AN EVALUATION OF THE INFLUENCE OF HUMAN CAPITAL INVESTMENT

ON

ORGANISATIONAL CULTURE AND PERFORMANCE WITHIN HEALTH AND

SOCIAL CARE ORGANISATIONS

RICHARD S COLE   MICHAEL E PERIDES

SUBMISSION FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

Department of Sociology

University of Surrey

1996
Abstract

This study explores the relationship between organisational culture and performance in health and social care organisations and poses the question that if performance is dependent upon organisational culture, can organisational culture be influenced to improve the performance of the organisation?

Our review of the themes and ideas around organisational culture shows that organisational culture has been recognised and discussed extensively. We draw out what we believe to be the causal relationships between organisational strategy, organisational culture and organisational performance.

Our methodology consists of four research instruments which were designed by us and applied to six organisations in the public sector. These instruments evaluated organisational culture and the level of consumer satisfaction with the services provided by the organisations within the study.

The study highlights the conflicts between the various sub-cultures that exist between the categories of the organisations and it emphasises the critical importance of organisations' strategies in establishing and maintaining an organisational culture and that it is the management of strategies that, over time, alters the culture of organisations rather than any direct manipulation of the culture itself.
Acknowledgements

We would like to acknowledge the following people:

Our most heartfelt appreciation must go to our wives, Muriel and Glynnis and to our families. Producing a thesis of this nature takes an enormous amount of time, time taken from our families. Without the warmth and patience with which our wives have supported this project, it could never have been possible.

We would also like to thank Dr Keith MacDonald, our supervisor, for the advice and guidance and constructive criticism in helping us put together this thesis and finally we would like to thank those organisations who participated in this study, in particular, the staff and clients who were most generous in their time and trusting in the information they gave us.
Contents

Chapters

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>Organisational Culture and its Influence on Organisational Performance.</td>
<td>8 - 13</td>
</tr>
<tr>
<td>Chapter 1</td>
<td>The Methodology of the Study.</td>
<td>14 - 48</td>
</tr>
<tr>
<td>Chapter 2</td>
<td>The Analysis of the data collected in the course of the study of Health and Social care organisations.</td>
<td>49 - 92</td>
</tr>
<tr>
<td>Chapter 3</td>
<td>- Introduction. - Overview of organisations in the study. - Discussion of findings in six organisations - Organisation A Organisation B Organisation C Organisation D Organisation E Organisation F</td>
<td>93 - 233</td>
</tr>
<tr>
<td>Chapter 4</td>
<td>Analysis of the data by Factor, Work Category and Organisation.</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>---------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Introduction</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Description of the Matrix.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Application of the matrix.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Analysis of responses from work categories and client perception studies.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Discussion of the relationship between the factors and the work categories.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Conclusions.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 5</th>
<th>Conclusions.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Context of change.</td>
</tr>
<tr>
<td></td>
<td>- Organisational culture and sub-cultures.</td>
</tr>
<tr>
<td></td>
<td>- Managerial and Professional conflict.</td>
</tr>
<tr>
<td></td>
<td>- Front line manager working relationships.</td>
</tr>
<tr>
<td></td>
<td>- Customer perception study.</td>
</tr>
<tr>
<td></td>
<td>- The relationship between organisational culture and organisational strategy.</td>
</tr>
<tr>
<td></td>
<td>- Relationship between organisational culture and performance.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chapter 6</th>
<th>Review of the Study.</th>
</tr>
</thead>
</table>

Copyright © RSC MEP 1996
Appendices

Appendix 1  Questionnaire used for the Human Capital Audit.

Appendix 2  Questionnaire used to assess the cultural climate within the organisation.
2.1. Factor Analysis of Self-Completion Questionnaires.

Appendix 3  Questionnaire used for conducting interviews through the line management structure.

Appendix 4  Questionnaire used for the Customer Perception Study - Mobile.

Appendix 5  Questionnaire used for the Customer Perception Study - Non Mobile.

Appendix 6  Analysis of each factor used in the Organisation Climate Questionnaire showing the mean score of each organisation's total population surveyed.

Appendix 7  Analysis of each factor used in the Organisation Climate Questionnaire showing the mean score of each category by organisation's population surveyed.

Cont/....
Appendix 8  Analysis of each factor used in the Organisation Climate Questionnaire showing mean and standard deviation by Organisation and category.

8.1 Organisation A  
8.2 Organisation B  
8.3 Organisation C  
8.4 Organisation D  
8.5 Organisation E  
8.6 Organisation F

Appendix 9  Analysis of each factor used in the client perception study showing the mean score of clients' responses who were interviewed within the service units of each of the six organisations.

9.1 Organisation A  
9.2 Organisation B  
9.3 Organisation C  
9.4 Organisation D  
9.5 Organisation E  
9.6 Organisation F


Bibliography
Introduction
Introduction

This study is about the impact of organisational culture on the performance of organisations operating within the public sector. The reason for undertaking this study comes from three sources. The first is the changes in legislation and government policy affecting the way public sector organisations operate. The second is that as managers working in a Local Authority Social Services Department, we recognised these changes would have a profound effect on the way people were working within our organisation and consequently we wanted to know how managers might help staff understand and accommodate these changes. Thirdly, the debate in current management journals and popular management literature suggest that it is possible to “manage culture” and by so doing this could result in success for the organisation. We found there was a growing number of senior managers working in Health and Social Services who were being persuaded by these arguments. Consequently, we decided to explore this further.

