



Convergent Priorities, Divergent Lenses: Stakeholder Perspectives On TQM Integration In Mature ISO 9001:2015 Organizations

Kevin Brown

ISSN: 2616-8472

Convergent Priorities, Divergent Lenses: Stakeholder Perspectives On TQM Integration In Mature ISO 9001:2015 Organizations

Kevin Brown

Milpark Business School, Milpark Education, 368 Main Road, Observatory, Cape Town, South Africa

k.brown3@my.milpark.ac.za

How to cite this article: Brown, K. (2026). Convergent priorities, divergent lenses: Stakeholder perspectives on TQM integration in mature ISO 9001:2015 organizations. *Journal of Strategic Management*, 10(5), 19–32. <https://doi.org/10.53819/81018102t70114>

Abstract

This study examines how professional position shapes the diagnosis of conditions affecting Total Quality Management (TQM) integration in mature ISO 9001:2015 organisations. Although certification can establish process discipline, it does not ensure shared ownership, organisational learning or sustained improvement. A focused secondary analysis was conducted using 42 semi-structured interviews from a broader South African qualitative study. The original purposive sample comprised four pre-defined groups: standards specialists and consultants, certification professionals and auditors, institutional stakeholders, and practising quality professionals. Reflexive thematic interpretation was supported by structured reduction, validation and comparative matrix procedures. The groups converged on leadership, communication, employee involvement and capability, but privileged different evidence and remedies. Standards specialists emphasised conceptual coherence; auditors, assurance credibility; institutional stakeholders, translation and scalable capability; and practitioners, operational usability and employee ownership. These differences reflect diagnostic selectivity arising from unequal access to evidence, professional accountability and time horizons. A lens applied in isolation can produce auditability without usability, accessible interventions without adequate control, or short-term problem-solving without strategic integration. The study concludes that mature organisations should combine system-design, assurance, institutional and operational evidence when assessing TQM readiness and selecting interventions.

Keywords: ISO 9001:2015; Total Quality Management; enablers; barriers; South Africa

1. Introduction

ISO 9001:2015 establishes process discipline, accountability, risk-based thinking and evidence-based review, but certification does not by itself establish an organisation-wide culture of learning and continuous improvement (International Organization for Standardization [ISO], 2015; Boiral & Heras-Saizarbitoria, 2015). In mature certified organisations, the central challenge is therefore no longer system establishment but system evolution: converting established controls into shared ownership, adaptive learning and sustained customer value.

This challenge is especially consequential in South Africa, where formal quality infrastructure coexists with substantial variation in organisational capability. The South African Bureau of Standards (SABS) develops national standards and provides certification services, while the South

<https://doi.org/10.53819/81018102t70114>

African National Accreditation System (SANAS) accredits conformity-assessment bodies operating in the national market (SABS, 2023; SANAS, 2023). The study's operational participants were drawn from highly regulated aerospace, automotive, medical-device and pharmaceutical environments, and the wider stakeholder sample included TC 176 members, accredited certification professionals, quality and productivity institutions, consultants and practitioners across several provinces. Their accounts located TQM integration within regulatory pressure, skills variability, resource constraints and differing levels of organisational maturity rather than within an abstract developing-economy setting.

Prior research consistently identifies leadership, communication, employee involvement, training and resources as TQM enablers, with resistance, silos and compliance-centred behaviour acting as barriers (Bajaj et al., 2018; Nasim, 2018; Talib & Rahman, 2015). However, factor lists do not explain why a condition is interpreted differently by actors who design standards, assess conformity, develop institutional capability or operate the system daily. Nor do they explain why individually reasonable recommendations can conflict or generate unintended consequences when one professional diagnosis is treated as complete.

This article therefore asks: How do standards specialists, certification professionals, institutional stakeholders and practising quality professionals converge and diverge in their accounts of the conditions shaping TQM integration in mature ISO 9001:2015 organisations? Its contribution is a stakeholder-position account of quality diagnosis. It shows how professional location structures access to evidence, accountability and time horizons, thereby influencing what actors notice, prioritise and recommend. This perspective-sensitive explanation advances the literature beyond aggregate rankings by identifying the value and blind spots of four complementary diagnostic lenses.

