Higher Education Quality Enhancement Process Interrogation:

Perceptions of Improvements, Challenges and Effectiveness

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Abstract

The early 21st century saw financial rationalizations by governments resulting in the proliferation of private higher education institutions. Self-regulation which was the 20th and early 21st century practice of higher education institutions was deemed insufficient for assuring quality, thus the adoption of internal and external accountability measures. Global higher education competition coupled with performance concerns of European higher education institutions resulted in policy introduction of Quality Assurance, accountability and now Quality Enhancement in quality management. Where Quality Assurance emphasises regulatory compliance, Quality Enhancement focusses on improvement.

This research articulates a Quality Enhancement Process from policies and Quality Managers of a UAE institution. The research elicits the justifications for implementation, how improvements are achieved, the implementation challenges, process effectiveness by identifying the ineffectiveness, the quality practitioner perceptions of improvements to institutional governance and the existence of Quality Culture to support continuous improvements. Managers' recommendations for improvement of the effectiveness of the Quality Enhancement Process are also explored. The enhancement process continuously employs quality weaknesses of institutional governance, operationalizes the weaknesses, confers unmitigated trust on managers to achieve quality targets, monitor the achievements, analyse the outcomes and re-strategize for improvements.

Quality weaknesses are assessed using a 5-pronged strategic and stakeholder assessed weaknesses employing accountability, compliance, internal and external stakeholder reflections. The Quality Enhancement Process is found to achieve transformational changes to the status quo. Although the stakeholders perceive improvement of several aspects of institutional governance but failed to achieve improvement of others, improvements are legitimately achieved from the view of improvements caused by complying with improved regulatory framework. Holistic national improvements are achieved by continuously improving regulatory requirements. Conferring of unmitigated trust on quality practitioners empowers the Quality Managers however, it is also a source of embellishment of achievements, multiplexed outcomes and stakeholder loss of confidence in enhancement. Achievement verifications are thus required.

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Author's declaration: I certify that the content of this thesis is the product of my own work and that all the assistance received in preparing this thesis and the sources have been acknowledged. This thesis has not been submitted for any degree or used for other purposes.

Signature

Publications derived from work on Doctoral Programmes

The research is all my work. I have a section of this thesis in an academic
publication. The research has been sent to the International Journal of Applied
Management and Technology (IJAMT). The title of the research publication is
"Internal Quality Enhancement: Case of a UAE Business School".

Chapter 1: Introduction and Background

1.1 Aims and Rationale

Massification of public Higher Education Institution (HEIs) marked a transformative shift of higher education from the elite to the masses, driven by socioeconomic and political changes. Higher education was reserved for the privileged few with an enrolment rate of 5% of the eligible population before World War II (Trow, 1973). The 1990s saw global tertiary level education enrolments approach 100 million, which was a notable leap from earlier decades (UNESCO, 2000). Where the U.S., attendance of tertiary education was boosted by the GI Bill of 1944, European higher education policy directives was to expand the polytechnics and universities to meet education and skills demand. However, the rapid expansion of higher education raised concerns with the assurance of quality and accountability due to challenges in maintaining rigorous academic standards. Some of these challenges affecting quality include large classroom sizes, faculty shortages and limited resources (Altbach, 1999). Others include degree inflation, loss of value of certificates in saturated job markets, and a more diversified student population. To standardize the degrees and systems, policy decisions needed to be made within the higher education sector.

The European policy Bologna Declarations of 1999 focused on the assurance of the quality of the educational qualifications and the quality of education

offered across the European higher education area. It enshrines within higher education policy, the creation of easily readable and comparable degrees, with the aim to ease student mobility, and the development of a Quality Assurance System (Reichert and Tauch, 2003). The Declaration specifically emphasizes the significance of Quality Assurance as a means of ensuring that the degrees offered by HEIs satisfy the educational aspirations of students and society. The establishment of a common standard and guidelines by the Bologna Process assigns accountability for the quality of education provided to HEIs while also ensuring that students make informed choices about their education. It emphasizes the importance of accountability, transparency, while also involving all stakeholders, including students and employers, in the Quality Assurance process. According to Vukasovic and Vedder (2016), the Bologna Process created tensions between national and European higher education policy.

The Prague Communiqué of 2001 introduced Quality Enhancement into European higher education policy. Quality Enhancement was later reaffirmed by the Berlin Communiqué of 2003 which place emphasis on institutional independence and accountability with enhancement seen as the responsibility of the HEI within the confines of national quality frameworks (Gvaramadze, 2008). The Bergen Communiqué of 2005 pushed for systematic enhancement of quality of educational activities using internal processes (Sursock, 2015). Hence the QAA in the context of Scotland refocused its quality improvement approach by granting power to HEIs to 'make decisions and choices suited to their own contexts and strategic objectives' (Gvaramadze, 2011, p. 29). The Scottish Quality Enhancement Framework (SQEF) steers HEIs away from

dependence on compliance with regulatory standards. In line with the Bergen Communiqué, the UAE's regulatory standard has mandated HEIs to implement Quality Enhancement. Like the Bergen Communiqué (2005), it ascribes the responsibility for internal Quality Enhancement and the enhancement process to the HEI. However, the UAE's regulatory standard requires HEIs to prove their implementation of the regulatorily agency approved internally designed Quality Enhancement mechanism or the Quality Enhancement Process (QEP). Thus, this research explores a practice of internal Quality Enhancement outside European context. The researched context argues for simultaneous appeasement of regulators for program and institutional accreditation purposes while leveraging the minimum regulatory standards to improve the quality of a HEI. The study explores the expert knowledge of the quality stakeholders and the policy documents to understand how and if a QEP achieves the policy intents of quality improvements.

Middle Eastern HEIs in wealthier countries such as the UAE, Qatar and Saudi Arabia have internationalized their HEIs (Yousef, 2024) while others struggle to liberalise and fund their institutions. Introduction of neoliberal educational policies has forced improvement over decades, reshaping the HEIs to meet global demand for skills. Many Arab countries have since moved towards a knowledge-based economic development requiring the transition to more effective skills formation systems (Schwalje, 2013). Where funding within European higher education has shifted from governments towards private sources, the approach within the region has been to allow competition between publicly funded HEIs, cross-border European, US and Australian institutions.

Thus, where European higher education markets in Europe and the US are consumer demand driven, the market in the UAE private HEI sector is student driven whilst the public HEI sector is government steered and funded. Market principles motivate HEIs to seek greater cost reductions, efficiencies, focus on achieving better stakeholder expectations and outcomes (Brown, 2016; Marginson & Considine, 2000; Molesworth et al, 2009; Williams, 1995).

To standardize the quality of local HEIs in the UAE, government introduced regulatory standards. The UAE's higher education regulatory agency's latest iteration of the regulations views this iteration as its 'responsive to the maturing provision of higher education in the UAE' (SILPA, 2019, p. 2). Like in European policy, the UAE's higher education regulatory standards have enshrined Quality Enhancement for the purposes of achieving continuous improvements. Quality Enhancement activities or processes are evaluated by regulatory evaluators in the country however, individual HEIs are responsible for the process design and implementation within their institutional contexts.

European policymakers introduced Quality Enhancement into quality discuss to address underperformance of the HEIs compared with their counterparts in the USA (Hazelkorn, 2015). Within the UK, different approaches have been adopted by England, Scotland, Northern Ireland and Wales. Scotland adopted Quality Enhancement while others remained rooted to Quality Assurance. Scotland's HEIs were thus viewed to have achieved improved state of enhancement (Bamber et al., 2011, p.90) compared with Northern Ireland, Wales and England where doubt was said to remain (Gosling and D'Andrea,

2010). The Scottish example suggests that several aspects of institutional governance have been improved by implementing the SQEF. SQEF was introduced in 2003 with a focus on achieving continuous improvement of learning and teaching via inter-university, colleges, staff, and students' collaborative practices. It is a Scottish home-grown complex policy instrument (Gvarmadze, 2011) that steers away from Quality Assurance. It is focussed on sharing best practices between HEIs, increase student representation and ensuring that students are sufficiently informed about the quality of provisions to support their decision-making. Through QAA Scotland in 2024 and inculcating HEIs and colleges, the SQEF evolved into the Tertiary Quality Enhancement Framework (TQEF). The TQEF The Scottish Enhancement-Led Institutional Review (ELIR) and the Tertiary Quality Enhancement Review (TQER) are not organically created Quality Enhancement mechanisms by individual HEIs but are coordinated by QAA Scotland and are interactions between the regulatory agency, peers and the HEIs. Within the case HEI context, the QEP is internally created as a response to the regulatory stipulation for HEIs to implement "Continuous Quality Enhancement." Where the ELIR and TQER are peer-led reviews by external teams of staff and students from other institutions, the QEP employs assessed quality weaknesses by all categories of stakeholders for achieving internal quality improvements.

"Quality weaknesses" as used in this research refers to the quality gaps between the current quality state and the HEI's desired state of quality. It implies the existence of shortcomings in systems, policies, processes, value of education provided, teaching, learning, academic programs, outcomes of HEIs

that undermines the effectiveness, relevance, internal and external stakeholder expectations. Quality weaknesses as a concept seeks to scale institutional quality up to three benchmarks: regulatory standards, performance of higher ranked HEIs and stakeholder quality expectations. These three benchmarks do not necessarily always align.

1.2 Background and Context

1.2.1 Middle Eastern Region Higher Education Quality Culture

The Middle Eastern and North African regional higher education sector have undergone significant changes over time through ambitious reforms. This is in the face of persistent challenges, driven by globalization and economic diversification goals. Substantial investments have focused on internationalization, with institutions adopting U.S. and European models, enhancing research output and global rankings (Fathelrahman et al., 2024). Unlike the European context where consensus quality frameworks exist to improve the quality of HEIs, the Middle East and North African region suffer from a lack of regional quality agencies and quality frameworks. Where the European economic block is foundational in the consensus policy direction, the Middle East and North African region is not an economic block. Beyond the initial implementation of Quality Assurance, the higher education sectors of the UAE and Qatar emphasise sustainable development, aligning with SDGs through interdisciplinary programs and partnerships, promoting a culture of continuous improvement (Areepattamannil, 2024). Countries in North Africa such as Morocco and Tunisia have continued with the implementation of

Quality Assurance frameworks inspired by the Bologna Process, focusing on student-centered learning and employability.

Quality of the HEIs in the region are challenged by state-driven higher education models as seen in Qatar and partially in the UAE (Badry and Willoughby, 2023), wide range of resourcing abilities (Yousef, 2025), transparency concerns (Costandi et al., 2018), and the diverse Quality Assurance practices among member countries. According to Frank et al. (2020), countries adopt accreditation requirements and systems of other nations to facilitate the recognition of certificates obtained by their graduates. The policy positions of the Middle East and North African region are not organic to the region but reflect internationally researched quality standards. Whatever policy position is adopted, critiques highlight superficial adoption or weaknesses in the implementation of these policies by the regional HEIs as the key challenge (Zein, 2024). The author suggested that where standards are verified at the point of accreditation, inconsistencies exist in Quality Assurance in a country like Lebanon. This would suggest that beyond policy adoption, there is a need for intentionality and sustained momentum in policy implementation to achieve desired quality goals. Faek (2017) advocates for an organic MENA created standard for HEI. In expressing concerns over the inadequate accreditation and auditing processes in the MENA region, Waterbury (2019) raised the challenges created by an absence of a unified quality assurance standard within the region.

1.2.2 The UAE Higher Education Sector

Through the fusion of modernisation, its cultural heritage and global ambitions, the UAE's higher education sector has continuously evolved. The sector has grown from a limited number of public HEIs to a system that includes private institutions. The sector is energised by the government's Vision 2031 policy and its National Innovation Strategy. Growth of the sector is focused on steering the nation towards a knowledge-based economy (Jaleel and Saber, 2025), with investments in STEM, entrepreneurship, and international partnerships (Areepattamannil, 2024). As at the end of 2025, the UAE hosts over 100 HEIs which are federally funded or are branch campuses of European, Australian or American HEIs. Thus, a key strength of the UAE higher education sector is that it is an internationalised education hub (Jaleel and Saber, 2025). Its internationalization is re-enforced by 80% of its faculty from a wide range of cultures (Spranza, 2016; Shomotova & Karabchuk, 2022).

Globalisation has resulted in a paradigm shift in the global social and economic landscape (ThiHoa et al., 2021). Globalization has brought significant merits to the UAE higher education sector. This is evident in the number of HEIs from developed countries operating in the sector, the number of foreign faculty and high population of foreign students. Consequentially, globalization has imposed Western norms which conflicts with traditional values creating "cultural dissonance" in diverse campuses (Jaleel and Saber, 2016). The conflict between the modernised higher education approach would the goals of quality improvement because the driver of quality improvements is not conservative but neoliberal and global. Where globalisation is viewed as the progressive

interconnectedness and mutual reliance among individuals, institutions, organisations, and nations on a global scale (Haidar and Fang, 2019), similarities will occur over time.

The UAE higher education sector is challenged by limitations to academic freedoms and a "one-size-fits-all" science, technology and innovation policy ignoring cultural collectivism which exists in the regions (Shomotova & Karabchuk, 2022). The collectivist culture of the sector deviates from the individualist approaches of Western countries. There are thus debates over how effectively the country has achieved the goals of its vision of becoming a knowledge-based economy (Jaleel and Saber, 2016). Reminiscent of poor quality of European HEIs due to massification of higher education, quality of the HEIs and their outputs have remained a challenge (Ashour and Fatima, 2016). The visionary strengths and improvements from internationalization of the higher education sector are impaired by quality deficits, cultural tensions, and systemic fragmentation of regulations with different regions of the country. To engage in the global marketplace and compete for skilled professionals and graduates (Campbell and Rozsnyai, 2002), the UAE has focused not only on the quality of the students (Schwalje, 2013) but on the quality of HEIs in the country. It promotes Quality Enhancement while requiring compliance of the HEIs (Amaral, 2007) to regulatory metrics. The national regulatory agency is the Commission for Academic Accreditation (CAA), and its regulatory framework is the Standard for Institutional Licensing and Programs Accreditation (SILPA). The current iteration of SILPA (2019) is the 6th edition of the framework, and an update to the 2011 version. To demonstrate the

alignment of their quality management systems to SILPA, HEIs within the UAE are evaluated by the regulator. The HEI context studied in this research like many other undergo the International Quality Review (IQR) by the UK Quality Assurance Agency (QAA) to test if the HEI satisfies the 10 standards of the European Standards Guidelines (ESG) (International Quality Review, n.d.). SILPA (2019) requires HEIs to demonstrate 'continuous enhancement by systematically and regularly monitoring, reviewing and evaluating the effectiveness of all aspects of its operations and educational programs' (p.18).

1.3 The Research Site

Quality Enhancement has always been investigated within specific boundaries: at macro-level (Albaqami, 2015; Arasli et al., 2018; Kalayci et al., 2012; Al-Alawi et al., 2009), institutional / meso-level (Alamoud, 2017), specific aspects of higher education governance / micro-level studies (Nafei, 2019) or a meta-analysis of concepts or review of literature on aspects of Quality Enhancement not limited to specific scope but seeking to provide an understanding of published research (Molenaar, & Webb, 2018). This research is conducted in a HEI within the United Arab Emirates (UAE) and accredited by its regulatory agency: The Commission for Academic Accreditation (CAA). The HEI's Quality Management System is accredited by the UK QAA. The case HEI is a Business School with 4 graduate level academic programs in the field of management. Months after the publication of SILPA (2019), the HEI was externally evaluated by the regulatory agency to verify its compliance with the updated regulations. The case HEI was downgraded by the national regulatory agency in 2020 due to its inability to demonstrate compliance. The HEI was given a small window to

demonstrate compliance with the updated regulatory requirements. At the point of this research, the QEP has been implemented over three annual quality cycles.

The case HEI was chosen for this research due to its approach to internal Quality Enhancement within the context of the Middle East. I worked within the HEI and within the purview of international and national institutional and accreditation, and regulatory compliance. The small number of programs and the timeframe required to complete the research are deciding factors for investigating this case HEI. The HEI had been evaluated and approved multiple times over several years on the 5th edition of SILPA framework but failed the evaluation based on the 6th edition. In response to the evaluation outcomes, the HEI implemented the QEP to rapidly address the regulatory recommendations and satisfy the update regulatory standards.

In this research, the community of practice is the collaborating and knowledgeable experts responsible for and participating in the achievement of quality improvements within the QEP. This definition is adopted from Lave & Wenger (1991). The practice is the Quality Enhancement Process. The community of practice facilitate the evaluations of the quality weaknesses through discussions, reflections, strategizing, troubleshooting, and refining the QEP. The role of the community of practice is that it connects the practice and theory (Wenger et al., 2011) as established in the policies.

The Quality Assurance Team designed and participated in the implementation of the HEI's QEP. However, there is a "community of practice" responsible for institutional, program and course improvements. Chart 1.1 shows the HEI's organizational chart. The black cells represent academic and non-Academic Quality Managers while the blue cells represent Quality Managers of functionalities. This connotes the simplicity of the organizational structure of such a small HEI. Within this research, all managers in this chart are denoted as Quality Managers because they are responsible for implementing the QEP in the units, functionalities, and committees. In addition to the faculty, these are collectively described as quality practitioners. These managers have either an Academic or Non-Academic responsibilities.
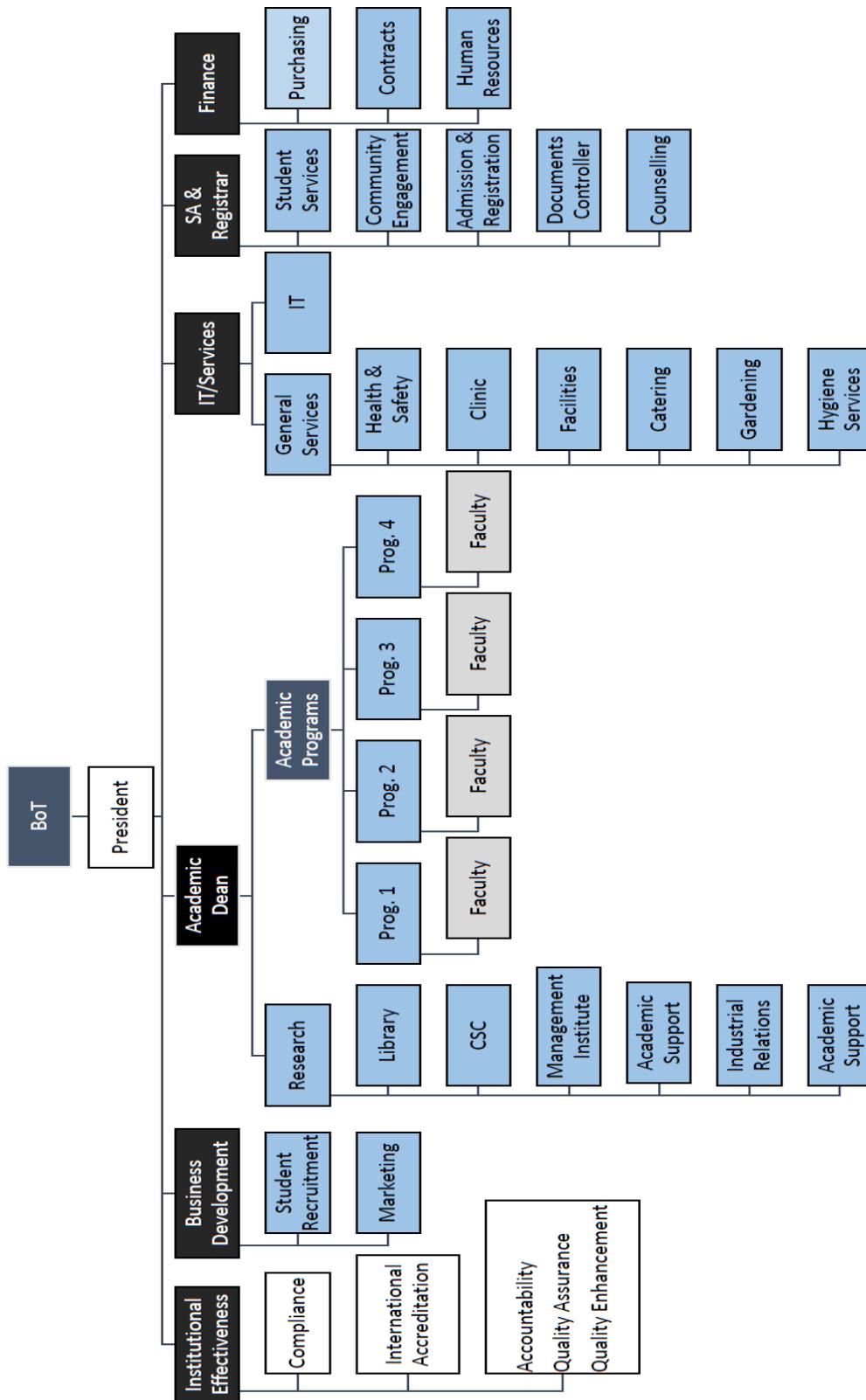
Chart 1.1 The case HEI's organizational structure.

1.4 Quality in Higher Education

Quality in higher education environment has been a notoriously elusive concept to describe and in practice (Gibson, 1986) due to the subjective perceptions of individuals and their positionality as policy implementors (Gvaramadze, 2008), managers or faculty within the QEP, and their worldview. In other words, definition of quality of higher education is 'stakeholder relative' (Harvey and Green, 1993, p.28). This does raise the question "whose quality?" In higher education, stakeholders hold unique perspectives of quality (Burrows and Harvey, 1992) depending on if they are internal such as students, teaching and non-teaching staff or external stakeholders such as employers, regulatory agencies, evaluators, validators, assessors, and funding agencies. Quality is viewed from different perspectives in fields like medicine, engineering and management. It is specifically viewed in engineering as zero-error, absolute or apodictic terms (Husserl, 1969; Campbell and Rozsnyai, 2002). Difference in definition of quality has also been related to differences in discipline (Kekäle 2002; Pompili 2010).

Traditionally, a "minimum regulatory threshold" was the norm in Quality Assurance (Campbell and Rozsnyai, 2002; Padró, 2009). These thresholds establish criteria for 'programme, department, or institution, which reaches these norms and criteria, [are deemed] to be of quality' (p.21). This is an objective, compliance-based, prescriptive and static approach to quality improvement focused on predetermined absolutes or a "one hat fits-all mindset". This approach could be used to make collective improvements to the quality of HEIs by mandating compliance to the regulatory metrics and by

upscaling policy. Restricting quality to outcomes of compliance stifles diverse

and innovative ideas such as performance of higher ranked HEIs. Other

definitions of quality in higher education include quality as excellence (Green,

1994; Ruben, 2018), value for money (Tam, 2001; Cartwright, 2007) and

transformation (Harvey, 2002a). Definition as value for money does not reflect

the interest of students. As an adjective, quality is both objective and subjective

(Harvey, 1993; Martin, 2018) with attributes not restricted by regulatory

standards. By transformation, it elevates changes from a lower state to a higher

one. Within a specific HEI, it captures a commonly accepted state of the

stakeholders. However, this approach does not resolve concerns of relative

quality state between HEIs. The question of relative state of quality is

addressed through Quality Enhancement.

1.5 Quality Assurance in Higher Education and its Aim

Quality Assurance is likewise a complex concept changing 'not only according

to time and context but also to the different stakeholders' (William, 2016, p.97).

It was expressed in Harvey (2025) as an intentionally planned cluster of

policies, activities, processes, procedures, systems, and practices. Quality

Assurance is not an improvement mechanism but a means of assuring

stakeholders that appropriate tools are implemented to ensure the quality of the

provisions (Harvey & Green, 1993; Harvey, 2025). Views that describe Quality

Assurance as the implementation of a collection of policies, frameworks,

activities, and procedures necessary for assuring the stakeholders

(Woodhouse, 1999; Campbell & Rozsnyai, 2002) provides similar

comprehension of this activity. There is however no single common definition of

Quality Assurance as it has become an agglomerate term tasked to accomplish a collective of things and as a result only achieving some satisfactorily (Williams, 2011).

The scope of Quality Assurance is confined to the assurance that the explicit or implicit pledge made by an institution or programme has been met (Harvey, 2025). It suggests that Quality Assurance does not provide guarantees to the stakeholder that there is quality regardless of its existence. Definition of the scope would ensure that the appropriate Quality Assurance Processes are employed and evidence the activities to improve confidence among stakeholders (Siddam, 2007 from Harvey, 2025).

What does Quality Assurance look like in practice? Different emphases are ascribed to Quality Assurance by regulatory agencies and HEIs (Campbell and Rozsnyai, 2002) including achievement of standards and the implementation of accountability tools. Collini (2012) highlighted the interchangeable view of Quality Assurance as accountability and as an imposed bureaucratic and managerial framework that confuses the realities of HEIs. It is seen to undermine academic autonomy by putting the HEIs through external oversight and measures of accountability. Collini (2012) also saw Quality Assurance as an aspect of wider shift in culture characterised by distrust thus supplanting professional judgment and demands for transparency.

Depending on the stakeholder positionality Quality Assurance is classified as Internal Quality Assurance (IQA) and External Quality Assurance (EQA)

(Sanyal & Martin, 2007; Skolnik, 2010; Iqbal et al., 2022). Program and institutional evaluations by national regulatory agencies and international accreditation agencies are commonly viewed as EQA (Jackson, 1997; Stumbrys, 2004; Favaloro, 2009; Stensaker et al., 2011). EQA assures the stakeholders that the HEI satisfies minimum regulatory requirements (Luckett, 2007). Internal Quality Assurance is a set of tools implemented by HEIs for monitoring and managing the quality of policies, processes, and provisions (Martin, 2018). IQA and EQA mechanisms align via regulatory standards (Woodhouse, 1999, p.30; Collini, 2012). This suggests that regulators and HEIs commonly take the view that Quality Assurance in HEIs ensures accountability to State-prescribed standards (Williams, 2011; William, 2016; Harvey, 2025). Thus, it remains activities in which all concerned stakeholders provide accountability to internal and external stakeholders of a HEI by non-flouting of basic principles and practices (Harvey, 2025).

1.6 Quality Assurance as Accountability

Accountability in higher education involves the evaluation of performance outcomes such as graduation, employment, student performance, retention, and recruitment rates, which are key indicators of the quality of a HEI (Harvey, 2025). It is viewed by ESG (2015) as a twin sibling of enhancement within Quality Assurance. Accountability is an effective measure of stakeholder experience. However, Gosling and D'Andrea (2010, p.9) 'observed that despite the enormous growth in national Quality Assurance processes in the UK, serious doubts remained about their effectiveness in claiming lasting quality improvements.' Accountability-led views tend to not view improvement as a

primary goal but as a secondary justification (Harvey, 2025). It is not necessarily designed to achieve quality improvement but to capture a HEI's state of quality. It also provides evidence of the state of quality of the HEI. Strategic Planning as an accountability tool, could be coopted to drive improvements. However, continuous improvement arises from a cultural change from accountability and compliance towards a culture of quality improvement.

1.7 From Quality Assurance to Enhancement within European Policy

In 1987, a key obstacle to student mobility was a concern over the quality of education provided to students across European Higher Education Area. In 1993, the European Association for Quality Assurance in higher education (ENQA) was created to address these quality concerns through the promotion of Quality Assurance in higher education, by providing guidance, and by direct support to HEIs through national Quality Assurance Agencies. Significant variations were identified in the European area between countries and institutions influenced by funding, governance, and the role of the state (Harvey and Green, 1993). These policies and agencies did not resolve the inconsistencies in the quality of higher education across Europe. The importance of engaging students, employees, employers and the wider community in the Quality Assurance Process was highlighted (Adamson and Green, 1998) by arguing that involvement of stakeholders supports the improvement of accountability, decision making, understanding of customer needs, increase buy-in, and communication.

Quality Assurance was the predominant approach to assuring stakeholders of the quality of the academic degrees awarded by European HEIs earlier in the 20th century. This was due to stakeholder increased demand for accountability and efficiency. The period saw the creation and implementation of accreditation agencies and national regulators across European HEIs. Within their jurisdictions, regulatory agencies were responsible for external evaluation of HEIs (Harvey & Green, 1993). The aim of the external evaluations was to ensure that HEIs adhere to regulatory standards. The lack of direct comparisons of HEIs within Europe prompted the Bologna Declaration which sought the creation of the European Higher Education Area (EHEA). To achieve a common understanding, transparency and standard, the Bologna process encouraged the adoption of a common framework for Quality Assurance across the EHEA. It thus marked the steering of HEIs away from simply controlling quality towards enhancement and continuous improvement. The ESG (ENQA, 2005) thus provided this European level framework incorporating Quality Assurance, external evaluations and internal Quality Enhancement. National quality frameworks such as the ESG, SQEF and the SILPA in UAE ascribe responsibility to HEIs to foster a Quality Culture of enhancement over compliance to regulatory standards. Thus, policy evolution demonstrates increasing knowledge of the importance of continuous improvement, student expectations, innovation, faculty, Academic and Non-Academic Quality Managers, and regulatory agencies in the QEP (Westerheijden et al., 2010).

1.8 Justifications for Internal Quality Enhancement

There are differences between compliance with regulations and continuous quality improvement (Swinglehurst et al., 2008; Raban, 2007; Oakland, 2014; Elassy, 2015). Where Quality Assurance seeks to provide accountability through transparency granting stakeholders confidence of institutional performance (Elassy, 2015), Quality Enhancement coopts quality weaknesses from these tools and addresses these quality weaknesses. Positive associations have been made between measures of accountability such as accreditation, student evaluations and faculty engagement with quality activities (Arreola, 2007). Accountability leaves the improvement activities to the discretion of the faculty or managers without institutional monitoring and drive to force quality improvement (Banta and Blaich, 2011). Some studies dismiss the notion of a relationship between accountability and improvement in quality (Danø, and Stensaker, 2007; Hénard and Roseveare, 2012; Bolivar, 2014). Where Quality Assurance 'indicate that the processes of assurance have been complied with' (Collini, 2012, p.108), Quality Enhancement is characterised by its intentionality in the continuous improvement of quality of the HEI. The success of Quality Enhancement within the Scottish higher education context calls for the need to research the efficacy of enhancement outside the Scottish or European context. More specifically, it focuses on internal enhancement process rather than an enhancement-led external evaluation activity.

1.9 Theoretical Framework

Articulation of a QEP is necessary to understand how such a process drives quality improvements in HEIs. Articulation requires exploring multiple sources of

information to capture the policy intents and to expose possible policy

challenges within the articulated process. Policy intents do not necessarily

translate accurately to practice due to factors such as:

- lack of communication and coordination between policymakers and

  practitioners (Walker, 2017),

- weakness in policymakers' knowledge and understanding of the complex

  realities of the field,

- lack of policy, process ownership or buy-in due to practitioner resistance or

  willing ignorance of policy directives Bamberger et al., 2015),

- structural barriers such as administrative procedures and rules preventing

  practitioners from effective policy implementation (Berridge, 2017),

- weakness in policy language resulting in insufficient clarity and specificity

  causing confusion and misinterpretation by practitioners (Lipsky, 2010).

- political factors, such as changes in government or leadership, and shifts in

  policy priorities (Chen et al., 2018),

- practitioner resistance resulting from factors such as fear of the unknown or

  a desire to maintain the status quo (Waters et al., 2014).

Theory of Change (Weiss, 1995) is adopted in this research as the theoretical

framework for exploring a specific interpretation of Quality Enhancement

Process for achieving quality improvements. Articulation of this framework

provides significant knowledge and understanding of its mechanisms for

answering fundamental questions on how this approach assesses quality

weaknesses. Weiss (1995) argued for the grounding of quality improvement

activities in unexpressed and expressed reasons on how and why they would

work. Connell and Kubisch (1998) prescribed the stages below for organizational change interventions to be implemented: articulation of the Theory of Change driving the intervention, providing details on actions to be implemented to achieve the intended outcomes, and analysing and interpreting the results of an evaluation, including their impacts for re-strategizing the Theory of Change to further improve the achievements of the interventions.

In an earlier publication, Bandura (1977) indicates that stakeholder perception of the process of change could anticipate the likelihood of achieving the primary intents, the research looks at a quality process much further along in the implementation process. It is however still advantageous to retrospectively evaluate an intervention for its ability to achieve its design objectives. Outcomes of such evaluations would determine if the intervention should be continued as is, discontinued or improved by making some adjustments. Policy articulation of the process along with stakeholder perspective of the practice, detailed articulation of the process could then be achieved. Clearer perspective of how and what the QEP deems as quality weaknesses requiring enhancement can be analysed and isolated. As quality practitioners with expert knowledge of the context, Quality Managers' views of the challenges to, and effectiveness of the QEP's effectiveness could then be articulated. As key practitioners, the success of the QEP in achieving its intents could be deduced from their perceptions.