Social Service Departments within Local Authorities have been influenced by the culture of Local Government and that of the profession of social work. Much has been written on the Local Government culture and the Town Hall mentality has often been satirised in popular literature as well as being discussed in more academic publications. (Metcalfe and Richards, 1983; Clarke and Stewart, 1985; 1990; Stewart and Greenwood, 1985; Norton, 1985; Stewart and Stoker, 1994). The Government’s legislative programme during the past decade has challenged past ways of working which led to a review of Local Government (Widdicombe, 1986) and a more recent commission by the Secretary of State for the Environment: The Internal Management of Local Authorities in England: Consultation Paper (1991). This is also true of the social work profession and Social Service Departments. The view that these were rather pedestrian organisations, with their workforce desperately trying to establish a professional identity and in doing so gain some kind of legitimacy, was not uncommon.

During the 1970s social workers were concerned to promote the professional status of social work and considered their position within Local Government only insofar as it assisted or
hindered the rise of social work as a profession. The growth of social work in the 1970’s, assisted by the much publicised tragedies in child care, psychiatry and the care of the elderly did give a sense of legitimacy to the profession but also opened up the question of its effectiveness and efficiency, which led the public to cast a critical eye on the organisation and management of this caring profession.

By the latter half of the 1980’s, the attention Central Government was giving to Local Government and in particular the ideological changes that were being proposed by the Thatcher Government in the late 1980’s in relation to the way in which health and social care should be provided and funded, (Griffiths, 1989) required Local Authorities to be more effective and efficient in the way they provided their services. The legislation that followed set out the development and implementation of the Government’s Care in the Community programme which is the culmination of profound changes in social policy and is the product of three white papers entitled Working for Patients, Caring for People and The New GP Contract (DoH, 1989 a,b, 1990).

These changes posed real challenges to the way in which Health Authorities and Local Government Social Services Departments operated and in doing so threatened their very existence. The ideas of internal markets in the Health Service, fund holding General Medical Practitioners and a mixed economy of care to deal with the social care needs of people, were manifested in the National Health Service and Community Care Act 1990. In this changing environment it was clear that managers operating in the health and social care field needed to develop a different attitude to their management task and in doing so challenge the traditional Local Authority ethos. The belief that jobs were for life, that cash limits were to be ignored and that management was concerned with administration rather than leadership, were no longer tenable.

Applying this to our organisation, a Social Services Department, we wanted to understand how the people in the organisation would respond to the changes and the pressures that would accompany the implementation of the new legislation. Our organisation consisted of a
wide range of people who were a committed workforce and whose professional standards were extremely well developed. A significant number of our employees were graduates with an enthusiasm and capacity for creative work and an open desire to lead the field in providing high quality social care. However, we were uncertain about their ability to adapt positively to the changes that were inevitably to arise in their working lives as a result of the National Health Service and Community Care Act 1990 and the underlying philosophical changes associated with the legislation.

This situation lead us to consider whether it was possible to establish a value system within an organisation that was based on a clearly defined culture that would enable the organisation to embrace change and use the change experience to enhance its performance and come to view change as an integral component in the process of improving performance. At this time our understanding of these issues was limited and we felt it essential to explore the concepts of organisational cultures and organisational value systems in order to improve our chances of leading the way successfully through the changes that were about to descend upon us and our organisation.

Our initial thoughts were shaped by the work of Peters and Waterman (1982), through their book *In Search of Excellence* and by Goldsmith and Clutterbuck (1984) *The Winning Streak*. Both these books identified organisations, the former in the USA and the latter in the UK, that were successful in commercial terms, and attempted to link their success with particular organisational traits. Peters and Waterman identified a number of key issues that were, in their view, essential to, and the cause of, these particular organisations’ success. Peters and Waterman studied 64 American organisations and described how behaviours in those organisations had contributed to success and, furthermore, linked those behaviours to a particular set of values which were based on a clearly identifiable organisational culture. These books and in particular *In Search of Excellence*, became very popular as their message was extremely seductive. In essence, they suggested that by behaving in a particular way, an organisation can establish an organisational culture from which values emerge and success ultimately follows. Much was made of this by the media and Tom Peters became the
latest management guru. However, whilst this work appeared interesting, the nature of the
debate was superficial, and its methodology with which the authors compiled and processed
their data appeared unscientific, a criticism which is discussed by Carroll (1983) in the
"Harvard Business Review".

We felt that much more exploration of the nature of organisational cultures was needed
before we could begin to understand our own organisation in relation to organisational
cultures. In particular, we needed to know whether the culture could be managed to enable
our organisation to perform better within the constantly changing environment in which Local
Authority Social Service Departments were placed.

Public sector managers who are responsible for developing and maintaining their
organisations are faced with a continuing problem. They need to match their organisations to
the constantly changing external environment in order to achieve success and consequently
survive. Kast and Rosenzweig (1973) describe organisations as open systems that need
careful management to satisfy the balance of internal needs with the ability to adapt to change
in the external environment. Consequently, there are no universal best ways of organising.
The most appropriate structure will depend on the kind of task and the type of environment
within which that task is to be undertaken. Therefore, successful adaptation is dependent
upon senior managers' ability to interpret the conditions facing their organisation and
adopting the relevant course of action.

An example of this is the analysis by Pettigrew et al (1992) of the change in the National
Health Service to accommodate the National Health Service reforms. Another example from
an entirely different area of activity is the Jaguar car company. The analysis by Pettigrew
(1990) highlighted the need for senior management to understand the changes in the
competitive environment and to manage the process within the organisation so that the
organisation was able to quickly adjust to the new environment. This view of the role that
senior managers have in enabling their organisation to adapt to the constant pressures of
change is one that we accept.
A number of writers on organisational culture (Morgan, 1986; Peters and Waterman, 1982; Handy, 1993) say that organisational culture is established and driven by senior management. Furthermore, they believe that charismatic leaders stamp their pattern on the organisation and that this pattern is then promoted as the desired culture within the organisation. However, we would question whether the desired patterns of behaviour that are designed to achieve the organisation's objectives, which are set by the Chief Executive and his senior management team, are the manifestation of the organisational culture or whether it should be seen as a strategy to achieve the objectives set within the existing organisational culture that has been established over time. This is, therefore, the basis upon which we have conducted our research into the organisations within this study.