2. Literature Review: Theoretical and Empirical

2.1 ISO 9001 maturity and the limits of certification

ISO 9001 and TQM are complementary but not interchangeable. ISO 9001 formalises organisational context, process control, responsibility, risk and performance review; TQM extends these foundations through cultural integration, employee participation and organisation-wide responsibility for value. Mature certification can therefore provide structural capacity for TQM, but it cannot be treated as evidence of business excellence (Echour & Nbigui, 2021; Ramchander & Nadar, 2021).

The literature nevertheless presents a tension. Certification can strengthen discipline and credibility, while the same routines can become symbolic when organisations preserve documentation for external legitimacy without redistributing decision rights or learning responsibilities (Boiral & Heras-Saizarbitoria, 2015). The 2015 revision foregrounds leadership, context, knowledge and strategic direction (ISO, 2015), yet these requirements remain socially enacted. The unresolved issue is not whether hard and soft quality practices both matter, but how actors determine that they are genuinely connected. Evidence of a completed review may demonstrate control to an auditor while revealing little about employee voice, practical usability or corrective learning.

Empirical studies show that technical quality practices produce stronger outcomes when combined with human and relational practices (Bakotić & Rogošić, 2017; El Manzani et al., 2019; Zeng et al., 2015). However, this evidence rarely examines whose observation defines maturity. The

literature consequently explains the need for socio-technical integration more convincingly than it explains how competing professional assessments of that integration should be reconciled.

2.2 Enablers of integration

Leadership commitment, employee involvement, training, communication and cross-functional collaboration recur across TQM research (Bajaj et al., 2018; Nasim, 2018). Their consistency can create an illusion of conceptual agreement. 'Leadership commitment', for example, can denote verbal endorsement, resource provision, participation in management review, protection of improvement time or employees' experience of managerial behaviour. The literature is therefore strongest in identifying broad conditions but weaker in explaining variation in their meaning, evidence and proposed remedy.

A similar contradiction applies to documentation and data. Traceable records can support assurance and learning, yet documentation without operational purpose can intensify ritual compliance. Dashboards can improve visibility, but information has limited value when employees lack analytical capability, psychological safety or authority to act. Employee participation can distribute improvement ownership, but production pressure and hierarchical decision-making may restrict meaningful involvement even where formal consultation exists. These tensions indicate that enablers are relational configurations rather than independent inputs.

For mature systems, the central question is therefore not simply whether an enabler is present, but how its presence is judged and by whom. An intervention may strengthen one dimension while weakening another: tighter controls may improve auditability but add operational burden; simplified terminology may improve access but dilute conceptual precision; and rapid containment may resolve an immediate defect without developing systemic capability. These unresolved trade-offs provide the basis for a stakeholder-position analysis.

2.3 Stakeholder position as an interpretive lens

Professional position shapes diagnostic selectivity through three related mechanisms. First, professional roles provide unequal access to evidence: auditors encounter records, recurring findings and management-review outputs, whereas practitioners experience workload, process breakdowns and the everyday usability of controls. Second, accountability differs across roles. Standards specialists safeguard conceptual integrity, certification professionals protect assurance credibility, institutional actors support diffusion and capability development, and practitioners remain accountable for operational feasibility. Third, these actors work across different time horizons, from immediate containment and periodic assessment to long-term cultural development. These mechanisms extend socio-technical and symbolic-adoption research by locating quality diagnosis within the evidence and responsibilities available to particular professional actors (Boiral & Heras-Saizarbitoria, 2015; El Manzani et al., 2019; Zeng et al., 2015).

These mechanisms explain why stakeholders can identify the same condition but assign different meanings to it. Leadership may be evidenced by review records, strategic alignment, resource decisions or the safety employees experience when raising problems. Capability may refer to clause knowledge, technical problem-solving, institutional training reach or available operational time. Divergence is therefore not necessarily disagreement about facts; it may reflect different evidence boundaries and responsibilities.

Existing ISO 9001 and TQM research establishes that formal controls and social practices must operate together, but it seldom compares how differently positioned quality professionals assess that relationship. This study addresses that gap by examining convergence, recurring group emphasis, diagnostic blind spots and productive tensions across four stakeholder groups. It proceeds from the proposition that a professional diagnosis may be credible within its own domain while remaining incomplete as an assessment of TQM integration.

