

Title: Incongruent quality management perceptions between Malaysian hotel managers and employees

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CONGRUENT QUALITY MANAGEMENT PERCEPTIONS BETWEEN MALAYSIAN HOTEL MANAGERS AND EMPLOYEES

Abstract

Purpose: Using the Malcolm Baldrige National Quality Award (MBNQA) criteria, this study compares perceptions of Malaysian hotel quality managers (HQMs) and employees on leadership and workforce practices.

Design/methodology/approach: A mixed methods approach was used. Questionnaires were distributed to 35 HQMs and 576 employees of three-, four-, and five-star hotels. Interviews were conducted with HQMs. Descriptive statistics, *t*-test, and analysis of variance were used to analyze the data. All interviews were transcribed, hand coded, and analyzed for themes.

Findings: Compared to hotel employees, HQMs had higher scores for all leadership and workforce items. Comparing managers' perceptions revealed a statistically significant difference between three- and four-star with five-star hotels on developing explicit quality policies and measurable objectives. For employees, there were statistically significant differences for most of the questionnaire items between three- and four-star with five-star hotels. HQMs identified inefficient communication systems and failure to develop explicit quality policies and objectives as main reasons for perception incongruences between employees and managers.

Research limitations/implications: Two of the seven MBNQA criteria were used in this study; future research utilizing the other five criteria may be beneficial.

Practical implications: This study provides hoteliers with quality practice perception differences between HQMs and employees in different star-rated hotels. Knowing these differences should compel hoteliers to review their leadership and workforce practices, identify reasons for discrepancies, and attempt to minimize the gap.

Originality/value: No known studies in Malaysia, investigating this issue, have been conducted using a mixed methods approach. Additionally, this study provides empirical findings on quality practices from manager and employee perspectives.

Keywords: Human resources, leadership, Malaysian hotels, MBNQA, quality practices, perceptions

Introduction

The hotel and tourism industry in Malaysia has witnessed great expansion, thus playing an important role in the country's economic growth. The total number of tourist arrivals for 2010 was 24.6 million with an approximate receipt of 18 billion USD, and total hotel rooms of 168,844 (Facts and Figure, 2011). However, the Malaysian hotelier cannot be complacent and needs to find ways to remain competitive. Singapore, Thailand, and Indonesia surround Malaysia and offer similar tourism products and services. Additionally, the Malaysian hotels' workforce is diverse in terms of ethnicity, culture, language and religion (Malaysia Info, 2009). The unpredictable changes in customer preferences, the appearance of new tourist destinations, the competitiveness of the market, the demand for manpower due to globalization, and the changes in demographic, economic, and technological evolutions enhance the existing challenges to win customers (Buciuniene and Skudiene, 2008; Camison, *et al.*, 1996). Thus, apart from rigorous marketing endeavors, identification of quality management practices and their proper implementation could help Malaysian hoteliers prosper.

Studies have been conducted on quality practices implementation in various industries and countries using national or international quality awards such as the Malcolm Baldrige National Award (MBNQA), the European Foundation Quality Management, and the Deming Prize as references (Evans, 1996; Gustafsson *et al.*, 2003; Keating and Harrington, 2003; Khoo and Tan, 2003; Lau *et al.*, 2004; Lee *et al.*, 2003; Prajogo, 2005). Total quality management (TQM) practices have also been developed based on case studies, subjective evidence, and recommendations from quality experts (Black and Porter, 1996). Previous studies on quality practices focused on: identification of key TQM practices and success factors (Behara and Gunderson, 2001; Black and Porter, 1996; Macedo-Soares and Lucas, 1996; Sohal and Terziovski, 2000), evaluation of quality management practices and firm performance (Ali, 2007; Kaynak, 2003; Lakhali *et al.*, 2006; Lee *et al.*, 2003; Prajogo, 2005; Sila and Enrahimpour, 2003), association between TQM practices and customer satisfaction (Gustafsson *et al.*, 2003; Sit *et al.*, 2009), and the relationships between management practices and employees' perceptions (Karia and Assari, 2006; Peng, 2000).

Despite numerous studies, few have investigated quality practices in the hotel industry (Camison *et al.*, 1996; Sila and Ebrahimpour, 2003). Furthermore, no known Malaysian hotel studies regarding quality practices were found using international criteria such as the MBNQA. This further limits the resources on quality practices implementation whereas this knowledge is vital to enhance hotel performance. Thus, this study proposes to fill that void. Specifically, the study objectives were to: (1) evaluate HQM and employee perceptions on the MBNQA leadership and workforce criteria, (2) identify reasons for similarity/dissimilarity of HQMs and employees' perceptions regarding top manager practices when implementing quality, and (3) analyze whether perceptions of TQM implementation differ based upon demographic characteristics of HQMs and employees.