Organisational culture has been addressed many times by academics and management consultants alike, all of whom have sought to find the cornerstone upon which assured success could be built. In the late 1980's and early 1990's the idea that the management of organisational culture was the key to success emerged as the latest panacea. Although the concept of organisational culture is not new, its alleged importance as a management tool is. The assumption that lies behind this is that if the organisation “gets its culture right” then the services it provides through its workforce will meet the needs of its customers and they will be satisfied with the performance of the organisation.
Chapter 1

Organisational Culture and its Influence

on Organisational Performance
Chapter 1

Organisational Culture and its Influence on Organisational Performance

Introduction

This Chapter considers organisational culture and its relationship to an organisation’s performance.

In researching the literature in this field there was much that related to organisation culture but very little that drew links between organisational culture and the performance of an organisation. Within the literature there are those who postulate the need for a strong or specific organisational culture that will produce competitive advantage in the market place. (Peters and Waterman 1982; Deal and Kennedy 1982; Tichy, 1983; Quinn 1980). These writers say that organisations with a sustained superior performance typically are characterised by a strong set of core managerial values that define the ways they conduct business. Such organisations are considered examples of excellence because they have a strong managerial focus. Examples of such organisations are: IBM, Hewlett-Packard, Proctor and Gamble and McDonald’s. These managerial values are embodied in these organisations’ cultures. A further example can be found in Van Maanen’s (1991) description of how the Disney organisation has achieved success through the management of its workforce and gives useful insights into the working of this highly successful organisation which is described as “the Happiest Place on Earth”. In a similar way, Bassett (1986) cites IBM’s success based on a culture of “respect for the individual, service to the customer and pursuit of excellence”.

These accounts describe how large organisations, usually with a well known ‘charismatic leader’ have reviewed the way they manage people in the organisation and have embarked upon specific programmes to change behaviour within the workforce. This is in the belief that this strategy will alter “the culture” of the organisations and generate greater clarity and
commitment to its aims and objectives and will lead consequently to improved performance. This assumption by the organisation is made without any real attempt to demonstrate the success of a particular course of action or to say how it is to be evaluated.

The much publicised work of Tom Peters (Peters and Waterman 1982; Peters and Austin 1986; Peters 1987) and others, also promotes management action on culture, by drawing attention to lessons that can be drawn from the behaviour of individual managers and organisations who have been successful in their particular business activity. The point to be made here is that this apparent success is based on anecdote and individually observed behaviour rather than any sound analysis or testing. Whilst it may be fair to regard writers such as Tom Peters as being superficial and unscientific in their activities, it is also reasonable to acknowledge that Peters has contributed a great deal to the practice of management generally. By drawing operational managers' attention to the importance of people focused management and drawn attention to the importance of managers' relationships with their workers.

The problem with learning from other managers' apparent success is that it can become seductive; the temptation to copy is great in the belief that applying a few management actions will lead to success. However, it is not possible simply to transplant actions and success from one situation into another. A wider example of this is Caplan's (1994) study of British attempts to absorb the successful Japanese style of management. Clark (1970; 1972) stresses the important influence that historical aspects have in forming the culture of the organisation. The situation is, therefore, one in which claims are being made for culture about producing success in organisations, but this is without any analysis of inputs that would be likely to have an impact either on the culture itself or on the quality of services provided.

This study develops the relationship between Human Capital Investment, Human Resource Management and Organisational Culture and links this to organisational performance. A model is also developed with which these relationships can be explored.
In looking at the relationship between organisational culture and organisational performance, we need to consider: what is said about organisational culture; what is the role of management in relation to organisational culture, and how sub-cultures relate to organisational culture. Also we need to consider how Human Capital Investment and Human Resource Management help us build a model for research.

**What is Organisational Culture?**

In recent times the concept of organisational culture has been widely discussed and researched. Indeed it has been heralded as a long overdue source of innovative thinking about organisations. Equally, it has attracted its critics, who have considered the interest in organisational cultures to be a fad that has failed to deliver the improvements in morale, loyalty, harmony, productivity and profitability that were promised. (Thomas, 1985; Thackray, 1986). Given the fact that so many studies about culture exist it is reasonable to expect that the authors of these studies might have defended their work by establishing what had been gleaned so far. The fact that they have not addressed this is a reflection of their lack of consistency in their views on key issues about understanding organisational culture. For example, Martin (1992) asks is culture a source of harmony, an effect of irreducible conflicts of interest or a reflection of the inescapable ambiguities that pervade contemporary organisational life? Must culture be something internally consistent, integrative and shared or can it be inconsistent and expressive of difference or can it incorporate confusion, ignorance, paradox and fragmentation? Meyerson (1991), we would add, asks what are the boundaries around culture in organisations, are boundaries essential and how do cultures change? These issues remain open to question and as such invite one to consider whether or not the term 'culture' is helpful in the context of understanding organisational life and organisation performance.