2.4 Analytical focus

The analysis tests three linked questions: which integration conditions recur across stakeholder groups; how the meaning and evidence attached to those conditions differ by professional position; and what organisational consequences follow when a partial diagnosis is applied without balancing evidence. This shifts the review from a catalogue of enablers and barriers to an explanation of how quality problems are professionally constructed and reconciled.

3. Methodology / Procedures

3.1 Design and participants

The broader study used an interpretivist, exploratory qualitative design to examine the integration of TQM within mature ISO 9001:2015 systems. Purposive sampling selected information-rich participants with direct experience of standard-setting, consulting, certification, institutional quality support or operational quality management. Snowball recruitment supplemented access to specialists, with all referrals screened against the same inclusion criteria.

The original sampling design defined four stakeholder groups (Table 1). Group 1 comprised South African TC 176 members and quality-management consultants; Group 2 comprised certification-body professionals and accredited QMS auditors; Group 3 comprised professionals from quality, productivity and continuous-improvement institutions; and Group 4 comprised quality managers, engineers and improvement specialists in highly regulated South African aerospace, automotive, medical-device and pharmaceutical organisations. Group 4 organisations had mature certification histories and at least 200 employees. The final sample comprised 42 participants: 11, 10, 10 and 11 respectively across the four groups.

Table 1: Participant Groups

Group	Professional Perspective	Nr
1	ISO technical-committee members and quality-management consultants	11
2	Certification-body professionals and accredited QMS auditors	10
3	Institutional, professional-body and productivity specialists	10
4	Practicing quality managers, engineers and improvement specialists	11

3.2 Data Collection, Analysis and Trustworthiness

The semi-structured interview guide addressed enablers, barriers, organisational and contextual conditions, leadership, improvement practices and framework requirements. A pilot interview assessed clarity, sequence and relevance. Interviews were recorded with consent, transcribed, verified and anonymised using participant codes. The breadth of the original guide made it possible

to compare how the pre-defined stakeholder groups interpreted common quality conditions, although the interviews were not designed solely around inter-group disagreement.

ATLAS.ti 25 supported data management. Reflexive thematic analysis provided the interpretive logic: familiarisation, coding, theme development, review, definition and synthesis proceeded iteratively (Braun & Clarke, 2021). The modified Van Kaam stages served a separate procedural function by structuring horizontalisation, reduction of overlapping statements, clustering, transcript validation and textural-structural synthesis. They were not treated as a second independent analysis or as a claim that the article constituted a standalone phenomenological study. Distinguishing these functions reduced methodological duplication: reflexive thematic analysis guided meaning-making, while the structured stages strengthened traceability between participant accounts and the comparative themes.

Sampling adequacy was assessed through the recurrence of codes, subthemes and conceptual linkages within each pre-defined group. No materially new thematic structure was recorded after interview eight in Groups 1 and 4 or interview nine in Groups 2 and 3; the remaining interviews added confirmation, nuance and variation. These observations indicated sufficient information power for the research questions, while remaining consistent with the reflexive position that further interpretations can be generated from the same qualitative material.

For this focused secondary analysis, the individual participant account remained the unit of evidence and the stakeholder group became the unit of comparison. The same coding framework was examined across the four groups using a comparative matrix that recorded convergence, recurring emphasis, contrasting accounts, evidence privileged and the consequences of a dominant lens. A group-level interpretation was retained only when it recurred across multiple accounts and was consistent with the relevant group-level thematic pattern; individual quotations illustrate those interpretations but do not establish them alone. Group size was not used to infer statistical importance, and contrary accounts were retained.

The secondary analysis offered a new comparison of an existing dataset but also imposed limits. The original guide elicited broad experiences of TQM integration rather than asking every participant to diagnose an identical organisational case. The analysis can therefore identify patterned differences in professional emphasis, but it cannot determine which stakeholder recommendation produces superior outcomes in the same organisation. This limitation is addressed through transparent distinction between original sampling design, individual evidence and the later comparative question.

Trustworthiness was supported through perspective triangulation, transcript-based verification, an audit trail, attention to contrasting accounts, peer debriefing and reflexive consideration of the researcher's quality-management experience. Mechanical inter-coder agreement was not treated as a proxy for interpretive quality. Ethical safeguards included informed and voluntary participation, withdrawal rights, confidentiality, de-identification, secure storage and protection of personal information.