The MBNQA criteria were used because they are comprehensive and have been widely tested by researchers (Khoo and Tan, 2003; Lau *et al.*, 2004; Lee *et al.*, 2003; Prajogo, 2005; Sila and Ebrahimpour, 2003). **There are seven MBNQA criteria: 1) leadership; 2) strategic planning; 3) customer focus; 4) measurement, analysis, and knowledge management; 5) workforce focus; 6) process management; and 7) business results.** Although the importance of service quality is acknowledged, this study focused on two relevant MBNQA criteria- leadership and workforce. Both HQMs and employees are directly involved in these two criteria,

as compared to the other five; therefore each group could provide knowledgeable insights allowing for comparisons to be made. Additionally, these two criteria were frequently cited as critical success factors for quality management implementation (Demirbag and Sahadev, 2008; Krasachol and Tannock, 1999; Rahman and Tannock, 2005; Sohal and Tarziovski, 2000). The leadership criterion assesses how senior management guides the employees, utilizes the organization's resources to achieve quality improvement and goals, and contributes to community activities (National Institute of Standards and Technology [NIST], 2010). The workforce criterion focuses on human resource activities. It evaluates how top managers engage with their workforce and allow that workforce to develop its full potential, as well as examines how top managers align their workforces with overall hotel objectives (NIST, 2010).

Literature Review

TQM involves managing for the future and putting forth concerted efforts to integrate people, organizational processes, and other organizational resources effectively. TQM is broader in application than just generating the highest quality products or services to enhance customer satisfaction, but seeks to obtain a competitive advantage (Rose, 1995; Summers, 2006). The widespread application of TQM has impacted the hospitality industry, despite later implementation compared to manufacturing companies. Studies conducted in hospitality and other industries examined TQM implementation and benefits gained, challenges faced, and strategies used (Black and Porter, 1996; Evans, 1996; Keating and Harrington, 2003; Lau and Idris, 2001; Miller and Cangemi, 1998; Sohal and Terziovski, 2000; Tamimi and Sebastianelli, 1998). Researchers have identified and assessed quality practices in the hospitality industry (Camison *et al.*, 1996; Sila and Ebrahimpour, 2003). Other studies have evaluated the effect of quality management on business performance (Ali *et al.*, 2009; Karia and Assari, 2006; Sila and Ebrahimpour, 2003; Sohal and Terziovski, 2000), service quality (Lau *et al.*, 2005) and customer satisfaction (Poon and Low, 2005; Sit *et al.*, 2009).

Gaining leader commitment, using an open communication system, training and developing employees were quality practices used by organizations to direct employees in achieving organizational goals. Research into quality management practices has been rigorously carried out using international award criteria; similar and different applications of the award criteria were analyzed. Using MBNQA, the Deming Prize, and the Japanese Quality Award, Khoo and Tan (2003) found differences between quality emphases of U.S. organizations as compared to Japanese organizations. U.S. organizations encouraged innovations, empowered employees, adapted to market changes and employed technological advances for the development of new products/services. However, Japanese organizations focused on leading by example, instilling systematic approaches for quality improvement, emphasizing positive human relationships, and preventing defects. Lau *et al.* (2004) used all the MBNQA criteria to examine Chinese manufacturing and service firm implementation of quality practices. **The authors found firms that implemented quality systems according to the MBNQA criteria actually practiced TQM.** Lee *et al.* (2003) also used the MBNQA criteria to assess the impact of quality management practices on quality performance among Korean manufacturing managers. The authors concluded that leadership, as well as quality and information analyses were essential and should be integrated with other quality practices. In another study, Prajogo (2005) used the

MBNQA criteria to evaluate the relationship between TQM practices and quality performance and agreed that the MBNQA content was a valid and good representation of TQM constructs. Sila and Ebrahimpour (2003) further added that the MBNQA criteria served as helpful guidelines for quality management implementation.