A Theory of Change approach is useful for evaluation … 'because it guides the evaluation in exploring what is plausible, doable, and testable' (Lafferty and

Mahoney, 2003, p.34). In other words, interventions are deemed more likely to succeed if practitioners responsible for implementation or Quality Managers believe that the initiative is plausible, doable and testable (Connell and Kubisch, 1998). Connell and Klem (2000) suggested that it must also be meaningful. Plausibility implies that the practitioners believe in the logic of the design of the intervention and its ability to fulfil the intent. Conceptual framework for the research is presented in figure 1.1.
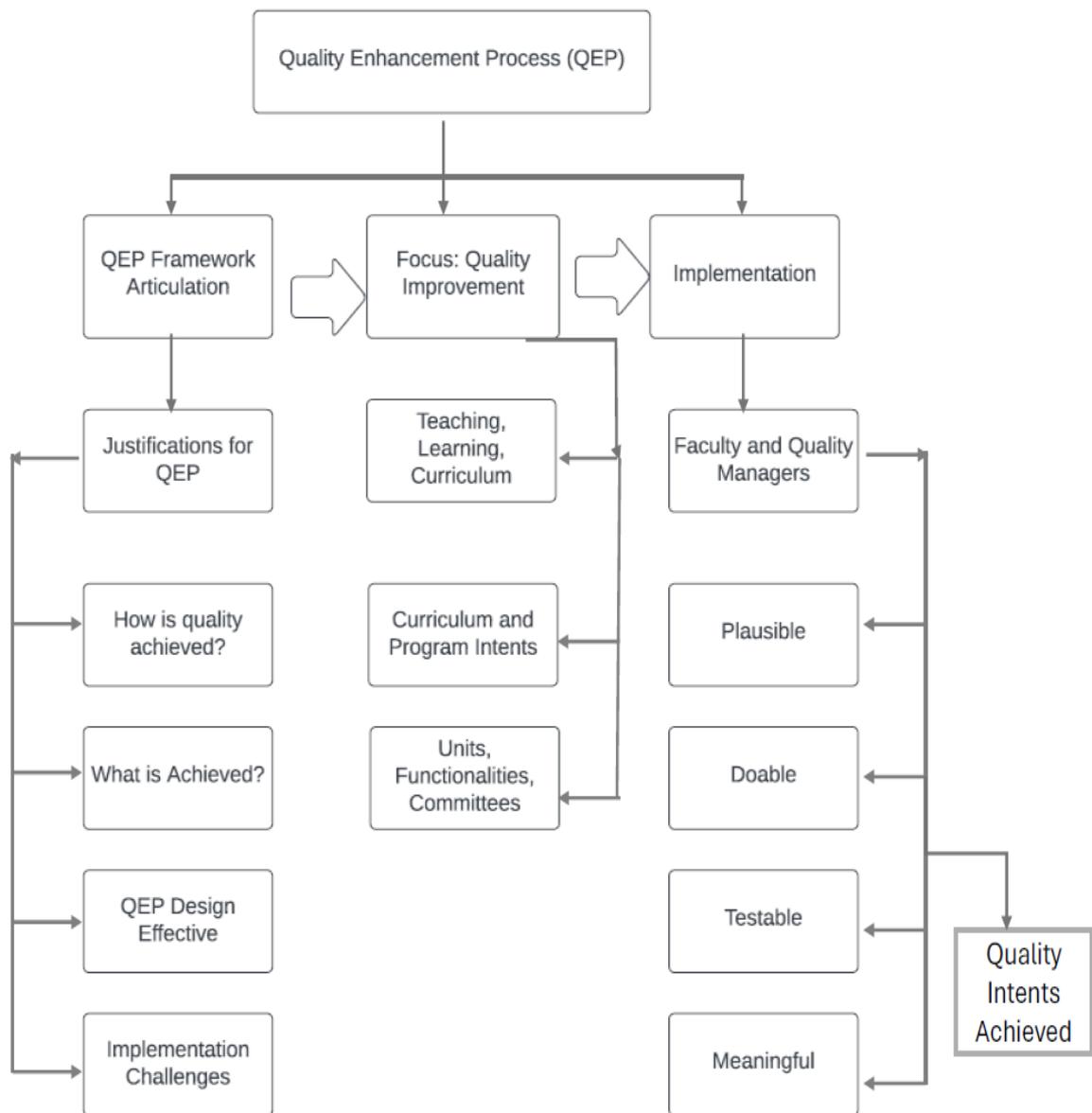
Figure 1.1 Conceptual framework for the Research.

Plausibility can be tested by eliciting Quality Managers and faculty perceptions of the achievement of quality improvement by the QEP. An affirmative thumbs up suggest that they have confidence in the generated quality improvements and implicit logic for achieving them. A thumbs down implies that the logic is not believed to be sufficient in producing desired changes. Neutral response from practitioners suggests that the logic behind the interventions may be sound but requires some degree of improvements. "Doable" implies that the intervention is endowed with sufficient political, human, and economic resource to implement the improvements (Connell & Klem, 2000). Are practitioners such as Quality Managers, faculty and leadership willing and able to support the intervention? Is it aligned with the context and is it flexible enough to adapt to the context?

Whether an intervention is doable could be deduced from policy documents, questionnaires and interviews of key quality practitioners to ascertain their perceptions of the process challenges and effectiveness.

The idea that an intervention is "testable" refers to the extent 'that stakeholders believe there are verifiable knowledge to discover whether the results are as predicted' (Connell & Klem, 2000). Whether the intervention is "testable" can be verified by exploring faculty perceptions of the appropriacy of the improvement activities in the classroom and Quality Managers' perceptions of the QEP activities in achieving Quality Enhancement. Connell & Klem (2000, p.95) captures the value placed by the stakeholders on the 'outcomes and the magnitude of change in these outcomes being pursued as worth the effort.' Whether the intervention outcomes are "meaningful" could be explored by

Quality Managers and faculty perceptions of the QEP's improvement of primary focus of enhancements to stakeholder experience of aspects of institutional governance such as teaching, learning and research.

1.10 Research problem and Research Questions

The social practice denotes singly, grouped or institutionally ascribed activities with behaviour that people consistently and systematically do (Saunders et al., 2011). The Quality Enhancement social practice within the case HEI is a consequence of regulatory mandates. The regulatory framework mandates Quality Enhancement within higher education sector to improve the learning experience of all students across the country (SILPA, 2019). This suggests that the regulator views the existence of a relationship between quality improvement activities or outcomes and enhancement. Based on the position of Quality Enhancement taken in this study, it is necessary to understand how the QEP addresses its quality weaknesses. The challenge is the articulation of the QEP from policies and practices and to understand the process of achieving improvements. The research questions include:

Research Question 1: What does exploration of the Quality Enhancement Process of a small UAE higher education institution reveal about its justifications for implementation and how it attains quality improvement?

Research Question 2: In what ways are the critical self-evaluations focused by performance measures and regulatory prescribed metrics?

Research Question 3: In what ways does trust in the Quality Managers and faculty impact the QEP's attainment of improvement targets?

Research Question 4: What are the outcomes of exploration of quality practitioner's perception of the QEP design effectiveness, implementation challenges and recommendations for process improvements?

1.11 Significance of the Study

Significant effort, time and resources are often expended by HEIs in developing and implementing QEPs. These enhancement processes are sometimes enshrined within regulatory requirements and are often mandated requirements for program or institutional accreditation (ESG, 2015; SILPA, 2019). A key reason for implementing Quality Enhancement is its acclaimed ability to continuously improve teaching, learning and research (Campbell and Rozsnyai, 2002). Alamoud (2017) found that faculty in their role in a contextual Quality Enhancement Plan found increases in the HEI's reputation, improved promotion of international research collaboration, increases bureaucracy, and cost-effectiveness. This suggests that there are positive and negative impacts on the multiple foci. Within the case HEI context, the QEP is implemented to achieve improvement of all aspects of institutional governance with the aim of improving provisions. This is with the view that improvement of provisions subsequently positively impacts teaching and learning. However, finding literature on QEP articulations of HEIs and the quality improvement mechanisms is challenging.

The perspectives of quality practitioners such as faculty (Tully, 2015) and

Quality Managers (Seyfried and Pohlenz, 2020) are essential in exploring the

process and its impacts because they are responsible for the policy

implementation. The research explores the QEP design and how it ensures the

achievement of augmentation of institutional weaknesses. Outcomes of this

research add to discussions on effective methodologies for ensuring internal

quality improvement of HEIs or more precisely, the Internal Quality

Enhancement activities. Emphasis on "internal" is because HEIs implement this

process internally although, external stakeholders are important in the

evaluation of external perceptions. It explores the approach adopted by some

HEIs, and specifically, a HEI context within the UAE that brings together

multiple approaches for quality assessment in the systematic achievement of

whole institutional quality improvements. It does not dismiss outcomes of IQA

and EQA but inculcates them in achieving improvements.

Policymakers and practitioner expert knowledge of the process and HEI context

are explored because these are reliable sources of knowledge of the

functioning of the HEI. By consulting perceptions of Quality Managers of

German HEIs, Seyfried and Pohlentz (2020) explored determinants of

effectiveness of their Quality Assurance processes. There is a meta-summary

of expert explicit knowledge rather than the 'implicit individual knowledge'

(Döringer, 2020, p.265) of Quality Managers from multiple HEIs who may not

necessarily adopt the same approach to Quality Assurance. QEP designs are

often specific to the institutions hence the research goal is a meso-level study

of the workings of a macro-level institutional system by exploring the fitness of

the QEP design for the purpose of achieving institutional quality improvement. Banta & Blaich (2011, p.26) suggested that the evaluation of an assessment mechanism 'should not focus primarily on the quality of the assessment measures but on whether the information that has been gathered by various means is the right information about the right goals, is being considered by the right people, and is leading to [desired actions]'. Thus, the process effectiveness is viewed from the position of fitness of constituent parts of the QEP to achieve the specified tasks. Quality Managers' proposed recommendations for improving the QEP effectiveness are also presented to further enhance the intervention.

1.12 Researcher Positionality

My position as an insider in the research context poses a challenge to the research. Knowledge is seen to be sitated in the relations between the researcher and the practitioners (Bukamal, 2022). Insider researchers are themselves susceptible to be 'influenced by tacit theories held by respondents' (Trowler, 2012, p.276) thus the theory-data relationship is a challenge. Theory-data relationships are themselves subject to other factors such as the researcher's adopted paradigm and subjective biases. Delamont (2002) thus, the challenge for insider researchers is the ability to see the "normalized as strange". As much as possible, it is necessary to limit the influences of insider pre-conceived biases and preconceptions held by the respondents.

As an insider researcher, I am a member of staff of the case HEI working at the strategic institutional licensing and legal compliance level. Where Hamdan

(2009) posited that a researcher can be positioned as both an insider and an outsider within the same cultural group, in this research, I am an employee of the HEI with no participatory role or responsibilities of the participants. The advantage of being an insider to this HEI context is that it provides access to the research participants in the community of practice and the policies. These are accesses not available to strictly outsider researchers. As an insider researcher with no direct management or leadership responsibilities over the participants or the QEP, the participants are more willing to provide critical opinions of the processes and outcomes. Participation of these experts and their candidness is also secured by agreeing to anonymise the comments. Although my role is central in interpreting the situated knowledge (Cohen et al., 2007), my interpretation of the findings is guided by the data and my background in the UAE national higher education compliance with bylaws and institutional licensure. These are acknowledged as central in this research (Bryman, 2016).

1.13 Summary

The institutional leadership's justifications for implementing the case QEP would provide clear insights into the HEI's intents. It is necessary to explore these reasons to understand the foci of the contextual QEP. Implementation of the QEP is the responsibility of all categories of the institution's Quality Managers however, faculty and all categories of stakeholders are empowered to participate in the quality assessment activities. From the European context, Quality Enhancement is a consequence of the failures of compliance with

regulatory standards and measures of accountability to drive improvements of higher education sector as a goal of the European policymakers. Although the introduction and inclusion of Quality Enhancement as a mechanism for ensuring the achievement of quality improvements is within the remit of regulators, the HEIs are responsible for the internal QEP design, implementation and achievement of improvements. The designs are context-specific with focus on attaining quality improvements. To articulate the QEP and understand its implications, expert opinions of these practitioners is essential. Some of the key questions include what are the HEI's likely justifications for implementing a QEP beyond the view that it is a national regulatory requirement? How do QEPs achieve quality improvements? What are the challenges to their implementation? Are the designs effective and do the quality practitioners perceive improvements from implementing this process?

Chapter 2: Literature Review

2.1 Introduction

This chapter provides a critical review of existing literature on the goals of Quality Enhancement and the processes. It also presents existing arguments on the articulation of QEP from policy documents and from practice. Process articulation is done with the aim of improving stakeholder understanding of a process and to clarify understanding and effectiveness of implementing the articulated process. An in-depth knowledge of the implemented QEP is a necessary initial step in achieving the expected results. Arguments for an integrated and all-inclusive QEP which enhances all aspects of governance simultaneously is explored. The chapter also explores literature on the effectiveness of the implemented QEP or practice from the perceptions of quality stakeholders responsible for the implementation of the QEP.

Relevant literatures were retrieved from Google Scholar, EBSCO, and specific journals such as the European Journal of Higher Education, and Quality in Higher Education. The search identified literature addressing the concept of Quality Enhancement process and practices, continuous quality improvement and effectiveness of QEP. The challenge is to understand how a HEI determines its quality weaknesses that may or may not be obvious and how the HEI ensures that these are exhumed and continuously addressed. What are the challenges impacting such a quality improvement process and is the process

effective? Is the process as designed and implemented perceived by key implementation stakeholders to achieve the desired goals? Or is it simply another policy project like Quality Assurance, put in place to pacify the public?

2.2 What is Quality Enhancement?

There are several policy-expressed positions on the meaning of Quality Enhancement. The QAA's handbook for enhancement-led institutional review: Scotland (QAA, 2003) like Newton (2013) viewed Quality Enhancement as an intentional set of activities deliberately implemented to bring about continual improvement in the effectiveness of the learning experience of students. It was later expressed as a component of institutional quality management designed to ensure within the constraints of HEI's operation, continuous, reliable, and provable improvements. At European policy level, Quality Enhancement is the continuous improvement of HEIs by a systematic and evidence-based actions leading to positive changes (ENQA, 2015). It is 'a cyclical process by which institutions evaluate and enhance their academic provision and the student experience, using a range of evidence-based methods, with the aim of ensuring and enhancing the quality of their provision' (QAA, 2020, p.10).

Within academic literature, Quality Enhancement has been seen as a continuous process of improvement, stakeholder-centred and focused on the improvement of the quality of teaching and learning experiences (Harvey, 1995; Campbell and Rozsnyai, 2002; Harvey & Williams, 2010; Owen & Ryan, 2018; Carvalho & Baptista, 2019). It is a continuous process of improving the quality of education through the implementation of various strategies and initiatives. It

is thus necessary to establish these initiatives and examine how and if these initiatives do cause improvements. Prior to European policy inclusion, Harvey & Green (1993) specifically viewed Quality Enhancement 'in terms of improvements in the design and content of courses and in the validation procedures.' Church (1988) viewed enhancement from program perspective as improvements made to the curriculum or "programs design", course content and in the continuous validation. Students and faculty involvement in the quality improvements of the courses and programs is necessary because the delivery of courses consumed by students is done by the faculty.

Quality Enhancement is also a non-neutral complex technical social process shaped by numerous contextual factors such as institutional characteristics, culture, external stakeholder influence (Gvaramadze, 2011), funding bodies, and professional associations. Qualifications of faculty and their training, student engagement (Gvaramadze, 2011), technology, curriculum design, academic programs, student learning outcomes, assessment, evaluation, institutional resources, academic and social integration, support provided, research, stakeholder involvement (Groen, 2017), leadership, culture, and resources (Astin, 1993; Tinto, 1993) contribute to the quality of HEIs. Harvey (2025) more comprehensively view Quality Enhancement as a process designed for a specific HEI context and the constraints within which each HEI operates, a steady, reliable, and evidencable improvements in the quality of learning opportunities. Where all aspects of governance impact the quality of teaching and learning, the QEP is implemented across governance.

Contrarian views of Quality Enhancement suggest that enhancement holds the same meaning as quality (Vlãsceanu et al., 2007; Campbell and Rozsnyai, 2002). This view is inaccurate because quality is the state of activity while enhancement is the improvement of the state. However, quality does not seek improvement while the primary objective of enhancement is the improvement of the focus and not simply a secondary consequence of implementation. Quality Enhancement aims to ensure achievement of improvements despite regulatory shackles. It ensures that the HEI maintains its competitiveness while staying attuned to the evolving needs of students and society. It also ensures that students receive high quality education that prepares them for their future careers in contributing to the overall development of society (Huisman and Pekarova, 2010; Lozano et al., 2013). If the essence of Quality Enhancement in HEIs is to improve quality, perhaps the focus should not simply be to improve aspects of higher education governance and administration but to use it to improve all aspects of the HEI.

Where 'Quality Assurance is a "top-down" process, characterised by inflexibility and based upon quantitative measurements', Quality Enhancement has been viewed as a "bottom-up", negotiated process based on qualitative judgement and engagement with academics' (Williams, 2016, p.99). This definition suggests that there is no relationship between quality improvement and regulatory metrics and restricts Quality Enhancement to teaching and learning and the remit of academics. The notion that there is no link between Quality Enhancement and regulatory compliance (Filippakou & Tapper, 2008) could be challenged by the approach of some institutions. A challenge in this thesis is to

uncover how HEI's employ regulatory metrics in the achievement of quality improvement. Strategic Plans are embraced in "top-down" enhancement activities (Alamoud, 2017; Bok, 2015; Martinez, 2015) hence it could be argued that these could be combined with "bottom-up" approach. It is necessary to explore the "top-down" and "bottom-up" approaches and how they lead to improvement of all aspects of institutional governance. Continuous improvements of HEIs should not impair mandatory compliance of these institutions with regulatory standards but support improvement of quality.

2.2.1 What is included in the QEP?

Contrary to singular-focused Quality Enhancement approaches, a holistic view to Quality Enhancement has been developed in response to limitations placed by reductionist Quality Assurance approach (Barnett, 2011). Frameworks like the European Standards and Guidelines (ESG, 2015) is a formalized holistic Quality Enhancement approach encouraging a student-centred learning and stakeholder engagement (ENQA, 2005). Other holistic approaches include South Africa's Higher Education Quality Committee (HEQC) framework which inculcates equity and transformation into quality metrics to tackle the apartheid era equity concerns (Lange & Singh, 2010). Likewise, the Australian Tertiary Education Quality and Standards Agency (TEQSA) framework inculcates assessment of student wellbeing and academic outcomes (TEQSA, 2011). A Holistic approach thus argues for a combination of foci. The position of the case HEI is that all aspects of institutional governance could be simultaneously improved. Institutional governance has been found to affect learning through e-learning systems (Tawafak et al., 2020).

It is suggested by Materu (2007) that a holistic approach to Quality Enhancement is aspirational for constrained HEIs due to resource and infrastructure limitations. Morley (2003) found that regulatorily driven cultures undermine holistic priorities. Holistic Quality Enhancement approach is deemed to be faced by several challenges (Sabri, 2010; Ecclestone & Hayes, 2009; Burke, 2012; Watson, 2007; Morgan, 2012). Its advantages include addressing cognitive and non-cognitive domains (Barnett, 2011), is inclusive of stakeholder clusters (Bhambra et al., 2018) and is adaptable at addressing multiple missions across institutional governance (Kuh, 2008). QEPs are hence complex social processes requiring the continuous negotiation and navigation of the tensions and competing interests amongst the various categories of stakeholders, administrative units, processes, procedures, functionalities, and policies.

Quality Enhancement has also been viewed as an 'aggregation of measures taken regularly to ensure quality of a unit' (Campbell and Rozsnyai, 2002, p.133). This is a reductionist analytical approach that ignores the complexities of systems and the interactions of component units within a complex system of activities not functioning in isolation (Wilson, 1998; Kim, 1999; Bickle, 2003). Improvements in the quality of organizational units would likely impact the quality of its functionalities, processes, policies and staff and students' experiences within the system. In-depth knowledge of the implemented institutional process is the initial step towards achieving the expected impact on student outcomes (Williams, 2016; Salmi, 2011). Articulation of the design, its

effectiveness, and how it systematically addresses quality is imperative (van der Meer & de Vries, 2019). Based on Harvey (2025), the design secures in the context of all limitations, a continuous, dependable, and verifiable improvements in the quality of the learning provisions.

Outcomes of internal and external accountability tools could impact the data inputs or quality weaknesses addressed by the QEP (William, 2016). If QEPs are designed to secure steady, reliable, and demonstrable improvements within specific context, what activities in the QEP guarantee the achievement of improvements? The complexity of the QEP depends on the scope of implementation within the HEI. Besides accreditation and accountability outcomes, HEIs also use benchmarking, and peer review to ensure improvement of quality. HEIs develop their context-specific Quality Enhancement process within their 'Internal Quality Culture [and] in accordance with their institutional mission and objectives' (Gvaramadze, 2008, p.445). Thus, the HEI's aspects of governance should be the focus for improvement.

Engagement of students, staff and leadership are key components in successful QEP (William, 2016; Banta and Blaich; 2011; Millard et al., 2013). This ensures the empowerment and agency of stakeholder clusters (Spencer-Matthews, 2001; Bendermacher et al., 2017). The degree of student engagement with QEPs is dependent on the institutional priorities, scope of aspects of institutional governance to be enhanced and their participation in decision-making (Millard et al., 2013). Degree of stakeholder engagement with the QEP would be determined by their interactions with course, programs,

units, committees, functionalities such as research facilities, library and more. Thus, implementation of the QEP in the classroom environment may involve the faculty and dependent on a HEI's liberalized, autocratic, or centralized approach to governance (Salmi & Hauptman, 2006).

Accountability mechanisms such as performance indicators (Huisman, 2020; Macheridis and Paulsson, 2021) and students' employability (Bovens, 2007; Romzek, 2000) are examples of measures of performance stipulated within regulations. Accountability measures could capture the state of institutional quality and reveal improvements or could be quality weaknesses improved by QEPs. Managerial accountability arrangements such as external evaluations are formal mechanisms for responsiveness of HEIs to regulators (Macheridis and Paulsson, 2021, p.91). As seen with other accountability tools, external evaluation recommendations are quality weaknesses that must be addressed by the HEI. Although the recommendations highlight regulatory infractions, they constitute quality gaps (Macheridis and Paulsson, 2021) needing to be addressed to satisfy minimum regulatory requirements.

2.3 What are the Key Policy and Practice Concerns?

Quality Enhancement is a more proactive approach for improving the quality of HEIs. Similarly, alignment of the QEP to institutional goals, mission and vision has been seen to proactively improve the quality of educational experience and consistently meld with the overall objectives of a HEI (Crow, & Dabars, 2015). Such alignments could reduce the expended resources on multiple processes running simultaneously thus improving effectiveness and efficiency of

deployments in the bid to achieve desired outcomes (Williams, 2016; Inglis et al., 1999). Significant support is required from institutional leadership in the funding and provision of human resources to successfully implement these processes. Thus, key concern of the QEP is its ability to optimize the use of its resources in effectively achieving the intended improvement objectives.

It has been 20 years since Jones & De Saram (2005) stated that Quality Enhancement as improvement to the quality of a HEI is under-researched. There have since been a significant number of publications on Quality Enhancement in higher education. Some of these exemplar publications include mega-level studies such as Yusof and Yusof (2020), Tsevelragchaa (2012), Williams (2016), van der Meer and de Vries (2019) and Stalmeijer et al. (2023). However, studies of internal Quality Enhancement from the perspective of all governance activities still needs to be explored. Such an institutional level policy concern simultaneously within their different quality foci. Policy clarity, stakeholder buy-in and 'shared ownership based on collegiality and consultation of staff across various disciplines and departments' (Bendermacher et al., 2017, p.49) are required. It is however common that QEP is entangled in Quality Managements Systems without clear distinctions from other quality activities. Disentangling them could maximise community knowledge of their contributions to improvement intents. A functional Quality Enhancement approach requires the existence of a Quality Culture at an institutional level thus uniting academics, non-academics and students (Hénard, 2009; Huson, 2015) in the drive for quality improvement. Quality Enhancement is thus a means for promoting an effective culture of continuous improvement.

Does the internal QEP really achieve improvements where implemented? Is the process for achieving the improvements doable, testable, plausible and meaningful and effectively done?

A challenge of internal QEPs is that they rely heavily on stakeholder perceptions in assessing quality weaknesses. They also rely largely on trust of the participants in achieving the targets. Are the perceptions of faculty, students, managers, and external stakeholders valid or do they sometimes distort the QEP achievements? It achieves relevance through trust and negotiations between internal and external stakeholders (Gvaramadze, 2008). There is also a need to ensure continuous evaluation and feedback on the effectiveness of the QEP itself to continuously ensure consistency and process relevance. This suggests that without an intentional buy-in to the QEP, it could lose its impact on the context. Perhaps a challenge to sustaining its relevance is the stakeholder perceptions align with achievement of institutional goals.

The methodologies for assessing institutional quality weaknesses are an additional policy concern. Ability of an QEP to address quality concerns of a HEI is a function of the applied quality assessment tools. Effectiveness of a QEP is indicative of the strength of the accountability tools (Stensaker et al., 2011; Watty, 2006) because these tools assess the current situation and performance indicators of HEIs. 'Assessment is beneficial because it generates knowledge' for quality practitioners (Banta and Blaich, 2011, p.27). In a more holistic approach, assessments could include all approaches by which HEIs assesses quality weaknesses. Gosling and D'Andrea (2010) for example

advocated for holistically combining educational improvement with Quality Assurance. Quality assessment methods such as "bottom-up" reflections (Biggs, 2001) of academic courses, programs (Garamadze, 2008; Leuz, 2018; Aguilar-Elguezabal, 2019), academic and administrative units (Weiss, 1995), "top-down" accountability, external evaluations and internal audits (Macheridis and Paulsson, 2021) are some of the mechanisms for extracting a HEI's quality weaknesses. Each component of the QEP, their integration with one another, their implementation, provided resources, and other factors contribute to its effectiveness of the QEP. The process may look seamless however, does the QEP design and implementation ensure the achievement of quality improvements? Thus, the QEP's effectiveness could be viewed from the perspective of performance of the components in performing their functions within the quality improvement process.

2.4 Stakeholder Perceptions of QEPs

Stakeholder perceptions of quality improvements are commonly researched via governance aspects such as satisfaction and academic experience research (Tinto, 1993; Kuh et al., 2005), and stakeholder engagement via Participatory Quality Enhancement (Israel et al., 1998). Participatory Quality Enhancement places emphasis on involvement of stakeholder and communities of practice (Wenger, 1998) in policy implementation. It seeks to ensure that policies reflect the needs and priorities of stakeholders directly affected by the policies. This aligns with the earlier stated adoption of evidence-informed and participatory policy articulation approaches that reflect the context. Stakeholder perceptions of the internal QEP may be linked to their "*weltanschauung*" or worldview of

quality itself. This could be advantageous in a scenario where the stakeholders are Quality Managers responsible for the design and implementation of the QEP. Stakeholder contextual knowledge informs the articulation of the practice from interviews.

QEPs are viewed as financially and administratively burdensome (Newton, 2002; Manatos et al., 2017). This idea is contestable when viewed from the perspective of the students and managers based on their engagement with the QEP process implementation hierarchy. Budgeting and expenditure for QEPs would most likely be within the remit of the Quality Managers and not the faculty. Quality Managers also hold a mixture of affinity, nonchalance, support, and adjustments to concepts of quality and its mechanisms such as Quality Enhancement (Newton, 2002; Westerheijden et al., 2007; Cardoso et al., 2013; Alamoud, 2017). Several research publications have indicated that stakeholder perceptions of Quality Enhancement systems are influenced by a range of factors. Some of these include academic program quality, institutional reputation, the role of government, external regulatory agencies, effect of globalization, cultural and social factors, institutional culture, accountability, leadership, and stakeholder engagement (Albaqami, 2015; Molenaar & Webb, 2018). The challenge is to explore the perceptions of faculty members and Quality Managers of the QEP process, challenges in achieving improvements, and its effectiveness in achieving the improvements. Regardless of their situation on the policy implementation hierarchy, quality practitioners have individual views of the intervention based on their experiences.

2.5 Articulating QEP from Policy and Practice

As earlier described, QEPs are entangled within the Quality Management Systems of HEI or in other relevant policy documents. Articulation of the QEP is necessary to understand the mechanism for quality improvement. Hence, evidence of the HEI's implemented internal QEP could be extricable from entanglements in the Quality Managements System and the relevant policies. Articulation of the QEP practice could be done from the knowledge and experiences of the community of experts involved in implementing the process (Lave and Wenger, 1991; Trowler, 2003; Luker & McHugh, 2019). It could also use the stratification of participants such as students and faculty (Williams, 2016; Millard et al., 2013), and managers in the policy implementation staircase (Reynolds & Saunders, 1987) to understand the implementation within these strata. These stratified levels of practitioners at various levels of the implementation staircase can also assist in augmenting a knowledge gap of the internal QEP and the implemented process (Morris, 2008). A derivative of higher education policy implementation staircase is presented in figure 1.2 below. The policy implementation staircase illustrates the hierarchical enactment, interpretation and implementation of policies within higher education. It links the policymakers, or leadership to the administrator or policy administrators and the practitioners. Each step on the policy implementation staircase represents a cluster of stakeholder groups. The perceptions of policy and practice by each cluster of stakeholders is likely rooted in the degree of their engagement with the QEP process or their contexts, priorities, and resources. Regulatory policies are created within clusters 1 and 2, while a HEI's policy is developed at step 3. Implementation of a Quality Enhancement

process or practice is done on steps 4, 5 and 6 of the staircases. Knowledge of the practice could be explored by interviewing participants on steps 4 and below.

International Quality Agency	**(1) Global**
External Quality Agency (Govt.)	**(2) National**
Quality Committee, Director (Quality & Risk)	**(3) Institutional**
Academic Dean (Programs)	**(4) College**
Program Directors	**(5) Department**
Lecturers of all categories with contact with students	**(6) Courses**
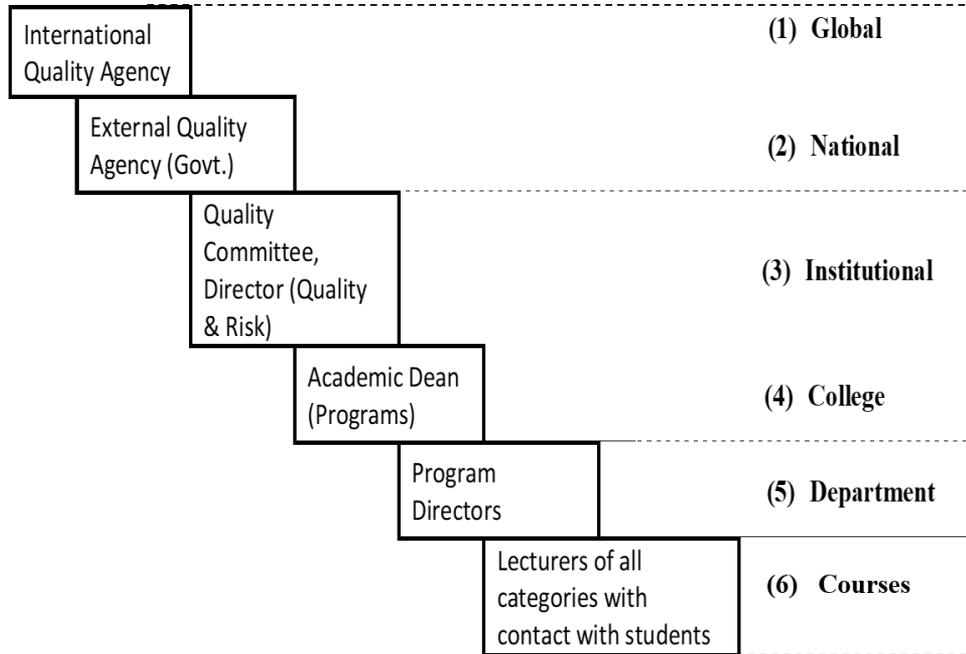
Figure 1.2 The policy implementation staircase

Evidence-informed approach (Petticrew & Roberts, 2003; Nutley et al., 2003) to process articulation from practice ensures the relevance, practicality, and effectiveness of the articulation. "Evidence-informed" and/or "participatory approaches" (Arnstein, 1969; Rowe & Frewer, 2000) to policymaking are employable for policy development. However, adoption of expert knowledge of the practitioners is as valid in policymaking as any method based on positivist underpinnings for informing the articulation of the practice. This is especially true when the practitioners have expert level knowledge of the process and context.

Participatory and evidence-informed approaches to policymaking are nuanced, and collaborative (Trowler, 2015) hence could jointly impact the synergistical improvement of policy and practice (Beerkens, 2018). This approach could also identify inherent gaps between policy and practice which could reveal evolution of practice beyond the policy or incomplete policy implementation. A strength of such a synergistic approach is that it grounds policy conceptualization and symbolism in the realities of the HEI's social and administrative context (Guba, 2004; Boaz et al., 2008). The idea that policy and practice should be aligned has been questioned on the grounds that there may be loss of value of each of these worlds (Trowler, 2003). The ideal scenario is for practice to reflect policy at least until practice evolves prior to policy improvements. Policies provide guidelines of processes within a HEI and its compliance with regulatory requirements (Cohen et al., 2014; Briggs & Tillery, 2008). Alignment of policy and practice ensures fairness, accountability, transparency, consistency, and coherence across the institution (Harman & Meek, 2015).

Participants' disengagement from process is sometimes adduced to several challenges such as poor policy implementation, communication and coordination between policymakers and practitioners (Walker, 2017), weakness in policymakers' knowledge and understanding of the complex realities of the field, and lack of process ownership, practitioner resistance or willing ignorance of policy directives (Bamberger et al., 2015). Structural barriers such as administrative procedures and rules preventing practitioners from effective policy implementation (Berridge, 2017), and weakness in policy language

resulting in insufficient clarity and specificity causing confusion and misinterpretation by practitioners (Lipsky, 2010) have also been identified as causes of participants' disengagement from QEP. Political factors, such as changes in government or leadership, and shifts in policy priorities (Chen et al., 2018), practitioner resistance resulting from factors such as fear of the unknown or a desire to maintain the status quo (Waters et al., 2014) have also been identified. These findings may not be universal because QEP designs are context specific. Nevertheless, there are a significant number of likely impediments to participant engagement with quality processes.

2.6 QEP Implementation Challenges

Stakeholder engagement, addressing of conflicts of interest, resistance to change, effective leadership and governance are some of the challenges to quality improvement processes Macfarlane (2006). Other identified challenges include use of student feedback to implement improvement to teaching and learning, and the imbalance of power (Gibbs, 2013). The concept of QEP challenges the view of Sallis & Hingley (1991) that simply view the stakeholders as customers. Vague institutional goals and objectives, resources limitations, support for faculty, poor "top-down" communication and poor collaboration between quality stakeholder clusters (Alamoud, 2017), leadership commitment (van der Meer and de Vries, 2019), complexity or ease of stakeholder engagement with the QEP design (Yusof & Yusof, 2020) and insufficient knowledge of the processes, are challenges faced in the effective implementation of QEPs.

QEPs have been found to divert resources and attention from core academic and research activities (Bok, 2003), reinforcing power dynamics and inequalities. Challenges reflect the political climate of individual HEI's liberal or autocratic stance to administration or to what degree the leadership of a HEI prioritizes internal Quality Enhancement. Consultation of quality practitioners' lived experiences of the difficulties in implementing the QEP could reveal elements accessible only to process insiders. Hence, perceptions of faculty, Quality Managers and students could reveal these challenges.

2.7 Process Effectiveness

Prior to the introduction of Quality Enhancement approach, outcomes of accountability drove internal or external reporting (Bovens, 2007), capturing a momentary state of a HEI's performance. Macheridis and Paulsson (2021, p.91) suggested that by placing emphasis on performance measurements, autonomy is restrained, 'not least by encouraging HEI's departmental management to focus on managerial issues rather than collegial processes of academic decision-making.' Paying excessive attention to management concerns and less attention to addressing student primary foci such as teaching, learning, research, support activities, counselling services may not sufficiently improve student experiences.