4. Key Results and Findings

4.1 Comparative Analytical Overview

The comparative analysis found both concurrence and diagnostic differentiation. All groups regarded mature certification as insufficient for TQM integration and repeatedly identified

leadership, communication, employee involvement, capability and cross-functional coordination. The comparison demonstrates how the groups attached different evidence, responsibilities and remedies to these shared conditions.

The characteristic lenses (Table 2) were derived from the cross-group matrix and the recurrence of emphases across multiple accounts within each group. Interpretations were retained when they aligned with the wider thematic pattern, remained distinguishable from other groups' priorities and were not contradicted by substantial contrary evidence. The quotations in Sections 4.3-4.6 illustrate these patterns; they do not imply unanimity or statistical prevalence.

Table 2: Stakeholder groups and characteristic diagnostic lenses

Group	Professional Designation	Characteristic Diagnostic Lens	Recurring Emphasis
1	Standards specialists and consultants	System design, cultural readiness and conceptual coherence	Leadership alignment; culture; empowerment; accessible terminology
2	Certification professionals and auditors	System credibility, conformity evidence and recurring assurance weaknesses	Resources and capability; strategic misalignment; certification integrity
3	Institutional and professional stakeholders	Coordination, diffusion and capability across organizations	Communication; collaboration; change agility; scalable systems and data
4	Practicing quality professionals	Operational feasibility and the everyday use of the QMS	Data visibility; leadership support; communication; employee ownership; time

4.2 Areas of cross-group convergence

Convergence established the common problem space rather than the novel finding. Across groups, participants described systems capable of maintaining documentation and audit readiness while quality remained peripheral to strategy or everyday work. Leadership was recognised by all groups, but standards participants interpreted it through conceptual direction and cultural intent; auditors through accountability and recurring findings; institutional participants through coordination and support; and practitioners through resource decisions, visibility and responses to operating problems.

Communication and capability produced a similar pattern. Participants agreed that employees could not own improvement when terminology, customer requirements and objectives were poorly understood. However, the groups diagnosed the weakness differently: as conceptual translation, demonstrable competence, scalable capability support or insufficient operational time and usability. Thus, agreement on a label concealed meaningful divergence in evidence and intervention.

This common ground is analytically necessary because it shows that later differences did not arise from incompatible understandings of TQM. They arose from which failure mode each group encountered first and which accountability it carried. The following sections therefore emphasise causal position and organisational consequence rather than repeating the convergent factor list.

4.3 Group 1: standards specialists and consultants

Group 1 interpreted integration primarily as a problem of system design, cultural readiness and conceptual coherence. The group's saturation record centred on strategic alignment, organisational culture, people empowerment, sustainability and organisational maturity. Across multiple accounts, participants distinguished a quality philosophy embedded in management practice from a collection of documented tools. Participant 1006, for example, connected tools, champions and maturity, while Participant 1002 criticised organisations that purchased manuals or weak certification without understanding their systems.

This lens arose from responsibility for interpreting standards and designing implementation approaches across organisations. It privileged coherence: whether leadership intent, terminology, culture, methods and maturity formed a credible theory of quality. Its value was to identify fragmentation that a clause-by-clause assessment might overlook. Its blind spot was the risk of conceptual ambition exceeding operational resources. Applied unchecked, this lens could produce comprehensive programmes that employees and smaller organisations experienced as complex, costly or detached from immediate constraints.

4.4 Group 2: certification professionals and auditors

Group 2 diagnosed integration through assurance credibility, recurring system weaknesses and demonstrable capability. Its saturation themes included resource and capability limitations, strategic misalignment, and integrated excellence and performance. Multiple accounts connected leadership claims with observable evidence such as effective review, assigned accountability, visible measures and corrective action that addressed systemic causes. Participant 2007 rejected the delegation of ISO responsibility to one person, while Participant 2002 described an organisation without morning meetings or visible metrics as 'working blind'.

This lens arose from auditors' responsibility to reach defensible conclusions during bounded assessment periods. It privileged traceability and evidence that claims survived beyond managerial rhetoric. Its value was to expose recurring findings, weak management review and certification without capability. Its blind spot was an understandable preference for evidence readily visible during assurance. Applied unchecked, the lens could encourage additional records or controls without establishing whether they supported employee decisions, learning and ownership between audits.