Compared to manufacturing industries, service industries operate differently and offer intangible products and services. Studies have been conducted to identify quality practices that are suitable for the service industry. Behara and Gundersen (2001) surveyed senior executives responsible for quality management and identified constructs of quality practices suitable for service organizations: compensation, benchmarking, training management, empowerment, technology management, process management, teamwork, training, and outcome measurement. Sila and Ebrahimpour (2003) used the MBNQA criteria in U.S. luxury hotels to analyze how these practices influenced business performance. Leadership, guest and market focus, and information and analysis, were found to be the most important in implementing quality practices. Yang (2006) conducted a case study and proposed a quality management system appropriate for the service industry. The author identified practices that needed attention, such as an explicit mission/vision, empowerment, information analysis, and internal consumer measurement. **Vouzas and Psychogios (2007) surveyed Greek service industry managers to investigate their awareness of “soft” TQM concepts, such as teamwork, employee involvement continuous improvement, and supportive management. The authors identified three “soft” TQM components representative of the overall TQM approach: continuous improvement and training, total employee empowerment and involvement, and quality driven culture.** In a more recently published study, Sit *et al.* (2009) surveyed managers from Malaysian service organizations and found human resources, leadership, and information analysis and knowledge management to be the TQM practices that had significant and positive correlations with customer satisfaction.

Winning employee commitment is crucial to ensure the success of an organization's quality management system (Demirbag and Sahadev, 2008; Jackson, 2004). Jackson (2004) noted that employees who were committed to quality would try to achieve the highest quality in whatever they did. Therefore, identifying what quality practices motivate employees to participate fully in quality programs is beneficial. Demirbag and Sahadev (2008) surveyed employees in a Turkish government organization and a manufacturing organization and found that top manager commitment to quality, the organization orientation towards quality, the effectiveness of the team, and quality-related communication had statistically significant, positive relationships with employee commitment to quality. Peng (2000) surveyed employees of Malaysian TQM and non-TQM manufacturing companies to assess their perceptions of management practices. Compared to non-TQM companies, employees from TQM companies had more favorable perceptions of management practices. Additionally, top management was more committed, employees were more empowered, and training and development were emphasized more. Employees from both companies agreed that top management was the most important factor and empowerment was the least important factor for management practices. In contrast, other studies found empowerment to be one of the human resource practices that most affected employee work attitudes (Karia and Assari, 2006), satisfaction (Jun *et al.*, 2006, Ooi *et al.*, 2007), commitment (Howard and Foster, 1999), and intentions to stay (Ooi *et al.*, 2006).

A review of TQM studies since the 1990s highlights top manager commitment or leadership, customer focus, and human resources development as the central themes for successful TQM implementation regardless of industry types. In the 1990s, the specific focus of

TQM was on identification and evaluation of key quality management practices. In the 2000s, an emergence of additional quality practices, such as benchmarking and process re-engineering to support continuous improvement efforts was seen. The use of national quality frameworks as quality practices has dominated since this era. The 21st century focused on the effects of TQM performance and customer satisfaction, indicating the importance of TQM as a management tool to remain competitive. This study compared the perspectives of both HQMs and non-management employees from the same organization **and this comparison helps to fill the gap that exists in the literature, particularly in the Malaysia scenario. Additionally, quality practices implementation in the Malaysian hotel industry has never been empirically researched; thus it is questionable whether previously identified practices are applicable to Malaysian hotels.**

Methods

This study used quantitative and qualitative approaches to collect data, analyze data, and more deeply understand the topic (Creswell, 2008). First, questionnaires were administered to HQMs and hotel employees. Second, interviews were conducted with a smaller subset of the HQMs. The appropriate Institutional Review Board approved the research proposal.

Questionnaires

Questionnaire Sample Selection and Distribution: The target population for this study was all HQMs and non-supervisory employees in three-, four-, and five-star hotels in Peninsular Malaysia as listed in the 2007 Malaysian Association of Hotels. Out of 296 listed hotels, 201 fulfilled the sample selection criteria (in operation for at least one year with an average occupancy rate of 60% and located in states that had at least one million tourists) and were contacted to solicit participation. HQMs were provided with a packet containing the HQM questionnaire and the employee questionnaires. Employees who participated in this study were provided with the questionnaire by their respective managers. Participant criteria were provided to the managers for selection purposes. Suggestions by Dillman (2007) for conducting surveys were incorporated; however, flexibility was allowed to increase participation and response rates.