Within the day to day workings of an organisation, the use of the term culture has become commonplace and as such the essential elements of culture from a sociological perspective have been lost. By its very nature culture is a phenomenon which is built up over time in that
traditions have influenced the way people behave and the manner in which they operate. and it is language used to describe culture and communicate meaning often relies upon metaphor. (Morgan 1983; 1986). The belief that culture is something that can be quickly altered is misleading and confuses different influences on organisational behaviour with that of organisational culture. This is supported by the work of Alvesson and Merlin (1987) and Grieco (1988) who question the definitional use of the term culture and ask how manipulable cultures really are. Furthermore, Barney (1986) comments that few concepts in organisational theory have as many different and competing definitions as organisational culture. There is certainly no single accepted definition of culture. The most widely quoted writer on organisational culture is Schein (1985a). He defines three levels of culture but states that the term culture should be reserved for the deeper level of basic assumptions and beliefs and although shared by members of an organisation, operate unconsciously. However, a culture described in this way is, by definition, difficult to observe and measure.

Schein’s definition is as follows: “Organisational culture is the pattern of basic assumptions that a given group has invented, discovered or developed in learning to cope with its processes of external adaptation and internal integration and that have worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think and feel in relation to those problems”. Schein goes on to argue that the concept of organisational culture can be defined in terms of a dynamic model of how culture is learned, passed on and changed. He acknowledges that fellow researchers have argued that organisational culture is the key to organisation excellence and concludes that it is crucial to define the concept of organisational culture in a manner that will provide a common frame of reference for both practitioners and researchers. The simple definition that culture is a set of shared meanings, that make it possible for members of a group to interpret and act upon their environment, does not go far enough according to Schein. He argues that even if we knew our organisation well enough to live in it, we would not necessarily know how its culture arose, how it came to be what it is or how it could be changed if organisational survival were at stake. The thrust of Schein’s argument is that we must understand the dynamic evolutionary forces that govern how culture evolves and changes. Van Maanen (1979) in
discussing Schein's work, commented that organisational culture is "the sum of the values and expectations that an organisation's members come to share". Baker (1980) says that it is the "social glue that holds the organisation together". This is a view also expressed by Siehl and Martin (1984).

Braten (1983) describes organisational culture as "ways of thinking, speaking and interacting that characterises a certain group". McLean and Marshall (1983) describe organisational culture as a "collection of traditions and values, policies, beliefs and attributes that constitute a pervasive context for everything we do and think in an organisation".

These writers believe that culture is the product of negotiated shared symbols and meanings; it emerges from social interaction. If culture is regarded as embedded in social interaction, that is, as something that is produced and re-produced over time, influencing people's behaviour in relation to the use of language, technology, rules and laws, knowledge and ideas, then it cannot be discovered or manipulated, it can only be described and interpreted. In other words people do not passively absorb meanings and symbols; they produce and reproduce culture and in the process of reproducing it, they may transform it.

Linda Smircich (1983a) has cited five classes of definition in her review of the literature on organisational culture. Deal and Kennedy (1982), like Peters and Waterman (1982), suggest that organisational culture can be defined as a complex set of values, beliefs, assumptions and symbols that define the way in which an organisation conducts its business. In this sense culture has pervasive effects on an organisation because the culture not only defines who its relevant employees, customers, suppliers and competitors are, but it also defines how an organisation interacts with these, Louis (1983). By implication this view suggests that culture is something created and controlled by the senior management of an organisation. This conception of organisational culture blurs the classical distinctions between an organisation's culture and its strategies and structure.
The way in which writers on organisational culture view this subject also depends upon the thinking from which they have drawn the basis of their argument. For example, Smircich (1983b) draws attention to the view that organisational culture can be divided into two distinct camps based on Burrell and Morgan’s (1979) framework. There are those who regard organisational culture as a variable, ie, something an organisation has, which defines organisational culture as a complex setting of values, beliefs, assumptions and symbols that reflect the way the organisation behaves, and there are those (Gregory, 1983) who regard organisational culture as being something an organisation is. This approach is more closely aligned to the way in which anthropologists treat culture, for example Gregory (1983) observes that culture can be defined as ‘a system of meanings’. In other words the concept of culture in terms of the organisation refers to the collection of beliefs, values and assumptions held by the members of an organisation. Clifford Geertz (1973), describes culture as “denoting an instantly transmitted pattern of meanings embodied in symbols”. He further states that, “it is a system of inherited conceptions expressed in symbolic forms by means of which men communicate, perpetuate and develop their knowledge about attitudes towards life”. This distinction helps to separate out the views held by the theorists; beyond this its value is limited. The idea that there is a substantive difference between what an organisation is and what an organisation has is to confuse the concepts of organisational culture with organisational strategy. The existence of an organisational culture can be considered to be the very fabric of the organisation, which is what the term is implies and as such is unlikely to be purposefully altered or managed. Equally the belief that an organisation has a culture implies that the culture has been created or acquired, presumably by employing particular strategies. In this case the implication is that the culture can indeed be managed. Although these definitions of organisational culture have not established a relationship between culture and performance, the is and has debate highlights a key question; this is, can organisational culture be purposefully managed to improve performance?

The popularity of the work of Peters and Waterman (1982) owes much to the inference contained in their work that certain ‘cultures’ produce better results than others and that these cultures can be engineered. Clearly, it is correct that some organisations are more successful
than others and that the behaviour of the workforce within these successful organisations is
different from that of their less successful counterparts. However, whether it is true to lay
this difference at the door of organisational culture is another question. The success in
achieving organisational objectives may have more to do with the strategies developed by the
organisation's senior managers rather than the cultural context in which they were developed.
This chicken and egg dilemma is one that appears to have been largely ignored by the writers
on organisational culture. Indeed Linda Smircich (1983a) comments that the 'marketing' of
corporate culture is underway. She states that senior managers in large corporate
organisations are convinced that a unifying organisational culture can be created and
manipulated and are prepared to back their beliefs by significant financial investment. This
focus on creating a 'successful' corporate culture has often led managers to ignore the
obvious: that organisational success and in particular economic success, is dependent far more
upon external environmental influences such as unique geographical advantages, the vagaries
of the market place and sheer luck, than on internal interpersonal dynamics (Barney, 1985;
may be a source for sustaining competitive advantage in the marketplace but he sets out very
strict conditions that have to be present, ie, culture has to be, of value to the organisation, it
has to be rare, (similar attributes not found in other organisations) and it has to be imperfectly
imitable to avoid duplication by competitors.