4.5 Group 3: institutional and professional stakeholders

Group 3 interpreted integration through coordination, diffusion and capability across organisations with differing resources and maturity. Its saturation themes emphasised communication, collaboration, change agility, technology, systems and data-driven quality. Across accounts, participants considered how knowledge and methods could be translated and sustained beyond the formal quality role. Participant 3006 linked transparency and integrated departmental information with empowerment, while Participant 3005 described digital applications and dashboards as mechanisms for accessible reporting rather than substitutes for competence.

This lens arose from institutional responsibility for professional development, productivity support and quality diffusion at scale. It privileged common language, accessible capability programmes and mechanisms that could operate across organisational boundaries. Its value was to expose gaps that individual firms could not address alone. Its blind spot was distance from firm-specific constraints. Applied unchecked, scalable solutions could become generic interventions that underestimated local ownership, operating pressure and maturity differences.

4.6 Group 4: practicing quality professionals

Group 4 assessed integration through operational feasibility and the everyday use of the QMS. Its saturation themes included technology, systems and data-driven quality; leadership and strategic alignment; and communication, collaboration and change agility. Multiple accounts described the practical effects of unavailable time, budget constraints, defensive communication and quality treated as an add-on. Participant 4005 connected training and equipment with budgets and time away from operations; Participant 4008 reported stronger uptake when employees understood benefits to their processes; and Participants 4002 and 4004 contrasted open problem disclosure with delayed or blame-oriented communication.

This lens arose from direct accountability for maintaining output while controlling risk and improving processes. It privileged usable information, timely decisions, employee voice and leadership behaviour under production pressure. Its value was to test whether formal enablers survived everyday conditions. Its blind spot was short-termism: immediate containment and local optimisation could crowd out independent assurance, cross-process governance and longer-term cultural development. Applied unchecked, this lens could solve visible problems without integrating them strategically.

4.7 Productive tensions between stakeholder perspectives

The divergence was structured rather than incidental. Each group's evidence base reflected its professional accountability and time horizon. Auditors required traceability; practitioners required operational value. Standards specialists protected conceptual integrity; institutional actors and practitioners required accessible language. Practitioners contained immediate risk; consultants and institutions considered longer-term capability and culture.

Table 3 integrates the source of each diagnostic tension, the organisational consequences of leaving it unresolved and the evidence needed to balance the competing lenses. A credible diagnosis therefore evaluates each recommendation against evidence supplied by the other professional perspectives.

Table 3: Diagnostic tensions, consequences and integrative responses

Diagnostic tension	Why the lenses differ	Consequence if unresolved	Integrative response
Assurance versus usability	Auditors require traceable evidence; practitioners require controls that support daily decisions.	More documentation without learning, or useful local practices without credible governance.	Build evidence into operating routines and test both traceability and decision value.
Conceptual completeness versus accessibility	Standards actors protect quality principles; institutions and users translate them for varied capability and maturity.	Over-complex programmes create initiative fatigue; over-simplification weakens essential controls.	Use layered terminology and staged implementation while retaining non-negotiable principles.
Immediate control versus long-term maturity	Practitioners contain current risk; consultants and institutions develop sustained capability and culture.	Repeated containment without learning, or long-term programmes that neglect urgent operational exposure.	Sequence containment, root-cause learning and capability development across explicit time horizons.
External credibility versus internal ownership	Certification protects market and regulatory legitimacy; employees require voice, competence and psychological safety.	Audit-centred compliance or informal improvement that cannot demonstrate control and repeatability.	Use assurance as a baseline while distributing improvement ownership and testing employee experience.

The table shows that perspectival complementarity is not simple agreement. It is a disciplined process of exposing what each diagnosis can see, what it obscures and which balancing evidence is required before intervention. The organisational risk arises when authority is granted to one lens without testing the consequences through the others.

5. Discussion

5.1 Stakeholder position shapes diagnosis

Diagnostic selectivity provides the mechanism underlying perspectival complementarity. Professional actors encounter different evidence, carry different accountability and operate across different time horizons; their diagnoses can therefore be simultaneously credible and incomplete. This explains why stakeholders attach different meanings, proof requirements and remedies to conditions such as leadership, communication and capability.