Questionnaire Instrument: Two sets of bilingual questionnaires (one for HQMs and one for employees) were developed using the MBNQA criteria. Both questionnaires were reviewed for clarity by six experts, one of whom had served on the MBNQA panel. Two individuals, fluent in English and Malay, reviewed the questionnaires to ensure accurate translation. Questionnaires for the HQMs included questions on hotel location, star rating, perceptions about quality practices implementation (based on the MBNQA leadership and workforce focus criteria), and demographic information. Questionnaires for employees were formatted similarly to the HQM questionnaire. In both questionnaires, a five-point Likert-type scale ranging from 1, strongly disagree, to 5, strongly agree, was used. Additionally, some of the items were negatively worded to minimize agreement bias (De Vellis, 2006). A glossary of terms was provided to ensure participants had a common understanding of the terms used. Two sample items from the HQM questionnaire were: 1) We emphasize a safe work environment and 2) We train our employees in understanding quality. Likewise, two sample items from the employee

questionnaire were: 1) My top management emphasizes a safe work environment and 2) My top management trains me in understanding quality.

Questionnaires were pilot tested in both the United States and Malaysia. Participants for the pilot test (n=56) included Malaysian graduate students from one U.S. university, experts and students from one Malaysian university, and employees from one Malaysian hotel. Slight changes were made based on pilot test results.

Questionnaire Analysis: Data were processed and analyzed using the Statistical Package for Social Sciences (SPSS) version 17.0. Descriptive statistics were used to summarize data distribution. The reliability of the instruments was measured using Cronbach's alpha internal consistency test. T-tests and analysis of variance (ANOVA) were used to compare differences.

Interviews

Interview Sample Selection: All HQMS who participated in the survey from three-, four-, and five-star hotels in the Malaysian central region were invited for a follow up interview session. The central region was selected as it has the most three-, four-, and five-star hotels as compared to other regions.

Interview Instrument: A semi-structured interview format was used and open-ended questions were developed and reviewed by experts. Questions regarding the reasons for similarities or differences between employees and HQM perceptions of quality program implementation were asked. Two examples of interview questions were as follows: 1) Tell me about some of the TQM programs you have in place, and 2) Describe the strategies you use to maintain the quality of your hotel's products and services.

Interview Analysis: Interviews conducted in Malay were transcribed verbatim, and then retranslated into English. Two researchers independently hand coded and themed one transcript. Codes and themes were consensually agreed upon for use during the remaining analysis. A member checking procedure was conducted to increase data trustworthiness (Creswell, 2008).

Results

Hotels' and Participants' Profiles

A total of 35 HQM and 576 employee questionnaires were distributed. Thirty-five HQM and 454 employee questionnaires were returned (100% and 79% response rates, respectively). Data appeared to be normally distributed: the skewness and kurtosis of all variables were within a tolerable range of ± 2 . Instruments used for both groups were found reliable based on a Cronbach's alpha value of more than .80 (George and Mallery, 2009).

Eighty-three percent of the HQMs worked at hotels located in the central region and the remainder worked equally in the northern or southern regions. The greatest participation was received from five-star hotel HQMs ($n=19$) followed by three- ($n=10$), and four-star hotel HQMs ($n=6$). Tables 1 and 2 provide demographic data on participants. Almost an equal number of female and male participants completed the questionnaires. The majority of participants were between the ages of 36 and 45 years; almost 86% of them had more than 2 years of quality management experience.

For the employee survey ($n=454$), 86% were from hotels located in the central region, 9% from the southern region and 5% from the northern region. Almost half of the participants were from five-star hotels (47%). There were slightly more female participants (55%) than males (43%). For the interview portion, ten HQMs (three from three-star, three from four-star, and four

from five-star hotels) participated. Seven participants had 2-10 years of quality management experience and the other three had more than 10 years of experience.

HQM and Employee Perceptions on Leadership and Workforce Criteria

Table 3 provides an overview of HQM and employee perceptions on the leadership and workforce criteria practiced by top managers when implementing quality programs. There was a significant difference regarding the mean scores between the two groups [overall leadership $t(487) = -8.75, p < .001$ and overall workforce $t(487) = -5.30, p < .001$]. Generally, HQMs had higher scores on both criteria with overall mean agreement scores of 4.43 and 4.34 compared to employees who had mean agreement scores of 3.63 and 3.77 for overall leadership and overall workforce practices, respectively.

HQMs responses tended toward strong agreement for all items in both criteria (mean scores between 4.23 and 4.57). For leadership criteria, developing explicit quality policies, committing to organizational learning, and incorporating external feedback into business strategies had the highest mean agreement scores ($M=4.54, M=4.49, \text{ and } M=4.46$, respectively) while emphasizing ethical practices when doing business had the lowest mean agreement score ($M=4.34$). For the workforce criteria, promoting a safe work environment, training employees to improve quality skills, and understanding quality ($M=4.57, M=4.37, \text{ and } M=4.34$, respectively) were items that had higher mean scores while having a transparent appraisal system to recognize employees had the lowest mean score ($M=4.23$).