To attain the desired improvements of all aspects of institutional governance, it is necessary that the Quality Enhancement process is effective (Marginson and Considine, 2000; Teichler and Arimoto, 2015; Stensaker et al., 2012; Okebukola, 2015; Altbach and de Wit, 2017). Limited stakeholder participation

and weak accountability measures were found by Amaral et al. (2009) in a Portuguese study to have resulted in the ineffective implementation of enhancement initiatives. However, effectiveness of a QEP is often ascertained by external evaluators albeit as a snapshot, static outcomes or as a regulatorily steered decision. Effectiveness is often negotiated by the institutional leadership and regulators based on benchmarking and a process of reciprocity (Leeuw, 2002).

The impact of quality improvement activities is often assessed via stakeholder feedback on aspects of governance thus suggesting an over-dependence on quantitative measurables rather than qualitative analysis of the impact. It does not necessarily ensure that the weaknesses are effectively addressed by the intervention. According to Nicol & Macfarlane-Dick (2006), effectively using student feedback in identifying areas for improvement is the initial step for effective QEP. Adherence to an integrous approach in the assessment of quality weaknesses is key in upholding the credibility (Bouter et al., 2016). A key challenge is to ensure that each step of the process achieves the designed purpose. Effectiveness and clarity of the stages of the process would provide validation of the quality of the outcomes. Validation that each stage of the process achieved their design purposes runs contrary to Williams (2012) who viewed effectiveness from the perspective of measured impact. Thus, viewing effectiveness as "fitness for purpose" (Bovens, 2010) has several strengths including its contextual relevance, adaptability, and the engagement of stakeholder knowledge in the process. Contextual relevance as a strength describes the focus of the concept of fitness for purpose on the original

intended goals, and considers the specific needs, expectations, and requirements of the stakeholders (Pawson, 2006). Adaptability recognises that the desired outcomes are context-dependent, allowing for flexibility in tailoring interventions to specific situations. The "fitness for purpose" approach is supported by stakeholder expert knowledge of the process. This holds significant value in exploring the practice.

2.8 Quality Culture

Private or public organisations in general possess multiple subcultures which in a complex way define the organizational cultures. Likewise, HEIs 'possess several organisational culture types' (Bendermacher et al., 2017, p.46; Cameron and Freeman, 1991, p.1) and subcultures that constitute the overall institutional culture. The subcultures are described as "emerging" as a 'consequence of staff being active in a variety of disciplines and departments' (Bendermacher et al., 2017, p.46). Leadership culture on the other hand pervades all activities and subcultures of the HEI, determining if a liberal or illiberal, "top-down" leadership approach that ignores participation of the stakeholders is adopted. These leadership approaches have their time, place, and advantages, impacting subcultures within the HEI. A view of managerialism is that it is 'what happens when a special group, called managers, ensconces itself systematically in an organization and deprives owners and employees of their decision-making power' (Klikauer, 2013, p.2). In HEIs where academic freedoms are not celebrated, subcultures promoting exchange of ideas in academic environments are often frowned upon. Thus, buy-ins by all categories of participating staff are necessary for the sustenance of an internal QEP.

Through effective engagement of internal stakeholders, HEIs develop a Quality Culture to achieve stakeholder expectations. Harvey & Stensaker (2008, p.429) suggested that Quality Culture can be enforced through structural decisions which stimulate 'a system of shared values and beliefs.' Ehlers (2011, p.2) cautioned against the perception of Quality Culture as a "top-down" process or an additional QEP, … but as a holistic one. Within European HEIs, the challenge is the creation of an environment which 'strengthens and promotes a Quality Culture' (Gvaramadze, 2008, p.451). The publication views Quality Culture not simply as achievements of evaluations and reviews as seen in a QEP, but as a collective of values and shared practices 'within the institutional community at different levels [institutional, department, course or programme levels]' (p.451). Sattler & Sonntag (2018, p.313) expressed it as a discernment of the 'extent to which quality is actually subscribed to and lived by members of a HEI'. Quality Culture is not simply a process but a psychological concept, providing a collective from the individual within a unified cause. As opposed to an event or a momentary activity, Quality Culture is characterised as a continuous state of functioning structure and psychology. It is necessary to include its continuity and the empowerment of the stakeholders in the definition.

Continuous stakeholder empowerment in the process implementation is a characteristic of a Quality Culture. According to Sahney et al. (2010) the essence of employee participation and process ownership is to empower staff of the HEIs. Quality Culture requires participation and involvement of stakeholders (Bendermacher et al., 2017) with the desired changes likely to

result from empowerment of the participants. However, participation could be passive and monotonous without agency. Thus, Quality Culture steers away from managerialism by empowering stakeholders. Devolution of controls to participating stakeholders requires the grant of trust by leadership to stakeholders in achieving the changes. Without trust, every step of a process may require verification by higher level members of the HEI. Employing a process that verifies all stages and activities of the QEP would mute creativity and innovation in the process.

To test for the quality stakeholder perceptions of the existence of a Quality Culture within a HEI, the "heiQUALITY" of Sonntag et al., (2016) used a Quality Culture Inventory. This Quality Culture Inventory inculcates the quality stakeholders' perceptions of the existence of key indicators of a Quality Culture. It consists of a "structural-formal" and an "organizational-psychological level" of Quality Culture questionnaires 'based on comprehensive literature reviews focusing on previous questionnaires' (Sattler & Sonntag, 2018, p.315). However, where the participants in the research are faculty and Quality Managers within the process only the organizational-psychological questionnaire is pertinent for analysis. The Quality Culture Inventory was developed by considering inputs at meso-level hence the significance of a structural-formal questionnaire. When the focus is a single HEI, it is arguable that only perceptions of active quality practitioners should be studied and not inputs from the wider scope of non-participating stakeholders.

The indicators of the Quality Culture Inventory are not definitive but are indicators of the existence of a Quality Culture. Some of the pertinent indicators include individual aspects such as engagement, responsibility, and commitment (Jackson, 2004). Collective aspects include leadership (Heinitz & Rowold, 2007), participation (Staufenbiel and Hartz, 2000), communication (Brodbeck et at., 2000), shared values (Harvey & Stensaker, 2008), trust (Zeitz et al., 1997), and global aspects. Quality practitioner perceptions of the presence of these dimensions in the QEP implementation could be analysed using descriptive statistics to provide indications of the existence of a Quality Culture. All or a combination of these dimensions or additional identifiable, justifiable, and acceptable dimensions could be used to model the existence of Quality Culture in a HEI.

"Trust" as expressed in this research describes a top-down reliance and dependence of the institutional leadership on Quality Managers and faculty to critically evaluate and/or address assessed quality weaknesses without a third-party verification that these actions are done. It suggests that the leadership empowers quality practitioners with confidence that the practitioners commit to engaging constructively in the quality process, sharing in the achievement of institutional goals (Hoecht, 2006). Thus, 'trust has definite and bankable value' (Petersen, 1998).

2.9 Summary

The Bologna Declaration (1999) introduced Quality Assurance into the European Higher Education policy space. Quality Assurance is focused on

satisfaction of academic standards, ensuring transparency and consistency through internal and external evaluations, as outlined by the ESG (2015). Quality Enhancement builds on Quality Assurance and outcomes of accountability tools in driving continuous improvement of the foci of the HEI's QEP. Accountability holds HEIs responsible to stakeholders, with regulatory standards like the ESG providing measures of performance. The Berlin Communiqué prioritize Quality Enhancement development and endorsing the European Standards and Guidelines for Quality Assurance in the European Higher Education Area for harmonized standards. The Berlin Communiqué (2003) emphasised the institutional autonomy and accountability with Quality Enhancement being the responsibility of each institution within the national quality framework. The Bergen Communiqué (2005) later stated that universities in Europe should enhance the quality of educational activities through systematic internal mechanisms. In the UAE, Quality Assurance and Quality Enhancement align with the ESG through the SILPA (2019).

The literature reviews show that QEP designs are HEI context-specific and created in response to national regulatory expectations. QEPs assessments could exhume quality weaknesses from accountability tools, "bottom-up" assessments, stakeholder feedback and other mechanisms are continuously addressed. It suggests that HEIs can adopt multiple qualitative and quantitative assessment outcomes and approaches in driving institutional improvements.

The focus of QEP is heavily skewed towards "practitioner reported" achievement of pre-defined quality goals. It would be more productive to

explore expert opinions of the steps of the process within the community of practice to assess how each component of the QEP effectively achieves the primary intents. This approach would not detract from the necessity to achieve the set targets but seeks to secure the route for achieving the set performance targets and addressing quality weaknesses. Where implemented on all aspects of institutional governance, courses, academic programs, and all non-academic and academic units, it should continuously evolve to ensure the achievement of improvements. The question is, how does this look in practice? What are the challenges impairing the QEP's achievement? What addenda or alterations are recommended by the quality practitioners for addressing its shortcomings? Do practitioners perceive the process as achieving improvements?

Chapter 3: Research Methodology

3.1 Introduction

To address the research questions, the QEP internal construct (framework) is first articulated. The articulation approach is not restricted to the scope of improvements to teaching and learning but includes all policies and practice from faculty and Quality Managers on Quality Enhancement of courses, academic programs, administrative and academic units, the functionalities and standing committees (Dill, 2000; Elassy, 2015; van der Meer & de Vries, 2019).

Post articulation of the QEP framework, the research explores the Quality Enhancement Process of the case HEI to reveal leadership's perceived justifications for implementing the QEP or the broader intents beyond its regulatory imposition and how it attains quality improvement. The first research question also explores how the QEP assesses quality weaknesses and address the assessed quality gaps.

The research challenges the notion that all stakeholder conceived ideas of quality weakness contribute to the institutional quality assessment. The research thus focuses on the issue of robustness of the critical evaluation of all aspects of institutional governance to identify quality weaknesses. In other words, are there mechanisms for moderating the quality assessments and

steering the assessment activities? In what ways are the critical self-evaluations focused by performance measures and regulatory prescribed metrics?

This research also focuses on exploring how the QEP as a process achieves its intent from the perspective of the practitioner-leadership relationship. It brings to the fore, what ways does trust in the Quality Managers and faculty impact the QEP's attainment of the primary intents? To what extent are the primary intents themselves achieved by the QEP?

The question of challenges to the QEP implementation is explored by exploiting the collective insights and experiences of the Quality Managers through the interview responses. As insiders, they would hold practice knowledge of the intricate workings of the QEP. The QEP implementation challenges and practitioner recommendations for improving the effectiveness are also explored from practitioner knowledge.

3.2 Philosophical Underpinnings

Participants' perceptions of the QEP retrieved from interviews require an interpretivist approach for understanding the exhumed data. Stakeholder interviews provide opportunities to exhume the process from policy and practice nuances within the HEI's social, organizational, or cultural context, rather than assuming a single, objective view. Ontological assumptions give rise to epistemological assumptions with both defining the philosophical paradigm, giving rise to the appropriate methodological considerations (Hitchcock and

Hughes, 1995, p.21). In this research, pragmatism is the research paradigm adopted based on the outlined ontological and epistemological positions.

Pragmatism is congruent with qualitative and interpretivist perspectives because it accepts that human experiences are complex, needing interpretations, seeking actionable, and context-specific insights (Kelly and Cordeiro, 2020). Pragmatic interpretivism rejects the notion of a single, objective reality while exploring multiple viewpoints of practitioners in robustly articulating this complex social process. Pragmatism accepts the subjectivity of knowledge placing emphasis on the value that ideas exist in their practical applications and outcomes. It encourages the use of mixed methods in research especially where quantitative data is used for triangulating the interpretivist findings (Morgan, 2007). Rather than focus on the validity and inherent value of other rigorous methods and methodologies, pragmatism steers the researcher towards deciding on the relevance of the methods and methodologies. It 'steers the research from practice to the theory and vice-versa' (Kelemen and Rumens, 2012, p.1). It is also instrumental in guiding the researcher 'towards making appropriate methodological choices by unpacking different aspects of the research problem at the design stage' (Kelly and Cordeiro, 2020, p.5). It queries data, using whatever tools are available and best suited to solving the problem.

Pragmatism argues that the most concrete contact with realities external to the self is in the practitioner interaction with realities of the process rather than the researcher's interpretations or abstract conceptualization. It places emphasis

on practical understandings at the fore of the research by suggesting that the finding is true if it works thus rejecting unpractical ideas (McDermid, n.d.). This approach justifies the practicality of progressing from articulating the process from policy and the practice. 'Pragmatism does not simply push aside the need for philosophical arguments, particularly the metaphysical arguments, just to get their research done (Kaushik & Walsh, 2019, p.4). Rather, it is an appropriate conclusion unsolvable by other philosophical arguments. Pragmatism could also be said to work because 'meaning is inseparable from human experience … and is dependent upon context' (Dillon et al., 2000, p.18). The meaning of the QEP is in this context, captured in the perceptions of the expert practitioners. In other words, pragmatism as a *Weltanschauung* in this research is essentially utilitarian (Patton, 2008, and Patton, 2012).

3.3 Why a Case Study?

In researching the national regulatory policy approach to Quality Enhancement, the interviews and articulation of the QEP process, the research is conducted within a single HEI and not over multiple institutions. Such a deep study of systems and processes are often overlooked by quantitative methods. Knowledge situated in processes or specific HEI contexts are accessible by diving into the policies or by interviewing stakeholders or experts with lived experiences of the phenomena of research intent. Thus, a case study is implemented to understand how the UAE's regulatory policy position on Quality Enhancement is implemented in the case HEI. Case study research is methodologically suitable for exploring the complexities in this context-specific quality improvement process. A case studies approach avails the researcher

the opportunity to study this singular real-world environment, revealing deep, rich, nuanced data. The data from case studies exposes processes, relationships, and outcomes within bounded systems, such as in the case of the case QEP (Yin, 2014). This depth is particularly valuable because it reveals how institutional policy positions are implemented at the local level.

Adoption of case study as a methodology in this research is justified by its flexibility. It allows for the use of multiple data sources such as outcome of interviews, documents analysis and quantitative information for triangulation that enhances validity and reliability (Stake, 1995). Use of case studies allow for the integration of multi-perspective insights for exploring and advancing theory and practice (Lucas et al., 2018). Although quantitative tools are employed in exploring indications of broader questions on the QEP, the use of case studies is more pertinent because the research examines the implementation of a national policy position at the level of a single HEI. It thus provides the contextual knowledge and not a generalized finding. Notwithstanding, the findings are indications of the outcomes of implementing the national policy.

A strength of case studies is that context-dependent findings accumulate across studies, enabling transferability to similar settings (Harland, 2010) or outcomes scalable to larger and more complex HEI contexts. Another strength of case studies in higher education research is that it promotes ethical research. It allows for the exposure of researcher positionality as insider or outsider to reduce interpretation biases promoting authentic representation. It also offers actionable insights for policymakers and institutional administrators.

These actionable insights are in the form of holistic, accessible rich evidence-based narratives which extends engagement beyond academia.

In studying the implementation of Quality Enhancement in the UAE context, this study focuses on a HEI in UAE, a private Business School with strictly graduate academic programs founded in 2012. The case HEI was established in response to the government's desire to increase the number of its citizens in the labour market and most specifically, in the leadership roles of both public and private institution. The academic programs taught in the case HEI include four business related Master-degree programs. It has a maximum enrollment of approximately 400 graduate students annually, with a 45:55 male to female gender divide. 95% of the students are working professionals in diverse fields. Approximately 2% of the students are non-UAE students from other countries such as Saudi Arabia, Oman and Jordan. Thus, the student body is not diverse.

3.4 Research Design

This section presents the research design which seeks to address the research questions by bridging the divide between the abstract philosophical attributes of the paradigm and the adopted methods (Kaushik & Walsh, 2019). The design is based on the nature of the research problem, the research questions and the philosophical underpinnings (Creswell, 2009). The research design in this study cascades the approaches outlined in table 3.1. To address the research questions, the QEP framework is first articulated from the HEI's policies (Quality Manual, the Quality Assurance Policy and the Strategic Plan, the Institutional Planning Policy and the Course File Policy), then articulated from the practice

Research Question	Methodology/ Method	Sources of Data	Number	Analysis
>Articulation of QEP >Justifications for the QEP >How is quality improvement achieved from assessments? >Challenges to the QEP implementation >Articulation of effectiveness of the QEP. >Is quality enhancement evident?	Qualitative (Document Analysis)	Institutional policy documents 1. QA Policy 2. QA Manual 3. Strategic Plan 4. Planning Policy 5. Course File Policy	5 policy documents capture the QEP as referenced in the QA Manual	Thematic Analysis in combination with PDCA model informed by the HEI's policy document.
	Qualitative (Interviews)	1.Leadership 2.Academic Quality Managers 3.Non-Academic Quality Managers	8 of 22 Quality Managers interviewed	
>Perception of improvements >Existence of Quality Culture >Additional QEP info.	Mixed Methods (Questionnaires - Likert Ratings and Comments)	1.Questionnaire A - Quality Managers 2.Questionnaire B - Faculty	16 of 22 Quality Managers 15 of 18 Faculty	-Thematic Analysis of interview data -Statistical analysis -Comments categorization

Table 3.1 Design for answering the research questions.

(Provezis, 2010; Tully, 2015). The articulated practice is used in this research to

enhance the process articulation from the policies (Morris, 2008). This

approach sures-up the policy articulated framework and reveals policy

progressions over time. Juxtaposing the practice on the policy articulation also exposes the accuracy of the policy articulated frameworks.

Document analysis is combined with semi-structured interviews of the quality practitioners (Sogunro, 1997; Alamoud, 2017) to articulate the QEP framework and address the research questions. The interview questions are non-standardized, but guide the research (Saunders et al., 2016). Quality Manager realities are exhumed by the interviews. The challenge is to extract in-depth information from experts on the subject (Cohen et al., 2007) and articulate the QEP. The first semi-structured question seeks to determine if the policy articulated QEP framework is implemented by the HEI validating the policy articulation (Morris, 2008). Eleven other questions explore the practice, achievements, implementation challenges, design effectiveness and recommendations for improvement. Document analysis and the interviews produce qualitative information which are interpreted using thematic analysis (Braun and Clarke, 2006). The semi-structured questions enrich the findings from the document analysis (Nutley et al., 2007). Creation of the QEP framework is done through the interrelationships between the generated themes guided by the PDCA/PDSA cycle adopted by the HEI.

The questionnaires are also implemented to elicit data on faculty and Quality Managers' perceptions of the existence of a Quality Culture within the case HEI and the improvement of several aspects of institutional governance. Further questions in the questionnaires are designed to refine the research findings. The questionnaires assess the existence of a Quality Culture using modified

dimensions of Quality Culture (Sattler and Sonntag, 2018). The dimensions include four Structural-Formal elements and eleven Organizational-Psychological elements. "Global Aspects" is excluded from the adapted Quality Culture Indicators because the respondents to the questionnaires are participants in the QEP. In this study, "empowerment" is introduced within the Collective Organizational-Psychological elements. The students' do not directly participate in the QEP administration but participate via the qualitative and quantitative survey feedback (Harvey and Green, 1993).

3.4.1 Justification of the research designs

The adopted research design is the most appropriate approach due to its convergent articulation of the QEP from policy and practice. Like other analytical methods in qualitative research, information collected from document analysis is 'examined and interpreted in order to elicit meaning, gain understanding, and develop empirical knowledge' (Bowen, 2009, p.27). Combined with 'other qualitative research methods, it is a means of triangulation (Bowen, 2009, p.28) and researching 'the same phenomenon' (Denzin, 1970a, p.291). The policy articulated QEP guide the semi-structured interview questions and provide a foundation to the researcher on the practice.

Articulation of process from policy documents is considered an evidence-informed approach (Petticrew & Roberts, 2003; Nutley et al., 2007). The practice is articulated using qualitative interview data retrieved from Quality Manager interviews. Articulation of practice from stakeholder perception is a participatory approach (Arnstein, 1969; Rowe & Frewer, 2000). Document

analysis and interviews are employed in the research because of the richness, depth, rigor, and validity that comes with it (Denzin and Lincoln, 2008). Specific interview questions explore Quality Managers' insights into the process achievements of the QEP, its implementation challenges, design effectiveness and recommendations for improvement. The effectiveness is viewed as its "fitness for purpose" (Pawson, 2006; Weis, 1998; Bovens, 2010) hence the aim is to exhume the process weaknesses rather than the shortfalls in the achievements. This encourages active stakeholders' assessment in capturing the ineffectiveness of the QEP design (Bovens, 2010). Experiences of these quality stakeholders are highly subjective and influenced by the individual's experiences of Quality Enhancement (Bhattacherjee, 2012; Alharahshel & Pius, 2020).

The small size of the HEI does not support large-scale quantitative research but an explorative approach exploring the practitioner's expert opinions. The practitioners have first-hand knowledge of the QEP and have broader experiences of adoptions of QEPs beyond the case HEI. Quality practitioners' have direct QEP implementation experience in the case HEI for over 3 years. Implementing questionnaires along with interviews ensures that collective knowledge of the faculty members and Quality Managers can be elicited from a larger collection of participants. Adoption of constructivism rather than pragmatism would have restricted the study to interviews of a limited number of the HEI's employees. Hence, the adoption of "stratified purposeful sampling" (Teddlie and Yu, 2007), drawing upon multiple sources of evidence helps to

achieve 'convergence and corroboration with different data sources and methods' (Bowen, 2009, p.3).

3.5 Research Methods

Overall, mixed method is applied in this research (Creswell, 2009). Qualitative research methods are applied to address these research questions (Biesta 2010; Creswell and Plano Clark, 2011; Maxcy, 2003). To address all research questions, document analysis is implemented on the policy documents. Document analysis is used to extract statements and phrases capturing actions that identify the who, what, when and how Quality Enhancement, quality improvement, accountability, compliance, quality assessment activities are implemented. The questionnaires contain a mixture of open-ended and closed-ended questions resulting in quantitative 4-5 points Likert scale responses and qualitative comments. The comments provide clarifications to outcomes of the closed-ended Likert responses.

3.5.1 Data Sources

This section describes the adopted sources for the generation of data for this research. The two sources include policy documents and quality practitioners.

Policy documents: Policy documents themselves are internal correspondence of the HEI consulted as sources of empirical data, especially on the policy context (Mills et al., 2006; Bowen, 2009). The policy documents capture the HEI's Quality Management System. The policies include the Quality Assurance Manual (QAM), Quality Assurance Policy (QAP), Strategic Plan (SP), the

Institutional Planning Policy (IPP) and the Course File Policy (CFP). The combination of qualitative and quantitative data in the research reflects the pragmatist philosophical underpinnings (Lincoln et al. 2011).

Document analysis is adopted to produce a collective of rich information on the concept(s) of interest (Bowen, 2009; Stake, 1995; Yin, 1994). It reveals the meaning of the phenomena of interest (Merriam, 2009), to develop knowledge, and in the discovery of further insights related to the research questions. Availability of the documents, efficiency of the method, cost-effectiveness, lack of obtrusiveness and reactivity, stability, exactness, coverage are advantages for consulting these documents (Yin, 1994; Bowen, 2009).

Interviewees: The interviews explore Quality Managers' perceptions of the QEP, the challenges to the achievement of improvements, QEP effectiveness, and Quality Managers' recommendations for improving its achievement of quality improvements. The interviews are restricted to the Quality Managers because they are responsible for the QEP implementation at unit level, functionalities and committees. Some of the managers have unit level academic programs oversite. Two of the Quality Managers are members of the senior leadership. Six other Quality Managers out of a total of twenty-two in the case HEI are also interviewed. All managers were invited to participate in the study but eight volunteered for the interviews. The managers include three Academic and five Non-Academic Managers. The Non-Academic Quality Managers are responsible for Managing the Quality Enhancement Activities within non-academic units while the Academic Quality Managers are responsible for

managing the Quality Enhancement activities of all academic units. The Academic Managers include the Academic Dean, and Director of Programs responsible for program effectiveness and the Research Director. The Non-Academic Directors include Facilities and Information Systems Director, Registrar, Director of Student Affairs, Finance Director and the Library Manager.

The interviewed managers are a collective of knowledgeable quality practitioners with responsibilities to impact the quality directions of the organization. They are also individuals who depend on the HEI to 'fulfil their own goals and on whom, in turn, the organization depends' (Johnson and Scholes, 2002; p.206). The quality practitioners in the QEP practice are fundamental to the process due to their integrated roles, responsibilities and 'routinized ways of understanding, knowing how and desiring' (Reckwitz, 2002; p:249–250) improvement. Managers are purposively invited to participate in the interviews. The focus is on interviewing a collective of senior managers, middle managers and managers at the level of the senior leadership. Participation is however voluntary. Letter of invitation was sent to these managers, and the project was discussed with the managers one-on-one. Only eight of the twenty-two managers volunteered to participate in the research. The percentage of participants interviewed or who responded to the questionnaires more than satisfy the requirements of a representative sample (Patton, 2015; Saunders, 2012).

Sampling for Questionnaire Implementation: Two questionnaires were implemented to exhume quality practitioners' views of improvement of on aspects of governance, perceptions of the existence of Quality Culture, and CSERs. The questionnaires either elicit managerial level or classroom and program level information. These distinctions are made to the questionnaires due to the different levels of engagement with the QEP (Stensaker et al., 2011), experiences of the practice, (Bhattacherjee, 2012; Alharahshel & Pius, 2020) and power differentials. All faculty members were invited to participate in the survey however, only fifteen of the eighteen members opted to participate in the study and completed the questionnaire. All Quality Managers were also invited to participate in the research; eighteen managers returned the consent forms while only sixteen of the twenty-two managers completed the questionnaire.

Pilot: The questionnaires and the semi-structured interview questions were piloted by two members of staff: a member of faculty and a non-Academic Quality Manager within the case HEI. At a minimum, piloting the questionnaires and interview template ensures their validity, reliability and identification of accidental errors (Bolton and Brace, 2022). The Quality Manager and faculty were consulted as objective critics of the interview template and the questionnaires because they are prolific researchers. The objections were discussed with the faculty and Quality Manager, and appropriate changes were made where needed. The 'limited number of individuals who are similar to the sample' (Somekh, & Lewin, 2005, p.220) and the small size of employees in the case HEI means that the number of participants in the pilot is very limited.

3.5.2 Data Collection

3.5.2.1 Sampling of the policy documents

In sampling the policy documents, the Quality Assurance Manual, Strategic Plan, and Quality Assurance Policy, Planning Policy and Course File Policy were thoroughly studied in a first pass (Strauss & Corbin, 1998; Boaz et al., 2008; Morris, 2008; Corbin & Strauss, 2008; Bowen, 2009), noting all references to Quality Enhancement, QEP and improvements from the QEP. The idea is to extract all information on the who, what, when and how the QEP is implemented within the case HEI. In a second pass, the relevant information is highlighted. The information is extracted, placed into an excel spreadsheet indicating the source document and reference page number. Knowledge of Quality Enhancement, QEP and improvements is informed by literature. Hence, the sampling approach is informed by literature.

3.5.2.2 Expert Interviews

The interview approach is stratified (Teddlie and Yu, 2007) because it is restricted to managers who are within one stratification of the array of quality practitioners. The use of questionnaires demonstrates that the study leans more towards exploratory and not confirmatory studies (Saunders, 2012; Flick, 2009). The initial question of the interview protocol seeks to know if the practice reflects the QEP articulated from the policy documents. Where there is similarity between the policy articulation and practice, subsequent questions of the interview protocol are implemented as planned. The aim of this approach is to discard all assumptions that the practice reflects the policy but allow the research to confirm the alignment. The questions are also planned to allow the

managers to insights of the effectiveness of the QEP, the implementation

challenges and their expert recommendations on how improvements could be

achieved. Questions 10, 11 and 12 of the interview protocol particularly explore

the QEP challenges, effectiveness and recommendations for improvement.

The interviews were conducted over Microsoft Teams due to the availability of

Microsoft Teams subscription in both the case HEI and Lancaster University.

The Quality Manager interviews provide general perspectives of the key policy

concerns (Denis et al., 2001). The interview transcripts are downloaded from

MS Teams in word format for analysis. To further ensure anonymity of the

participants, the videos were not downloaded from Lancaster University's

Microsoft Teams but deleted after transcription and corrections are made in the

transcriptions (Flick, 2009). The responses are sorted by the research

questions.

3.5.2.3 Implementing the Questionnaires

The responses to the closed-ended questions are mainly Likert 4–5 point scale

responses while the responses to the open-ended questions are qualitative

(Likert, 1932; Vagias, 2006). The questionnaires are implemented online on

Lancaster University's Qualtrics portal and designed to be completed within 20

– 30 minutes. The expected completion time falls within the acceptable limits

suggested by literature for online surveys (Macer and Wilson, 2013; Cape,

2015) and supported by the pilot.

The questionnaires are shared with the participants via unique links to the relevant faculty and Quality Managers. The questionnaires were sent to the participants with a month's timeline for completion. This one-month timeline ensures sufficient time was given to the research participants to complete the questionnaires. Two Quality Managers requested more time, hence the time was extended by an additional two weeks. The responses to the surveys are Likert Scale ratings of multiple questions. The survey outcomes were downloaded from Qualtrics in an excel format and subsequently analysed using simple descriptive summary statistics.

3.5.3 Data Analysis

The data was analysed in multiple stages in order: policy document analysis, interviews, and questionnaires. An apriori deductive set of codes was created (Braun & Clarke, 2003; Braun & Clarke, 2019; Wolcott, 1994; Saldaña, 2013) to reflect literature and the PDSA/PDCA cycle prior to the coding of the policy data. Post familiarization with the policy documents sentences and phrases reflecting the who should do what, when, where, why, and how (Gibbs, 2018) within the quality improvement, accountability, compliance, enhancement activities are thus highlighted. These are then transferred onto a spreadsheet and coded using the apriori codes. Codes are sentences or 'phrase[s] that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language' (Saldaña, 2013). Where no codes from the apriori list are found to capture the essence of a statement, additional codes are created capturing the meaning of the sentences or phrases. Labels (codes) are thus assigned to these statements, and phrases to summarize their process

intents (Miles & Huberman, 1994; Braun & Clarke, 2006; Flick, 2009). These primary coded statements, segments and phrases contain the substance of the process activities (Tesch, 1990).

The First Cycle codes are then organized (Labuschagne, 2003; Bowen, 2009) and inductively coded (Glaser & Strauss, 1967; Glaser, 1978; Strauss, 1987; Strauss & Corbin, 1998; Charmaz, 2006; Corbin & Strauss, 2008). The Second Cycle codes result from collections of First Cycle codes. Thus, the Second Cycle codes are more manageable, higher level "knowledge groupings" reflecting the relationship between First Cycle codes (Saldaña, 2015). Higher level interpretive analysis provides the abstract relationships existing between multiple First Cycle codes. Themes are then created from the inductive Second Cycle codes (Christ, 1970; Saldaña, 2013) by clustering these codes into higher order meanings that describe definitive and connecting segments of the QEP. The themes describe a collection of activities (Second Cycle codes) that fit within segments of the PDCA/PDSA (Demings, 1986; Demings, 1993; Demings, 2018) as foundation. The PDCA/PDSA cycle was adopted because it was referenced by the HEI's Quality Assurance Manual as the foundation of the QEP. The policy articulated QEP framework is thus created from these themes by fitting the themes onto a PDSA cycle.

Post creation of the QEP framework from policy, the Quality Manager interviews were conducted, and the data was analysed. After familiarizing myself with each transcribed interview data, the managers' descriptions of who did what, when, where, why, and how are extracted onto a spreadsheet and

labelled or ascribed codes. These labels are the First Cycle inductive codes. These codes are then sorted and coalesced under higher level knowledge of the collective with literature and the PDCA/PDSA in mind. These are the Second Cycle codes which are also sorted, and higher-level themes are created representing aspects or variants of the PDCA/PDSA cycle. The QEP practice is thus created from the themes. By juxtaposing the policy articulated QEP framework on the practice, updates to the policy articulations are observed. An updated institutional QEP framework is thus created.

Question 10 and question 11 of the interview protocol were also analysed to extract knowledge of the implementation challenges, effectiveness of the QEP design and Quality Manager recommendations for improvement of the effectiveness of the QEP. In these analyses, single cycle inductive coding is done followed by the creation of higher-level themes to capture the Collective meanings. The effectiveness or fitness of each stage of the QEP is for the designed purpose is extricated from the Quality Managers' codebook created to analyse Question 10 and the QEP framework.

Finally, data from faculty and Quality Manager questionnaires are analysed using descriptive statistics. Where the responses are qualitative comments, the comments are categorised and analysed using the frequency of occurrence of presented ideas.

Chapter 4: Research Findings

4.1 Introduction

This chapter presents the findings from the analysis of policy documents retrieved from the case HEI, the interviews of Academic and Non-Academic Quality Managers, and the response of these Quality Managers and faculty to the questionnaires. The findings identify the case HEI's reasons for adopting a QEP and from policy and interview of members of the institutional leadership. To address the research questions, the QEP framework is initially articulated from multiple institutional policies. The policy articulated QEP informs the framing of the QEP from the interviews. Framing the implemented QEP provides insight into the case HEI's interpretation of a QEP. Thus, capturing the QEP framework is necessary for addressing the research questions.

The articulated QEP framework, the policy documents and manager interviews provide insights into how the case HEI integrates Quality Assurance and accountability tools in ensuring achievement of quality improvements across the HEI. The findings expose the inter-connected activities within the QEP and how they collectively produce improvements. The Quality Managers and faculty need to understand the different roles of Quality Assurance, accountability and enhancement to generate genuine change in quality within the institution. The activities involved in the achievement of improvements are outlined revealing the assessments approaches and how they inform improvements. Quality

Managers and faculty statements from the interviews and questionnaires provide insights into perceived improvements made by the QEP to aspects of institutional governance and overall improvement of quality of the HEI. This ensures that improvements are not simply described as achievement of set targets but are also perceived by the quality practitioners. The findings provide evidence that necessary improvements are achieved and that there is evidence of Quality Culture supporting the QEP. Where the QEP is not achieving some of the planned targets and goals, what factors are viewed by the Quality Managers that challenge its implementation? Exhuming these factors exposes weaknesses in the QEP's implementation and ability to maximise improvements. For improvement of the improvement process, policy and practice, Quality Managers' expert recommendations are provided. These recommendations provided process insider insights on the weaknesses and how they could be improved.