An illustrative synthesis of the findings shows how this tension can arise after repeated quality failures. An auditor may recommend stronger records and corrective-action controls because recurrence undermines assurance credibility. A practitioner may resist additional administration when existing records do not support defect containment or operational decisions. An institutional actor may diagnose insufficient analytical capability and propose accessible training, while a

<https://doi.org/10.53819/81018102t70114>

consultant may recommend leadership and cultural development. Auditor-dominant action may improve auditability while weakening usability and employee ownership; practitioner-dominant action may improve containment without systemic traceability. Coherent intervention requires the organisation to identify the evidence and time horizon addressed by each recommendation and then sequence the responses accordingly.

This interpretation also refines symbolic-adoption explanations. Formal conformity can coexist with weak ownership, but useful local improvement can also coexist with inadequate governance. Mature integration requires both external credibility and internal usability (Boiral & Heras-Saizarbitoria, 2015; Psomas & Antony, 2015). Diagnostic complementarity explains how these conditions can be evaluated together rather than treated as competing philosophies.

5.2 Implications for socio-technical integration

The findings support socio-technical interdependence: documentation, measurement, auditing and digital systems depend on competence, trust, communication and participation (Bakotić & Rogošić, 2017; El Manzani et al., 2019; Zeng et al., 2015). The comparative analysis extends this argument by showing that different stakeholders are custodians of different evidence. Standards specialists test coherence, auditors test credibility, institutions enable translation and diffusion, and practitioners test feasibility. Integration therefore requires a forum in which technical evidence and lived operational experience can challenge one another.

In South Africa, this requirement operates within a quality infrastructure that includes SABS, SANAS, certification bodies, TC 176 representatives, quality and productivity institutions, consultants and regulated firms. Participants from aerospace, automotive, medical-device and pharmaceutical organisations described settings in which market and regulatory legitimacy made traceability important, while skills variability, resource pressure, limited operational time and uneven maturity affected implementation. These findings demonstrate how the four lenses operated within the sampled South African settings; they do not establish that diagnostic selectivity is unique to South Africa. The contextual contribution lies in showing how globally recognised quality requirements are translated across organisations with unequal capability without weakening assurance.

This helps explain the participants' emphasis on simplified terminology, phased implementation, visible data, employee empowerment and sustained leadership involvement. These were not substitutes for ISO discipline. They were mechanisms for making that discipline usable across varied workforce competence and organisational maturity. Perspective-sensitive review is thus particularly relevant where institutional assurance requirements are strong but the capability to enact them is uneven.

5.3 Theoretical and practical contribution

The article contributes a stakeholder-position explanation of quality diagnosis. Enablers and barriers function not only as organisational conditions but also as professionally constructed assessments. Their prominence, meaning and proposed remedy depend on the evidence available to an observer, the accountability attached to that role and the time horizon over which success is judged.

The resulting concept of perspectival complementarity has three components: diagnostic selectivity, because each role privileges particular evidence; reciprocal blind spots, because the

strength of one lens creates predictable omissions; and integrative testing, because recommendations should be examined against balancing evidence before implementation. This makes the concept explanatory and actionable rather than a label for general stakeholder agreement.

The resulting contribution is a comparative explanation of why standards, assurance, institutional and operational actors can diagnose the same mature QMS differently, and how their partial diagnoses can be combined without eliminating productive tension. This stakeholder-position account complements, but does not depend on, a prescribed maturity pathway or a particular leadership-style classification.

6. Recommendations

Organizations should conduct multi-perspective integration reviews rather than relying exclusively on an auditor, consultant or internal quality function (Table 4). Reviews should include senior and operational leaders, employees from interdependent processes, quality specialists and, where appropriate, external assurance or institutional representatives. Each participant should distinguish observed evidence from interpretation and recommendation.

Management review should reconcile four questions: Is the QMS conceptually aligned with strategy? Is its conformity evidence credible? Can requirements and methods be understood and supported across the organization? Do they work under everyday operating conditions? A weakness identified through one lens should be tested through the others before corrective action is selected.

Table 4: Stakeholder-specific responsibilities in an integrated diagnostic

Stakeholder	Primary contribution	Risk if dominant	Required balancing evidence
Standards specialists and consultants	Conceptual coherence, maturity and cultural readiness	Over-complex designs or generic programmes	Operational feasibility and resource evidence
Certification professionals and auditors	Integrity, traceability and recurring system weaknesses	Audit-centered compliance	Employee experience and improvement outcomes
Institutional and professional stakeholders	Translation, scalable capability and cross-organizational learning	Solutions detached from firm-level constraints	Organization-specific maturity and ownership
Practicing quality professionals	Usability, responsiveness, data and operational constraints	Local optimization or short-termism	Strategic alignment and independent assurance

External advisers and certification bodies should disclose the limits of their lens. Recommendations should state whether they address compliance, capability, culture, operational performance or strategic integration. Organizations can then sequence actions coherently instead of treating every recommendation as equivalent.