The employees, in general, had slightly higher than neutral perceptions about top management leadership and workforce criteria when implementing quality programs (mean agreement scores between 3.30 and 3.95). In contrast to HQMs, for employees, emphasizing ethical practices when doing business had the highest mean score of all leadership criteria. The second and third highest scores were for developing explicit quality policies and for measurable objectives to guide employees toward achieving organizational goals ($M=3.74$ for both items). Commitment to organizational learning was the leadership practice identified with the lowest mean score ($M=3.33$). Similar to HQMs' perceptions, employees also rated promoting a safe work environment when implementing quality programs as an important workforce practice ($M=3.95$). The next highest employee mean scores were training in communication skills ($M=3.91$) and training to improve quality skills ($M=3.90$).

Comparison between HQMs and Employees on Leadership and Workforce Practices Using Hotel Star Ratings

Figure 1 illustrates the ratings of HQMs and employees from different star-rated hotels about top management leadership criteria when implementing quality programs. From the ANOVA tests, a marginally significant difference was found on HQMs' overall leadership practices scores ($F=3.24, p=.052$). Two items, developing explicit quality policies ($F=3.46, p<.001$) and measurable objectives ($F=3.58, p<.001$), were found to be significantly different. Using Bonferroni post-hoc tests, the analysis showed that five-star HQMs had higher mean scores on these two items ($M=4.74, SD=.45$ and $M=4.56, SD=.51$, respectively) compared to four- and three-star HQMs. For leadership criteria, HQMs in five-star hotels had higher mean scores on the item, developing explicit quality policies ($M=4.74$). On the other hand, HQMs in four- and three-star hotels had a higher mean score for the item, taking part in community activities ($M=4.83$ and $M=4.40$, respectively). In contrast, five-star HQMs rated this the lowest of all leadership criteria

($M=4.21$). Emphasizing ethical practices when doing business was the item with the lowest mean score ($M=4.34$) for four-star HQMs while promoting two way communication and developing measurable objectives were items with the lowest mean scores ($M=4.20$) for three-star HQMs.

Employees from three-star hotels had leadership criteria scores that were significantly different from those of employees from five-star hotels ($F=11.25, p<.001$). However, two items were found not significant: took part in the community activities and committed to organizational learning. The Bonferroni analysis revealed that employees in five-star hotels had a statistically significant higher score for overall leadership criteria compared to three- and four-star hotels.

Table 1: *Participating hotel quality manager profiles*

Characteristic	Questionnaire($n=35$)		Interviews ($n=10$)	
	Frequency ^a	Percentage ^a	Frequency	Percentage
Gender				
Female	18	51.4	2	20.0
Male	17	48.6	8	80.0
Age				
19 – 25 years old	3	8.6	1	10.0
26 – 35 years old	7	20.0	3	30.0
36 – 45 years old	15	43.9	2	20.0
46 – 55 years old	9	25.7	3	30.0
Over 55 years old	1	2.9	1	10.0
Education Level				
Malaysian Education Certificate	3	8.6	0	0
Diploma	7	20.0	0	0
Bachelor's Degree	16	45.7	7	70.0
Master's Degree	8	22.9	2	20.0
Other	1	2.8	1	10.0
Length of Work				
1 – 2 years	8	22.9	1	10.0
3 – 5 years	14	40.0	4	40.0
6 – 10 years	4	11.4	3	30.0
11– 15 years	4	11.4	1	10.0
Over 15 years	5	14.3	1	10.0
Length of Quality Experience				
Less than 1 year	5	14.3	1	10.0
2 – 5 years	13	37.1	3	30.0
6 – 10 years	10	28.6	2	20.0
11– 15 years	2	5.7	1	10.0
Over 15 years	5	14.3	3	30.0
Job Title				
Manager	16	45.7	4	40.0
Executive Assistant General	5	14.3	3	30.0
Manager & Director				
Asst. Manager	5	14.3	1	10.0
Executive	4	11.4	2	20.0
Other	3	8.6	0	0

^aTotal frequency and percentage values for the questionnaire do not equal 35 due to non-responses.