4.2 Articulation of the QEP framework

This section elucidates the distinctive structure of the policy documents articulated QEP and the actual institutional practice of the QEP. The codebook identifies the 'what, who, when, and how' of the quality improvement process from where the QEP framework is created. According to the institutional Quality Manual, the QEP is guided by the "Plan, Do, Check/Study, Act" stages of the PDCA/PDSA model hence it is used in this research in articulating the phases of the QEP framework. The PDCA/PDSA model applies in the articulation of the process from policy and the practice from Quality Managers' interviews.

The policy documents analysed in this study include the institutional Quality Manual (QM), The Strategic Plan (SP), Quality Assurance Policy (QAP), Institutional Planning Policy (IPP) and the Course File Policy (CFP). Statements captured by these policy documents are referenced in these findings. Interview comments of several Quality Managers are also referenced using acronyms representing the Quality Managers responsibilities.

4.2.1 Piecing together the framework from policy documents:

These policy documents and their pages are referenced in this section. The findings from the document analysis indicate that rather than the 4 stages of the PDSA model, the QEP framework has 6 phases. These phases include the quality assessment phase, operationalization phase, achievement phase, monitoring phase, leadership reviews and the re-strategizing phases.

Assessment phase: The policy articulated QEP suggests that the case HEI has adopted top-down and "bottom-up" quality assessment approaches. The top-down assessment approach employs the use of strategic plans as an institutional level, leadership-imposed quality assessment tool. Its imposition steers away from quality improvement approach but inculcates compliance of the HEI to regulatory requirements. The regulatory standards mandate specific Key Performance Indicators (KPIs) as accountability measures. Institutional data on these KPIs are annually captured by HEIs and reported to the regulating agencies. Internal and external phases of the SWOT analysis is

implemented by a group of the institutional leaders on internal and external stakeholders.

> *"The first step was the creation of the Strategic Planning Task Force. It consisted of the Academic Dean, the Chief Planning and Performance Officer, the Director of QA, a Program Director and the President as an advisor." – (SP10)*

> *"External Analysis: The external analysis involved analyzing factors outside of institution's organization that could significantly impact its success. To conduct this step, the task force used elements from "Strategy Theory" such as the PESTEL and SWOT models, which propose factors to consider. The external analysis focused on four main areas: competitors, the economy, and new regulations." – (SP13)*

> *"Internal Analysis: The internal analysis involved critically analyzing key resources and processes withing business units of ADSM. Strengths and weaknesses were critically analyzed. When possible, the resources were benchmarked with the best in industry. It is important to compare our resources with close competitors due to the competition level in the region." – (SP14)*

It captures stakeholder aspirations for the HEI hence the outcomes are consulted in the creation of the institutional mission, vision and objectives. A expressed in the statement directly below, the regulatory agency mandated KPIs, the national higher education compliance framework and other institutional KPIs are measures aligned to the institutional objectives.

> *"The institution's KPIs embrace metrics within both the 2019 CAA Standards, and the 2021 MoE Framework for the Compliance*

> *Inspection of Higher Education Institutions, together with those in other publications including …" - (QM21)*

Institutional data at the point of creation and similar data from similar HEIs are benchmarked and used to create long-term KPI targets. The view is that achievement of these long-term KPI targets cause regulatory-related improvements. The policy statement below captures the HEI's view on its use of these institutional KPIs for evaluating the performance of its units and services.

> *"The institution promotes the importance of, and challenges from, the role of organizational KPIs and benchmark used to evaluate the performance of all units and services." – (QM32)*

The policy documents reveal that the "bottom-up" quality assessments involve faculty and Quality Managers' critical self-reflection on the strengths and weaknesses in the course delivery, academic programs, institutional committees, administrative functionalities and units. The policy approach indicates that the faculty and Quality Managers based on their experiences and participation in the QEP process are experts with knowledge that could be explored for improvement of institutional provisions. The course and program Critical Self-Evaluation Report (CSERs) are used by the academics to critically reflect on strengths and weaknesses in the course and program delivery. The course and program CSER reflections are prompted by 26 regulatory metrics designed by regulators to assess aspects of the learning process. This suggest that the regulatory requirements are foundational in these course and programs critical self-reflective activities. The faculty at the end of the course delivery and the academic program heads at the end of the academic year reflect on all 26

regulatory prompts providing their expert and informed opinions on the quality weaknesses and strengths. Quality assessments in the courses and academic programs are thus a combination of compliance and quality improvement approach.

The HEI's adherence to these 26 regulatory guidelines indicates that the course or program CSER reflections are not entirely left to the discretion of the faculty. Faculty knowledge and experience are however consulted in the reflections within the 26 reflective silos. The approach is thus relatively managerial, stifling diverse and innovative views, restricts reflectors to these silos, yet is subjective and well informed. The robustness of the course and program CSERs are validated by program heads and academic leadership. "Validation" seeks to confirm that the academic reflector reflects on all 26 regulatory guides and that these reflections satisfy the HEI's quality intents. The interview statement below buttresses the systematic use of regulatory requirements in the process:

> *"So, there is the program CSER which captures all of that and more and looks also at the Ministry requirements systematically and yes that does flows through and summarise into the Dean's CSER." – (DAP21)*

A clear weakness is that the course and programs critical self-evaluations restricts all reflections to the 26 regulatory prompts stifling opinions outside these regulatory prompts. The approach jettisons significant experiences of the academics achieved over their global experiences in the higher education sector. Importantly, the program CSERs are created as a summary of all course CSERs in the academic program.

> *"Each individual unit completes a CSER to evaluate the quality of people, functions, process, deliverables and any other areas that are relevant to the unit."* – (QM30)

The policy statement above provides a clear scope of the unit CSERS. The unit CSERs are uniquely designed critical self-evaluation templates without the use of regulatory prompts. This tool is used in the critical evaluation of institutional administrative units, their functionalities and the institutional committees. Assessments using these set critical self-evaluation templates are done by Quality Managers who are also responsible for implementing the QEPs. This unguided approach to critical self-evaluations suggests that the aspects of institutional governance evaluated by the Quality Managers is highly subjective and left to the discretion of the managers. It does suggest that the Quality Managers' experiences in the higher education sector are explored in the critical evaluations. However, it also indicates that the reflections are mostly non-directed and subject to the whims of the manager. The units, functionalities and committees CSERs contents are verified by the Quality Assurance team. Thus, implementation of verifications of the "bottom-up" reflections by the Quality Assurance team seek to clarify that the Quality Managers' assessments satisfy institutional quality aspirations. Thus, direction is introduced by the Quality Effectiveness Team who ensures that the outcomes of the CSERs align with national and institutional policy position on determinants of quality.

The contents of these unit CSER's include unachieved actions from the previous quality cycle, new reflections, outcomes of Internal Quality Reviews (IQR), and recommendations from external regulatory evaluations. The newly

assessed quality actions are "new knowledge" gained about the quality situation of the HEI's activities or are simply 'new insights' on existing knowledge. However, these could be viewed as "assessed knowledge" because the knowledge are not abstractions from without but exist within the Quality Management System, stakeholder perceptions and the community of practice. The strengths like the quality weaknesses are leap-off points for further planning and improvements. Thus, the strategic plans, course, academic program and unit CSERs are the 4 assessment tools enshrined in policy.

Operationalization phase: The operationalization phase describes the creation of an Operational Plan (OP) for achieving the benchmarked long-term KPI targets defined in the strategic plan. It also described the role of the Quality Improvement Action Plan (QIAP) for addressing quality weaknesses captured in the CSERs. The statement in italics below suggests that the OP fields such as goals, objectives, critical success factors, long-term KPIs, targets and responsible Quality Managers are imported from the strategic plan into the OP template. Thus, there are obvious alignments between the Strategic Plan and OP. The KPIs are the SMART actions which are made achievable through annual bitesize KPIs, and targets negotiated with the Quality Assurance Office. The OPs also include targeted achievement timelines, budgets and human resources for achieving the targets. Quality Managers' creation of unit KPIs could be seen as an act of tokenism resulting from the imposed institutional KPIs. Nevertheless, the unit KPIs and targets operationalize the strategic plan.

> *"Each unit is responsible for developing "Unit KPIs" that specifies alignment with institutional goals, objectives, Critical Success Factors*

The course CSERs are summarised by academic heads in the program CSERs. However, operationalization of the program and unit CSERs are done using the Quality Improvement Action Plan (QIAP). Annual QIAP imports all CSERs including the action owners or the critical self-evaluators, budgets and SMART actions for addressing the assessed quality weaknesses. Thus, the QIAP is a collective of proposed actions, extracted from prior diagnostics of courses, academic programs, administrative units, functionalities and committees for collecting and formalizing the achievement of the assessed improvement objectives. These assessed weaknesses include outcomes of critical self-reflections, internal audits, external Quality Assurance recommendations and unachieved quality weaknesses from previous quality cycles. The wider stakeholder participation in the "bottom-up" assessments, the exhumation of quality gaps and verifications of CSER assessed quality gaps by the Quality Assurance team suggests that the assessment activity is not an act of tokenism.

Achievement of quality actions: The policy indicates that achievement of the assessed quality weaknesses is done on the OP and QIAP by granting agency to the Quality Managers to achieve these KPIs and corrective actions. The policies suggested that addressing the quality weaknesses are the responsibility of Quality Managers who also self-report the RAG status of these quality actions and KPIs on a quarterly basis. The degree of empowerment of

the Quality Managers suggests that significant value is placed on their experiences. RAG status is an overview of the state of progress made in the achievement of the planned targets.

Monitoring and evaluations: Policy statements indicate that the "Check" phase of the PDCA/PDSA model is equivalent to the monitoring and evaluation phase of the QEP. It evaluates (analyses) the Quality Managers' self-reported achievements. The OP and QIAP are platforms for monitoring the achievement of quality actions and KPIs. Monitoring in this context is the process of tracking and ensuring that action owners within the OP and QIAP report the "state of achievement" of the quality weaknesses. Quarterly monitoring provides an overview of the trajectory or thrust towards the achievement of the pre-approved quality targets. By monitoring the thrust, the HEI seeks to review the achievement of corrective actions, qualitative comments and KPIs. Additionally, timely reporting of quarterly RAG status drives the achievement of quality weaknesses within the set timeline. Besides viewing these achievements as progress towards accomplishing the institutional mission and vision, achievement of KPIs are successful attainments of accountability obligations and regulatory adherence. This phase of the QEP provides analyses of the achievements of the set annual KPI targets in the OP and the QIAP targets.

Review of achievements: The monitoring and evaluation culminate in the Quality Assurance team's development of quarterly summary reports on the achieved outcomes. According to the policy statement below, an interest of the

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summary report is the determination of progress in the achievement of institutional strategic goals.

> *"Upon completion, a progress report on the strategic goals is developed by the QA team and disseminated to the Quality Committee and the Executive Committee." – (QM31)*

> *"The QA team submits the outcomes from the Quality Improvement Action Plan and Operating Plan to the Quality Committee on a quarterly basis." – (QM63)*

The review of achievements is rather "bark but no bite" due to the excessive reliance on Quality Managers' self-reported achievements without verifications. The review of achievements phase involves senior leadership's review of overall achievements and decision-making using the outcomes and Quality Assurance team recommendations. This approach is rather innocuous and reduces the QEP to simply an act hinging heavily on trust rather than a tool that effectively realizes the primary intent of improvement. The review activity is also reductionist, reducing the evaluation of improvement to quantified measures rather than a deep dive into the achievement of quality using whatever approach that could verify the true state of quality. In the case HEI, it is reduced to statistical analysis and non-verification of the Quality Managers' self-reported achievements. The policies statements indicate that the summary reports should also be circulated to Quality Managers to ensure a feedback loop to further drive continuous quality improvements.

Re-strategizing for further improvements: This phase indicates that the outcomes of the quarterly reports and reviews are used to provide leadership's recommendations for and justifications for QEP improvements, future planning

and more quality improvements. The policy statement below reflects the use of

the re-strategizing approach to improve institutional planning:

> *"The QA team shall report progress to the Quality Committee on a quarterly basis in order to guide future planning." – (IPP3)*

The policies also indicate that the heads of business units contribute to further

improvement recommendations by bringing quality concerns to the leadership:

> *"Head of business units bring concerns to the Academic Council and / or the Executive Committee based on the type of KPI." – (SP16)*

Further improvements are driven by senior management and leadership using

the recommendations from the Quality Assurance team and the reported

outcomes for the achievement of continuous improvements:

> *"QA unit helps senior management to comprehend the data collected, enabling the institution to use data to affect change and assist with continuous improvement." – (QM24)*

Findings from the policy documents analysis suggest that by re-strategizing, the

leadership uses outcomes of the summary reports and Quality Managers'

inputs to suggest changes in direction, improve the process or to plan for the

subsequent quality cycle Thus, this activity ensures the continuity of the Quality

Enhancement activities beyond a single quality cycle.

4.3.2 Practice: managers' interpretation of the QEP framework

The Quality Managers' interpretation of the QEP framework reflects the QEP

practice. The practice is articulated from Quality Managers' interviews. Figure

4.1 displays the policy articulated QEP framework in black and the deviations captured from the practice articulation in red boxes. The framework shows that the findings from the policies and practice are generally aligned however, themes K, N, Q and S from the practice are missing from the policies articulated QEP.

As reflected in the comments of two managers below, qualitative comments are retrieved from external and internal surveys are extracted and addressed in the QEP. These are done in addition to quantitative data used in the annual regulatory reporting. The findings in the red highlights (figure 4.1) suggest that the case HEI post creation of the policies introduced or coopted internal and external qualitative survey comment responses for assessing quality weaknesses.

> *"So, we collect these quality improvement inputs from the different surveys that we run, and we do run a comprehensive set of surveys even for the committee engagement. We run a survey for the faculty, staff, students and even the wider community." - (DA21)*
>
> *"The action owners provide qualitative and quantitative responses. From that we can measure the difference between the quality, the targets and the action that was completed." – (QAD45)*

The introduction of this quality assessment activity into the QEP suggests that the case HEI places significant value on the information exhumed from stakeholder comments in the improvement of quality. This theme is a policy

addendum and a "bottom-up" assessment from internal and external

stakeholder participation in the QEP. Where quantitative survey outcomes are

used to inform the quantitative value of the KPIs, and the achievement of set

targets, qualitative comments hold information not discoverable in quantitative

ratings. The deviation between policy and practice suggests that the QEP

practice has progressed beyond the policies or is simply inaccurately captured

by the policy. It is unlikely that such a significant quality assessment activity is

ignored by the policymakers in the initial and updated versions of the policies.
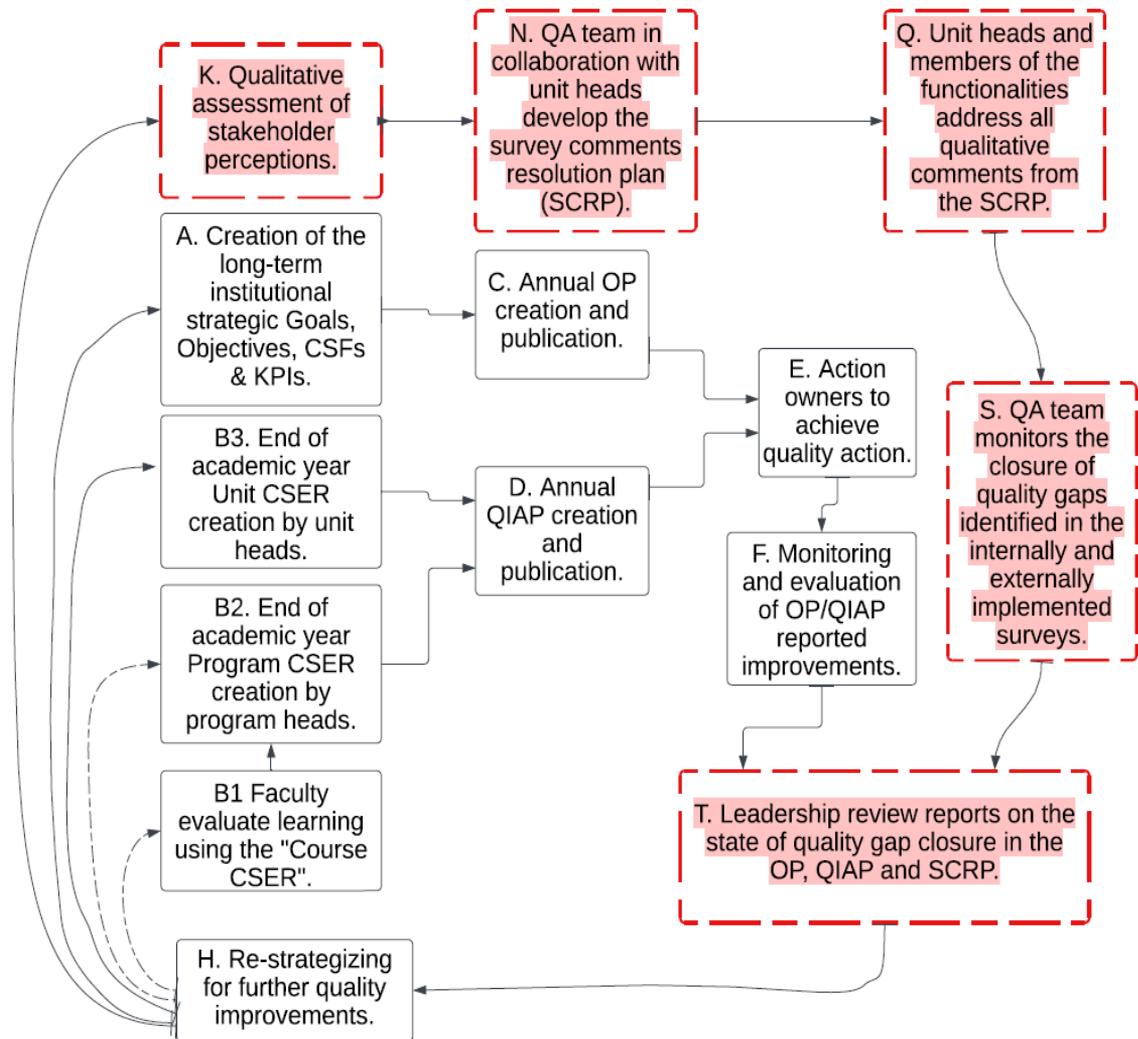
Figure 4.1 The policy and practice articulated QEP framework.

The qualitative comments are coded, and themes are created for ease of implementation. This approach is used to reductively manage and reduce a large data set to a more manageable qualitative ensemble. Through this activity, the Quality Assurance team isolate stakeholder perceived quality objective priorities. Interpretation and summarising of the qualitative comments are narrow scopes of the institutional Quality Assurance team who are non-participants in the teaching and learning themselves. The original survey question is in the form "any other comments", thus, they are sometimes delinked from the closed-ended ratings and cover a range of other topics.

The institutional Quality Assurance team develops themes from the qualitative responses delineating actual quality weaknesses from undesired comments or noise to be addressed by the unit heads. The delineated qualitative themes are deemed innovative ideas to be addressed by the QEP. This approach specifically focuses on achievement of stakeholder satisfaction. The themes generated from the qualitative comments are operationalized using a "Survey Comments Resolution Plan" (SCRP). The SCRP is also an addendum to the QEP with the aim to resolve the qualitative comments. The SCRP reflects themes created by the Quality Assurance team. To address these themes which are quality weaknesses, SMART actions are created by the Quality Managers. These themes are attached to budget lines and the managers' stipulated completion dates. Achievement of these actions are solely the responsibilities of the Quality Managers. Like the OP and QIAP, the resolutions of the quality weaknesses are self-reported by the Quality Managers using RAG status. Like the self-reported OP and QIAP self-reported achievements, the Quality

Managers insisted that the achievements are unverified. The achievements on the SCRP are monitored by analysing the Quality Managers' self-reported RAG status indicating the state of achievement of the qualitative comments. Like the summary report created for the OP and QIAP achievements, a summary report is also developed by the Quality Assurance team and reviewed by the senior management and leadership however, this report is developed annually.

> *"My understanding is that … and the leadership review achievements of the survey comments on the reports." – (DATA22)*

The annual achievement outcomes are thus analysed using descriptive statistics which do not provide qualitative knowledge of the achieved improvements. This reduces the details captured in the qualitative comments to "achieved/partially achieved/not achieved" hence the loss of the most pertinent information on quality improvements.

Via Executive Committee and Quality Committee meetings, managers forward their concerns with the Quality Process for leadership's deliberation. Through the outcomes of these meetings, the institutional leadership strongly impact the QEP activities and outcomes. Leadership re-strategizes for improvement using the outcomes of these reviews. However, these decisions are impaired because they hinge on inaccuracies in the Quality Managers' reported achievements. Interview findings also indicate that the leadership use the summary report outcomes to inform and provide recommendations for making improvements to the provisions and the QEP.

> *"If any concern about any findings in the reports that would be reported back to the Executive Committee, which I'm a member in that Executive Committee. It is the top committee at any institute. Any concern from any committee will be ultimately reported to the Executive Committee."* – *(FD16)*

The QEP as implemented suggests that the case HEI simultaneously improve all administrative units and their provisions. However, as earlier noted, assessments, QEP implementation and the reported achievement by the process are highly dependent on trust of the participants while limiting the participation, agency and ownership of the process to the Quality Managers. It is thus necessary to understand the case HEI's justification for its approach to Quality Enhancement.

4.4 Leadership's justifications for adopting the QEP framework

These justifications are extracted from policy documents and interviews of two Quality Managers who are members of the HEI's leadership team. The Quality Managers indicated that the HEI failed the 2019/20 external evaluation because it was not in compliance with requirements of the updates to the regulatory standard SILPA (2019) which made significant improvements to the quality requirements in the prior iteration. SILPA (2019) provides elevated and improved regulatory standards designed specifically to bring the quality of the UAE HEIs closer to the quality of European HEIs. This suggests that the regulators used updates to regulatory requirements to improve the quality of HRIs across the country.

The senior leadership team member DSA's statement directly below suggests that due to the failure of the external evaluations, the leadership opted for a QEP approach designed to improve quality weaknesses captured in course, program, processes and non-compliance to regulatory standards. Non-conformance to regulatory requirements was also viewed as the key reason for the failed external evaluation. The statement also revealed that two academic courses were placed on probation due to non-satisfaction of minimum requirements and non-compliance with the improved regulatory standard.

> *"It was a result of uh, a regulators' visit that we had in December 2019 for which two of our programs were on probation. This led to do a self-evaluation of its quality, standard quality, program Quality Assurance process and identify the gaps." – (DSA35/36)*

This suggests that besides the regulatory need to implement a QEP, the chosen design also seek to address regulatory non-compliance. This is seen from the, the Strategic Plan assessment of the HEI's determination to address regulatorily prescribed KPIs. Thus, senior leadership members suggest that the QEP is implemented to quickly satisfy the regulatory requirements through the assigning of annual and long-term KPI targets. The interview outcomes as seen below indicate that the HEI has implemented the QEP to radically transform its quality process and to improve practices within the probationary period given by the regulators. The statement about the probationary period suggests that the regulatory infractions are addressed within the annual QEP cycle.

> *"And it was a transformation journey for that situation. And so, things are now being done in a completely different manner than you know the prior to December 2019 …" (DSA37)*

> *"… and after the careful review of the regulatory recommendations, we found out that there is no quality control on our activities, on our procedures, and the documentation ..." (DSA50)*
>
> *"The improved regulations also require the implementation of a QEP by HEIs for the continuous improvement purposes" - (DSA52)*
>
> *"… there were some issues in the prior quality process itself."- (DSA39)*

These statements by one of the interviewed members of senior leadership suggest that implementation of a QEP may seek to improve quality from within and to achieve compliance to regulations as a mechanism for improvement. Implementation of the QEP itself complies with the updated regulatory standards. It can also be seen from the interview statement above that the QEP is adopted to capture evidence of the HEI's compliance with regulatory requirements. Poorly implemented Quality Assurance controls were viewed as reasons for ineffective evidencing of quality activities. Thus, the HEI's leadership decided to prioritise quality improvement above all else to transform the HEI and achieve its program and institutional reaccreditation:

> *"So, the reason behind implementing this is to ensure that we consider the quality first before we go through any of these processes like, working from a "bottom-up" managing documentation control." – (FD2)*

The presented justifications indicate that the case HEI's failure of the external regulatory evaluation and the short deadline recommended by the external evaluators for a turnaround of the Quality Management System requires the HEI to simultaneously comply with regulations, transform the Quality

Management System, achieve the evaluators' recommendations and improve quality across provisions.

4.5 How does the QEP improve quality?

The table 4.1 is the practice informed reverse-engineered Logic Model showing how the QEP achieves quality improvements. It maps the logical relationships between the resources, components of the QEP and the planned outcomes or impacts. In other words, what resources and activities do QEPs employ to produce the desired outputs, outcomes and impacts?

The systematic and structured nature of the Logic Model expressed here reveals the logic underpinning the QEP as an intervention designed to achieve transformation, compliance with regulatory standards and continuous strategic and "bottom-up" improvements. It further provides insights into the improvement process. To achieve the desired improvements, the Logic Model clarifies the relationship between the inputs or resources, activities, the outputs, short and long-term outcomes to the overall intervention impact. In this respect, Logic Model is describing the improvements achieved by the QEP is reverse engineered from the research outcomes.

Problem Statement: The QEP is designed to transform the state of quality of the case HEI's by continuously assessing quality weaknesses from all aspects of institutional governance and addressing these weaknesses.

Resources / Input	Activities / Strategies (QEP)	Output	Short-Term Outcomes	Long-term Outcomes	Overall Impact
Dedicated QA unit	Implement the 5-pronged assessment approach	Unit annual objectives guided by institutional/ strategic KPIs	Achieve annual unit and strategic KPI targets	Achieve long-term KPIs targets	Achieve institutional quality objectives, goals, mission and vision
QA unit				Improve HEI provisions relative to national and international competitors	
Quality Managers	Annual OP, QIAP and SCRP	Address "bottom-up" CSER assessed quality weaknesses in courses, programs, functions, committees and admin. units	Achieve assessed weaknesses from IQR, reflections, external reviews compliance infractions		Improved customer satisfaction
All faculty and staff	Action owners achieve quality actions				
External Stakeholders				Achieve minimum national programs standards	
Leadership support	Monitoring and evaluation of OP /QIAP /SCRP reported improvements		Policy changes		Improved stakeholder perceptions
Financial Resources			Achieve compliance with regulatory standards	Implement good governance and sound management practices	
Time					
Microsoft Teams.	Leadership review reports on the state of quality gap closure	Resolved stakeholder qualitative comments.			Improve HEI's ranking.
			Resolution of all internal and external stakeholder qualitative comments.	Strengthen community reputation and engagement.	Program & HEI's accredit.
	Re-strategizing for further quality improvements.				

Table 4.1. Logic Model of how the QEP achieves improvements.
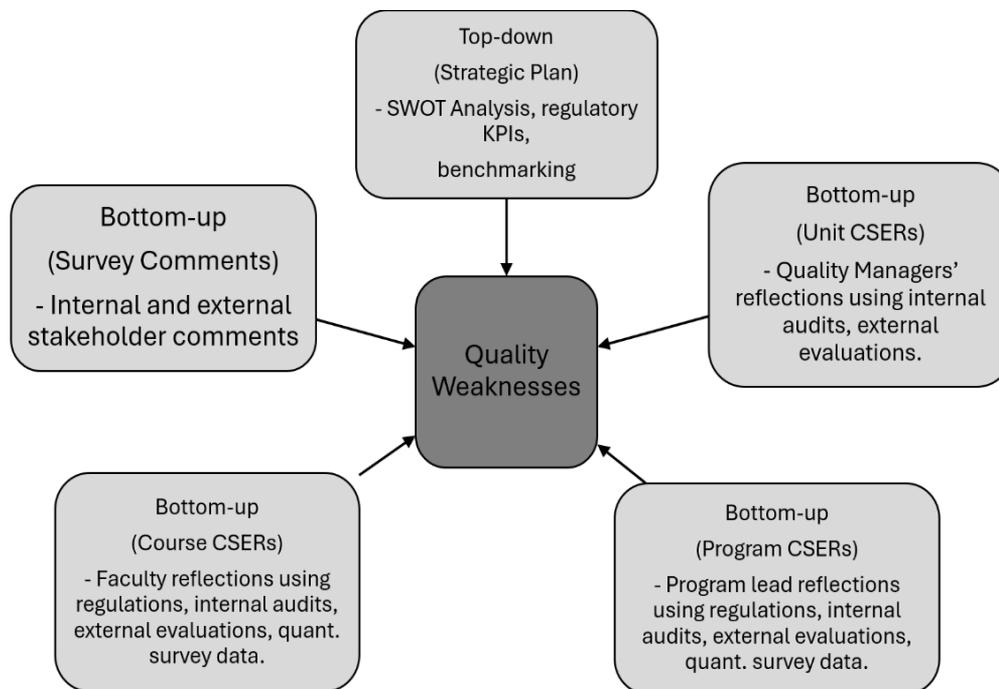
Figure 4.2 The QEP's 5-pronged quality assessment approach.

"[Quality] Improvements are driven by available resources and the strength of assessment data." – (QM18)

The Logic Model and policy statement above (QM18) acknowledges the HEI's

leadership's position that achievement of the desired improvements hinges on

availability of resources. The fundamental resources for effecting improvements

are the Quality Managers. Quality Managers indicate that they are empowered

to implement the QEP using the 5-pronged quality assessment mechanism

seen in figure 4.2 to address quality weaknesses. The QEP seeks to achieve

the KPIs, quality actions and survey comments resolutions in the OP, QIAP and

SCRP respectively. However, the managers self-report the "state of

achievement" of these quality concerns without further verifications of the

achievements. By reporting the state of achievement of these quality concerns, the focus is not on qualitatively reporting the achievements but the RAG status.

The interactions between the QEP and the Strategic Plan shows that the strategic KPIs and their targets are addressed through unit KPIs and their annually negotiated targets. The unit KPIs are derivatives of the institutional KPIs. This approach suggests that the QEP as designed seeks to incrementally achieve the higher strategic measures over time. Hence, the unit KPI targets are annual increments of researched and benchmarked institutional improvement drivers. The CSER assessed quality weaknesses are addressed by implementing the solutions proposed by the self-evaluator and approved by the Quality Assurance team. These solutions are the "quality actions". The Quality action is the SMART action created in the CSER and transferred into the QIAP. Similarly, Quality Managers postulated qualitative "survey comment resolutions" are drivers of improvements through the SCRP. Progressive achievement of KPI, quality actions and the qualitative survey comment resolutions targets culminate in the achievement of short- and long-term outcomes. The desired impacts include the achievement of regulatory compliance from the CSER and Strategic Plan and achievement of broader stakeholder quality aspirations from "bottom-up" assessments.

4.6 What is the QEP perceived to achieve?

This section presents the findings from the faculty and Quality Manager perceived successes of the QEP. As earlier identified in literature, QEP are designed to ensure the achievement of continuous quality improvement, and

they are sustained by a Quality Culture. This section verifies that these conditions were satisfied while exhuming the challenges to implementing the QEP and the Quality Managers' recommendations from the QEP as a quality intervention process.

The HEI received its re-accreditation, and the Quality Management has been audited and accredited by the QAA as good practice. Quality stakeholders indicated that the regulatory agency approval of the QEP, and achievement of program and institutional reaccreditations are evidence of the QEP's efficacy in assessing quality weaknesses and addressing them. Quality Managers' perception is that the transformations and improvements range from positive on some processes and aspects of governance to no improvements whatsoever in others. Approvals of the QEP and accreditation by the regulatory agencies are seen as evidence of achievement of regulatory standards. The QEP drives compliance of the HEI to regulatory requirements by addressing the external evaluator recommendations, ensuring that teaching and learning concerns are assessed and addressed through the 26 assessment silos, inculcating and addressing regulatorily prescribed KPIs and quality practitioners' expert knowledge. The findings suggest that quality is not created vacuously but are partly intelligent stipulations of "quality" by the regulatory standards. These approvals also indicate that quality controls are in place to ensure consistency of the provisions such as teaching and learning.

Quality Managers statement indicates that in comparison with the pre-intervention Quality Assurance, accountability and management activities, the

QEP is more effective tool for managing the quality operations. Managers also believe that quarterly evaluation of achievements and fixed timelines for achieving the SMART actions sustains the momentum of quality improvement activities years after the initial QEP implementation.

"It has elevated us to a better position in term of managing operating and in general, completing our quality activities." – (FD4)

This idea is however contested by some managers. As seen directly below, their view is that if quality is truly improving, the number of assessment outcomes should reduce. This idea could be challenged by the idea that Quality Enhancement is dynamic, flexible and involves continuously evolving and not standardised understanding of quality weaknesses. A reduction in the number of assessed non-compliance aligns with achievement of metrics of regulatory standards however, this does not apply to weaknesses assessed by the QEP.

"Basically, the assessment outcomes should be fewer because the system is now a lot more matured …" – (DAP50)
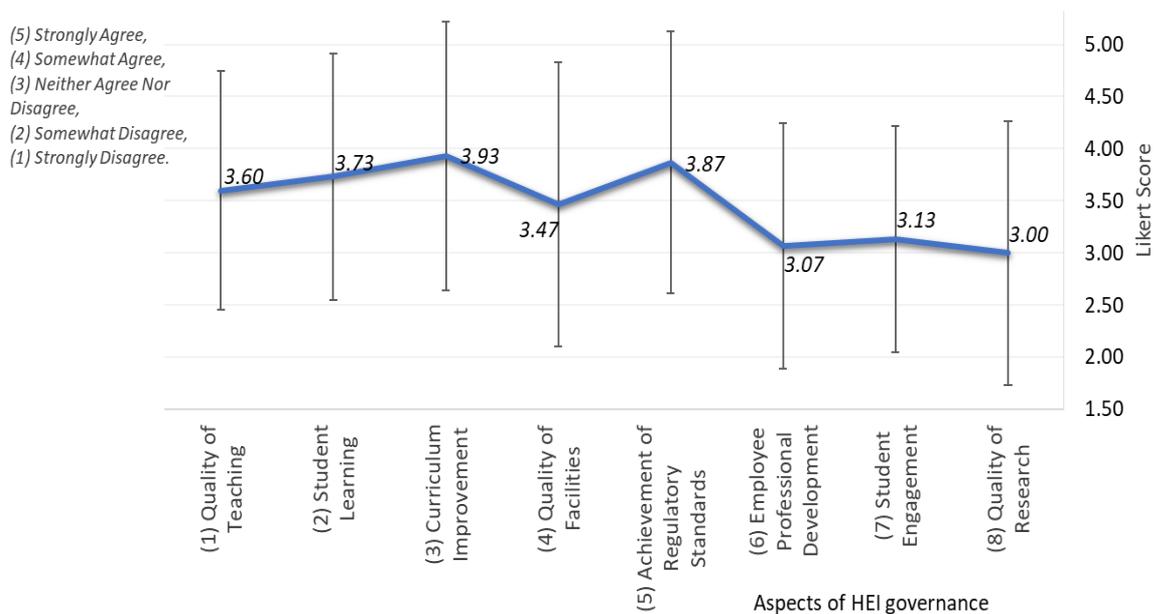
Figure 4.3 Faculty perception of QEPs impact on governance.