<https://doi.org/10.53819/81018102t70114>

Finally, the quality function should act as an integrator rather than sole owner. Its role is to connect external requirements with process knowledge, employee experience and strategic priorities. This reduces the risk of ISO responsibility being delegated to one specialist while preserving the technical competence required for credible assurance.

7. Research limitations and future research

The comparative analysis is based on four small, purposively selected groups and does not support statistical claims about professional populations. Group-level emphasis was retained only when it recurred across multiple accounts and aligned with the broader thematic pattern, but it should not be read as indicating unanimity. Professional roles also overlapped, particularly among standards specialists and consultants.

This focused secondary analysis draws on interviews originally designed to address broader questions about enablers, barriers, leadership, best practices and framework requirements. The four stakeholder groups formed part of the original sampling design, but participants did not all assess the same organisational case or respond to an interview schedule devoted exclusively to inter-group tensions. The study can therefore explain patterned diagnostic emphasis, but it cannot determine which recommendation would produce superior outcomes in a common organisational setting.

The evidence consists of stakeholder accounts rather than direct observation of interactions among advisers, auditors, leaders and employees within matched organisations. The findings are grounded in highly regulated South African settings and should be transferred analytically rather than treated as representative of all South African organisations. Their applicability to early-stage systems, smaller firms and other institutional environments requires further examination.

Future research should use matched organisational cases in which several stakeholder groups assess the same QMS, document their recommendations and track subsequent outcomes. Longitudinal studies could test whether multi-perspective reviews improve TQM maturity, employee ownership and assurance effectiveness. Comparative research across South African sectors and organisational sizes could also examine how regulatory intensity, skills availability and resource constraints alter the balance among the four lenses.

8. Conclusion

This study examined how standards specialists, certification professionals, institutional stakeholders and practising quality professionals converge and diverge in their diagnoses of TQM integration within mature ISO 9001:2015 organisations. The groups shared a common concern with leadership, communication, employee involvement and capability, but differed in the evidence they privileged and the consequences they encountered first.

The central contribution is an explanation of perspectival complementarity through diagnostic selectivity. Standards specialists foregrounded coherence and cultural readiness; auditors, assurance credibility and recurring weakness; institutional stakeholders, translation and scalable capability; and practitioners, operational usability, data visibility and employee ownership. Each lens was valuable because it exposed a particular failure mode, and incomplete because its professional accountability restricted what it could readily observe.

A dominant lens can produce predictable distortions: auditability without usability, accessible programmes without adequate control, conceptual ambition without resources, or local problem-

solving without strategic integration. Mature organisations should therefore test recommendations through system-design, assurance, institutional and operational evidence before selecting or sequencing interventions.

For South African organisations operating across uneven capability, regulatory pressure and varied maturity, this approach offers a means of retaining credible ISO discipline while strengthening participation, learning and practical ownership. Multi-stakeholder maturity reviews should consequently assess system coherence, assurance credibility, employee competence, operational usability and demonstrated improvement outcomes as interdependent dimensions of TQM readiness.

Declarations

Ethics approval: Ethical approval was obtained from the relevant institutional research ethics committee.

Informed consent: All participants provided informed consent. Participant and organizational identities were anonymized.

Conflict of interest: The author declares no conflict of interest.

Funding: No funding was provided.

Data availability: The interview data are not publicly available because they contain confidential qualitative material. De-identified supporting information may be considered subject to ethical and institutional requirements.

Generative AI disclosure: During the preparation of this manuscript, the author used OpenAI's ChatGPT to assist with structural refinement and consistency checking. The tool was not used to collect or analyze research data, generate research findings, or make substantive scholarly judgements. All AI-assisted content was critically reviewed, verified and revised by the author. The intellectual contribution, interpretation of the findings and development of the comparative interpretation remain human-authored. The author accepts full responsibility for the accuracy, integrity and ethical compliance of the manuscript.

