization.
- (iv) That there is need for management commitment and consistency of purpose within the organization.
- (v) That the organization is perceived as series of processes that incorporate customer supplier relationships.

In a linguistic sense, quality originates from the Latin word "qulis" which means "such as the thing really is".

Plek, (1995) describes TQM as a cooperative form of doing business which relies on the talents and capabilities of both labour and management to improve quality and productivity continually using teams.

Respondents Age in years

	Frequency	Percent	Valid	Cumulative Percent
Valid Under 18 years	100	25.0	25.0	25.0
18 – 30 years	250	62.5	62.5	87.5
31 – 65	45	11.2	11.2	98.7
66 +	5	1.3	1.3	100
Total	400			

Sex of respondents

	Frequency	Percent	Valid	Cumulative Percent
Valid Male	152	38.0	38.0	38.0
Female	248	62.0	62.0	100.0
Total	400			

Marital Status

	Frequency	Percent	Valid	Cumulative Percent
Valid Married	70	17.5	17.5	17.5
Single	318	79.5	79.5	79.5
Divorced	12	3.0	3.0	100.0
Widow	-			
Total	400			

Religion

	Frequency	Percent	Valid	Cumulative Percent
Valid Christianity	182	45.5	45.5	45.5
Islam	192	48.0	48.0	93.5
Traditional	16	4.0	4.0	97.5
Other	10	2.5	2.5	100
Total	400			

Studentship

	Frequency	Percent	Valid	Cumulative Percent
Valid Undergraduate	312	78.0	78.0	78.0
Postgraduate	88	22.0	22.0	100.0
Total	400			

Embodied in this definition are the three ingredients necessary for TQM to flourish in any service:

- (i) Participative management
- (ii) Continuous process improvement; and

Table 1. Quality factors from students' perspective

S/N	STATEMENTS	E	VG	G	F	P	TOTAL Score (FXW)	%	RANK
1.	Lecture's Punctuality		170	80	50	40	60	1460	0.73
2.	Lectures Regularity @ Lecture	100	60	150	40	50	1320	0.66	XVI
3.	Knowledge of Subject Matter	200	100	70	10	20	1650	0.82	V
4.	Currency of Presentation	150	116	108	26	-	1590	0.79	IX
5.	Clarity of Explanation	140	100	100	30	30	1490	0.74	XI
6.	Use of Teaching Aids		80	135	115	50	20	1405	0.70
7.	Coverage of Course		110	120	115	44	11	1386	0.69
8.	Audibility of Voice	210	80	50	40	20	1620	0.81	VI
9.	Language quality	160	120	60	20	40	1540	0.77	X
10.	Taking Attendance	172	158	-	50	20	1612	0.80	VII
11.	Student's Participation	222	105	40	20	13	1703	0.85	III
12.	Conduct of C/A	240	105	25	20	10	1745	0.87	II
13.	Level of Tolerance of lecturers	180	120	25	35	40	1565	0.78	VIII
14.	Lecturer – students relationship	200	180	50	20	10	1920	0.96	I
15.	Quality of Teaching	250	60	30	40	20	1680	0.84	IV
16.	Moral Behaviour	100	120	100	70	10	1430	0.71	

Source: Questionnaire analysis by the author

(iii) The use of teams.

Donabedian (1988) suggests three different definitions of quality based upon the notion of the benefits versus the harm of care. The absolutist definition of quality considers the possibility of benefit and harm to health as valued by practitioner, with no intention to monetary cost. The individualized definition of quality takes into account the patients' expectations of benefit/harm and other undesired consequences (e.g. monetary cost to client). Finally, the social definition includes the cost of care and the benefit/harm and distribution of health care is valued by the population in, general. He sees the balance of these benefits and harms as the essential care of quality.

The ability to meet customer requirements is vital not only between two separate hospitals but within the same hospitals, it is negative to the patients (customer) can spell doom for the hospital. This explains why nurses and para-medical staff in private hospitals are more courteous than government owned hospitals. In every system whether bank or hospital, there are series of quality

chain, which when broken at any point by one person or defective equipment has a way of finding itself communicated to the customers.

Quality involves a process and hence all the participants in the process must ensure that they act well their parts.

Quality of service is more difficult for customers to measure that quality of manufactured goods.

Generally, though a user of a service has a few characteristic attributes in mind that he or she uses as a basis for comparison among alternatives, lack of one attribute in a hospital may make the customer prefer another.