The survey outcomes indicate that the Quality Managers and faculty perceive that the QEP has made improvements to several aspects of institutional governance. Quality Managers indicated that the improvements fell short of expectations due to several inefficiencies in the process. Faculty Likert ratings in figure 4.3 indicates that on average, faculty are somewhat in agreement that the QEP has a positive impact on the quality of teaching, learning, curriculum improvement and compliance with regulatory standards. They neither agree nor disagree that the QEP improved the quality of the facilities, employee professional development, student engagement, and the quality of research.
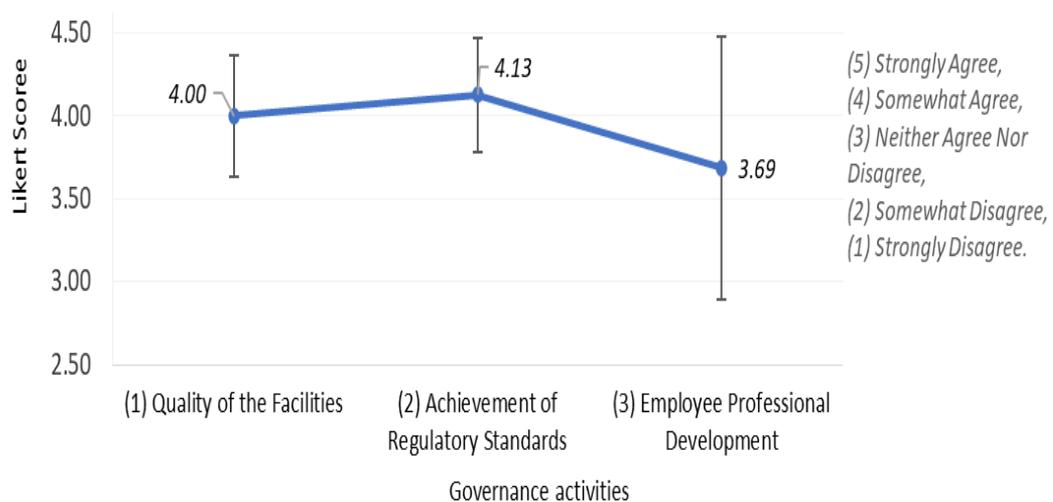
Figure 4.4 Quality Managers' perception of the QEP impact on governance.

On average, the Quality Managers rate the impact of the QEP more highly compared with how the faculty rate them. Figure 4.4 indicates that collectively, the Quality Managers somewhat agree that the QEP positively impacted the quality of the facilities, achievement of regulatory standards and employee professional development. Contrary to the faculty who neither agree nor

disagree that the QEP impacts the employee professional development, Quality

Managers suggest that it somewhat impact the employee professional

development, quality of the facilities, and the achievement of regulatory

standards. Faculty and Quality Manager perspectives on the achievement of

regulatory requirements reflects the HEI's achievement of programmatic and

institutional reaccreditation. Where the faculty neither agree nor disagree that

the QEP improved the facilities, Quality Managers somewhat perceived

improvements. The student demographics KPI have remained unchanged over

3 cycles of the QEP. Although improvements are not perceived in some aspects

of governance, some improvements are perceived.

4.7 Existence of a Quality Culture?

As indicated in the literature review, sustenance of continuous quality

improvement requires the existence of a Quality Culture within the HEI. Figure

4.5 compares the average Likert ratings of faculty and Quality Managers of

some dimensions of Quality Culture. Faculty and Quality Managers average

ratings of the dimensions suggests that both groups of quality practitioners tend

to agree that a Quality Culture exists in the HEI. The difference in ratings

between the Quality Managers and faculty is generally positive suggesting view

the existence of Quality Culture in the HEI more positively than the faculty

members. Outcomes of question 13 of Figure 4.5 also finds that the managers

and faculty somewhat equally agree that the HEI achieves quality

improvements due to the use of student feedback. Thus, the students and other

stakeholders are empowered in the QEP. Faculty and managers indicated that

training is provided in the use of the QEP tools, and the quality practitioners
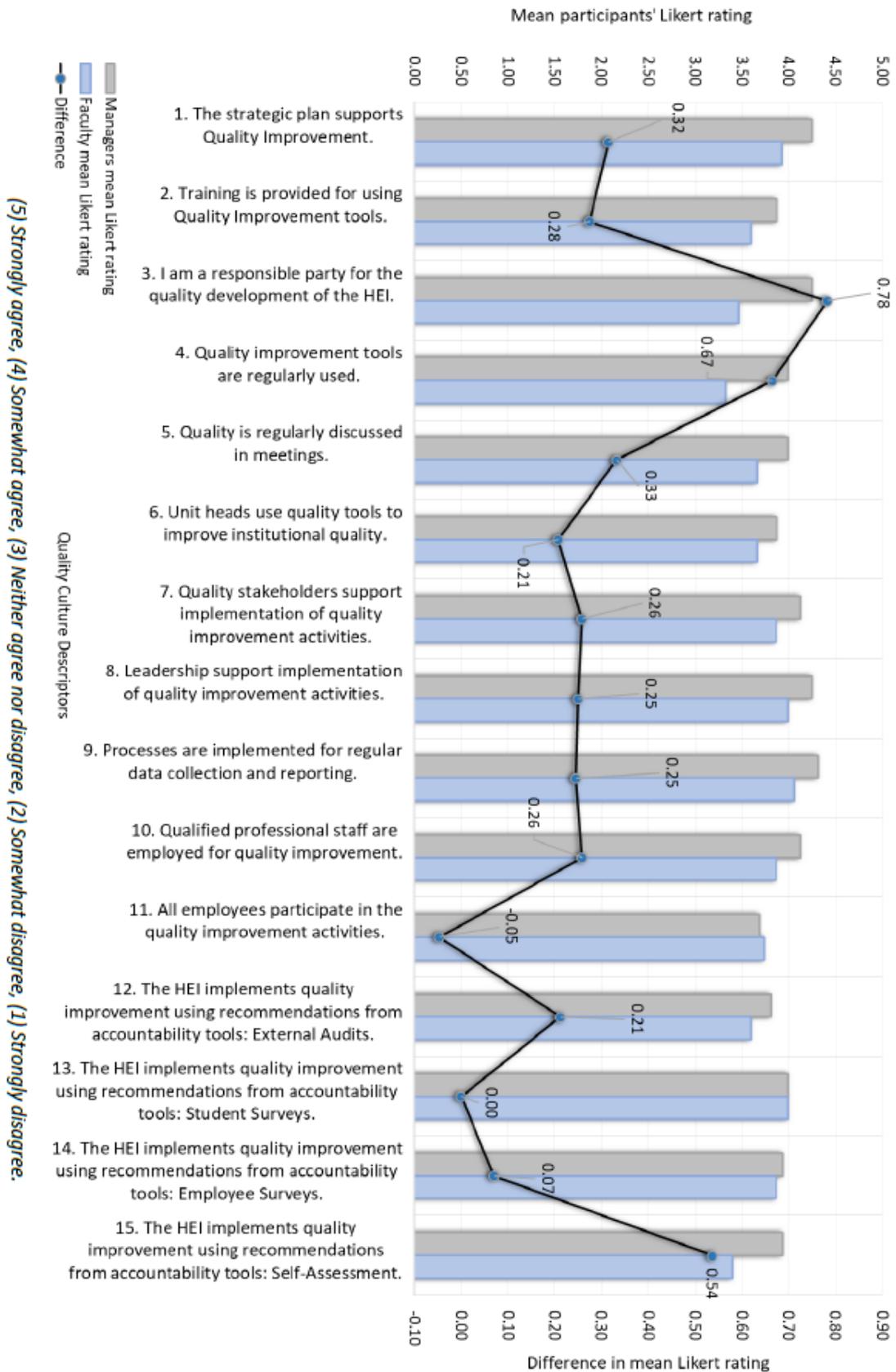
Figure 4.5 Dimensions of Quality Culture Likert Ratings.

tend to feel more responsible for the implementation of the QEP. Quality is regularly discussed within the HEI thus, the faculty, managers, stakeholders and the leadership are engaged in the QEP implementations by supporting the improvement activities. It also suggests that the students and other stakeholders participate in the assessments and implementation of the improvement process.

Figure 4.6 shows average faculty and Academic Quality Manager (AQM) ratings of the dimensions of Quality Culture while figure 4.7 compares dimensions of Quality Culture ratings by AQM and Non-Academic Quality Managers (NAQM). The AQMs have micro- and macro-level knowledge of course and programs quality activities. Figure 4.6 suggest that AQMs rate the HEI's on the dimensions of Quality Culture more positively than the faculty.
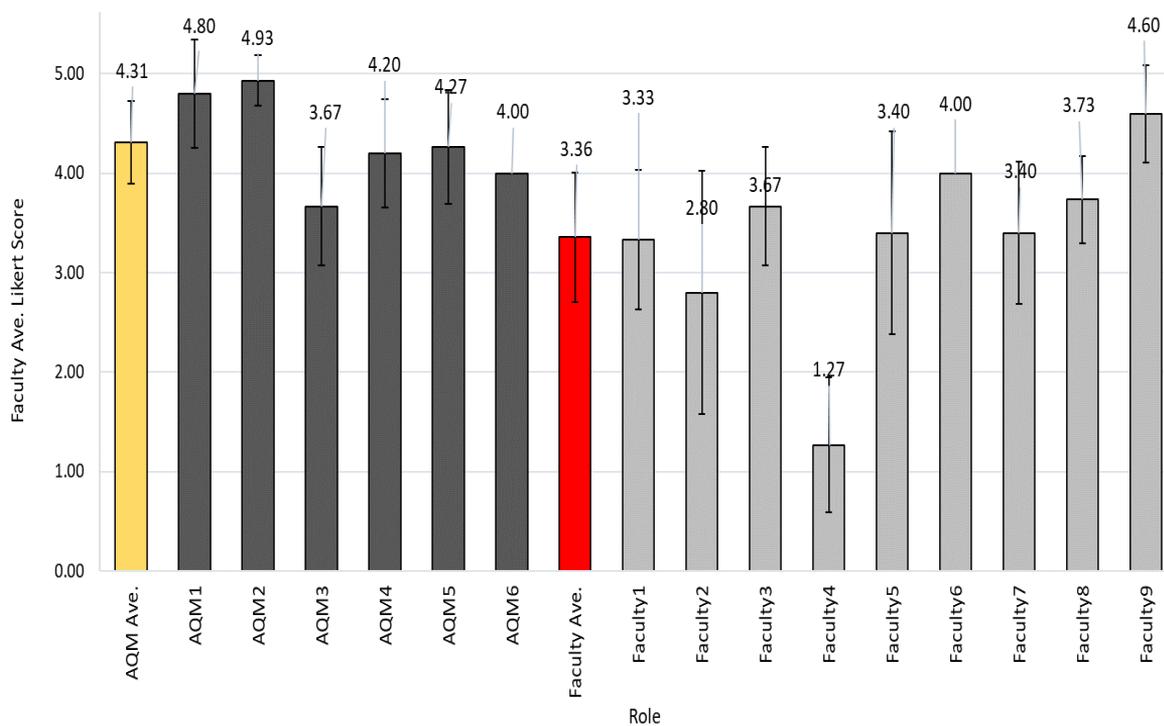
Figure 4.6 Identified pattern in Faculty and AQM Average Likert Scores.

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On the other hand, Figure 4.7 compares AQM ratings of the dimensions of Quality Culture to ratings by NAQM. The AQMs perception is that the HEI's achievement of the dimensions of Quality Culture, or the existence of Quality Culture in the support of the QEP more positively than is perceived by the NAQMs.

Quality Manager higher Likert ratings of the "participation categories of the dimensions are likely due to their role in the QEP implementation and administration compared with the ratings by the faculty. Thus, Quality Managers have and perceive a higher degree of agency in the QEP implementation than the faculty. The findings indicate that AQM, NAQM and faculty ratings suggest that the quality practitioners believe that there is a Quality Culture supporting the QEP.
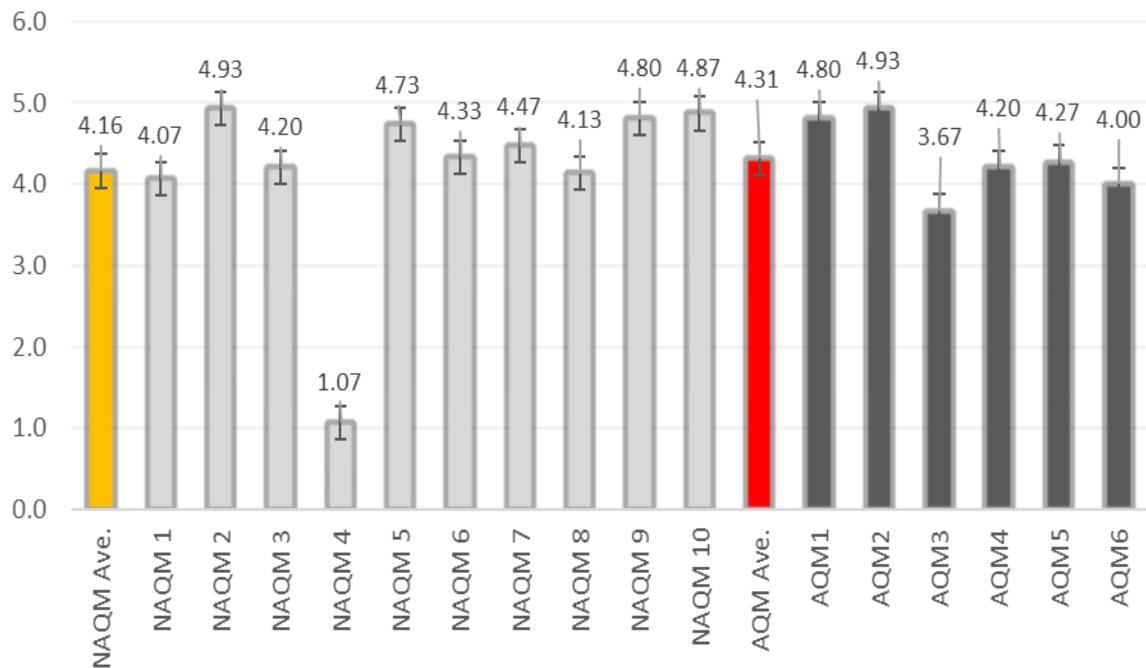
Figure 4.7 Identified pattern in NAQM and AQM Average Likert Scores.

4.8 How effective is the QEP design?

This section presents the findings on the effectiveness of the QEP design as an intervention. These findings are extracted from Quality Manager interviews. The view of the managers is that the reported RAG status are subjective or inaccurate indicators of the true state of the addressed quality weaknesses. The HEI relies on statistical analysis of Quality Managers' reported RAG status of the achievement of the KPIs, quality actions and SCRP comment resolutions to determine its view of the state of the achieved quality improvements. These RAG statuses are subjective meanings capturing the manager's perception of the state of achievement. Qualitative reporting of the achievements and likewise a qualitative analysis of these achievements would be a more robust approach to verifying the achieved progress. The KPI, quality actions and comments resolutions are all qualitative even when some of the measurables are quantitative. Qualitative reporting and analysis would provide clearer details of progress made. The RAG status analyses are simple descriptive statistics and non-qualitatively verified achievements. This use of percentages skirts around the need to verify the achievements.

Quality Managers indicated that the QEP is negatively impacted by excessive investment of trust in the implementation of the process. Trust is granted to the self-evaluators in the bottom-up assessment activities while the "top-down" quality assessments are simply managerial impositions on the Quality Managers by institutional leadership. The QEP implementation relies on trust of Quality Managers to achieve all set targets without verification by the leadership or competent personnel. The bottom-up course and academic program

assessments employs a "trust but validate" approach, while the unit CSERs employ "trust but verify" approach. Similarly, the Quality Assurance office analyse the qualitative comments and verify the approach for their resolutions. However, achievement of the bottom-up assessed quality concerns are completely devoid of all forms of verifications. They are strictly trust-based and assumes that the Quality Manager reported quality gains are true improvements. This approach suggests that all inaccuracies in the Quality Managers reported achievements carries through into the outcomes of the analysis and the policy-level decision-making. It is an indication that the state of improvements of the case HEI is assumed and not effective. The leadership's perceived quality improvements are skewed by embellishments in the Quality Managers' reported closures of quality gaps. The interview statement below reflects the view of some of the managers that the managers' self-reported achievements are somewhat intentionally embellished and state of quality is subject to the actions of the Quality Managers. In a Middle Eastern environment where trust is often an issue, the chances are skewed against achieving the true QEP intent. This provides and argument for the need to verify the reported achievements and ensure that QEP is achieving the planned outcomes.

> *"I am not feeling that whoever oversees the quality is requiring the units to approve whatever they state in their writing about quality achievements. Nobody is asking for any proof. Otherwise, we can write whatever we want to write as if we only need to complete some documentation. People report whatever they feel like without achieving them. Maybe in this respect, we need some checks." – (HSO24)*

Quality Managers find the non-verification of the self-reported closure of quality gaps as a weakness of the QEP. Embellishment of the assessments and self-

reported achievements are viewed by the managers to result from the pressure

of the case HEI's use of the CSER outcomes in employee performance

management. It is also a result of the limited time available to the managers to

address both the QEP activities and the primary business activities. Quality

Managers are seen to embellish because of the non-verification of the

achievements.

> *We should be conducting some random sampling of what's been done*
> *in the future. To know if they are meeting the desired goals. And so, we*
> *only rely heavily on what action owners said they've done, but whether*
> *they've done it, no, …" – (QAD58)*

As indicated by the quote above, the managers' suggestion is that randomly

selected samples of the reported achievements should be qualitatively verified

to boost confidence in the process and ensure that reported achievements

reflect the true state of quality achievement. Embellishment in the CSER is

done by omitting some weaknesses due to the self-evaluator's presentation of a

positive view of themselves. A vivid scenario is faculty omission of some

information in the CSER that provide the true state of teaching in a course or a

particular class.

Reporting RAG status rather than providing a qualitative reporting of "how the

actions were implemented" suggests that qualitatively assessed quality

weaknesses are quantitatively reported and analysed. The RAG status is

viewed by managers to provide biased and subjective feedback on the state of

achievements. Significant information on the true state of achievement is lost

when RAG status and not a qualitative reporting approach is taken. QEP is

Question	Mean	SD	Mode	Skewness
Rate your agreement with implementing the course CSER in the institution.	3.73	1.12	4.00	-1.92
The current practice of completing a course CSER in the higher education institution accurately reflects areas of the courses that needs Improvement.	3.53	1.31	4.00	-0.78
(5) Strongly Agree, (4) Somewhat Agree, (3) Neither Agree Nor Disagree, (2) Somewhat Disagree, (1) Strongly Disagree.				
Rate your satisfaction with the time required for completing a course CSER in the institution.	3.20	1.11	4.00	-0.45
(5) Very Satisfied, (4) Satisfied, (3) Neutral, (2) Dissatisfied, (1) Very Dissatisfied.				
What is your perception of the number of prompts to reflect upon in the course CSER?	4.20	0.91	5.00	-1.04
(5) Just Too Many, (4) Just Right, (3) Neutral, (2) Just Too Few, (1) Too Few.				
Rate the effectiveness of your institution's course CSER for quality assessment	3.60	1.40	5.00	-0.79
(5) Effective, (4) Somewhat Effective, (3) Neutral, (2) Somewhat Ineffective, (1) Ineffective.				

Table 4.2 Faculty perceptions of the course and program CSERs.

seen to positively improve quality however, achievements are impaired by concerns with reporting "RAG status" as achieved quality. Trust in managers and faculty should be leveraged in implementing quality improvement activities because of their expertise in the context and to fulfil the requirements for a Quality Culture. However, this "trust without verification" approach has its

negative impacts on the true state of achieved quality and practitioner confidence.

The CSER approaches require modifications to include open-ended comments section that exploits faculty member's innovative and diverse opinions and yet allow for a policy or regulatorily guided Quality Manager self-evaluation approach. Faculty responses in the questionnaire (seen in table 4.2) and Quality Managers responses (see table 4.3) indicate that both course/program and unit CSERs accurately reflect the course and unit weaknesses and is less error prone in assessing these weaknesses. However, the course CSER is somewhat viewed as an effective tool. Most of the faculty members also agreed that the 26 prompts are just about right for assessing quality in the courses and programs. Faculty in response to a supporting question proposed changes to the course CSERs which include reduction of the 26 prompts in the course CSER and integration of the course and unit CSER approaches. Reduction of the regulatory prompts and provision of an open-ended comment box is recommended to allow the self-evaluator to provide their informed, diverse and innovative opinions on how quality improvements could be achieved. Likewise, inclusion of regulatory guidelines in the unit CSERs could support the effectiveness of the course CSERs. This approach would likely increase the assessment of "New Knowledge", focus the assessed knowledge on the specific intents of the HEI while ensuring some degree of objectivity to a highly subjective critical evaluative approach.

Participants	Mean	SD	Mode	Skewness
Rate your agreement with implementing the CSER in the institution?	4.75	0.58	5.00	-2.38
The current practice of developing a CSER in the higher education institution accurately reflects areas of the institution to be improved.	4.88	0.50	5.00	-4.00
(5) Strongly Agree, (4) Somewhat Agree, (3) Neither Agree Nor Disagree, (2) Somewhat Disagree, (1) Strongly Disagree.				
Rate your satisfaction with the time required for completing a CSER in the institution.	4.06	0.25	4.00	4.00
(5) Very Satisfied, (4) Satisfied, (3) Neutral, (2) Dissatisfied, (1) Very Dissatisfied.				
What Is your perception of the level of improvements made to the institution by the Institutional Quality Enhancement Process.	3.00	1.03	2.00	0.00
(4) Highly Improved, (3) Moderately Improved, (2) Little Improvement, (1) No Improvement.				
Rate the effectiveness of your institution's annual CSER for quality evaluation.	4.44	1.03	5.00	-2.73
Rate the effectiveness of your QEP for Quality Improvement.	4.50	0.63	5.00	-0.90
(5) Effective, (4) Somewhat Effective, (3) Neutral, (2) Somewhat Ineffective, (1) Ineffective.				
How likely is your feedback used to improve the effectiveness of the Institutional Quality Enhancement Process?	4.19	0.40	4.00	1.77
(5) Effective, (4) Somewhat Effective, (3) Neutral, (2) Somewhat Ineffective, (1) Ineffective.				
Rate the sufficiency of the number of human resources provided by the institution for implementing the Institutional Quality Enhancement Process.	1.81	0.40	2.00	-1.77
(5) Effective, (4) Somewhat Effective, (3) Neutral, (2) Somewhat Ineffective, (1) Ineffective.				

Table 4.3 Findings from Quality Managers questionnaire.

The policy documents indicate that the focus of the academic CSERs (course and programs) are on the cognitive, affective, and behavioural aspects of learning in the classroom. Outcomes of the faculty comments in the questionnaire show that the focus of the academic CSERs also are on student performance, scope of the curriculum, sufficiency of teaching time, facilities and other issues that directly impact learning experience. Quality Manager critical self-evaluations focus on management and regulatory responsibilities such as availability of data to inform the achievement of targets, curriculum reviews which are informed by outcomes of faculty CSERs, employee experience, reflections on process weaknesses, personal experiences, and evaluation of functionalities. This shows that the focus of unit-level critical self-evaluations are distinct from course-level or program-level critical self-evaluations. Also, where course and program assessments are strictly reflections of the faculty, the unit level assessments include both Quality Manager critical reflections and inputs from accountability tools such as internal process audits, external evaluation reports and unaddressed weaknesses from previous quality cycle.

4.9 QEP framework implementation challenges

These stated challenges to the implementation of the QEP framework are retrieved from Quality Managers and faculty expert knowledge of the context. The views expressed are not concerns with the QEP design but related to the implementation of the intervention. These challenges to the implementation are discussed below.

Friction: is found to exist between time spent on QEP by the Quality Managers and the primary business operations. The Quality Managers indicated that the QEP assessments generate very high numbers of quality actions, survey comments and KPIs to be addressed thus posing significant challenges to time available for the Quality Managers to respond to other business activities. The interview findings suggest that as a result, significant friction exists between the primary business activities and QEP activities. The interviewee statement below suggests that the volume of QEP assessments to be addressed negatively impact the time spent on other business activities. Thus, by referring to the Logic Model in table 4.2, human resources and time available to these quality practitioners impact the achievements in the QEP and vice versa.

> *"Basically, the number of events to be monitored are so high, it slows down the work of the unit. It poses a challenge to the primary business of the business units." – (DSA47)*

Excessive workload: Quality Managers indicated that excessive workload resulting from the QEP impacts other business activities. Within this HEI context, the identified concerns are with the insufficient time to address the assessed quality weaknesses. The Quality Managers indicated that the QEP activities negatively impact the time spent addressing other business activities. The managers noted that the case HEI primarily has a small number of employees and the implementing the QEP activities reduces not only the time available for other business activities, but the attention paid to activities such as teaching, learning and research.

Resource challenged: Insufficient provision of resources is also expressed as a challenge. Quality Managers expressed the need to significantly increase the human and financial resources provided for implementation of the QEP. Provision of human resources is deemed by the managers to be negatively impacted by the finance limitations. No new staff have been employed by the case HEI within the units to implement the QEP. Hence as expressed by the interview statement below, it is time and resource intensive and currently demands more resources than the HEI can provide.

> *"sometimes implementing such a quality process requires more staffing requires." –(FD19)*
>
> *"The same time the process is also very time consuming. It requires quite a lot of manpower and resources." – (QAD62)*

As a result of the divided attention, where the choice is between attending to the primary business activities such as teaching, research, facilities management, student services and the QEP, the position of the Quality Managers is that the common practice is to focus on these primary business activities. Hence, insufficient provision of human resources (see table 4.3) and funding is viewed by the Quality Managers as challenges impairing the QEP's achievement of quality improvement.

Unaddressed quality weaknesses: Persistent non-achievement of some actions is also viewed as an implementation challenge. According to the managers, some of the OP, QIAP and SCRP activities remained unachieved

over time indicating that the QEP is not achieving some of the quality targets. This suggests that the QEP practice is likely to an extent, a symbolic activity or ineffective in achieving some activities. Non-attainment of these actions over time raises questions about the ability of the QEP to achieve these planned improvements.

Subjectivity of assessments: The subjective nature of the bottom-up CSERs is seen as a challenge to implementing the QEP. This is particularly from the position of the unit CSERs which are unguided and subject to the decisions of the Quality Managers. Quality Managers indicated their lack confidence in the quality assessments due to its perceived subjectivity. Although the academic assessments are guided by standardized regulatory prompts, assessment of the units, functionalities, and committees are left to the subjective discretion of the critical self-evaluator and the verification of the Quality Assurance team. This unstandardized approach adopted in the unit CSER negates the standardized approach in the course and program assessments. This leaves the decision of what and how assessments are to be done to the discretion of the Quality Managers. Subjectivity is partially addressed in the course and program CSERs by the 26 guiding regulatory prompts. Quality Managers indicated that the subjectivity of the assessment approach is particularly seen in the embellishment of the assessed weaknesses. This suggests that they sometimes choose not to report some weaknesses and report others.

Managerialism: "Top-down" quality assessment approach is viewed by managers as managerial due to its inflexibility and imposition of the quantitative

measures by leadership. Managers specifically identified the Strategic Plan as a leadership prescribed mechanism for assigning strategic KPIs. This is apparent in the respons provided below by a Quality Manager.

> *"Uh, various stakeholders involved have an opinion in addressing the problems. This is better than imposing judgement or diagnosing and providing solutions to the department's issues." – (DEAN42)*

It is also seen as managerial because the Quality Managers are responsible for achieving the institutional KPIs but are excluded from the creation of these long-term targets. The leadership's approach for achieving these long-term targets is to incrementally negotiate the annual targets with focus on achievement of the long-term targets. However, the long-term approach is managerial, depriving the action owner or Quality Managers participation in the determination of the long-term KPI targets. The quality assessments exclude managers' experiences and innovations in deciding on the Strategic Plan's mission, vision, objectives, CSFs, KPIs and their long-term benchmarking activities. The Strategic Planning approach ignores the collective experiences of these managers who live the realities of implementing the QEP but accepts the "all knowing and capable leadership class". According to the managers, their exclusion in Strategic Planning has resulted in leadership setting and approval of high, unrealistic targets, and mismatched KPIs and managers.

QEP non-response: Quality Managers' perception is that some KPIs persistently remain unachieved over time. This is viewed as an indication that the intervention is not achieving some of the KPIs. The persistent recycling of

unachieved KPIs without evidence of incremental improvements in the QEP is viewed as a challenge in the implementation of the QEP. Perpetual recycling of these KPIs without provision of justifications suggests that the HEI's leadership are not proactive in driving the quality improvements through the "re-strategizing phase" in the QEP. This does suggest that in some respect, the process could be a token idea to appease regulators.

Inconsistent communication: Quality Managers pointed out the weaknesses in the communication of the end of year and quarterly summary reports to the quality practitioners. According to the policies and outcomes of the interviews, the Quality Assurance team and leadership's recommendations for further driving quality improvements should be shared with the managers. There is upward communication of the summary report by the Quality Assurance team to the leadership however, the reports are not disseminated to Quality Managers. These managers are central in the implementation of the QEP and as indicated by the policy documents, these recommendations should serve as means for informing the managers of strategic directions on the questions such as were the quality intents achieved? What next?".

4.10 Recommendations for QEP improvement

This section reveals outcomes of the Quality Managers' recommendations for improving the QEP. These recommendations are revealed from the codebook created from the Qualitative Managers qualitative responses.

The Quality Managers indicated that the QEP as implemented, focus too widely on all aspects of governance in the courses, academic programs, administrative units, committees, functionalities, and processes, simultaneously. The recommendation is that the focus of the QEP should be reduced to fewer aspects of governance at a time rather than all simultaneously. This would reduce the number of assessed quality weaknesses and focus the assessment on specific intents. The scope of the academic CSERs and strategic plan are viewed as particularly too wide.

> *"… The assessment prompts are too many and is taking too much time to complete. But the current process is very good to transformational system." – (DAP50)*

Non-verification of the reported achievements has negatively impacted the confidence of the Quality Managers and the quality achievements. They reported diminished confidence in the reported achievement of set targets due to their perceived embellishment of the achievements by some managers. Non-verification of the accuracy of the Quality Managers self-reported achievements of set targets was seen as the reason why managers could and do resort to embellishing the reported achievements. Hence, non-verifications of purposively or randomly sampled portions of the reported achievements negatively impact the effectiveness of the QEP. Quality Managers expressed scepticism could be a cause for the moderate improvements perceived by the Quality Managers. Verifications of the reported achievements could increase confidence in the process and improve the momentum of quality improvement.

Resource challenges are also seen as a factor that could be improved. This point was earlier laboured as a challenge to the QEP. The limited number of human resources significantly impacts the time available to the quality practitioners hence their ability to implement the QEP and address their primary business responsibilities. Significant amount of time is required to assess the quality weaknesses, and even more time is expended in addressing them. The Quality Managers advocate for the employment of specifically dedicated quality professionals for implementing the QEP and extrication of these functions from the responsibilities of the managers. Advocacy for the extrication of the QEP from the Quality Managers reflects the friction between time spent on the primary business activities and the QEP. This could be reduced by increasing the number of human resources dedicated to addressing the QEP activities.

Quality Managers suggest a change in the managerial approach to the creation of the strategic KPIs. Their suggestion is that the managerial approach could be changed to include managers in the benchmarking, assigning and setting of strategic KPI targets. The academic CSERs are also viewed as managerial because they restrict the self-reflectors to the 26 regulatory guided reflection prompts. Academics noted that inclusion of an "other comments" section allows for innovative and diverse opinions to be shared in the academic courses and programs CSERs. Restricting the strategic KPIs to regulatorily prescriptions also deprives action owners or Quality Managers of 'decision-making power' at the strategic level. By including the managers in the benchmarking process and decision-making on the long-term KPI targets, their agency for responsibility for achieving the short-term targets could be enhanced. Then the long-term targets

would not be viewed as imposed. The Quality Managers observed the lack of consultation and harnessing of their experiences within the community of practice.

The Quality Managers identified insufficient training and experience of the Quality Assurance team as factors that negatively impact the effectiveness of the QEP implementation. The Quality Assurance team's inadequate higher education sector-wide experience of QEP practices, weakness in quality practitioners' knowledge of the QEP due to poor training, and poor-quality assessment skills undermine the process implementation. There is a need to train practitioners on the use of new systems and the provision of support for these systems. Some Quality Managers challenge the experiences of the Quality Assurance team and their understanding of the complex realities of the QEP, educational context and the existing Quality Culture. The QEP was also deemed to be rigid, completed by the participants without adept knowledge of how the QEP leads to improvements. These point to the need for development of knowledge and understanding of the QEP by quality practitioners. Managers view the lack knowledge of the meaning of some SMART actions as concern that should be addressed through training. The response DAP55 also suggest that similar challenges are perceived by managers in the translation of the outcomes of the qualitative comments to quality improvements. Thus, the managers recommend that further training should be provided to address knowledge gap and other aspects of the QEP.

> *"There may be an element there that for some who don't necessarily have the understanding. Unless somebody understands what that [quality assessment] outcome represent, they are not going to be motivated to want to achieve it." – (DAP59)*

> *"What are we trying to do? I don't understand what these [survey comments] information means to me as a faculty, as a director" – (DAP55)*

Quality Managers suggested that the summarised qualitative survey comments are provided to quality practitioners. However, some managers argue for the provision of a more summarised set of interpretations of the qualitative comments for the ease of implementation. For example, the comments of the manager DAP56 suggests that the volume of the comments to be resolved is very high and need to be further summarised.