Schein (1985a) argues that weak cultures are less likely to be associated with effectiveness
than strong cultures which Schein refers to as being highly "visible" and "feelable" by those
working in the organisation and he goes on to say that strong cultures can be deliberately
created. However, the idea that culture does not have to be 'strong' to produce a successful
organisation is an alternative view put forward by Kotter and Heskett (1992). They found an
association but not a close one between strong corporate cultures and strong corporate
performance, but also found some organisations with a good performance had weak cultures.
This would tend to reflect the nature of a business and in particular its requirements for
flexibility and its need to respond rapidly to change. There remains, however, the question of
how the organisational culture is established. Lorsch (1985) lays the responsibility for
establishing the culture with senior managers, the culture defining how they feel they should manage themselves and their employees within the organisation.

Kilmann, Saxton and Serpa (1986), offer the premise that 'For both innovation and corporate mergers to succeed in moving forward in today's world, corporate culture, the missing link must be managed, and all our other strategies for managing complex organisations must be implemented as well ....'. Furthermore, Deal and Kennedy (1982) support this view. They regard the management of culture as crucial in effecting change within organisations. “The business of change is cultural transformation” but they consider that too few managers focus their concerns on the cultural issues of changing. The importance of managing culture is also endorsed by Brown (1993) in describing the Digital organisation’s experience of managing culture through training programmes. He draws attention to the relationship between the achievement of an organisation’s objectives and its management of culture. Given this view, it would follow that those organisations within this study that had an identifiable culture that had been specifically engineered by its senior managers, would better meet the needs of its service users than those organisations within this study where no such organisational culture had been created.

This fits with the idea that strong charismatic leaders will inevitably place their stamp on the organisation and as such will establish the way in which activity is to be undertaken. The more powerful the leader the more likely his or her values and beliefs will be taken up by the organisation and incorporated into the cultural life of the organisation. The way of behaving in the organisation will be handed on to new employees who will take for granted that this is the way things are done in this organisation. It is likely that the only changes to the core values and beliefs and, therefore, the culture will come about when there is a clear need to adapt the organisation to a new situation. Siehl (1985) emphasises the opportunities for managing culture during times of transition and/or crises which “may produce circumstances that facilitate the management of culture”. This might be represented by a change in the market conditions or a change in the leadership of the organisation. This is aptly demonstrated by Bill Hewlett and Dave Packard of the Hewlett and Packard Micro
Electronics Business and Harold Geneen’s uncompromising leadership at the International Telephone and Telegraph Company (see Morgan 1986). Equally Peters and Waterman, (1982) and Deal and Kennedy (1982) have examples of strong leaders as having a key influence in establishing and developing organisational culture.

The belief that organisational cultures can be created and manipulated to unite members of a workforce in order to achieve the organisation’s objectives, in our view, ignores the experience of organisational life and the crucial importance that business strategies play in establishing and delivering the organisation’s objectives. The distinction between organisational culture and organisational strategy is blurred in the literature, in particular when discussed in relation to objectives; the term “culture” is often used when the writer appears in fact to be referring to strategy.

The terms culture and strategy can easily become confused. Writers such as Peters and Waterman (1982); Deal and Kennedy (1982), have borrowed the term culture from Sociology and Anthropology and used it in an organisational context to give authority to their ideas on organisational life. Indeed there is little wrong with the borrowing of concepts from different disciplines, and the use of the term culture to describe organisational behaviour is legitimate providing one is conscious of the potential for distortion which can dilute the power of the original concept, which we believe has happened when organisational culture has been discussed in the general management literature. The definitions essentially fall into two categories; ones that describe the components of organisational culture and ones that focus on the creation of organisational culture, which we would describe as strategies.

In considering the question ‘what is organisational culture?’ we have decided not to adopt a specific definition as we do not accept that any of the writers have offered a definition of organisational culture that helps our understanding of the relationship between organisational culture and organisational performance. The different definitions that describe organisational culture may be valid in themselves to a degree but none is sufficient in itself.
Organisational Culture and the Role of Management

The discussion so far would suggest that it is better to describe powerful leaders as having a pivotal influence on organisational strategy rather than on the culture of an organisation. However, we do not believe that the relationship between culture, strategy and leadership is so simple. In our experience it is a complex mixture of all three components, with the implications of the impact of leadership remaining unclear in the literature (Bryman, 1992).

The reason for looking at the role that senior managers play in relation to organisational culture is based on the work of Peters and Waterman who maintain that “excellent” organisations are those who have organisation cultures which carry and sustain sets of ideas and values necessary for the achievement of “excellence” that have been established by senior managers. They also highlight the important role that senior management have in the management of the organisation’s culture.

Peters and Waterman (1982) imply that organisational culture arises and is sustained by two primary means. The first is through strong leadership. They state, “What we found was that associated with almost every company was a strong leader (or two)”. Over time the core values and vision became accepted as a second nature and one subconscious part “of the way things are done around here.” The second is that ideas and values are not exclusively obtained and transmitted by observing what the leader does or insists upon. These ideas and values are built into the organisation’s structures and information systems, as well as into its recruitment, socialisation, reward and incentive systems.