THE MAIN COMPONENT OF TQM

TQM was first implemented in the manufacturing industries in the mid – 1980's then service industries and governments followed. In recent years, many health care

TABLE 2: MEASURES FOR ENSURING QUALITY EDUCATION

S/N	STATEMENT	SA	A	U	D	SD	Total FXW	%	Rank
1.	Creation of monitoring agency	200	80	70	30	20	1610	0.805	3
2.	Mount seminars in ICT & visual aids	150	175	25	25	25	1600	0.80	4
3.	Create e-library	130	110	70	60	30	1450	0.725	7
4.	Dress code for students	110	119	51	110	10	1409	0.704	9
5.	Mount quality improvement seminar	100	200	60	40	-	1540	0.770	6
6.	Inspection	120	118	62	80	20	1438	0.719	8
7.	Provide public address system	160	150	10	40	50	1560	0.780	5
8.	Accommodation	230	100	12	40	18	1684	0.842	1
9.	Students complaints centre	210	111	19	10	50	1621	0.810	2
10.	Attendance register for lecture	180	40	30	50	100	1350	0.675	10

Source: Author's Analysis of measures for ensuring quality 2012.

organizations have divided to implement TQM in order to solve most of the problems they are currently facing. The acceptability of TQM in health care organization is based on its content which researchers and practitioners agreed is critical to holistic quality. Yang (1997) and Sureshcandar et al (2001) identified the following components:

Customer focus

This implies that there is proper understanding of requirement of customers proactively and to take proper actions to fulfill the needs of the customers. The aim is to satisfy customers.

Continuous Improvement

This refers to continuous discovery of the problems analysis of the critical root causes and the eliminating of those barriers completely.

Employees participation

Every employee is accountable for quality service. Therefore they must all be committed to quality activities of the organization.

Team work

To overcome sectionalism and to realize the team work

and cooperation for improving quality, then embark on quality activities.

Process focus

To standardize the process and take proper quality control in the key steps of the operation procedures to prevent any defects in the process.

Systemization

For effective prevention and the efficient control of quality, all the quality activities should be conducted and implemented systematically.

Empowerment

Every employee is autonomous to do the right thing at the first time in order to get good quality performance.

Leadership

In the implementation process of TQM, the top management should play a very vital role. The top management should be a coach to teach and to influence the subordinates.

According to the TQM practices mentioned above, if enterprises can successfully implement TQM, they will be able to reach a holistic quality in every area management be it product, service, R & D, management and what

have you. Several researchers have asserted that successful implementation of TQM can result in significantly superior outcomes in health care organization such as:

- Upgrade service quality
- Improve health care quality and productivity
- Prevent costly or fatal mistake in medical treatment
- Reduce the cost of medical treatment
- Satisfy both external and internal customers

Therefore, adopting TQM practices will not only help in justifying the state financial commitment to the education sector, it will also overcome many critical problems that they are currently facing.

RESEARCH METHODOLOGY

The study was exploratory as well as descriptive. The primary data and secondary data were used. The analysis of close and open ended questions was done by statistical procedure of frequency and percentages. The primary data was collected directly from the students of the Faculty of Business and Social Sciences of University of Ilorin.

The study comprised of 100 students each from 100 level to 400 level. A total of 100 students were sampled for different levels. The analysis involves the use of mean and multiplication of frequencies with weights of various alternatives as follows:

The quality factors from the perception of students (respondents) were ascertained on a five points Likert scale from "Excellent", "Very Good", "Good", "Fair", and "poor", and the corresponding score for the various options are 5, 4, 3, 2, and 1 respectively.

DATA ANALYSIS AND DISCUSSION

Majority of the respondents are within the age bracket of 18 – 30 years. 62.5 percent of the students fall within 18 – 30 years category. This seems consistent with the pattern of age distribution of students in the University, which 25 percent of the respondents are under 18 years. This implies that the bulk of the youths are University students. About 12.5 percent of the respondents are over 31 years.

The distribution of sex indicates that, there are more females (62%) than males (38%). This should not be misconstrued to mean more female students population than males, but based on the administration of questionnaire as at the time, it was served and administered.