> *"Considerably simplify the scope [of the survey comments] while at the same time, retain the important information in implementable ways." – (DAP56)*

In the currently provided format, the assessed comments are not simple, understandable, or in some cases, easy to achieve.

Chapter 5: Discussion

5.1 Introduction

The previous chapter indicate that several themes regarding the Quality Enhancement Process were found from the researched policies, Quality Manager interviews, faculty and Quality Managers' responses to questionnaires. The key findings are discussed below:

The rationale for adopting the QEP as perceived by the leadership include the quick transform of the approach for assuring that quality standards are satisfied, to ensure the achievement of quality improvements, to achieve regulatory compliance, and to address internally and externally assessed quality weaknesses. These ideas agree with Harvey (2025) that transformation is a process for changing the HEI from one quality state to another. The outcomes of the case HEI's Quality Managers' interviews suggest that transformation is a change to the Quality Assurance activities, "assurance of quality" by improving the quality of provisions, change of institutional Quality Culture, compliance with improved regulatory standards and satisfaction of minimum regulatory requirements for program and institutional re-accreditation. The case HEI's QEP is designed to continuously increase quality long-term however, it is also used to achieve compliance to the updated regulatory requirements. The focus of the case QEP is to broadly achieve change of the existing state of quality. However, the case HEI's intents also include compliance with national

regulatory policy prescriptions, implementation of tools to achieve these changes and enhance stakeholder perceptions of improvements to the quality of the HEI.

This research finds that aspects of quality assessments in the QEP are informed by metrics of regulatory standards or compliance, measures of accountability and stakeholder reflections. These are foundational to the QEP's continuous achievement of quality improvements. Hence the case HEI's QEP employs a 5-pronged quality assessment approach combining outcomes of regulatory compliance, accountability tools and stakeholder informed reflections. The findings conflict with the notion that there are no links between compliance or accountability and Quality Enhancement (Danø, and Stensaker, 2007; Hénard and Roseveare, 2012; Bolivar, 2014; Filippakou and Tapper, 2008; Mkhize and Cassimjee, 2019). The focus of internal and external Quality Assurance is the achievement of minimum regulatory requirements (Harvey & Green, 1993; Harvey, 2025) and not the assurance of quality improvements. Notwithstanding, it has been noted that there are disconnects between the outcomes of Quality Assurance and the needs of students and staff. The findings posit that the outcomes of Quality Assurance, elements of regulatory standards, accountability tools and internal and external stakeholder reflections are addressed within the QEP. Ultimately, Quality Assurance, accountability and quality improvements mechanisms are required of HEIs (Stalmeijer et al., 2023; Kleijnen et al., 2014) by regulatory agencies and these exhume quality weaknesses to be addressed. The QEP design articulates the mechanism for achieving quality improvements using outcomes of these tools.

This research argues for a vectoral approach to critical evaluations ensuring that outcomes of assessed quality weaknesses are directed by institutional or regulatory guidelines. Creswell (2013) suggested that outcomes of the reflections are dependent on lived experiences of the stakeholders while Pavlovich (2007, p.291) described reflections in reflective journals as 'a process of mental reviewing.' These views are scalar suggesting that the quality stakeholder's knowledge of the context and their lived experiences justify their assessment of quality weaknesses. The approach of the case HEI suggests that the critical self-evaluations could also be directed by critical reflections using elements of regulatory standards or policy prescribed guardrails. The findings suggest that some instruments of quality assessments are accountability tools which in the case HE includes outcomes of internal and external mechanisms. Inclusion of the long-term targets in the "top-down" Strategic Planning agrees with the findings of Mkhize (2019, p.5) that 'Quality Enhancement is concerned with the present and immediate past'. However, the findings in this HEI demonstrates that Quality Enhancement is also concerned with the achievement of longer-term targets through incremental annual targets and mappable quality trajectories. The accountable trajectories link the past, present and future quality states. The quality assessment approaches agree with the trajectory of higher education policy for the improvement of quality of HEIs in the European area. These policy approach indicate that introduction of Quality Enhancement did not nullify the implementation of accountability and regulatory compliance from Quality Management System. The findings indicate

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that where Quality Enhancement places emphasis on quality improvements, while accountability simply evidences the performance of a HEI.

The research findings agree with Sahney et al. (2010) that conferring of trust on Quality Managers empowers quality practitioners. The research also finds that unmitigated conferring of trust on the quality practitioners is a source of impedance to the achievement of planned quality targets. Kovač and Kristiansen (2010) noted that conferring of more trust facilitates healthy and more positive human interactions. It suggests that: (1) trust is positively correlated with its impact on people, and (2) that more of it is needed. Gargiulo & Ertug (2006) similarly finds that excessive or unmonitored trust is a source of conflict with potential to sabotage the creation of learning processes, such as students' ability for critical thinking. The research unearthed significant evidence challenging the notion of conferring unmitigated trust in addressing the quality concerns, monitoring these achievements and reporting quality gap closures within the QEP activities. Trust of quality practitioners without substantiation of the reported achievements is foundational in the QEP thus impairing the reported achievement of the set targets. The assessment approach of the case HEI is largely dependent on trust conferred on quality practitioners. However, the assessment approach is made more robust through the application of a "trust but verify" and "trust but validate" approach to the outcomes of the critical assessments. The verification and validation activities are restricted to the assessments. On the other hand, non-verification of the reported achievements has resulted in multiplexed achievements. Multiplexing of the results poses a challenge to the interpretation of achievements thus agreeing with Newton

(2002, p.36) that 'results of enhancement-related actions can be difficult to evaluate'.

The research further adds to the knowledge that the QEP does achieve quality improvements of some aspects of institutional governance. According to Filippakou and Tapper (2008) and Ullah et al. (2011), Quality Enhancement improves several aspects of higher education governance. However, Stensaker & Harvey (2011) found no empirical evidence of improved learning and/or scarce innovation, challenging the idea that Quality Enhancement produces improvements. The result of this thesis suggests that there are complex interactions between the clearly defined quality weaknesses, subjecting these qualitative statements to subjectively defined RAG status. Non-qualitatively verifiable achievements convolute the argument that real improvements are achieved by the QEP. Trow (1996) finds that enhancement fails to achieve true quality improvements but skews efforts towards performance. The view of the Quality Managers in the case HEI is that improvements are made to some aspects of institutional governance by addressing the SMART targets. The perception of the managers is that improvements are impaired by ineffectiveness of the QEP design and its implementation challenges. These suggest that continuous and effective attainment of set targets and outcomes could be done more effectively by addressing the design faults, addressing the identified implementation challenges and Quality Managers' recommendations. These recommendations hold cogent suggestions of the knowledgeable experts responsible for the implementation and administering the intervention.

The findings and the case HEI's view of Quality Enhancement thus indicate that Quality Enhancements does not dispute or seek to nullify the positives in implementing Quality Assurance and measures of accountability. It however integrates them in ensuring that improvements are achieved. Within the European context, and as expressed by the Quality Managers in this HEI, Quality Enhancement is an additional layer on the existing quality control and accountability tools. The discussions below further buttress these afore-stated key findings providing delineations from existing literature where they exist. These arguments are further explained under the main sections below.

5.2 HEI's perceived justifications for Quality Enhancement

In this section, findings on the leadership's perceived justifications for implementing the QEP are discussed. By exploring the leadership and Quality Managers' knowledge and policy enshrined information behind the QEP adoption, the contextual reasons for its adoption are explored. Implementation of the QEP is dictated mainly by the need to transform the HEI's quality of provisions, the need to achieve re-accreditation and the assurance of quality improvement. The section is discussed in that order:

5.2.1 Transformation as change to the quality achievement activities:

The Quality Managers and the leadership indicated that the justifications for the case HEI's implementation of Quality Enhancement is to achieve transformation or change from its pre-external evaluation status. The changes sought by the HEI are prompted by institutional and national desires for improvement. The

view of transformation thus agrees with Harvey (2025) that it is about change from one state to another. The focus of transformational change is multifaceted depending on the aspect of institutional governance and national policy intent. Common focus of the transformation has been on institutional culture, the whole institution, and teaching and learning (see Eckel et al. 1998; Leong, 2011; Sirat, 2013; Don et al., 2014). Within the case HEI, the perception of the managers and leadership is that transformation seeks to improve provisions of all aspects of institutional governance with teaching and learning as the beneficiary of these improvements. Thus, it seeks compliance with improved regulatory framework, quick resolution of regulatory infractions assessed by external evaluations, achievement of re-accreditation, streamlining of quality improvement process, and improvement activities.

Compliance is sometimes viewed as a "commodification of quality" where transformation is compliance to external metrics rather than the achievement of educational mission (Trow, 1996). Compliance to regulatory requirements is mandated by the updated regulations (SILPA, 2019) however, managers noted that the QEP is also implemented to quickly address the regulatory infractions from the case HEI's failed external evaluations. The perception of the quality practitioners is that the QEP as a transformational tool commodifies quality by viewing the regulations as minimum indicators of quality while seeing achievement of these thresholds as achievement of quality. Also, achievement of the minimum regulatory requirements is the minimum target of the QEP and a leap-off point for achieving similar performance as higher ranked HEIs.

The QEP is also said to be transformational because it is open to be used to drive holistic compliance of all aspects of institutional governance to the regulatory standards. The perception of the leadership is that the QEP is also implemented to ensure that the regulatory non-compliance identified by external evaluators are addressed by viewing the non-compliance as external stakeholder assessed quality weaknesses. This agrees with Chen and Taylor (2011) that Quality Enhancement as a transformational tool steers away from "fitness for purpose" towards the change of the student's learning. However, the results show that the focus is primarily on institutional governance and secondarily on student engagement. Thus, it supports the position of Jungblut et al. (2015), Bennett (2001) and Cunha and Miller (2009) who viewed transformation as a student-centred concept for addition of value and somewhat as value for money.

The findings in this study demonstrate that Quality Enhancement does not nullify the application of enhancement to teaching and learning, the view of the leadership is that it is used to holistically achieve compliance of all aspects of institutional governance to regulatory requirements. Thus, transformation of learning is a microcosm within a complex macrocosmic transformation. To achieve macrocosmic transformation of the HEI and its provisions, the senior leadership focuses on the mechanisms implemented to achieve internal and external stakeholder satisfaction. At microcosmic level, a typology of quality transformation as described by Harvey and Green (1993) views of transformation as doing something to the student, the case QEP goes beyond this singular focus, by treating all aspects of institutional governance.

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5.2.2 Assurance of quality by improving the quality of provisions:

As noted earlier, teaching, learning, student skills, research, and other aspects of institutional governance have been the focus of Quality Enhancement (Eckel et al. 1998; Aziz et al. 2011; Leong, 2011; Sirat, 2013; Don et al., 2014). Eckel et al. (1998), Wahab et al. (2010), and Nasruddin et al. (2012) indicated that whole institutions are sometimes transformed. The QEP is seen by the Quality Managers as a tool to streamline the whole institutional Quality Enhancement activities. The focus in the HEI is the implementation of the QEP on all aspects of institutional governance to simultaneously drive quality improvement of all units, processes, regulatory compliance, courses and academic programs. The metrics of the regulatory standards specifically apply to all aspects of institutional governance hence compliance would be focused on the quality of all sections of the case HEI. Thus, "bottom-up" improvement activities are focused on all administrative units, functionalities, courses, academic programs, and institutional committees.

5.2.3 Compliance with updated re-accreditation requirements:

It has been suggested that constant changes to higher education regulations are due to public politics (Benavides et al., 2020; Singun, 2025). The Quality Managers and the leadership view the updated regulatory standard as a means for mass improvement of the HEIs in the UAE higher education sector. The HEI's concern for improvement of quality of provisions align with the concerns of political leaders as indicated in the National Higher Education Strategy 2030

(Ahmed, 2023). Similar concerns have been raised by the Malaysian higher education policy which is intended to transform higher education institutions by improving the social and economic health of the country (Mitter, 2003; Shariffuddin, 2017). Maassen et al. (2012) view transformation from programmatic perspective and that it refines the knowledge of the students. The UAE national regulators updated the regulations with the aim of using this to improve the quality of higher education institutions nationally, from lower minimum requirements to a higher state using regulatory standards. If viewed within a single regulatory framework, compliance is sought by HEIs, and achievement of these regulations are the minimum requirements for institutional and program re-accreditation. The use of regulatory standards to force change in HEIs could be viewed as a means for effecting blanket improvements over large number of HEIs.

5.2.4 Summary

The QEP is primarily seen as a quality tool that ensures that the HEI remains consistently compliant with regulatory requirements and achieve quality improvements through elements of the regulations and stakeholder participation in the process. Quality Managers and the leadership view the QEP as transformational with an intent to achieve both the immediate correction of trajectory and long-term institutional and national improvement goals. As a transformational tool, it is implemented to change the state of quality and compliance with regulations. It is also a mechanism for ensuring that quality is improved. Hence, the QEP is a tool designed to achieve quality changes to institutions with participation of internal and external stakeholders.

5.3 Leveraging Regulatory Compliance and Accountability

The purpose of this section in the context of the overall research is to expose the links between compliance with regulatory requirements and outcomes of accountability tools in the achievement of quality improvements. These discussions are presented in the following order: The 5-Pronged assessment approach demonstrate a link between compliance and accountability with Quality Enhancement. Arguments for these links are presented below:

5.3.1 The 5-Pronged quality assessments:

The case HEI's QEP supports the view of Gvaramadze (2008, p.450) that that quality 'should be an inclusive process of different strategies and actors.' The case QEP design has adopted a "top-down" Strategic Plan and four "bottom-up" critical self-evaluation of courses, programs and units and stakeholder qualitative comments. Internal and external stakeholder qualitative comments are also used to elicit their reflections or suggestions of wider innovative and diverse opinions. The approach suggests that the case QEP's quality assessments are multifaced with each having specific focus and as described by Jarvis (2014), multifarious. The Scottish Quality Enhancement approach places student achievements as the centre of the desired improvements (Gvaramadze, 2008). However, the primary focus of the case HEI's QEP is on teaching and learning with the quality assessments done at course, program and unit level. On the other hand, assessments of the non-academic component are done only at the unit level. The focus on provisions of non-

academic aspects of governance is with the aim of improving of these academic and non-academic provisions and enhance student and stakeholder experiences. The case QEP assessment approaches include:

The "top-down" quality assessments or Strategic Plan: The QEP framework and the managers indicated that the Strategic Plan within the QEP is a leadership created and imposed assessment tool. Contrary with the view of Barzelay and Campbell (2003) that it is a collective effort of "barons and rank and file" for shaping a vision and aligning resources. Through this plan, the case HEI leadership imposes the strategically assessed quality weaknesses and the SMART targets on the quality stakeholders. In agreement with Harvey and Knight (1996), the "top-down" assessment wreaks of managerialism due to its inflexibility and imposition on the Quality Managers. Within this practice, the Strategic Plan coopts regulatorily predefined measures of performance and internally created KPIs. Where Whittington et al. (2020, p.412) found that managers may view this as an 'imposition of strategy by powerful external stake holders', the view of the case Quality Managers is that they are the impositions of senior leadership. However, some of the KPI's are regulatorily contrived while others are created by the leadership. It is contextualized to satisfy internal and external objectives. It also exposes the HEI's restriction of fundamental and widely impacting decision-making to deliberations of the "knowledgeable few". The HEI's approach partly aligns with the suggestion of Zechlin (2010) that it is a strategic analysis of changes in the HEI's environment. However, the case QEP more broadly inculcates nationally prescribed KPIs with all KPIs serving

as fundamental checkmarks that collectively mark the achievement of the objectives.

The focus of the case HEI's KPIs is to achieve the institutional mission, vision and objectives. Curriculum design and pedagogical innovations (Biggs et al., 2022), research funding and infrastructure (Hazelkorn, 2015), faculty development and incentives (Austin & Sorcinelli, 2013), community development and partnerships (Weerts & Sandmann, 2010), governance and strategic planning (Kezar and Eckel, 2002) are common contents of institutional mission commonly displayed on a HEI's strategic plans. However, these are achieved through strategic KPIs which focus on achieving quantitative and qualitative intents. Within the case HEI, the qualitative and quantitative SMART KPI targets are the drivers of "top-down" improvements. They are viewed as means for achieving improvements because their determination using benchmarking seek to increase the HEI's performance to the level of its higher performing competitors. Crow and Dabars (2015) suggested that the QEP is aligned with the HEI's mission to proactively improve the quality of educational experience. The case HEI more specifically deploys the Strategic Plan in the QEP for ensuring the systematic monitoring of the achievement of the mission, vision, objectives and satisfying nationally prescribed and institutionally created KPIs. Thus, the case QEP aligns the HEI's mission, the institutional vision, objectives, strategic measures for achieving these objectives (KPIs), and the long-term SMART strategic targets for achieving the quality objectives of the mission. The "top-down" assessments drive improvements using long-term targets.

"Bottom-up" quality assessments: The case HEI's 4 "bottom-up" quality assessments are stakeholder informed expert and customer retrospective evaluation of course, program, unit level and community activities. The change in approach between the "top-down" and "bottom-up" approaches, or from institutional to lower evaluative domains is due to the changes in the focus of interest and the evaluative intents. These approaches to "bottom-up" assessments align with the view of Saunders et al. (2011, p.212) that evaluations are focused on 'the critical concerns or questions derived from the interests of various stakeholders with the purpose of improving practice.' The course and program CSERs are strictly guided by the regulatory prompts with focus on effective teaching, learning, curriculum. The approach to course and program CSERs concurs with the notion that quality does not exist "in a vacuum" (Cardoso et al., 2015). It suggests that the use of the regulatory prompts ground the critical self-reflections on well researched understanding of quality. The unit CSERs are flexible, unguided and subject to the informed opinions of the managers. The managers indicated that the critical self-evaluations are focused on managerial, administrative, program and institutional accreditation. The perceptions of the managers and the policy suggests that besides the subjective knowledge of the expert self-evaluator, outcomes of external regulatory evaluations, internal audits are additional sources of assessed quality weaknesses captured in the unit CSERs.

Within the stakeholder experience surveys, the qualitative comments provide opportunities for the wider internal and external stakeholder to critically reflect

their views of the strengths, weaknesses and propositions for improvement. The Quality Managers' view is that these qualitative comments hold wider innovative opinions not raised by the planning team and the presumed "knowledgeable few" in the leadership. This suggests that the surveys are not simply about customer satisfaction but when appropriately analysed, it could lead to improvements leading to improvements. Course, program or unit evaluation surveys are commonly used by the UK, Thai, Australia, Canadian and US HEIs (Leckey and Neill, 2001; Barrie and Ginns, 2007; Richman et al., 2019; Chambers, 2010; Wongsurawat, 2011). Gvaramadze (2011), Coates (2005), and Harvey (2002a) viewed the use of student engagement such as these surveys as value-added factors in improving quality in HEIs.

Inclusion of student qualitative comments survey outcomes in the QEP, agrees with Trowler (2010) and Farkas et al. (2023) that enhancement optimizes student comments by leveraging outcomes of these wider assessed quality weaknesses for exhuming quality concerns. Some of the interviewed Quality Managers see the qualitative survey comments as exhumations of innovative ideas for improving provisions. Barab and Plucker (2002, p.173) deemed such exhumations of quality weaknesses as 'new knowledge'. Within this context, this assessed knowledge are combinations of new knowledge and prior exhumations or previously unachieved weaknesses with improved targets. The outcomes of the qualitative comments also provide further Knowledge of the stakeholder ratings of the closed-ended questions. Thus, this finding also aligns with Hill (1995), Grebennikov and Shah (2013) and Decorte et al., (2019) that the outcomes of the open-ended questions hold explanatory reasons for the

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quantitative findings. However, the qualitative comments are viewed in this HEI context as critical evaluations of strengths and weaknesses of the HEI and as the evaluator's proposed ideas for quality improvement.

5.3.2 Links between compliance and Quality Enhancement:

In this national higher education context, the government Employs its updated higher education regulations to bring the HEIs within the sector in line with performance of European higher education sector. Alignment of the national regulations to the ESG transforms the local higher education sector from one state to another. It is a national transformation approach that percolates through HEIs to cause institutional hence sector-side improvements. These improved regulatory requirements are used to force transformation or change of state or improvement of the higher education sector and to drive improvements of the local HEIs. This runs contrary to the view of Harvey (2023) that Quality Assurance has nothing to do with transformation. It forces the HEIs through SILPA (2019) to align with higher minimum standards or in this case the European context via the ESG (2015). The findings from the case QEP context suggest that Quality Enhancement does not steer away from compliance with regulations but inculcates the outcomes of regulatory requirements for the purpose of achieving quality improvements. This deviates from the views of Swinglehurst et al. (2008), Raban (2007), Oakland (2014), and Elassy (2015) who find no relationships between compliance and enhancement. Filippakou and Tapper (2008) and Harvey and Knight (1996) asserted that enhancement steers away from compliance while Sursock (2010) see accreditation as the key reason for compliance. It has been suggested that achievement of compliance

with regulations is not in itself quality improvement (Salto, 2018; Jarvis, 2014). The QEP approach indicates that satisfaction of metrics of regulatory requirements demonstrates quality improvements in comparison with the previous state of quality of the HEI.

The Scottish Quality Enhancement approach achieves improvements through joint interactions between the QAA, Universities Scotland and Scottish HEIs (Gvaramadze, 2008) resulting in enhancement-led reviews. Within the UAE context, the evaluations of HEIs are not enhancement-led however, the regulatory "standard 2" requires all HEIs to demonstrate 'continuous enhancement by systematically and regularly monitoring, reviewing and evaluating the effectiveness of all aspects of its operations and educational programs' (SILPA, 2019, p.18). The Scottish approach does not entirely steer away from Quality Assurance either but is a 'balance enabling mechanisms with compliance to quality standards (Saunders, 2014: p.118) and shifting the emphasis between them. Thus, the case HEI's adoption of strategic KPIs contrived from the regulatory framework for driving quality improvements suggests that the QEP integrates elements of the regulatory standards in satisfying the HEI's mission and vision. The extracts of the institutional policy documents and Quality Managers' interviews indicate that the regulatory standards contrived KPIs are mandated for annual higher education reporting obligations. However, the benchmarked KPI values are used for benchmarking purposes. It thus agrees with the assertion of Aithal and Aithal (2023) that benchmarking within a QEP drives the continuous improvement process through qualitative and quantitative target setting.

Benchmarking is used to determine strategic targets based on the performance of similar but higher raked HEIs. This perspective of benchmarking is similarly captured by Chen (2002), Vlasceanu et al. (2004), Filippakou & Tapper (2008), Blackstock et al. (2012), Arasli et al. (2018), Aithal and Aithal (2023). The case HEI views the strategic KPIs as the "top-down" strategically assessed quality weaknesses that must be annually achieved. The strategic KPI targets derived from benchmarking activities are thus drivers of quality improvement. Where Williams (2016) identified quantitative measurements in "top-down" quality improvements, the case HEI employs qualitative and quantitative benchmarked targets to incrementally and annually achieve these long-term quality improvements. Inclusion of the long-term targets in the Strategic Plan dispels the finding of Mkhize (2019, p.5) that 'Quality Enhancement is concerned with the present and immediate past rather than with a longer-term future perspective.' Quality assessments in the case HEI are retrospective with the focus on achievement of short and long-term qualitative or quantitative targets.

The articulated QEP framework supports the view of Williams (2016, p.99) that Quality Enhancement is characterized as a 'bottom-up negotiated process based on qualitative judgement and engagement with academics.' Within the case HEI, improvements are also achieved using prescribed measures of good teaching, learning and curriculum in assessing quality weaknesses which are quantitative measures of the KPIs. These prescribed measures are regulatory KPIs extracted from the regulatory requirements. The outcomes of these KPI targets are benchmarked to achieve higher improvement targets. The case

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HEI's approach to the KPIs is also congruent with findings of Achtemeier and Simpson (2005), and Bryson (2018) that KPIs have clear, measurable, qualitative and quantitative accountability objectives. However, the qualitative and quantitative KPIs in this case HEI converge to achieve the institutional missions, compliance with regulations and the national Quality Enhancement objectives. This suggests that besides the view that it coopts regulatory standards and measures of performance, the "top-down" assessments seek improvements through the leadership's quality aspirations and benchmarking of the qualitative and quantitative performance measures to that of higher ranked HEIs.

5.3.3 Links between accountability and Quality Enhancement:

The case QEP embraces and coopts the outcomes of accountability tools viewing them as quality weaknesses to be addressed by the QEP. Tension is deemed to exist between accountability and quality improvement prior to adoption of Quality Enhancement in European higher education policy space (Groen, 2017) and after implementation (Danø, and Stensaker, 2007; Hénard and Roseveare, 2012; Bolivar, 2014; Harvey, 2023). Outcomes of accountability tools drive internal or external reporting, reflecting the momentary state of a HEI's performance (Bovens, 2007). The primary reason for accountability is not improvement but reporting on the situation (Harvey, 2025). Tensions have been specifically identified between accountability in the form of external evaluations and Quality Enhancement (Harvey and Newton, 2004). Within the case HEI's QEP design, accountability tools are deemed to be mechanisms for assessing quality weakness. Harvey (2023, p.164) suggested that Quality Assurance

'focus on compliance and accountability that stultifies transformative potential.' The 5-pronged quality assessment approaches and their assessed quality weaknesses within the case HEI's QEP inculcate outcomes of accountability tools such as internal audits, external evaluation and stakeholder qualitative feedback. This view aligns with Schwarz & Westerheijden (2007) that accountability tools provide opportunities for stakeholder feedback and engagement. In other words, they are opportunities for identifying deviations from the HEI's desired quality state. The findings also show that they expose qualitative and quantitative knowledge about the status quo to be improved.

The findings further support the position of Williams (2016) that enhancement mechanisms address Quality Assurance outcomes. Within the case HEI, external Quality Assurance outcomes are feed into the unit CSER, addressed by relevant Quality Managers and monitored by the Quality Assurance team. By surmising that poor accountability outcomes negatively impact the effectiveness of the enhancement initiatives, Amaral et al. (2009), Stensaker et al. (2011) and Watty (2006) identified a link between accountability and enhancement. The case HEI's use of accountability tools in quality assessments aligns with Aguilar-Elguezabal (2019) who found that accountability metrics like KPIs are used to evaluate the quality of higher education programs and the offered services. Other accountability tools employed in the unit CSERs include external regulatory evaluation outcomes, internal audit/review outcomes, program review outcomes and national annual performance reporting indicators. Thus, like Arreola (2007) and Williams (2016), the case QEP approach suggest a link between measures of accountability and Quality

Enhancement. The case QEP Is thus a quality improvement tool that does not jettison the necessity for accountability tools but employs them in the assessment of institution-wide quality weaknesses. The finding aligns with Filippakou and Tapper (2008) who insisted that the introduction of Quality Enhancement did not cause a dramatic change to supplant Quality Assurance and accountability. This is contrary to the views of Danø and Stensaker (2007), Hénard and Roseveare (2012), and Bolivar (2014) that there are no links between accountability and enhancement.

5.4 Argument for "Vectoral Critical Self-Evaluations"

"Vectoral critical evaluation" describes the HEI's ascribing of magnitude and direction to the quality assessments. Magnitude is ascribed through the qualitatively outlined course and program assessed weaknesses and is directed by the case HEI's policy and regulatory guidelines. This suggests that the magnitudes are qualitative extracts of quality weaknesses. This section provides further depth and argument in support of the practice of a regulatorily and policy guided critical self-evaluation. These arguments are presented in the order below:

5.4.1 "Top-down" assessment; magnitudes, focus and challenges:

The strength of the "top-down" assessment lies in its coopting of internal and external stakeholder inputs through SWOT analysis and for purposively creating the quality goals. The measures for achieving these objectives are captured by (i) the regulatorily prescribed KPIs, (ii) leadership defined KPIs, and

(iii) their benchmarked strategic targets. The approach of assessing the strategic weaknesses creates a scenario where the assessments are guided or directed by regulatory requirements and the leadership's priorities. Focusing the performance measures on the regulatory and leadership's objectives ensures that the KPIs are well informed by well-founded knowledge and experiences of the leadership. By adopting regulatory KPIs, the case HEI aligns with Whittington (2020, p.412) who indicated that 'government may dictate a particular strategic direction as in the public sector, or where it exercises extensive regulatory powers …' Thus, the case HEI ensures that all participants in the "top-down" quality assessments are ploughing in the same direction, by seeking to achieve national and institutionally defined and directed improvements. Thus, achievement of some of these regulatorily contrived strategic KPIs contribute to the case HEI's compliance with national annual reporting obligations (Harvey, 2025).

The case HEI's long-term qualitative and quantitative benchmarking compares the current state of performance to that of higher performing HEIs with similar characteristics. The value of the KPI targets is strategically determined, aspirational and focused on what objectives the HEI seeks to achieve. Thus, the benchmarking is an accountability tool with assessment outcomes that uses current performance as jump off points for higher performance. This view is congruent with Aithal and Aithal (2023) who viewed benchmarking as a driver of continuous improvement process through qualitative and quantitative targets. As a contrast to regulatory compliance with fixed ideas, benchmarking allows HEIs to set and achieve short and long term KPI targets, thus using this idea to

drive the desired improvements. This approach to benchmarking is also well explored by Vlasceanu et al. (2004), Filippakou & Tapper (2008), Blackstock et al. (2012), and Arasli et al. (2018). The argument in this study is that the "top-down" assessment has magnitudes captured in the intent of the assessed quality weaknesses. However, the "top-down" assessments are guided or focused on achieving and surpassing the regulatory dictates while using benchmarking to focus the improvements on achieving similar performance as higher performing HEIs. The challenge lies in the restriction of the creation of the benchmarking activities to the leadership team. This again assumes the knowledge of the know-how is within the sole remit of the leadership. It indicates that the targets are impositions of unnegotiated targets on the Quality Managers who have the responsibility to achieve the targets.

5.4.2 "Bottom-up" assessments; magnitude, focus and challenges:

The approach and content of the critical self-evaluations of the quality practitioners is dependent on their position within the policy implementation staircase. 'Purposes, focus and use of evaluative practices have important emphases as we move from one domain to another' (Saunders et al., 2011, p.203). The course, program and unit assessments have different emphasis overall. Assessment in the course and program domains are directed (or guided) by regulatory prompts forcing the self-evaluators to critically reflect on quality weaknesses and strengths guided by national policy focus. This approach helps the HEI to satisfy regulatory requirements while restricting the critical reflections within a defined scope. The focus and approach to the case HEI's CSERs practices are dependent on the degree of trust conferred on the

self-evaluator, the need to guide the directions of the assessments and the need to satisfy the regulations. As earlier expressed, the trust granted to the Quality Managers is unbounded while trust granted to the faculty is confined within the 26 regulatory questions or reflective silos. The 26 reflective questions in the academic CSERs are regulatorily prescribed metrics used to focus the critical self-evaluations. Use of regulatorily prescribed reflective silos in the course and program CSERs is in line with the position of Saunders et al., (2011, P.11) that 'institutional evaluative practices have tended to develop in line with external requirements.' In this case academic CSERs, the external requirements are regulatory prescribed metrics of good teaching, learning, curriculum and course delivery.

The unit CSERs is unbounded leaving the question of "how and what is reflected upon" to the discretion of the Quality Managers with no guardrails creating a direction for the unit assessments. By excluding all guardrails, this approach to the unit CSERs is contrary to the format of the course and program CSERs. Where the faculty evaluations plough in the same direction because of the guardrails, Quality Manager reflections and stakeholder qualitative comments are somewhat partially guided by compliance with regulations. The unit CSERs address regulatory infractions from external quality evaluations. Where the course and program CSERs specifically evidence the achievement of regulatory requirements, the unit CSER is guided by regulatory requirements, accountability tools and manager experiences. Where the "top-down" assessments focus on identifying strategic quality weaknesses, the Quality Managers indicated that their critical reflections focus on curriculum review,

evaluations of functionalities, experience of colleagues, faculty/staff feedback, previously unachieved actions, process weaknesses and regulatory recommendations. Direction is thus provided by regulatory requirements and the institutional effectiveness unit's verification that the assessment outcomes satisfy the HEI's pre-determined determinants of quality.

Course and program CSERs focus on exhuming knowledge of the classroom and curriculum weaknesses. Faculty CSER outcomes include student feedback, teaching methods, time for course delivery, content coverage, scope of curriculum, pitch of course content, instructional materials, student assessments, teaching experience, and facilities. The foci of the various assessment tools are conditioned on the interests of the multiple and the degree of trust conferred on the multiple self-evaluators by the leadership. Self-evaluation aligns with the notion that evaluations are focused on 'the critical concerns or questions derived from the interests of various stakeholders with the purpose of improving practice' (Saunders et al., 2011, p.212). Verification of the outcomes of the unit CSERs by the HEI ensures that the accepted quality weaknesses align with the institutionally pre-defined quality directions. This ensures that the unit CSERs are not entirely subjective perceptions of the self-evaluator.

5.4.3 Robustness of self-evaluations; validation and verification:

The critical self-evaluation skills of Quality Managers is a combination of their expert knowledge acquired from within and without the HEI. These self-evaluation skills are required to effectively extract regulatory and accountability

outcomes in the assessments of the unit and to delineate strengths and weaknesses. The vectoral view of the critical self-evaluation challenges the idea of Bolton and Delderfield (2018, p.3) that reflection is simply a 'state of mind, an ongoing constituent of practice', while also contesting the idea that it is not a technique. Critical self-evaluation includes self-reflections of the self-evaluator as well as qualitatively and quantitatively determined outcomes of accountability tools and Quality Assurance. The self-reflections are domain-specific requiring the reflector to be grounded in their knowledge of the subject within the reflective domain. More significantly, both the critical self-evaluations and the included evaluator self-reflections are moored in the subjective experiences of reflectors, their beliefs, and multiple internal and external stakeholders' assessed quality weaknesses. Consequentially, subjective evaluation risk introduction of inconsistencies and biases (Sabri, 2010) into the outcomes of critical self-evaluations. The magnitudes of the quality assessments are qualitative and quantitative critical assessments outcomes of students, faculty, Quality Managers, auditors, regulatory evaluators and other stakeholders. Focus of the assessments are thus a combination of the national regulation prescriptions and the leadership and stakeholder quality desires. The unit critical self-evaluations could be more robust through self-reflection within regulatorily prompts as guiderails and exploring the self-reflector's expert viewpoints.