Following on from this, Trice and Beyer (1990) draw an interesting distinction between two types of leadership; “charismatic” leadership creates new organisations and, therefore, new cultures and “transformational” leadership is concerned with changing existing organisations and their culture. However, most of today’s managers find themselves within an existing organisation and, therefore, any change is likely to be in the nature of transformation. By transformational leadership we mean that it requires both leaders (managers) and followers to encourage each other’s sense of purpose and commitment. Peters and Waterman’s (1982)
analysis of ‘excellent’ companies clearly embodies these ideas and they say that in their view organisations will have had at least one transformational leader during the course of their lifetime.

The belief that managers have a pivotal role to play as leaders in the creation of organisational culture is further supported by Schein (1985). He argues that organisational culture is created by leaders and that culture and leadership are two sides of the same coin; neither can really be understood by itself. An aspect of leadership which has been given little attention by research is that the only activity of real importance that leaders undertake is to create and manage organisational culture and this is the unique talent of successful leaders.

Our experience tells us that the key element in setting the tone for the organisational culture is the attitude and behaviour of senior managers in the organisation, for it is they who will have established the artefacts and rituals that will be seen as the manifestation of the culture within the organisation. The cultures that are established by senior managers can be seen to operate within organisations at different levels and can be described in different ways. Blau and Scott (1963) draw attention to the complexity of identifying organisational culture when they describe organisations as a sandwich of “Organic and Mechanistic” tiers. In this sense we would agree with Harrison (1972) who categorises a number of cultures that he sees as existing within organisations. He describes power culture and suggests that it emanates from a central power source which may be an individual, a group of individuals or a section of the organisation that derives its power from the structure of the organisation. Role culture, he suggested, is stereotypic and bureaucratic and is bound by procedures, in that it has clear roles and relies on a tight job description. Harrison describes task culture as being job or project orientated and less rigid than role culture and promotes productability and is essentially creative in nature. Finally, Harrison has characterised person culture as focusing on the individual within the organisation and is seen as promoting the organisation through serving the needs of the individual. However, in the more recent work Harrison (1987; 1990) describes task culture as achievement culture and person culture as support culture.
Handy (1993) also describes the concept of organisational culture in four ways using the same terms as Harrison (1972). These cultures are brought about by deliberate strategies created by senior managers to achieve defined objectives, such as increased profitability and improved competitiveness in the market place. In the “four varieties of culture” approach it should be recognised that each of the cultures are appropriate for a particular situation or organisational activity. It follows, therefore, effective managers will need to be flexible in their management style and behaviour.

In addition senior managers will also be in a position to perpetuate the status quo in order to maintain their position. In these circumstances, the need to maintain the internal environment of the organisation becomes more important than the objectives or the products of the organisation. This inability to adapt or change quickly can, over time, have a dehumanising effect on members of the workforce, especially those at the lower levels of the organisational hierarchy and this will inevitably have an impact on the culture of the organisation. This view can be seen to be in line with Taylor’s principles, (1947) which promote the idea of centralist control in which the responsibility of setting and organising the actual work is transferred from the worker to the manager.

The contingency theorists Lawrence and Lorsch (1967) postulate that different kinds of organisation are needed to deal with different market and technological conditions. Organisations that are operating in uncertain and turbulent environments need to achieve a higher degree of internal differentiation than those in environments that are less complex and more stable. Woodward (1960), found that given any technology, a range of possible organisational forms may be employed, thus suggesting that successful organisations match structure to technology. This relationship is ultimately a strategic choice. Pettigrew and Whipp (1991) conducted research across four industries to examine and assess the implementation of strategic change. They sought to discover why organisations operating in the same industries and markets produce different performance over time. They noted observable differences in the way higher performing organisations managed strategic change, the main factors: environmental assessment; leading change; linking strategic and operational
change; human resources as assets and liabilities; coherence. All these factors are part of a corporate strategy, which Pettigrew and Whipp suggest is a more manageable way of achieving change within an organisation.

It is our view that the culture of an organisation provides the milieu in which the organisation’s objectives can be established and the strategic framework for achieving those objectives created. However, the belief that the organisational culture can be altered in the short term is to disregard the established components of culture. The rituals, myths, metaphors, rules, symbols, values and beliefs that are highlighted by Schein (1984), Turner (1986) and Siehl and Martin (1984) as being the basic ingredients of culture cannot be quickly altered. They are changed over time by experience and evolve as the organisation evolves. The performance of an organisation will undoubtedly be affected by this evolution but will be dependent upon the process rather than the deliberate manipulation of the senior managers. The survival of the organisation will be more dependent upon the ability of its senior managers to create and manipulate their strategies in order to achieve their relatively short term objectives.

The Influence of Sub-Cultures
Having discussed the influence of managers on the culture of organisations there is a need to discuss the part that workers play in creating and influencing the culture of organisations. Their influence is usually seen through the form of sub-cultures, Van Maanan and Barley (1985) regard organisations as having and able to sustain many cultures. Even organisations set up with similar purposes do not necessarily have similar cultures. Dale (1994) finds that Health Authorities, despite highly prescribed guidelines from Government and in the training of doctors, each had its own distinctive features. ‘Life within one organisation may be similar to life in another, but it will also be different. Each organisation is unique. This uniqueness emanates from each organisation’s culture, which grows and changes during the life of the organisation. It is influenced by its original and developing purpose, the workers and those with influence in the organisation’.
In our view it would appear that many of the commentators in their enthusiasm to discover the cultural ingredients that lead to success have not given due account to the body of knowledge devoted to culture. The result of this is that the use of the concept of culture to understand organisational functioning has missed the fact that culture involves more than a single belief. (Pettigrew 1979). If this is the case, how does this cultural complexity happen and can it be managed? The existence of sub-cultures is well documented in the literature and we would argue has significance in health and social care agencies as these organisations are multiprofessional and as such may well be influenced by the impact of professional cultures.