References

- Bajaj, S., Garg, R., & Sethi, M. (2018). Total quality management: A critical literature review using Pareto analysis. *International Journal of Productivity and Performance Management*, 67(1), 128–154. <https://doi.org/10.1108/IJPPM-07-2016-0146>
- Bakotić, D., & Rogošić, A. (2017). Employee involvement as a key determinant of core quality management practices. *Total Quality Management & Business Excellence*, 28(11–12), 1209–1226. <https://doi.org/10.1080/14783363.2015.1094369>
- Boiral, O., & Heras-Saizarbitoria, I. (2015). Symbolic adoption of ISO 9000 in small and medium-sized enterprises: The role of internal contingencies. *International Small Business Journal*, 33(3), 299–320. <https://doi.org/10.1177/0266242613495748>
- Bounabri, N., El Oumri, A. A., Saad, E., Zerrouk, L., & Ibnlfassi, A. (2018). Barriers to ISO 9001 implementation in Moroccan organizations: Empirical study. *Journal of Industrial Engineering and Management*, 11(1), 34–56. <https://doi.org/10.3926/jiem.2412>
- Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*. Sage.

<https://doi.org/10.53819/81018102t70114>

- Echour, S., & Nbigui, T. (2021). ISO 9001 quality approach and performance literature review. *European Scientific Journal*, 17(1), 128. <https://doi.org/10.19044/esj.2021.v17n1p128>
- El Manzani, Y., Sidmou, M. L., & Cegarra, J. (2019). Does ISO 9001 quality management system support product innovation? An analysis from the sociotechnical systems theory. *International Journal of Quality & Reliability Management*, 36(6), 951–982. <https://doi.org/10.1108/IJQRM-09-2017-0174>
- International Organization for Standardization. (2015). *ISO 9001:2015 quality management systems—Requirements* (5th ed.).
- Kiger, M. E., & Varpio, L. (2020). Thematic analysis of qualitative data: AMEE Guide No. 131. *Medical Teacher*, 42(8), 846–854. <https://doi.org/10.1080/0142159X.2020.1755030>
- Magodi, A., Daniyan, I., & Mpofu, K. (2022). An investigation of the effect of the ISO 9001 quality management system on small and medium enterprises in Gauteng, South Africa. *South African Journal of Industrial Engineering*, 33(1), 126–138. <https://doi.org/10.7166/33-1-2521>
- Nasim, K. (2018). Role of internal and external organizational factors in TQM implementation: A systematic literature review and theoretical framework. *International Journal of Quality & Reliability Management*, 35(5), 1014–1033. <https://doi.org/10.1108/IJQRM-10-2016-0180>
- Psomas, E., & Antony, J. (2015). The effectiveness of the ISO 9001 quality management system and its influential critical factors in Greek manufacturing companies. *International Journal of Production Research*, 53(7), 2089–2099. <https://doi.org/10.1080/00207543.2014.965353>
- Ramchander, M., & Nadar, M. M. (2021). Using ISO 9001 principles to enhance Total Quality Management: A case study of a packaging manufacturer in South Africa. *African Journal of Inter/Multidisciplinary Studies*, 3(1), 118–130. <https://doi.org/10.51415/ajims.v3i1.902>
- Rathilall, R., Singh, K., & Ramchander, M. (2024). Insights into the effects of ISO 9001:2015 on quality and process improvement in the South African packaging industry: A leadership perspective. *Journal of Contemporary Management*, 21(1), 248–278. <https://doi.org/10.35683/jcman1049.252>
- South African National Accreditation System. (2023). Conformity assessment bodies. <https://www.sanas.co.za/Pages/index.aspx>
- South African Bureau of Standards. (2023). Certification and accreditation overview. <https://www.sabs.co.za/Certification/index.asp>
- Talib, F., & Rahman, Z. (2015). Identification and prioritization of barriers to Total Quality Management implementation in the service industry: An analytic hierarchy process approach. *The TQM Journal*, 27(5), 591–615. <https://doi.org/10.1108/TQM-11-2013-0122>
- Zeng, J., Anh Phan, C., & Matsui, Y. (2015). The impact of hard and soft quality management on quality and innovation performance: An empirical study. *International Journal of Production Economics*, 162, 216–226. <https://doi.org/10.1016/j.ijpe.2014.07.006>