The case HEI's adoption of "trust but verify" and "trust but validate" approach to ensuring the robustness of the assessments hold significant value. Where Gundlach and Cannon (2010) described the adoption of "trust but verify" and

"trust but validate" as means of safeguarding against vulnerabilities of trust, the case HEI adopts these safeguards to ensure the evaluative focus is sustained. It also ensures the robustness of the self-evaluations, boost stakeholder confidence in the QEP and effectiveness of the evaluative practices. Verifying or validating the outcomes of critical self-evaluations depends on if the assessments are course and program related, or a unit CSER. The verification mechanism seeks to ensure that the accepted assessment outcomes are within the scope of the HEI's quality interests while the validation mechanism clarifies that the reflector effectively addresses all the reflection prompts or regulatory guiderails. Implementing "trust but verify" or "trust but validate" mechanisms introduce confidence in the assessment outcomes. Verification or validation approach could be deemed as surveillance approaches.

Within quality management, surveillance steers away from trust (Pompili, 2010; Gibbs, 2011; Bloxham, 2012; Yokoyama, 2018). Where surveillance is sometimes viewed as an inevitable consequence of managerialism (Vu, 2019), evaluation itself could be deemed to have a 'progressive enabling characteristics but are also perceived and experienced as controlling, as part of a "surveillance" culture' (Saunders et al., 2011). In the context of the case HEI, surveillance through verification and validation of the outcomes of the CSER, refines the critical self-evaluator's evaluations to align with the HEI's quality intents. Although it could be argued that surveillance somewhat conflicts with the prioritization of Quality Culture, it is seen by the Quality Managers as confidence boosters in the ability of the QEP to achieve its objectives of producing cogent improvements. Although like Bennis (2009, p.152), the

managers see trust as 'the underlying issue.' However, the identified concerns with trust include its negative impact on the effectiveness of the critical self-evaluation, process effectiveness and the stakeholder fractured confidence in the QEP implementation and its outcomes. Where verification ensures that the assessed quality weaknesses focus on the HEI' priorities, validation ensures that the regulatory priorities effectively guide the critical self-evaluations and satisfies the HEI's quality intents.

5.5 Does the QEP achieve quality improvements?

The QEP is perceived by Quality Managers and faculty to achieve desired transformations, improvements in some aspects of institutional governance and no changes in others. The Quality Managers' perception is that by achieving compliance with the improved regulatory standards, the achievement of program and institutional re-accreditation, and the implementation of the QEP, the HEI has transformed its state of quality from below the minimum standard to achieving at least the regulatory threshold. This view of transformation aligns with Harvey (2025) that it is a change of state. Where "accreditation provides third-party certification that minimum standards are met" (Padró, 2009), achievement of reaccreditation by the case HEI is adduced to threats of loss of credibility. It thus agrees with Balzer (2020) that implementation of interventions could be a response to crises. Harvey (2002a) suggests that quality as excellence and transformation are synonymous however, the findings in this case HEI suggests that transformation is equivalent to the achievement of desired changes. Where Elassy (2015) suggests that the QEP offers a theoretical foundation for transformative change through quality-focused

initiatives, the perception of the Quality Managers is that its implementation is adduceable for the perceived improvements.

The perception of the case HEI's Quality Managers is that over the four cycles of annual implementation, the QEP made improvements to some aspects of institutional governance and not to others. Where Trow (1996) and Harvey and Williams (2010) reported inconsistencies in reported gains in teaching and learning, Filippakou and Tapper (2008) and the faculty of the case HEI perceived that the QEP achieved improvements to the quality of teaching and learning. Campbell and Rozsnyai (2002) and Yusof & Yusof (2020) found that Quality Enhancement practices effectively or simply improve quality of research. The faculty in the case HEI did not perceive improvements to research as a result of implementing the QEP.

Where enhancement is viewed as improvements made to the curriculum, course content and its continuous validation (Church, 1988), specific attention was paid to courses and academic programs. The program re-accreditation was approved by the regulators because they now satisfy the improved minimum requirements of the nationally improved regulations. However, the faculty of the case HEI did not find improvements to the curriculum. The perceptions of the faculty conflicts with the achievement of re-accreditation requirements. This could also mean that the faculty are unsatisfied with the changes, or they see the changes as simply threshold standards and not improvements. Perhaps the difference in findings is a subject of effectiveness of the implementation of the QEP. This is later addressed in this thesis.

The findings within this case HEI highlights faculty and Quality Managers differences in perceptions of improvements of several aspects of institutional governance. On average, faculty are unsure of improvements of facilities while Quality Managers perceive improvements of the facilities. The deviations in perceptions could be subject to the quality practitioner's perception and frame of reference. Quality Managers have both regulatory knowledge and are responsible for ensuring that the quality of the facilities satisfy the stakeholder, but faculty are course or program focused. Hence, Quality Managers' view aligns with Harvey and Williams (2010) who argued that facility-focused QEPs prioritize regulatory metrics. Ullah et al. (2011) found that regulatory-driven QEPs in Pakistan result in library modernization in some HEIs over others based on funding availability. The faculty on the other hand are end-users with knowledge unmoored from the regulatory standards.

The scope of the facilities within this HEI includes classrooms, libraries, laboratories, administrative offices, research facilities, high-speed internet and learning management systems. Faculty perceptions and the difference in knowledge of the QEP between the faculty and Quality Managers of improvements may also be conflated by their limited knowledge of the QEP. Faculty only participate at the course and program level while Quality Managers implement the process. Difference in perceptions of both groups of quality practitioners is attributable to their position on the QEP implementation staircase. This agrees with the findings of Trullen & Rodrigues (2013) that Quality Managers are more engaged in the QEP. Quality Managers are

responsible for managing and implementation the QEP, and for its outcomes hence the likelihood that they are more informed and may hold a more positive bias. These findings suggest that despite the weakness in the monitoring activities, noteworthy improvements were perceived by the managers and faculty.

5.6 Impact of unmitigated trust on improvements

The implementation of the QEP like many other processes is highly dependent on trust conferred on the quality practitioners by the leadership. This section discusses the impact of trust on the achievements of short-term and long-term targets. These arguments are presented below:

5.6.1 Existence of Quality Culture and evidence of trust in the HEI:

The perceptions of the quality practitioners are that Quality Culture somewhat or outright exists in the case HEI at the level of the faculty and Quality Managers. Kettunen and Kantola (2007) indicated that Quality Culture exists at lower levels of an organization. Kleijnen et al. (2011) also alluded to the concentration of Quality Culture at the staff level, academic units and subunit rather than at the upper echelon. In addition to these, the case HEI's QEP participants also include the leadership. The leadership creates the Strategic Plan, provide the required resources, complete critical assessments of their responsibilities, dualize as Quality Managers, achieve some of the set targets, review the summary reports, deliberate on and provide strategic recommendations for achieving targets and improving the QEP. It is thus in

agreement with Dzimińska (2023). Quality Culture in HEIs is nurtured by the leadership. Nurturing of the Quality Culture within the HEI is done via the leadership's communication, through conferring of agency to the quality practitioners via their participation in the QEP and resourcing. Although this study finds that the QEP is somewhat effectively implemented, it finds that the cyclical nature and continuity of the quality improvement activities is instigated by the nurturing of the leadership who use the annual achievements to propose process improvements and inform Strategic Planning and incremental target setting.

The analysis of the questions on the Quality Culture Index surmises that Quality Managers view the existence of a Quality Culture in the case HEI more positively than the faculty. The difference in perception is likely adduceable to the difference in knowledge of the QEP and the achieved improvements by these quality practitioners. Where Molenaar & Webb (2018) noted that the practitioner's perceptions are a function of their roles in a HEI, the findings suggest that more precisely, the practitioner's perception of the existence of a Quality Culture in the HEI is a function of their participation in the process. Contrary to this finding, Sattler and Sonntag (2018, p.322) found that faculty and Quality Managers have 'similarly high level of agreement' of the existence of Quality Culture in their HEI research context. Within the case HEI, faculty either somewhat agree with the existence of a Quality Culture in the case HEI or are simply neutral on its existence. Quality Managers at a minimum somewhat agree with its existence in the HEI.

Where faculty are unsure, Quality Managers believe that they have ownership of the quality activities, that QEP tools are regularly used, and that faculty recommendations from the CSERs are used to implement quality improvements. Employee knowledge of the HEI's educational plans, the Strategic Plan and the constituent objectives, is key for fostering a Quality Culture (Skelton 2012; Sutic and Jurcevic 2012). Knowledge, implementation and achievement of the KPIs, strategic objectives, the CSER and qualitative comments are the sole responsibilities of the Quality Managers. Thus, there is substantially more trust conferred on the Quality Managers than is granted to the faculty and other stakeholders in the implementation of the QEP. The participation of the faculty and other stakeholders is only at the point of assessing the courses and programs or to discuss and make changes to teaching, learning and curriculum related activities. Such diminished participation empowerment of the faculty in the QEP implementation and Quality Managers in the determination of the Strategic Planning implies a misalignment exist between these activities and the Quality Culture. Bendermacher et al. (2016, p.49) noted similar 'misalignment between the staff responsibilities, authority and chances for development of a Quality Culture.' The research findings view agency as a necessary indicator rather than authority. Authority implies a contextual process weakness because granting authority rather than empowerment to all practitioners would negatively impact the Quality Culture rather than enhance it. The positionality of the quality practitioner on the policy implementation staircase and the level of conferred trust impacts their knowledge and engagement and perceptions of the existence of a Quality Culture.

In the context of the case HEI, the Quality Managers find the sustenance of the Quality Culture to be challenged by the unachieved quality weaknesses within the quality cycle. In the view of Thomas et al. (2017), continuous addressing of assessed quality weaknesses is necessary for sustaining institutional Quality Culture. Quality Managers' view is that unaddressed weaknesses are perpetually transferred over multiple cycles without resolutions. This indicates that although faculty and managers agree that quality is being improved by the QEP, not all exhumed weaknesses are addressed. The QEP's somewhat effective accomplishment of its quality intents may be attributable to several factors. One of which is the weakness in the Quality Culture. Where Trullen & Rodrigues (2013) posited the need to incentivise participation of academics in Quality Assurance activities to make the quality process more appealing, managers of the case HEI recommend reductions in teaching loads, improved communication channels with quality practitioners, and improved training of faculty on the process. Thus, Quality Culture exists however, managers perceive the existence more strongly than the faculty and the process vulnerabilities weaken the culture.

5.6.2 Effect of lack of trust in the "top-down" assessments:

The findings view the Strategic Plan as a "top-down" set of quality weaknesses. Where Oakland (2014) views it as an imposition of the leadership, it is viewed by the managers in this HEI as a regulatory and leadership imposed strategic set of KPIs which evidence the achievement of institutional mission. Exclusion of the Quality Managers who are responsible for achieving these KPI targets

from negotiating these higher-level targets suggests that the "top-down" quality assessment is managerial. Managers view this as a lack of trust. It thus challenges the idea that Quality Culture exists between the leadership and middle managers. Quality systems continuously build on trust in 'dealing with the organizational culture and probably changing it' (Peterson, 1998, p.414). Transparency, accountability in governance, management and trust building have been identified as factors that ensure HEIs continuously meet their obligations to stakeholders (Bleiklie & Michelsen, 2012). The HEI's approach indicates a lack of trust or interest in negotiating the strategic KPIs with Quality Managers. The perception of the Quality Managers is that their exclusion has negatively impacted the QEP's achievements. Quality Managers raised misalignment between KPIs and the responsible Quality Manager, the excessively high targets and the lack of middle-up inputs in the creation as evidence of managerialism.

The HEI's approach to formal scanning of the environment limits the administration of the SWOT analysis to the remit of the presumed "knowledgeable few" within the senior leadership. This view is partially congruent with Johnson et al. (2020) who focus on the necessity for adequate personnel in the form of key decision-makers. To develop the Quality Culture, exclusion of Middle Managers from participation in the benchmarking of the KPIs, the targets and creation of institutionally originated KPIs may not fully achieve robust strategic KPIs and targets. Where Barzelay and Campbell (2003) indicated that the creation of the Strategic Plans involves the "barons,

rank and file", the position of the managers is that the HEI's approach ignores the "file" or managers who are the foot soldiers in the QEP.

The strategic KPIs are operationalized through the creation of multiple unit KPIs by the units to address each of the strategic KPIs and their targets. The unit short term targets are annually negotiated and increments focused on achieving the long-term benchmarked targets. The negotiations are conducted between the strategic KPI assignee or the assigned unit head and the Quality Assurance team. Thus, the unit heads are responsible for achieving the strategic KPIs albeit incrementally. The HEI's approach aligns with the findings of Hahn et al., (2017) in the use of annual incrementalism to achieve strategic KPIs. In this HEI, the long-term strategic KPIs are incrementally achieved using the annual unit KPIs. This is however viewed by the Quality Managers as a ritualistic act of tokenism in the bid to achieve the strategic targets.

Although Quality Managers view the incremental and annual negotiation of the unit KPIs, it is however the means of driving "top-down" incremental improvements grounded in the regulatory achievements. Thus, the HEI's approach supports the view of Zechlin (2010) that the yearly incremental negotiations of the unit or short-term KPIs empowers the assigned Quality Managers. Where trust without verification is conferred by the leadership on the Quality Manager to achieve the annually negotiated KPI, similar trust is not conferred in deciding on the strategic KPI. Thus, the managers' view that trust should be conferred on them to participate in creating the strategic KPI targets

agrees with Fook (2002) that trust may mutually benefit the HEI and quality practitioners.

5.6.3 Effects of "trust" within "bottom-up" assessments:

The Quality Managers see the conferring of trust in the "bottom-up" CSERs as essential in assessing the quality weaknesses. This empowers the quality practitioners in the exploitation of their knowledge and expertise in higher education and their engagement with the context. This aligns with the findings of Migliore (2012) who found trust to be necessary for effective teamwork, and promotion of accountability. Thus, perception of the Quality Managers of the need for conferring trust on the quality practitioners agree with Petersen (1998) that trust has value for ensuring the functioning of the process. Conferring of trust on quality practitioners steers the Quality Culture away from managerialism thus empowering the quality practitioners. The Quality Managers see challenges in the conferring of trust on the quality practitioners in the evaluation of strengths and quality weaknesses of all aspects of institutional governance.

In agreement with Bolton and Delderfield (2018, p.5), reflections are 'responsible and ethical practice(s)'. However, the managers of the case HEI view the assessment outcomes as skewed by embellishments resulting from employee self-preservation. This finding agrees with Sedikides & Gregg (2008) that the self-evaluators' concern is over "the self" hence role preservation rather than self-identities is the priority. The self-evaluators opt for glowing self-perceptions by putting forward mainly false self-construals and ignoring the true

state. Reporting of the assessed quality weaknesses are also said to be done by faculty and Quality Managers presenting less negative quality weaknesses. Thus, the self-evaluator colours themselves less negatively presenting a skewed state of quality weaknesses. The self-evaluator embellishes the reported quality weaknesses by distorting the true state of the HEI's quality state. It dulls the CSER's assessment of quality weaknesses. The findings do not assume that the practice is highly pervasive, but where they exist, they impair quality improvement. Trope (1986) noted that where the self-evaluations should be 'concerned with the accuracy of [an evaluator's] identities: they can seek to self-assess by favouring false self-construals over true construals.' Within this context, the conflict in using CSER outcomes as tools of assessment of employees is the source of the impaired state of the quality of the self-assessments.

5.6.4 Perceived impact of trust on performance:

The findings suggest that unmitigated conferring of trust on personnel in achieving process intents is a cause of vulnerability. Where Kramer (2009) found similar concern while adding that leadership exposes itself to potential harm by the quality practitioners. The position of the managers is that the reported improvements are not reflective of the true state of the changes. Research publications such as Hamel (1991), Atuahene-Gima and Li (2002), Gundlach and Cannon (2010) have questioned the link between trust and performance. More specifically, Anderson and Jap (2005) like Grayson and Ambler (1999) found vulnerabilities from process relationships involving trust. Gundlach and Cannon (2010) pointed at loss of control resulting from

conferring trust as the source of vulnerabilities. Quality Managers of the case HEI also suggest that institutional processes such as the QEP will remain vulnerable subject to the degree of trust conferred to the practitioners.

The vulnerabilities also exist in the quality assessment stage although it is diminished through the application of "trust but verification or validation" to the assessment outcomes. Like the findings of Peterson (1998), the relationship between the conferrer and the trusted is the source of institutional vulnerability. In this context, the "relationship" is tainted by using the assessment outcomes as means of evaluating the performance of the staff. Conferring of trust on the faculty and managers requires an ethical group of self-evaluators. This is challenged by the desires of the self-evaluator to paint a brighter image of themselves before the leadership hence negatively impacting the overall achievements by the QEP. Like the findings of Trope (1986), Quality Managers noted that reflectors self-assess by favouring false self-construals over true constructions of the status quo. Sedikides & Gregg (2008) view augmentation of positivity or diminishing of negativity of the self-concept as a self-enhancement strategy. Thus, within the case HEI, the practice is that self-evaluations are attenuated or skewed by self-protection or self-advancement intents of the self-evaluator.

Where self-evaluators' concerns are over "the self", embellishment of the achievements are reported to be due to pressures on the Quality Managers due to allocated time limitations, need to attend to primary business and possible self-exposure in the employee's performance management activities. The

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outcomes of the CSERs are used to assess the performance of the employee. Thus, exposure of true self-construal of the quality state by the self-evaluator counteracts with the self-interest of the self-evaluator. This results from insufficient financial, human and time resources to address the quality weaknesses. Where Sedikides & Gregg (2008) and Baumeister et al. (2001) view embellishment of assessments as a mechanism of self-protection or at least the prioritization of it, the embellishment or outright false reporting on the achievements are themselves attributable to the faculty and Quality Manager's intent to self-protect.

5.7 QEP Design and Implementation Concerns

This section discusses the findings on the effectiveness of the QEP design and the challenges impacting the implementation of the QEP. It also discusses the Quality Managers and faculty recommendations for enhancement of the QEP. The arguments include:

5.7.1 Effectiveness of the QEP design:

Within this case HEI, the QEP is elementarily designed to exhume quality weaknesses and address the set targets as outputs. This is with the major goal of achieving broader outcomes. The discussions are presented from the view of the ineffectiveness in the process and not quantitative or qualitative outcomes. The identified sources of ineffectiveness in the QEP include:

Frictions between QEP and business operations: The case QEP design is resource intensive thus causing friction between the primary business operations and time spent on implementing the QEP. The design demands significant amount of time, financial and human resources which are themselves very limited in supply. The limited availability of human resources is a source of friction between time spent on other business activities and the QEP. Quality Managers see the QEP to an extent as deleterious to primary business activities which it should enhance. These abrasions are conflicts between the insufficient provision of resources for achieving the primary business responsibilities such as teaching, research activities, and time dedicated to QEP related activities. Where Newton (2002) found the quality assessment stage to be resource-starved, the perceptions of the quality practitioners is that the assessment stage is well resourced although the faculty find the assessment prompts to be too many. The challenge is in sufficiency of Quality Managers to address the weaknesses and achieve primary business activities. Bok (2003) suggestion that interests of investigations are skewed by the availability of resources. Enhancement succeeds if resources and stakeholder engagement are aligned (Stensaker & Harvey, 2010). Within the case HEI, the quality stakeholders and the effectiveness of the QEP is optimized through the changing dynamics between these human resources, time available, financial resources and the extent of work in the primary business operations.
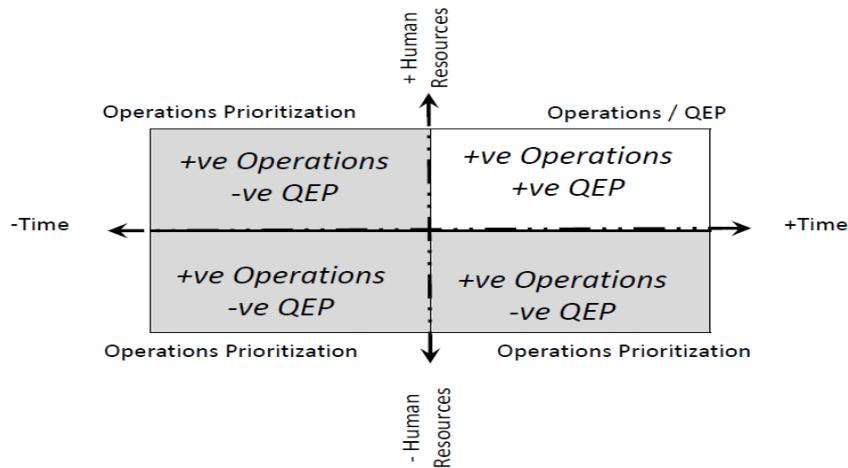
Figure 5.1 Interactions between limited resources (QEP/business operations)

The QEP is viewed by Quality Managers as a secondary activity hence its susceptibility to inadequate attention. As seen in figure 5.1, the QEP activities and primary business dynamics are captured in the human resource changes. Within the 4-quadrants, business operation is prioritized irrespective of the available time and human resources/time. All quadrants indicate that the time allocations to the managers for achieving their tasks is limited. Quadrant 1 depicts an environment with adequate provision of human resources where both the business operations and QEP are prioritized. This scenario is ideal with leadership prioritising and resourcing the QEP and other business operations under an adequate funding regime. Harvey and Green (1993) found significant differences in quality of HEIs due to funding variations in the EU. The Quality Managers indicated that funding is a challenge in employing additional human resources needed for effectively implementing the QEP. Where Becket & Brookes (2008, p.46) indicate that academics are being asked 'to do more with less' resources, the case HEI is asking the faculty and Quality Managers to

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take on more work for the same time allocation. The QEP is seen as an additional set of activities to their pre-implementation workload.

Insufficient provision of human resources impacts the time available to Quality Manager for addressing the QEP activities. Under limited time and/or human resources in quadrants 2, 3, and 4, business operations are prioritized over QEP activities. This scenario is often the situation in HEIs due to limited funding. The managers agree with the findings of Kezar and Eckel (2002) that the Quality Enhancement activities demand more resources than is provided. Newton (2002) and Manatos et al. (2017) surmised that quality activities are impacted by low funding pressures. Where Trivellas et al. (2012) find enhancement to be resource starved, it is viewed as resource deficient within the case QEP. The Quality Managers perceived constraints in the QEP implementation due to funding challenges for addressing the quality weaknesses and for providing additional resources. However, in the case HEI context, the managers advocate for the provision of qualified quality specialists as support because the expertise and responsibilities for improvements reside with the faculty and managers. The described dynamics demonstrate the risk of failure of the QEP thus providing further clarity on the statement of Balzer (2020) that institutional interventions could fail due to inadequate provision of human resources. Additionally, the Quality Managers advocate for provision of additional support staff to assist the Quality Managers in addressing the quality weaknesses.

Error prone reported outcomes*:* Like the findings of Vedung (1997), the case HEI's intent is to effectively operationalize the Strategic Plan and achieve the stated goals and objectives. It also agrees with Ewell (1985) that the OP is the HEI's expressed mechanism for achieving the institutional mission. The approach to monitoring of achievement by the case HEI is simply statistical analysis of the reported RAG statements. This is highly limiting, ignoring the actual qualitative knowledge of the reported achievements. The true detail of the achievements cannot be found in the RAG status but in the qualitative detail. The view of the Quality Managers is that use of RAG analysis as a measure of achieved quality improvement steers the feedback from the reported achievements away from qualitative knowledge of "what has been achieved and how". Quantitative analysis of the reported RAG status is viewed as subjective and because the reporting of the RAG status is unverified and left to the discretion of the Quality Managers. The findings are congruent with the views of Hopmere et al. (2020) and Keil et al. (2014) that use of of RAG status conflates the reported outcomes. Use of RAG status oversimplifies the monitoring of the achievements at the cost of q more qualitative and robust approach. Use of RAG status suggests that unmitigated trust is conferred on the Quality Managers and their reported RAG status are viewed as "true and accurate". Indication by the managers that some managers do embellish the reported achievements suggests that some degree of verifications should be implemented.

Contrary to Meer and de Vries (2019) who saw the commitment of the senior management as the challenge, the leadership of the case HEI are invested

participants in the "bottom-up" self-evaluations of the roles, committees, and responsibilities of the leadership team and agency for the "top-down" quality assessments. The leadership also develop the Strategic Plan, provide finances and human resources, nurture the Quality Culture and make policy decisions for driving improvements using the reported RAG status. Despite the plausibility and the fact that the QEP is doable, embellishments suggest that some of the reported achievements may not be testable. Although improvements are perceived by the Quality Managers and faculty, non-testability of some outcomes suggests that the QEP as implemented fails the Connell and Kubisch (1998) test of success of the intervention. Williams (2016, p.99) argued that "top-down" quality processes are 'characterised … and based upon quantitative measurements' however, the KPIs targets in the "top-down" assessments of the case HEI are both quantitative and qualitative. RAG status could suffice in reporting the quantitative achievements but inadequate for reporting the "how and to what extent the qualitative intents are achieved. The reported achievements may be skewed (Keil et al., 2014; Hopmere et al., 2020) in this case, by the subjective nature of the RAG status.

5.7.2 Challenges in implementing the QEP:

The Quality Managers' and faculty perceived challenges to the implementation of the QEP are presented here:

Operational Challenges: The QEP implementation is challenged by gaps in communication between units and from leadership to the managers. Where Walker (2017) suggested that policy intents poorly translate due to

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communication concerns, the findings in the case HEI like Alamoud (2017) is that the poor "top-down" communication are due to administrative lapses since some manages receive the emails. However, within the case HEI, the communication lapses are also lateral between units. According to the policy documents, communications of summary reports should come from the Quality Assurance team and the institutional leadership to the managers.

The case QEP also suffers from frictions between time invested by the Quality Managers in achieving the quality improvement objectives and the time invested on the primary business activities. The friction results from resource limitations imposed by the QEP design, the leadership's prioritization of resources and the limited resource availability. In such an environment of intense competition for the limited time available to the Quality Manager, excellence suffers. The position of the case HEI's Quality Managers is that when limited time forces them to make choices between both activities, managers attend to the primary business activities and attend to the QEP when time permits. This competition for available resources negatively impacts the competitive edge of individual HEIs (Iqbal et al., 2022; Wanza et al., 2017; Gulali et al., 2015). Although increases in the financial and human resource are required for the effective implementation of the QEP, provision of trained and experience non-academic and quality specialists has been suggested by the managers.

Administrative Challenges: The QEP is perceived by faculty and managers as administratively burdensome thus supporting the findings of publications such

as Newton (2002), Laughton (2003), Trivellas et al. (2012), and Manatos et al. (2017). Cheng (2011) and Makhoul (2019) suggested that faculty burdens such as increased workloads (Newton, 2002) and loss of autonomy have been said to undermine teaching quality. This undermines enhancement goals. The perceptions of the case HEI's faculty are that the QEP as an additional activity poses a challenge to the existing responsibilities such as teaching responsibilities. The managers proposed the transfer of some of their activities to specialised quality practitioners to ease their burden of the QEP.

The HEI's QEP also suffers from poor commitment by the Quality Managers who are responsible for administering the process over academic and non-academic administrative units. Like Alamoud (2017), the QEP is perceived by Quality Managers to be administratively challenged due to the lack of collaboration between units. The managers of the case HEI indicated that employee resistance is also a challenge in this context. Where Bamberger et al. (2015) found that practitioner resistance is due to their reduced sense of ownership hence their willing ignorance of policy directives, the case HIE managers indicated that the resistance is a result of the excessive regulatory prompts in the course and program CSER, the high number of quality weaknesses to be addressed in each quality cycle, the high and unrealistic KPI targets managerially imposed and the unaddressed embellishment of the achievements by some Quality Managers. Faculty also indicated their frustrations due to the lack of open-ended opportunities for sharing their views on the course and program CSERs.

Addressing the qualitative comments: Challenges to exploiting the qualitative comments for improvements include (i) the processing of the information to extract useful information, (ii) loss of information in analysing the data, (iii) the volume of the data to be processed and (iv) impracticality in analysing large institutional data with multifarious fields and multiplexed information. The findings agree with Decorte et al., (2019) that these comments provide 'valuable additional information to the closed questions.' However, the comments are narrowly interpreted by the Quality Assurance team before presenting it to the Quality Managers for resolution. In a bid to make the information useful for policy purposes, there is significant loss of fine detailed information due to the use of data coding. The delineated themes are innovative ideas to be addressed by the QEP. Tasopoulou & Tsiotras (2017) viewed these as eliciting and validating customer satisfaction and a key quality process that enhances a HEI's continuous drive for excellence. The case QEP's uses of qualitative comments extends beyond stakeholder satisfaction. It explores diverse knowledge not necessarily explored in the quantitative section.

5.7.3 Recommendations for improving the QEP:

According to Gvaramadze (2008, p.445), 'enhancement occurs through structured … measures for the improvement of quality of an institution or a study programme.' Figure 5.2 presents categorizations of the recommendations proposed by quality practitioners for improving the effectiveness of the QEP. The recommendations are administrative, design and process ineffectiveness related.
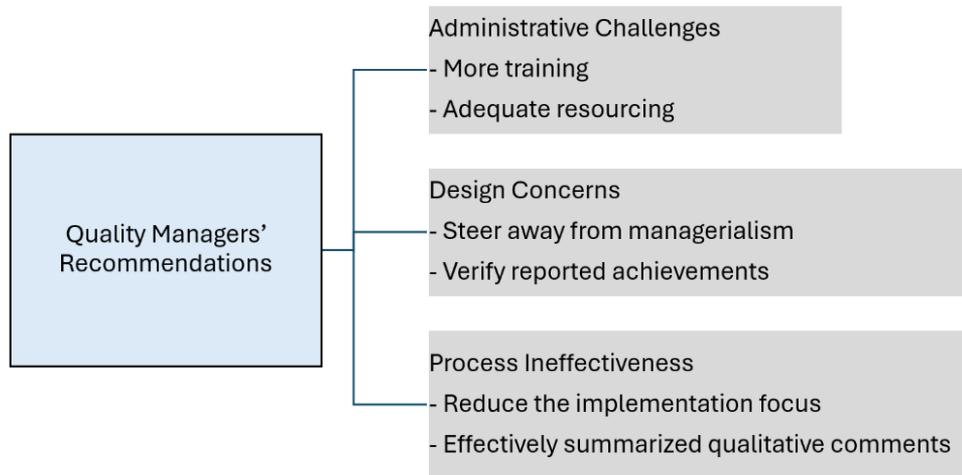
Figure 5.2 Quality Managers recommendations for improving the QEP.

Administrative changes*:* Quality Managers of the case HEI argue for improvement of the training provided by the HEI to increase the knowledge of the faculty and Quality Assurance team. Hence, Quality Managers indicated that it is necessary for HEI's to constantly assess faculty and Quality Managers' concerns with building quality stakeholder confidence in engaging with the QEP. Thus, Sujitparapitaya (2014) deem it necessary to address concerns of whether quality practitioners have the required skills and knowledge to carry out assessments. The view of the managers is that the challenge is not only on faculty knowledge of the assessment methodology but on how the assessment achieves quality improvement. Increase of faculty knowledge through the provision of training could bridge the difference in knowledge between managers and the faculty. Thus, the view of the managers is that increase of faculty knowledge of the QEP would steer their engagement with the CSER away from a mechanical activity and towards a meaningful evaluative process.

Quality Managers are concerned with the effectiveness of the assessment activities and faculty knowledge of the relationship between assessments and improvements. The outcomes show that the unit CSERs are unguided by prompts like the course CSER hence the managers struggle with directing the self-evaluations. Like the findings of Iqbal et al. (2024), the perception of the Quality Managers is that both funding of human resources and budgeting for addressing specific quality actions are inadequate. This finding converges with views of Balzer (2020) who found that higher education processes are often inadequately resourced to ensure success. Thus, like Eckel et al. (1998), Balzer (2020) and Iqbal et al. (2024), the QEP is found to be time, funding and human resource demanding.

Design concerns: Exclusion of Quality Managers from the creation of the quality KPIs and deciding on the long-term KPI targets suggests that the QEP and specifically the Strategic Plan is a managerial approach that deprives the Quality Managers agency of the long-term KPIs. Where Harvey and Knight (1996) and Williams (2016) view Strategic Planning as managerial, managerialism in this context is not restricted to the "top-down" approach. Regulatory prompts are also adopted in the course CSERs, discouraging their innovative and diverse contribution to the assessment process. Hence the inflexible and managerial approach to quality assessment. The leadership's creation and approval of excessively high targets is a source of resistance by Quality Managers. It is a source of mistrust between leadership and Quality Managers because the target setting approach assigns unrealistically high demands on the Quality Manager. The negotiated short-term KPI targets are

the sole responsibilities of the of the Quality Managers hence their resistance to the high long-term targets. Quality Managers' reluctance to implement the long-term targets can be indeed addressed by including them in at least the determination of the long-term targets. Within the course CSER, an "additional weaknesses and strength" section needs to be added to the CSER to resolve the managerial concern.

Non-verification of achievements: This is also a point of concern for Quality Managers. The lack of drive within the HEI context to effectively review the achievement of improvements and to address them or to ensure their accuracy suggest that the QEP is to an extent a token idea implemented to satisfy regulators. It gives the impression that aspects of the QEP are token activities whose achievements are side-effects rather than robustly achieved improvements.

Process ineffectiveness: Quality Managers recommended that the scope of the QEP should be reduced mainly to decrease the volume of assessment outcomes in the quality cycle. This suggests that the volume of quality weaknesses to be addressed by the Quality Managers affects the efficient implementation of the QEP. This also suggests that failures of improvement initiatives such as the QEP due to inadequate resourcing as indicated by Balzer (2020) could be addressed by reducing the assessment scope, simply to reduce the volume of assessment outcomes and the volume of quality weaknesses to be addressed. These qualitative comments could be viewed as evidence of student participation (Rowe & Frewer, 2000) in the improvement

activities. Quality Manager's perception is that the qualitative comments should be further summarised because in the current format, the assessed comments are not simple, understandable, or in some cases, not easy to achieve.

Chapter 6: Conclusion

6.1 Overview

The previous two chapters presented the research findings and discussions these results. The purpose of this research has been to explore the Quality Enhancement Process of a Middle Eastern HEI. The study articulated the enhancement process from policy and practice. This provided opportunity to explore how it achieves improvement, if improvements are achieved, the QEP design effectiveness and the challenges impacting its implementation.