Employees in five- and four-star hotels had the highest mean scores on emphasizing ethical practices when doing business ($M=4.04$ and $M=3.71$), while employees in three-star hotels had the highest scores for taking part in community services ($M=3.63$). Employees from all participating hotels rated the leadership criterion, commitment to organizational learning, lowest (five-star [$M=3.28$], four-star [$M=3.37$], and three-star [$M=3.39$]).

Table 2: *Participating hotel employee profiles (n=454)*

Characteristic	Frequency^a	Percentage^a
Gender		
Female	251	55.3
Male	196	43.2
Age		
18– 25 years old	169	37.2
26 – 35 years old	168	37.0
36 – 45 years old	77	17.0
46 – 55 years old	30	6.6
Over 55 years old	3	0.7
Education Level		
Malaysian Education Certificate	211	46.5
Diploma	143	31.5
Bachelor’s Degree	46	10.1
Master’s Degree	3	.7
PhD	1	.2
Other	38	8.4
Department		
Food and Beverage	159	35.0
Housekeeping	94	20.7
Front Office	79	17.4
Administration	59	13.0
Other	56	12.3
Job Category		
Food and Beverage – Front of the house	83	18.3
Guest Service – Front of the house	56	12.3
Food and Beverage – Back of the house	52	11.5
Housekeeping and laundry	51	11.2
Administration	50	11.0
Others	50	11.0
Safety and maintenance	29	6.4
Clerical	16	3.5
Length of Work		
1 year	143	31.5
2 – 4 years	134	29.5
5 – 8 years	73	16.1
9 –12 years	50	11.0
13 – 15 years	16	3.5
More than 15 years	22	4.8

Notes=^a Total percentages do not equal 100% due to non-response.

Figure 2 contains HQM and employee perceptions of the workforce criteria when implementing quality programs, based on star ratings. No significant difference was found among HQMs for the overall workforce criteria ($F=1.78, p=.185$). The ANOVA results showed that there was a significant difference among employee perceptions regarding workforce criteria between the three-star and five-star hotels ($F=10.74, p<.001$), except for the empowering employees item.

Table 3: Comparison between HQM and employee perceptions of leadership and workforce criteria

Items	Mean		<i>t</i> value	<i>p</i> value
	HQMs	Employee		
Leadership				
Develop explicit quality policies	4.54	3.74	-5.86	<.001
Develop measurable objectives	4.40	3.74	-4.62	<.001
Take part in community activities*	4.37	3.51	-5.53	<.001
Promote two way communication with employees	4.40	3.64	-5.96	<.001
Incorporate external feedback into business strategies	4.46	3.59	-6.41	<.001
Emphasize ethical practices when doing business	4.34	3.82	-3.68	<.001
Commit to organizational learning to enhance leadership skills*	4.49	3.33	-10.96	<.001
Overall leadership^a	4.43	3.63	-8.75	<.001
Workforce				
Empower our employees to solve problems*	4.26	3.30	-7.48	<.001
Have a transparent appraisal system to recognize employees*	4.23	3.64	-5.36	<.001
Train our employees in understanding quality	4.34	3.88	-3.25	.001
Train our employees in improving quality skills	4.37	3.90	-3.33	.001
Train our employees in identifying and solving problems	4.31	3.78	-3.85	<.001
Train our employees in communication skills	4.31	3.91	-2.78	.006
Promote a safe work environment	4.57	3.95	-4.11	<.001
Overall workforce^a	4.34	3.77	-5.30	<.001

^a = The overall mean for leadership and workforce is the average of all means for each item.

* = Levene's test indicates items where variances are not equal. The Welch test was run for those items to test the difference of means and the differences were found to be significant as well.

Scale for items: 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly Agree

For workforce practices, employees in five- and three-star hotels had higher mean scores for promoting a safe work environment ($M=4.12$ and $M=3.86$, respectively) while training to improve quality skills ($M=3.79$) was the item with the highest score for four-star hotel employees. At all participating hotels, empowering employees to solve job related problems was the item with the lowest mean scores (five-star [$M=3.23$], four-star [$M=3.22$] and three-star [$M=3.49$]).

INSERT FIGURE ONE HERE

INSERT FIGURE TWO HERE

When HQMs were interviewed for this study, and asked why employees might have different perceptions regarding leadership and workforce criteria, two main themes emerged: lack of communication and unclear quality policies and objectives. Other reasons included the following: top managers were less involved in quality programs, top management teams did not believe in quality systems, employees were not empowered or involved, and the quality content was complicated. Comments illustrating these reasons follow:

“Management can set anything that we want; we can just have policy, everything in one place, but if they were not communicated well to employees, they [employees] can’t see what we [management] want. Everyone must know and speak one language” (Executive, four-star hotel).