For example, Pettigrew (1985), Gregory (1983), Whipp and Clark (1986) found in the organisations they studied that they were multi-cultural and suggested, therefore, that they were seldom homogeneous in nature. Equally, culture cannot be described as a simple matter of conditioning whereby employees are indoctrinated with the rules of the organisation which are then reinforced by sanctions for transgressions and rewards for compliance. It is more a shaper of human action and the outcome of a process of social creation and reproduction, in other words a “continuous recreation of shared meaning”. (Jelinek, et al, 1983).

The importance of sub-cultures has been highlighted by Deal and Kennedy (1982). They maintain that all organisations have sub-cultures because of functional differences, gender, socio-economic and educational backgrounds. This is particularly true of health and social care organisations whose populations are made of just such a mix. Gregory (1983) also sees organisations as multi-cultural. She suggests that the population of an organisation can have allegiance to their profession or their organisation and presumably in some situations to both.

Schein (1984) emphasises the importance of understanding the role of sub-cultures and their contribution to the development and maintenance of the central culture. Schein suggests that the presence of sub-cultures within organisations is both “healthy” and potentially “unhealthy”. Their influence prevents organisational culture from being transported whole from one organisation to another; equally changing the organisational culture cannot be
achieved without the real risk of destroying or destabilising the group around which the organisational culture has been formed. Indeed the change in organisational culture may promote the creation of a new group. The failure to consider the role of sub-cultures within an organisation can cause mistakes to be made in attempting to understand the central culture of the organisation. Schein (1984) describes these mistakes as a failure to understand the dynamic consequences of cultural phenomena and an over-emphasis on cultural learning and socialisation. This can lead to an under-emphasis on the content of the culture in confusing the surface manifestations of the culture with the underlying patterns of the culture.

Pheysey (1994) also acknowledges sub-cultures in her definition: ‘A culture is .... a way of seeing that is common to many people. (Usually there are sub-cultures, or ways of seeing by minorities also)’. Bryman (1991) points out that research should be sensitive to sub-cultural variations. He also highlights the constantly changing nature of culture and considers sobriquets such as ‘customer service’, ‘teamwork’ and ‘service philosophy’ as too superficial to describe what culture is really about.

Lawrence and Lorsch (1967), were identifying features which are now taken to be part of organisational culture and human capital investment as far back as the 1950s and 1960s. More recent management literature, Peters and Waterman (1982) Goldsmith and Clutterbuck (1984), Deal and Kennedy (1982), Schein (1985a) postulate that organisational culture can have a major influence on how people operate within organisations. They make clear linkages between strong culture and effectiveness and excellence and profitability. Others, (Gregory, 1983; Pettigrew, 1985; Whipp and Clark, 1986), question the concept of a single culture within organisations. They found that organisations were multi-cultural and highlight the existence of many cultures which compete with each other for dominance. This is further complicated by the presence of various allegiances held by the workforce such as allegiance to a profession or category or team or indeed allegiances outside the organisation, such as the family.
The view that organisational culture is a multi-faceted phenomenon that is influenced on many levels is supported by several respected writers, (Pettigrew, 1985; Gregory, 1983; Whipp and Clark, 1986). This makes the view that it can be purposefully managed problematic. It also poses the question of how to test the belief.

The misconception over the way in which culture is formed within organisations may well indicate a desire on the part of management writers to avoid the complexities of transferring the sociological and anthropological aspects of culture to the managerial and organisational context. By simplifying the concept they are able to suggest that organisation culture can be managed and, therefore, are able to offer it as an effective management tool. However, the academic work on culture suggests that it is better understood as a complex interaction of basic assumptions and belief that have evolved over time which may well provide a valuable key to unlocking the relationships that exist between members of an organisation and its overall functioning. It is our view that whilst an organisation may have a dominant culture as exposed and promulgated by senior management, a multiplicity of sub-cultures are likely to exist throughout the organisation. Faced with the existence of sub-cultures, therefore, the view that culture can be purposefully managed needs to focus its critical impact upon these sub-cultures.

**Investment in Human Capital**

The discussion so far on organisational culture would suggest that organisational culture does exist and that it does not take a single form, but rather consists of a number of sub-cultures with a dominant culture rising to the surface at particular times.

To focus upon and influence the sub-cultures the managers must have a mechanism for influencing the workers who generate the sub-cultures. This argument that the way in which an organisation treats its workforce has a direct bearing on its chances of success has its roots in Human Capital Theory.
Human Capital Theory argues that there ought to be a relationship between investments in education and economic growth, (Denison, 1974; Becker, 1964). Such a theory has been postulated at the individual level and at an aggregate level (Shultz, 1971). In turn this theoretical formulation has been used by international development agencies to guide investment strategies. Hage, Hallingsworth and Henneman (1989) argue that technology is embedded not only in machines, but also in people. Human capital in Hage’s terms refers to the average level of education and training in the workplace and is related to all aspects of education used in manufacturing industries. However, the effects of education on economic growth have been investigated empirically, Denison (1965) arguing that there is a strong effect, Walters and Rubinson’s (1983) findings revealed a less startling impact of educational investments on growth.