6.2 Original contributions to knowledge

The original contributions to knowledge are presented below:

The QEP is adopted as a transformational tool streamlined to ensure achievement of quality improvements, regulatory compliance, and to address internally and externally assessed quality weaknesses. Transformation is also viewed by the senior leadership as a change from lower to a higher quality state. The assurance of progressive and continuous quality improvement resulting in changes to the status quo is perceived by the leadership or senior managers as Quality Enhancement. It does not necessarily conflict with the assertions of Harvey (2025) that Quality Enhancement focuses on the improvement of the attributes, knowledge, ability, skills, potential of the students, and the quality of an institution or programme of study. The approach

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of the case HEI is to focus on improving all aspects of institutional governance within the courses, academic programs, administrative units, functionalities and committees with the view that they collectively impact student engagement. Thus, transformational change is the QEP's inevitable outcome.

The QEP design and its 5-pronged quality assessment approach demonstrates that Quality Enhancement of the HEI could be achieved from outcomes of accountability tools, metrics of regulatory compliance, outcomes of external evaluations and Internal Quality Reviews. The internal Quality Review is an internal process and procedure-focused audit that feeds into the QEP through the unit CSERs. It thus aligns with the assertions of Harvey (2002b) that "procedure audits" are internal evaluative activities. Thus, the 5-pronged quality assessment approach of the QEP does not nullify Quality Assurance or compliance with regulations and outcomes of accountability but employs them as foundational quality assessment tools.

This internal approach to Quality Enhancement thrives on the interconnectivity between the resources such as time, funding and human quality practitioners or all categories of internal and external stakeholders, the leadership, the "top-down" and "bottom-up" quality assessments tools, the focus of the assessments or institutional governance, academic courses, programs, administrative units and functionalities. These complex interactions are essential for systematically assessing the quality weaknesses, and then operationalizing them via an Operating Plan, Quality Improvement Action Plan and Survey Comments Resolution Plan. This internally created and institution-specific QEP engages

internal and external stakeholders such as the leadership, senior and middle managers, faculty, students, non-academic staff, alumni, relevant industry representatives and external regulators. The approach demonstrates that invested, ethical and principled invested participants are required to assess the quality weaknesses. The effectiveness of the QEP also requires that the Quality Managers should be principled participants to address the weaknesses.

The QEP also reflects the position of the Berlin Communiqué of 2003 which ascribed responsibility for systematic Quality Enhancement mechanisms as seen in European HEIs (Sursock, 2015) and within the confines of national quality frameworks to the individual HEIs and not the regulatory agency (Gvaramadze, 2008). It places emphasis on the use of systematic mechanisms thus supporting the position of the Bergen Communiqué (2005) that enhancing the quality of educational activities should be done by HEIs through systematic internal mechanisms.

"Trust" conferred on the Quality Managers is foundational in assessing quality weaknesses and addressing the quality weaknesses. However, to focus the assessments and ensure their robustness or truly assessing the weaknesses, the course and program critical evaluations are guided by regulatory metrics or descriptors of good teaching, learning and curriculum. These descriptors prompt the critical self-reflector using the metrics that provide clear understanding of a good lesson, teaching, curriculum and learning. Thus, the course and program critical self-evaluations are the expert's reflections within the regulatorily defined silos. The expert's critical evaluations within these

regulatory silos are subject to their experiences in the higher education sector, the case HEI and national higher education context. However, keeping the evaluations within regulatorily prescribed silos excludes the expert's diverse and innovative knowledge.

The unit CSER relies on the perceptions of the Quality Managers and inputs from accountability tools such as external evaluation reports, internal process audits, and quantitative survey outcomes. These are filtered quality weaknesses that align with the HEI's quality interest are verified and retained in the unit CSER through a "trust but verify" activity. Similarly, the qualitative comments in the quantitative survey feedback are unguided by regulatory metrics thus creating filtration challenge. By filtration and sorting, the Quality Assurance team retains these assessed weaknesses that align with the HEI's quality desires. The findings suggest that the robustness of all critical evaluations could be improved by employing regulatory or policy defined guiderails simultaneously with space for open-ended, diverse and innovative comments.

The quality practitioners engage in unethical practices by not reporting true weaknesses that reflect poorly on themselves thus minimising the effectiveness of the critical reflections and weakening the strength of the CSERs. Stakeholders report significant loss of confidence in the accuracy of the reported improvements due to the Quality Managers' unethical assessment practice and subsequent embellishment of the reported achievements. Coupled with the adoption of subjective RAG status rather than qualitatively reporting of

"what and how achievements are made", the reported addressed QEP outcomes are multiplexed QEP. The multiplexed nature of the reported achievements likely explains the difference between the achievement of quality improvements evidenced by the approved re-accreditation, the neutral perception of improvements by faculty and improved teaching and learning perceived by the Quality Managers.

Unmitigated trust is seen as a source of process vulnerability and ineffectiveness of the QEP. Non-implementation of some degree of statistically representative sampled verification of the quality practitioner-reported achieved targets is expressed as the reason behind the unethical practices of embellishments by the Quality Managers. Hence, qualitative verification of a representative sample of the reported achievements has been suggested by the managers for qualitatively verifying the accuracy of the reported achievements, to increase stakeholder confidence and their effective engagement with the QEP. This approach would steer the Quality Enhancement approach away from simply achievement of set targets but qualitatively verifying the reported achievements. It also suggests that the HEI's reported achievements could not be viewed as accurate. The inaccuracy could be deduced from faculty and Quality Managers' perception of improvements to some and not all aspects of institutional governance.

The QEP design demonstrates that the QEP can be simultaneously implemented on and used to improve multiple foci or all aspects of institutional governance of a HEI. However, the findings indicates that the effectiveness of

its implementation over all aspects of institutional governance may be limited by the HEI's available financial and human resources. The limited available human resources Is the source of competition between time spent by the managers on the QEP and their primary business activities. Based on the limited available resources, the position of the managers is HEIs need to reduce the scope of the assessments to decrease the volume of assessed quality weaknesses in one quality cycle. The findings also indicate that all aspects of institutional governance could be the foci. To optimise the effectiveness, the despite the limited resources, a collective and realistic cluster of aspects of institutional governance should be the annual focus.

The evidence of the effectiveness of the QEP includes the verifiable proof of the HEI's achievement of the regulatory requirements from the approved reaccreditation, and the stakeholder perception of improvements. The Quality Managers perceived improvements to teaching, learning, and the achievement of regulatory requirements and facilities. However, improvements are not perceived to research or curriculum. These findings suggest that the improvements are mixed. Where the accreditation indicate that the HEI has satisfied the "minimum improved regulatory requirements", achievement of these thresholds is sometimes not perceived by the Quality Managers as improvements. Where improvements are perceived, further research could be conducted to understand if these perceptions are due to increased performance beyond the threshold. The findings support the position of Harvey (2025) that Quality Enhancement design secures in the context of all limitations, a continuous improvement to provisions. However, the findings in this research

and Quality Managers' perception view the reported improvements as undependable and unverifiable.

Kleijnen (2014) noted that systematic practice of a Quality Management System is necessary for its effective contribution to improvement and innovation. This idea assumes that the Quality Management System is appropriately designed for the HEI context to achieve improvements. Within the case HEI's Quality Management System, the QEP is specifically designed to ensure the achievement of quality improvement. The QEP design is viewed by the managers as somewhat effective due to its achievement of improvement to some aspects of institutional governance. The findings indicate that a systematic and intricate integration of the different activities on the QEP is credited for the quality improvements. The ineffectiveness is attributable to the use of RAG status, non-qualitative reporting of achievements, non-verification of reported achievements, and implementation challenges such as inadequate communication by the leadership, and inadequate provision of human and financial resources. It is viewed by the managers as administratively burdensome, with inadequate commitment of managers mainly due to managerialism in the "top-down" assessments. Insufficient time, funding and human resources are the sources of friction between time spent on primary business activities and the achievement of the QEP activities. The WEP activities are viewed by managers as secondary activities sacrificed for the primary business activities.

The strategic imposition of the KPI targets and the KPIs on the managers is seen as managerial with significant weaknesses in the strategic benchmarking activity and the resulting SMART targets. The misalignments between the KPIs and the assigned units or managers also point to the need to include the Quality Managers in the benchmarking activities, creation of strategic KPIs and the setting of the long-term targets.

The positions of the faculty members are that a Quality Culture somewhat exists in the case HEI supporting the QEP while the Quality Managers are more certain of its existence. This difference in position of the faculty and managers could be adduced to the degree of engagement of the quality practitioner with the QEP. The faculty strictly engage with the QEP at the classroom level while the managers are involved in all stages of the process. This difference in the level of trust and power granted to the faculty and managers is evidenced in the guided academic CSERs and unguided unit CSERs. Thus, the difference in perceptions of these groups of quality practitioners could be adduced to the differential in knowledge and participation in all stages of the QEP.

6.3 Future Research Recommendations

QEPs could be viewed as "wicked issues" (Rittel & Webber, 1973; Blackman et al, 2006; Trowler, 2012) mainly because although they are designed to improve quality, their designs are institution-specific. The uniqueness of each HEI's QEP introduces significant challenges to comparisons of outcomes. Arguably, there are similarities in the process-intent and comparisons of these intents could be made to ascertain likely improvements.

More research on the effectiveness of individual institution's QEP would be better focused on how the design achieves quality improvement, if the stages of the process truly result in the desired intents or if the stated achievements are presumed or verified. Quality Managers' suggestion that there are embellishments of assessments and achievements by the quality practitioners could be researched. In other words, the practice of conferring unmitigated trust in managers to implement interventions such as the QEP could be improved by ensuring the inclusion of some degree of verification of the outcomes.

The research could be repeated in HEI environments where representative or purposive sampling of the reported achievements is implemented to research faculty perception of the QEP's impact on academic freedom. This provides some understanding of faculty perception of this model of the QEP on the academics and research freedoms and freedoms to innovate.

Where there is a conflict between improvements expressed in external regulatory evaluations and the Quality Managers' perceptions, it is pertinent to explore why such conflicts exist.

I am interested in extending my evaluation skills by researching the implementation of the QEP in more complex higher education systems and the effectiveness of processes from the point of view of the design. I am interested in researching this QEP design or other designs with reduced QEP focus. This could provide knowledge of improvements achieved due to implementation of

QEP on fewer aspects of institutional governance, especially in HEI environments with highly limited financial and human resources.

6.4 Limitations and Weaknesses

As indicated in earlier sections of this thesis, QEP designs, and their scope of implementation are specific to HEIs. Thus, research of QEPs, and the unique structures of the enhancement processes are some of the factors limiting direct comparisons with the processes of other HEIs although the improvements could be compared. The study is contextualized in its location or community (Lauder et al., 2004). The findings of this study may also be limited by the size scalability which is subject to the administrative structures of HEIs.

The QEP as an intervention built from the PDSA/PDCA cycle allows for the generalization of this single study (Yin, 2008; Trowler, 2012), thus moving the study from a substantive to a formal theory (Glaser & Strauss, 1967) about the larger idea of QEPs. The challenge was to fit the generated themes from the document analysis and interviews to the PDSA/PDCA cycle (Demings, 1986; Demings, 2018). The PDSA/PDCA is specifically referenced in the policy as the institutionally adopted approach although no framework was provided within the policies. Unlike the challenges that may be posed by implementing grounded theory which derives theory from data, the approach of this study fits the generated themes (sensibly interpreted data) to existing theory. Due to the PDSA/PDCA being an existing and generalized theory, the findings of this research could be thus generalized, adding to research on the performance of QEPs as an effective intervention. Notwithstanding, this does not nullify the

earlier statement that the QEP is a "wicked issue" resulting from the uniqueness of QEP designs of HEIs.

In terms of the relationship between theory and data, challenges exist within close-up research such as seen in this study (Trowler, 2012). This is due to my proximity as a member of staff in the case HEI. Pre-existing relationship between theory (PDSA/PDCAS) and the document analysis and interview data address these challenges. It could also be argued that close-up research provides unique advantages for insiders such as knowing who to interview, having access to the right set of data that would otherwise not be made available to outsiders and negotiating for the release of the necessary documents. The use of the research outcomes in improving the HEI are reasons for viewing the data more objectively.

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Participant information sheet

Title: Higher Education Quality Enhancement Process Interrogation: Perceptions of Improvements, Challenges and Effectiveness

For further information about how Lancaster University processes personal data for research purposes and your data rights please visit our webpage:

I am a PhD student at Lancaster University, and I would like to invite you to take part in a research study about:

Stakeholder perceptions of quality enhancement practice in your institution, and the effectiveness of this practice. Please read through the following information before you decide on your participation.

What is the study about?

This study aims to elicit stakeholder (staff, faculty and quality managers') perceptions to explore quality enhancement practice as a means of improving policy-articulated quality enhancement process, the effectiveness of the process, and stakeholder perceptions of the fitness of the process for the designed purpose. The study seeks to capture how your institution implements Quality Enhancement and how the institution ensures that quality is enhanced across the institution. The research also seeks to

aggregate faculty, staff and quality managers' perceptions of the fitness of the implemented process for the purpose of achieving quality improvement of the institution. The research culminates in the presentation of improvements to the implemented Quality Enhancement Process using researcher evaluations and practitioner proposed improvements.

Why have I been invited?

have been invited to participate because of your experience and participation in the implementation of quality enhancement in the institution. I have approached you because as a participant in the institution's Quality Assurance and quality enhancement processes, your knowledge and perspectives of the practice is important in improving it.

What will I be asked to do if I take part?

It is essential that the anonymity of the participants is maintained in report writing or presentations of the data. Identity of participants are only known to me (the researcher). Without agreeing to the anonymization of the data, the participants will not be encouraged to participate. Your anonymity will be maintained beyond the data collection stage. By representing participants using codes in all presentations, participants will be anonymized. You will not be encouraged to provide your names and any form of identification in the video recordings and surveys. The video recordings will be transcribed, and the transcriptions will be analysed. The videos or any visual format of the recording will not be used in my writings and will be destroyed after transcription.

There are 2 stages of data collection and based on your responsibility. You are not obligated to participate in any stage. If you decided to participate, stages of the data collection shall involve the following:

1. **Interview**: 60min semi-structured interviews of quality managers and will be conducted online using Microsoft Teams as the interview platform.

2. **Survey**: This is an online survey that should take no longer than 20-30min at most. A link to the survey shall be provided to **all** participants.

What are the possible benefits from taking part?

Benefits for taking part in this research include engagement in an academic discussion of the implemented quality enhancement process, contribution of your experience to research on quality enhancement, and actively engagement in a discuss to make quality enhancement processes more efficient. Participants shall benefit by conducting a self-evaluation of the practice and the institution's practice.

Do I have to take part?

No. It's completely up to you to decide whether or not you take part. Participation is voluntary. Your participation or decision not to participate in this study will not affect your position in the institution, your relations with your employer or the researcher. The data of your comments or survey responses will be captured outside the institution's systems and shall not be shared with the institution or any member of the institution.

What if I change my mind?

If you change your mind, you are free to withdraw at any time during your participation in this study. If you want to withdraw, please let me know, and I will extract any ideas or data you contributed to the study and destroy them. However, it is difficult and often impossible to take out data from one specific participant when this has already been anonymised or pooled together with other people's data. Therefore, you can only withdraw up to 6 weeks after taking part in the study. Survey data on the other hand

are anonymized on collection. Withdrawal of submitted survey data is not possible after collection.

What are the possible disadvantages and risks of taking part?

It is unlikely that there will be any major disadvantages to taking part. The researcher's positionality within the institution is well known by all participants and should not be construed as problematic because this is research external to the institution, the findings will not be published for at least 5 years, the participants are heavily masked, and the institution will be anonymized. The interest in this research is to unearth participant perceptions and these opinions will not be immediately conveyed to management or will not at any point be conveyed to management in their raw form or with the participants' identity. Also, all quality managers are in higher positions on the power hierarchy than the researcher in the institution hence he does not directly influence the work or position of the quality managers in any form.

Will my data be identifiable?

After the interviews, only I, the researcher conducting this study will have access to your comments. Where transcripts are shared with my supervisor, participants shall be anonymised. Audio version of the interview shall be kept during the study and may be shared only with my supervisor if requested. As earlier noted, participants are not required to share any unique identifiers. Transcription of the interview data shall be done using the Microsoft Teams. Transcription using this software is confidential following the software's confidentiality agreement and shall be done by myself (the researcher). For the purpose of processing personal data for research purposes, the software satisfies the EU requirements for General Data Protection Regulation (GDPR) and the UK Data Protection Act 2018 that both apply in the UK from 25 May 2018.

All reasonable steps will be taken to protect the anonymity of the participants involved in this research.

How will we use the information you have shared with us and what will happen to the results of the research study?

I will use the information you have shared with me only in the following ways: I will use it for research purposes only. This will include my PhD thesis and other publications for examples journal articles. I may also present the results of my study at academic conferences.

When writing up the findings from this study, I would like to reproduce some of the views and ideas you shared with me. I will only use anonymised quotes from my interview with you and the surveys, so that although I will use your exact words, all reasonable steps will be taken to protect your anonymity in our publications.

Your institution shall be anonymized in all publications to further protect your position and identity.

If any information you have conveyed to me in the interview or survey suggests that you or somebody else might be at risk of harm, I will be obliged to share this information with your supervisor. I will inform you of this breach of confidentiality before reporting this information to your supervisor.

How my data will be stored

Your data will be stored in password-protected files within my password protected laptop and memory drive. No-one other than me, the researcher will be able to access your files and data from my password-protected computers. All hard copies of

information provided by participants shall be collected and stored in my home office. I will extricate your personal identifiers from all information (e.g. your views on a specific topic). In accordance with Lancaster University guidelines, I will keep the data securely for a minimum of ten years. Lancaster University's OneDrive will be used as a backup to store the data and research as soon as the data is anonymized.

What if I have a question or concern?

If you have any queries or if you are unhappy with anything that happens concerning your participation in the study, please contact myself at matthewv@lancaster.ac.uk or my supervisor:

Dr Janja Komljenovic

Senior Lecturer

Director of the Centre for Higher Education Research and Evaluation (CHERE@LU)

Director of the Doctoral Programme in Educational Research – Higher Education

Lancaster University

Department of Educational Research

D.31, County South, Lancaster, LA1 4YD, UK

j.komljenovic@lancaster.ac.uk,

If you have any concerns or complaints that you wish to discuss with a person who is not directly involved in the research, you can also contact:

Prof. Paul Trowler

The Director of the HEREE,

Dept of Educational Research,

D48, County South College,

Lancaster University,

Lancaster, LA1 4YL, UK

p.trowler@lancaster.ac.uk

+44 1524 593572

Sources of support

I have no additional support for this research.

This study has been reviewed and approved by the Faculty of Arts and Social Sciences and Lancaster Management School's Research Ethics Committee.

Thank you for considering your participation in this project.

Appendix 2: ApplicationFormResearchEthicsFASS-LUMS

Appendix 3: Interview Email

Dear Participant,

<u>Interview Schedule.</u>

Thank you for agreeing to participate in my interview and sharing your opinion on your institution's Quality Enhancement practice and it impact on improvement of the quality of provisions.

Based on my conversations with you on the best possible time, I have scheduled the interview for (*Date XXXX*) The interview will be conducted on Microsoft Teams and with a duration of no longer than 30-40 minutes. Please let me know before the scheduled date if you wish to reschedule the interview.

As discussed, the interview will be recorded on Lancaster University's MT platform. The transcription will be done immediately after the interview and the video will be deleted afterwards. As pledged, our conversations will not be shared with your institution's leadership, and they will be anonymised in the research writing-up.

Kind regards

Appendix 4: Questionnaire Email

16/07/2023

Dear Participant,

<u>Questionnaire completion: Internal Quality Enhancement Practice.</u>

You are receiving this email because you have agreed to participate in my study. Thank you for agreeing to participate in the study.

The questionnaire could be accessed through the link

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX.

Please note that the deadline for completing the survey is in exactly 30 days from you receiving this email. This A reminder will be automatically sent to you at the end of 2 weeks from your receiving the email. Please let me know before the 30 days deadline if you need more time to complete the questionnaire.

Kind regards

Appendix 5: Consent Form

CONSENT FORM

Lancaster University

Project Title: Institutional Quality Enhancement Practice, Stakeholder Perception and Effectiveness of the Approach: Context of an Asian Business School
Name of Researchers: Valentine Matthews
Email: matthewv@lancaster.ac.uk

Please tick each box

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily	☐
2. I understand that my participation is voluntary and that I am free to withdraw from the interviews at any time during my participation in this study and within 6 weeks after I took part in the study, without giving any reason. If I withdraw within 6 weeks of taking part in the study my data will be removed. Withdrawals from the survey after submission is not allowed because the data is anonymized at the point of collection.	☐
3. I understand that any information given by me may be used in future reports, academic articles, publications or presentations by the researcher/s, but my personal information will not be included and all reasonable steps will be taken to protect the anonymity of the participants involved in this project. 4. PLEASE NOTE: The interviews and survey data will not be provided to other researchers or an archive for further studies in order not to breach the local laws of the UAE and the need to anonymize the subject higher education institution.	☐
5. I understand that my name/my organisation's name will not appear in any reports, articles or presentation without my consent.	☐
6. I understand that any interviews will be video-recorded and transcribed and that data will be protected on password protected devices and kept secure.	☐
7. I understand that data will be kept according to your university guidelines for a minimum of 10 years after the end of the study.	☐
8. I agree to take part in the above study.	☐

_____   _____   _____
Name of Participant   Date   Signature

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Appendix 6: Participants invitation letter

10/12/2022

Dear potential participant,

A study on "Stakeholder Perceptions of the Internal Quality Enhancement Practice"

I would appreciate your participation in my study on the quality enhancement practices within your institution as part of my research study. I am studying for a PhD degree with Lancaster University's Higher Education Research and Evaluation Doctorate programme.

As a researcher, I would like to explore your perceptions as a stakeholder (Faculty, Staff, Academic and Non-Academic Directors) in this institution of the implemented quality enhancement process and your perceptions of its effectiveness and efficiency. *The enclosed participant info sheet* provides more information about the study.

If you decide to participate in this research, please do *sign and return the consent form (only)* to me via email. I shall also be in touch with you to schedule the interview if you will be interviewed. At the appropriate time in this study, I shall also email the survey link to you for your response. Faculty will only be involved in the survey completion. Academic and Non-Academic Directors will be involved in both interviews and the survey completion. Faculty and members of staff will only be requested to complete a survey.

Although I have discussed your participation with you prior to sending this request, it is necessary that this letter is sent to you.

If you wish to participate in the research, please complete and return the signed consent form. At the appropriate time, I will contact you to setup an interview or simply send you a survey completion request.

Thank you for your response.

Yours sincerely

Appendix 7: Ethics Approval Letter

Appendix 8: Quality Stakeholders' Interview Protocol

Preamble: Thank you for accepting the invitation to participate in this study. Your participation is voluntary, your contributions and your institution will be anonymized at all stages of the thesis and in any publication(s) that may result from this work.

This research focuses on the quality improvement approach of your institution (Institutional Quality Enhancement Process) in a bid to define an "**Institutional Quality Enhancement Process**". The re-interpretation of your institution's practice seeks to provide a distinction between quality improvement and quality enhancement within the higher education institution sector.

Definitions*:*

I.　　In this research, ***Institutional Quality Enhancement Process*** is the "bottom-up" set of activities implemented to ensure the achievement of Continuous Quality Improvements of all aspects of institutional governance and administration and develop a quality culture with the end goal of improving student experience.

Questions: This section seeks to capture the QEP

Please provide responses only to questions you have answers to.

1. In your opinion and to the best of your knowledge, please describe your institution's process for improving institutional quality (courses, programs, units, committees, functionalities, services, etc.).

2. Describe your institution's processes for the quality assessments of the units, programs, courses, committees, functionalities and how they assess quality.

3. How are the OP and QIAP created and how do they ensure quality improvement?

4. What is the institutional approach for creating unit objectives in the QIAP and unit KPIs in the OP?

5. What is the QA team's role in the Institutional Quality Improvement Process.

6. How are quality assessment outcomes in the CSERs and the institutional KPIs achieved?

7. How does the institution ensure the achievement of quality actions and KPIs in the QIAP and OP respectively?

8. How does senior leadership ensure that institutional quality is improved by the process?

9. How does the institution use the quarterly QIAP/OP summary reports?

Definitions*:* **Effectiveness** in this research is "fitness for purpose" of achieving improvements.

Questions: This section seeks to understand your perception of the effectiveness of the QEP.

This section focuses on the effectiveness of the Quality Process. Effectiveness has several definitions. However, the position of this research on effectiveness has been defined above.

10. Provide and explain your perceptions of the effectiveness of all aspects of the Quality Enhancement Process design in achieving their desired purposes.

11. What improvements would you recommend if any, for improving the effectiveness of the Institutional Quality Enhancement Process?

12. How do you describe the challenges to the QEP implementation.

Appendix 9: Survey Questionnaire A – Faculty

I. In this research, *Institutional Quality Enhancement Process* is the bottom-up set of activities implemented to ensure the achievement of Continuous Quality Improvements of all aspects of institutional governance and administration and develop a quality culture with the end goal of improving student experience.

II. **Effectiveness** in this research is "fitness for purpose" of achieving improvement.

III. **CSER:** Critical Self Evaluation Report.

Thank you for agreeing to participate in this research. The questions are designed to retrieve your perceptions of the institution's Quality Enhancement Process through your regular participation in the completion of the course CSER.

Section A: Background Information

Please select the answers that most accurately reflect your opinion of the questions asked.

1. Approximately how long have you worked as a faculty member in a higher education institution?

    a. (1 – 5) years

    b. (6 – 10) years

    c. (11 – 15) years

    d. (>15) years

2. Approximately how long have you worked in this higher education institution as a faculty?

    a. (1 – 2) years

    b. (3 – 4) years

    c. (5 – 6) years

    d. (>6) years

3. Prior to this institution, how many higher education institutions have you worked with that implement a course CSER or a different form of faculty critical evaluation of course delivery?

    a. (1 – 2)

    b. (3 – 4)

    c. (5 - 6)

    d. (>6)

Section B: Course CSER and Quality Enhancement

Regarding your institutional Quality Enhancement Process, provide your response to these statements?

1. Rate your agreement with implementing the course CSER in the institution?

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

2. Outline the reasons for the option selected in Q1.

3. The current practice of completing a course CSER in the HEI accurately reflects areas of the courses that need Improvement.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

4. Rate your satisfaction with the time required for completing a course CSER in the institution.

- Very dissatisfied.

- Dissatisfied.

- Unsure.

- Satisfied.

- Very satisfied.

5. Rate the sufficiency of the training provided for completing a CSER in the HEI.

Poor	Fair	Good	Very good	Excellent
1	2	3	4	5

6. What is your perception of the number of prompts to reflect upon in the course CSER?

- Too many

- Just right

- Neutral

- Just too few

- Too few

7. If there are changes you would suggest that could be made to the course CSER, please outline them here.

8. Rate the effectiveness of your institution's course CSER for quality assessment.

Ineffective	Somewhat Ineffective	Neutral	Somewhat Effective	Effective
1	2	3	4	5

9. Choose the option you mostly agree with to indicate your view of the positive impact of the Institutional Quality Enhancement Process on these aspects of governance.

Functionalities	(1) Unlikely	(2) Somewhat unlikely	(3) Neutral	(4) Somewhat likely	(5) Likely
Quality of Teaching					
Student Learning					
Curriculum Improvement					
Quality of the Facilities					
Achievement of Regulatory Standards					
Employee Professional Development					
Student Engagement					
Quality of Research					

10. How likely is faculty feedback used to improve the effectiveness of the course CSER?

- Extremely unlikely

- Somewhat unlikely

- Neither likely nor unlikely

- Somewhat likely

- Extremely likely

11. Outline how you decide on the information entered in the "area for improvement" section of the course CSERs.

12. Choose the option that mostly aligns with your view of these characteristics of your HEI's Quality Culture:

	Quality Culture Characteristics	(1) Strongly Disagree	(2) Somewhat Disagree	(3) Neither Agree nor Disagree	(4) Somewhat Agree	(5) Strongly Agree
i.	The strategic plan supports Quality Improvement.					
ii.	Training is provided for using Quality Improvement tools.					
iii.	I take responsibility for quality development of the HEI.					
iv.	Quality improvement tools are regularly used.					
v.	Quality is regularly discussed in meetings.					
vi.	Unit heads use quality tools to improve institutional quality.					
vii.	Quality stakeholders support implementation of quality improvement activities.					
viii.	Leadership support implementation of quality improvement					

	activities.					
ix.	Processes are implemented for regular data collection and reporting.					
x.	Qualified professional staff are employed for quality improvement.					
xi.	All employees participate in the quality improvement activities.					
xii.	The institution implements quality improvement using recommendations from accountability tools: *Internal audits.*					
xiii	The institution implements quality improvement using recommendations from accountability tools: *External audits.*					
xiv	The institution implements quality improvement using recommendations from accountability tools: *Student surveys*					
xv	The institution implements quality improvement using					

	recommendations from accountability tools: *Employee surveys*					
xvi	The institution implements quality improvement using recommendations from accountability tools: *Self-assessment*					

Appendix 10: Survey Questionnaire B – Quality Managers

Definitions:

I.   In this research, *Institutional Quality Enhancement Process* is the bottom-up set of activities implemented to ensure the achievement of Continuous Quality Improvements of all aspects of institutional governance and administration and develop a quality culture with the end goal of improving student experience.

II.   **Effectiveness**: in this research is "fitness for purpose" of achieving improvement.

III. **CSER:** Critical Self Evaluation Report.

Thank you for agreeing to participate in this research. The questions are designed to retrieve your perceptions of the institution's Quality Enhancement Process through your regular participation in the completion of the course CSER.

Select the option from the given questions that you most agree with. Also, please make comments where a text box is provided otherwise, please indicate "No Comment".

Section A: Background Information

Please select the answers that most accurately reflect your opinion of the questions asked.

1. Approximately how long have you worked in a higher education institution?

   a. 1 – 5 years

   b. 6 – 10 years

   c. 11 - 15 years

   d. 16+ years

2. Approximately how long have you worked in this higher education institution?

    a. 1 – 2 years

    b. 3 – 4 years

    c. 5 - 6 years

    d. 7+ years

3. Prior to this institution, how many higher education institutions have you worked for

    that implement CSER or another form of critical evaluation at your unit level?

    a. 0

    b. 1 – 2

    c. 3 – 4

    d. 5+

4. Which of these roles most closely reflect your current position in the Institutional

    Quality Enhancement Process?

    a. Administrative Staff non-Director

    b. Academic Director/Dean

    c. Administrative Staff-Director

Section B: CSER and Quality Enhancement

Regarding your institutional Quality Enhancement Process, provide your

response to these statements?

5. Rate your agreement with implementing the CSER in the institution?

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
1	2	3	4	5

6. Outline the reasons for the option selected in Q1.

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│                                                     │
│                                                     │
│                                                     │
└─────────────────────────────────────────────────────┘
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7. The current practice of developing a CSER in the HEI accurately reflects areas of the institution to be improved.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
1	2	3	4	5

8. Rate your satisfaction with the time required for completing a CSER in the institution.

- Very dissatisfied.
- Dissatisfied.
- Unsure.
- Satisfied.
- Very satisfied.

9. What Is your perception of the level of improvements made to the institution by the Institutional Quality Enhancement Process?

- No improvement
- Little improvement
- Moderately improved
- Highly improved

10. If there are changes you would suggest that could be made to the CSER, please outline them here.

11. Rate your satisfaction with the time required for completing a CSER in the institution.

- Very dissatisfied.

- Dissatisfied.

- Unsure.

- Satisfied.

- Very satisfied.

12. Outline the challenges facing the implementation of the Institutional Quality Enhancement Process (Quality Improvement Process).

13. Rate the effectiveness of your institution's annual CSER for quality assessment.

Ineffective	Somewhat Ineffective	Neither effective nor ineffective	Somewhat Effective	Effective
1	2	3	4	5

14. Rate the effectiveness of your institution's Quality Enhancement Process for Quality Improvement.

Ineffective	Somewhat Ineffective	Neutral	Somewhat Effective	Effective
1	2	3	4	5

15. Choose the option you most agree with to indicate your view of the impact of the Institutional Quality Enhancement Process on these governance activities.

	Functionalities	(1) Strongly Disagree	(2) Somewhat Disagree	(3) Neither Agree nor Disagree	(4) Somewhat Agree	(5) Strongly Agree	Reference
i	Quality of the Facilities						
ii	Achievement of Regulatory Standards						
iii	Employee Professional Development						

16. How likely is your feedback used to improve the effectiveness of the Institutional Quality Enhancement Process?

- Unlikely

- Somewhat unlikely

- Neutral

- Somewhat likely

- Extremely Likely

17. Rate the sufficiency of the number of human resources provided by the institution for implementing the Institutional Quality Enhancement Process.

- Sufficient

- Somewhat Sufficient

- Neutral

- Somewhat Insufficient

- Insufficient

18. Outline how you decide on the information entered in the "area for improvement" section of the CSERs.

19. Choose the option that mostly aligns with your view of these characteristics of your HEI's Quality Culture:

	Quality Culture Characteristics	(1) Strongly Disagree	(2) Disagree	(3) Neutral	(4) Agree	(5) Strongly Agree
i.	The strategic plan supports Quality Improvement.					
ii.	Training is provided for using the Quality Improvement tools.					
iii.	I am a responsible party for the quality					

	development of the HEI.					
iv.	Quality improvement tools are regularly used.					
v.	Quality is regularly discussed in meetings.					
vi.	Unit heads use quality tools to improve institutional quality.					
vii.	Quality stakeholders support implementation of quality improvement activities.					
viii.	Leadership support implementation of quality improvement activities.					
ix.	Processes are implemented for regular data collection and reporting.					
x.	Qualified professional staff are employed for quality improvement.					
xi.	All employees participate in the quality improvement activities.					
xii.	The institution implements					

	quality improvement using recommendations from accountability tools: **Internal audits.**					
xiii	The institution implements quality improvement using recommendations from accountability tools: *External audits.*					
xiv	The institution implements quality improvement using recommendations from accountability tools: *Student surveys.*					
xv	The institution implements quality improvement using recommendations from accountability tools: *Employee surveys*					
xvi	The institution implements quality improvement using recommendations from accountability tools: *Self-assessment*					