“Operation times [working shifts] are many, so sometimes problems exist in terms of information not reaching the people” (Assistant Manager, five-star hotel)

“Before we implement [quality programs], we need to make sure that everyone knows about our idea, what we want. Because if the staff does not get the right picture or information, they will have grudges [or] dissatisfaction.” (Manager, three-star hotel)

“Most of the companies do not have clear objectives when implementing TQM which [are] accepted by all parties” (Executive, four-star hotel).

“The management does not properly explain their intentions or reasons why they want to do quality programs to employees. Information was not cascaded well to employees or not made clear to employees” (Manager, five-star hotel)

“Some of the dissimilarities are because the managers were not involved and do not believe in the method or quality [themselves]. They also do not empower and involve people to produce together, brainstorm together.” (Director, five-star hotel)

Discussion

The overall objective of this study was to evaluate HQM and employee perceptions of top management practices, using MBNQA leadership and workforce criteria, when implementing quality programs. The results suggested that HQMs’ perceptions were incongruent with those of employees for both criteria. The HQMs had higher scores for leadership criteria while employees had neutral perceptions of workforce criteria. Possibly, these incongruent perceptions were due to their different roles in implementing quality programs. As leaders, HQMs are more involved with leadership practices such as planning and developing quality policies and objectives, communicating information regarding quality programs, and also looking at the bigger picture to improve quality as a whole; whereas employees are the primary executors of quality programs. Employees are more concerned about practices with which they are familiar and how these relate to their job. Therefore, top managers need to determine how to effectively communicate and train both groups so that the perception gap can be minimized. Having similar perceptions and

having alignment on organization direction are vital to enhance teamwork and ensure long term success. Researchers have supported the need for sufficient training when establishing effective quality management systems (Krasachol and Tannock, 1999; Lau *et al.*, 2004; Rahman and Tannock, 2005; Sohail and Terziovski, 2000). **Perhaps, training to achieve a comprehensive understanding about quality management and how best to implement it would help HQMs to better maneuver their quality programs. Likewise, hoteliers could use “soft” TQM concepts (such as total employee involvement, continuous improvement, teamwork, top management commitment and support, democratic management style, continuous training, and empowerment) identified by Psychogios et al. (2009) to minimize the perception gap.**

Most of the HQMs interviewed emphasized the importance of having a good communication system to ensure that information regarding quality matters was delivered to employees. Although findings from the questionnaires showed communication did not have the highest mean score from either group, most HQMs agreed that an inefficient communication system was one of the main reasons for the differing perceptions. This was consistent with previous studies that supported communication as one of the critical success factors for quality program implementation (Demirbag and Sahadev, 2008; Krasachol and Tannock, 1999; Partlow, 1996; Ooi *et al.*, 2006; Sila and Ebrahimpour, 2003; Sohal and Terziovski, 2000).

Additionally, developing explicit quality policies and measurable objectives are essential to lead employees toward achieving organizational goals (Demirbag and Sahadev, 2008; Evans, 1996, Pallet *et al.*, 2003). Failing to establish clear quality policies and objectives from the beginning was another reason for the differing perceptions. In fact, most of the HQMs who completed the questionnaire agreed these two practices were important. Therefore, it is suggested that HQMs communicate the importance of understanding quality policies and objectives by employing effective mechanisms that target employees. These efforts need to be carried out continuously and integrated into employees' daily routines. HQMs and employees from five- and three-star hotels had significantly different perceptions about these practices. A possible explanation could be that five-star hotels had more complicated operations, more departments, and more employees. Therefore, clear quality policies and objectives are critical to ensure operations and services rendered are uniform and of a high standard.

Not believing in the quality system and not empowering employees were among other reasons for the incongruent perceptions. Top management's involvement and their belief in the quality system were important as they were the role models for everyone in the organization. In support of previous studies, most researchers highlighted top management commitment and involvement as vital ingredients for a successful TQM program (Demirbag and Sahadev, 2008; Evans, 1996; Harari, 1997; Keating and Harrington, 2003; Krasachol and Tannock, 1999; Sila and Ebrahimpour, 2003; Sohal and Terziovski, 2000; Tamimi and Sebastianelli, 1998; Taylor and Wright, 2003). **Soltani and Wilkinson's (2010) noted that TQM was still conducted based on a top-down approach and was highly bureaucratic with senior managers more concerned about controlling rather than empowering the workforce.** Therefore, hoteliers need to show their confidence in the system, render their support, **empower employees**, and be involved with quality programs to gain employees' participation.