About 79.5 percent of the respondents were single which 17.5% were married. The implication is that about 80% of the students were either Bachelor or Spinsters

which may be responsible for the demographic characteristics of Lecturer – students relationship as contained in Table 1 of quality factors Socio – demographic characteristics

The respondents were categorized into two – undergraduates and postgraduate. The back of the respondents were undergraduates with a percentage of 78% while the postgraduate respondents were 22%. The contact hours with the undergraduates appears to be more than those of postgraduate.

Quality Factors from Student's Perspective

1. Lecturer's Punctuality

This has to do with the arrival time of the lecturer. In other words if a lecturer arrives 30 minutes behind schedule, that would affect syllabus coverage as well as students time because, the time they have wasted could be used on something else.

2. Lecturer's regularity at lecture

This is attendance of lecturer per semester. It is particular about the frequency if lecturers

3. Knowledge of subject matter

The ingenuity of lecturers vis-à-vis the subject matter. This is also very important in quality education because you cannot give what you don't have.

4. Currency of presentation

The examples and illustration given by the lecturer in terms of whether it is current or outdated is the issue under currency of presentation.

5. Clarity or explanation

This has to do with extra effort of the lecturer in ensuring thorough understanding of the subject taught

6. Use of teaching aids

It is one thing to provide teaching aids it is another thing for lecturers to know how to use it.

7. Coverage of course

Here, what percentage of the syllabus is covered is important i.e. 25% or 50% or 75%.

8. Audibility of voice

Lack of audibility reduces the quality of education delivered by lecturers.

9. Language quality

Language is the vehicle through which information are disseminated to the students. The higher the quality, the higher the level of understanding.

10. Attendance

There is a 75% attendance required for all students to qualify to write examination. It is through the marking of attendance sheet that this basic requirement could be engender.

11. Students participation

How often are the students given assignment to participate in the class is very important.

12. Conduct of C/A

Many Universities are not conducting continuous assessment tests. What we have in many Universities are mid-semester test which in a sense is not continuous.

13. Level of tolerance of lecturers.

There are some lecturers that are offensive when students asked them questions for clarity. This factor to students' clarities doubt and ensure better understanding.

14. Lecturer-student relationship

This factor has to do with rapport that exists between students and lecturers. It is about the level of freedom with which a student is allowed to see the lecturers.

15. Quality of teaching

This factor is measured in terms of syllabus vis-à-vis teaching.

16. Moral behaviour of lecturers

This has to do with interpersonal relationship between students and lecturers.

Accommodation provision ranked high among the suggested measure with 84.2% which constitute the highest of all the ten measures. Establishment of students complaints centre follows with the creation of monitoring agency ranking third. Attendance register for lectures was the least of all the measures.

CONCLUSION

This paper concludes that if lecturers – students relationship is robust, it has a way of influencing the quality of educational service delivered and students performance. The paper recommends that continuous assessment should be continuous and not just a – one – day affair.

REFERENCES

- Alele-Williams G (2004). Shaping a new and action for a more functional and qualitative education in Lagos State. A paper delivered at Excellence hotel on 6th July.
- Bemowski K (1995). "TQM: Flimsy Footing or Firm Foundation?," *Quality Progress*, Vol. 28, No. 7, July, pp. 27-28.
- Dale BG, Lascelles DM (1997). 'Total quality management adoption: revisiting the levels', *The TQM Magazine*, 9(6), pp 418 – 428
- Donabedian A, Provide other authors (1988). "The Quality of Care: How can it be Assessed?", *JAMA*, Vol.260, NO.12, pp.1743-48.
- Feigenbaum AV (1961). *Total Quality Control. Engineering and Management*. McGraw Hill, New York P. 17.
- Ishikawa K (1985). *What is total quality control. The Japanese way*, Prentice-Hall, N.Y.
- Likert, Rensis (1932). "A Technique for the Measurement of Attitudes". *Archives of Psychology* 140: 1–55.
- Plek PE (Provide author). "Techniques for managing quality". *Hospital and Health Services Administration*, Vol. 40 No. 1, spring 1995.
- Sureshchandar GS (2001). "A Conceptual Model for total quality management in service organization", *Total Quality Management*, Vol. 12 No.3, Pp.341-63.
- Yang CC (1997). "Quality is the Best Strategy in Competition." *APEX International Management Consulting Co.*, Taiwan.
- Zelvys, R. (2004). *Changes in quality assurance system and theoretical models in education management*. Oslo: Eli Publication.