This study also found that employees in four-, and five-star hotels had lower scores than three-star hotels on empowering employees to solve problems. *One possible explanation could be that the four- and five-star hotels have more employees, thus making it a challenge to allow empowerment. Therefore, it would behoove management to standardize the quality of service while paying particular attention to the way employees deal with customers who*

generally belong to an upper-level income class. Implicitly, this finding aligns with Kennedy's (2002) findings that Malaysian managers mainly exercised a more autocratic leadership style. Empowering employees could indicate an organization's trust in them to carry out their tasks and also boost their confidence (Ooi, *et al.*, 2006). In fact, previous studies provided evidence that empowering employees did have a positive effect on their work attitudes, satisfaction, and their intentions to remain with their current organizations (Jun *et al.*, 2006; Karia and Asaari, 2006; Ooi *et al.*, 2006). Moreover, Lawler (1994) noted that employees were more vested in decisions when they had been involved in them. Therefore, ignoring employees in decision making processes, especially those requiring their full support and commitment could increase the failure rate of quality programs. Especially in the hotel industry, where employees are faced with unpredictable and demanding customers, it is suggested that employees be given some authority to make simple decisions in solving problems promptly.

Some HQMs admitted that the complicated quality content was one of the reasons for the incongruent perceptions between managers and employees. Therefore, the quality content needs to be simplified so that it can be easily understood by hotel employees, who generally have less education than managers. Finally, some HQMs also indicated negative individual attitudes and lack of awareness about quality programs as reasons for employees' differing perceptions.

Conclusions

This study provides insights into HQM and employee perceptions on leadership and workforce criteria used by hotels' top management when implementing quality programs. HQMs orchestrate quality programs in hotels, but without employees' participation, quality programs can never be realized. Practically, a comparison between these two groups provides useful information for top management in understanding their employees' evaluations of quality practices as well as their needs and expectations for leadership and workforce criteria. Thus, future continuous quality improvement efforts could be tailored to accommodate the needs of employees as well as preserve hotel operations. The interview findings helped to explain reasons for incongruent perceptions between HQMs and employees; this will assist hoteliers in understanding the differences and minimizing the perception gap. A good relationship and understanding between managers and employees could lead to a better working environment. Additionally, employees' neutral perceptions about leadership and workforce practices hint at their implicit dissatisfaction. Malaysian employees have been described as loyal and obedient; thus "authority is not usually questioned or challenged" (Ahmad, 2001, p. 86). Therefore, this study provides an area for future investigation by hoteliers, the Malaysian Association of Hotels, as well as the Ministry of Tourism. If this situation is ignored, it might possibly affect future customer service and impact on the tourism industry, which is one of the nation's main income sources.

Knowing which leadership and workforce criteria had higher and lower scores could help hotel management focus their improvement efforts and resources to maintain significant practices. Meanwhile, hotel managers could also find better ways to improve practices with lower scores on, for instance, business results and strategic planning, so that overall excellent performance can be achieved. Theoretically, academicians could also incorporate this information in the curricula to better equip future hospitality students with more comprehensive knowledge of quality practices. These findings add new literature to this underrepresented area.

This study has limitations. The sample is a disproportionate representation of the population (e.g. more five-star hotels as compared to three- and four-star hotels participated. All

three- and four-star HQMs contacted stated operation busyness, having no TQM programs or no personnel responsible for TQM as reasons for not participating in the study). **The leadership and workforce practices were defined in alignment with the MBNQA; therefore caution should be used in interpreting these results using different definitions.** Future research should explore **other MBNQA criteria and other aspects, such as cultural or organizational aspects,** to obtain a holistic understanding about quality practices in the Malaysian hotel industry. Additionally, incorporation of employees' views about the differing perceptions could enhance knowledge about quality implementation. Perhaps, using a more rigorous analysis such as multilevel modeling would provide richer results, which could then lead to enhanced practical applications. Finally, despite multiple attempts taken to improve participation, the number of HQMs who took part was still considered small (17%). This participation rate is similar to that of Mohamad (2008) who also obtained an 18% (8 of 45) participation rate sampling Malaysian hotel employees. Studies on how to increase the participation rate would be helpful to allow for more generalizable findings

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