There are differing arguments about the impact of human capital investment in education. On the one hand, the Human Capital Theorists, Becker and Denison argue that it leads to higher productivity. On the other hand, credentialists such as Collins (1979) and Berg (1970) suggest that education serves primarily as a selection mechanism. They go on to argue that further education has little impact on productivity, and the discussion of the relative advantages and disadvantages of education needs to be broadened to include a wider range of issues besides productivity.

Hage, Hallingsworth and Henneman (1989) suggest that the relative merits of the Human Capital debate can be evaluated against social effectiveness, cost containment and social efficiency. Highly trained people, particularly in the professions, may be considered very productive when productivity is measured only in terms of the volume of work achieved relative to a particular cost. However, the effectiveness of their work may suggest that the investment in their training and education has a value beyond a given measure of productivity.

For example, the effectiveness of the organisations providing health and social care is dependent upon the ability of an organisation to address the health and social care needs faced by the users of the service provided by that organisation. The very nature of the problems
may well militate against the organisation's wish to be more efficient (Enthovan 1985; Berwick, Enthovan and Bunker, 1992).

Also we find it is commonplace for these organisations to use volume as a basis to demonstrate efficiency. The number of patients admitted and discharged in a given period is considered to be a measure of the efficiency and effectiveness of those professionals involved. However, such a measurement does not take into account the quality of life enjoyed by a particular patient or the volume of re-admissions; it simply measures the turnover of beds. The real value of the investment in the training of the doctors and nurses cannot just be measured by how long patients remain in hospital. Equally the number of children on a particular child protection register is unlikely to say much about the training investment of particular social workers.

Within the Human Capital literature, there have been very few studies that examine performance other than in relation to productivity. This is particularly so in the professions. Whilst professional bodies place great emphasis on education and training, this is usually geared to obtaining entry into a specific profession, rather than as a predictor of performance. Actual performances vary enormously between members of the same profession, even though they may have had the same level of education and training.

Whilst Hage et al (1989), Denison (1974) and Becker (1964) have defined the term 'human capital investment', we believe that their definition is too narrow. Hage, Garnier and Fuller (1988) argue that education and training are the crucial components of human capital investment. However, we would argue that human capital investment must include the way in which the organisation behaves towards its workforce. Where an organisation believes that it has a responsibility to help its employees understand how they should behave it will encourage its leaders at all levels in the organisation to ensure that their own behaviour reflects the way in which it wishes its staff to behave. This will require established staff to
model behaviour to newer members and to actively teach and share the way the organisation wishes things to be done. In this way the established members of the organisation will be expected to invest their time and energy in operating an environment within which the desired behaviour can be passed on. The interaction between managers and workers is in itself an important component in developing and energising the employees of an organisation. The collective behaviour found in an organisation, should in our view, reflect the total level of human capital investment rather than simply focusing on education and training.

The issue for the research is not only that senior managers should have had identified these key components, but that these issues should be communicated through the organisation, possibly by a strategy or a mission statement. The importance issue here is the value of the mission statement and how it is used within the organisation. Henry et al (1992) and Henry (1995) puts forward the view that mission statements may be regarded as statements of intent, and should reflect the ethics and values which influence decisions on how priorities are chosen within an organisation. This argument is based on the view that mission statements can give workers within an organisation a framework in which to behave and conduct their work activities. However, it is our view that any mission statement has to reflect a genuine set of shared values and beliefs. The relevant literature supports this as many of the writers on organisational culture, for example Pettigrew (1985; 1990) reinforce the notion that the investment in an organisation's workforce through training programmes, reward systems and by senior managers providing role models to encourage shifts in employee behaviour, does create commitment to the organisation and an overall shift in employee attitudes to change and innovation. However, the key to the success of this lies in these ideas not remaining in the heads of senior managers but should be understood and internalised by all the workers within the organisation. A clear example of this is found in the Warwick studies and in particular in the work undertaken with the Jaguar motor company and ICI (Pettigrew 1985). It was, therefore, important for us to see how well these particular components of
organisational culture were consciously identified through the organisation in terms of the behaviour of the workforce. The study Focus on the First Line (CBI, 1992) takes this a stage further. This study suggests that it is the commitment of workers and first line managers that arrives through the desired standards of behaviour and facilitates the achievement of aims and objectives of the organisation and this is directly related to the level of investment made by the organisation in its workforce.

Closely linked to the theory of human capital investment is human resource management. This is a method to engage staff in the dynamics of the organisation and by doing so influence/manage the sub-cultures and ultimately the culture of the organisation. The impact of personnel strategies on the development of organisational culture arises from one of the most seductive arguments to come out of the commentators on organisational culture. This is the relationship between the creation of a strong organisational culture and the development of a strong employee relations strategy. The underlying assumption here is that managing culture is an effective method of gaining a competitive advantage. However, human resource management points to other methods of generating advantage over competitors which are not necessarily compatible with strong cultures.

Clearly, the role of strategy in managing an organisation and its employees is critical and human resource management typically develops strategies which can relate to short, medium or long term organisational objectives. However, the link between organisational culture and human resource management has not been clearly developed in the literature. This is surprising as one of the main indicators of an organisation's culture is the behaviour of its employees.

This is despite widespread discussion by researchers linking the two concepts. (Armstrong, 1987; Beer et al, 1985; Legge, 1989; Wilkins, 1984). This is partly because the current
emphasis within the literature is to debate the development of the theory of human resource management and its differences from personnel management. Thus the important issue of a link between human resource management and organisational culture and its contribution to our understanding of organisational culture is not as prominent as it might be.

As this debate continues it is worth observing that because of the many articles, books and journals on human resource management its importance appears to have been 'talked' into existence. Indeed, Guest (1987) observes: human resource management has already been written into existence and has found its way into day to day language within organisations. This is similar to the way in which we describe earlier in this chapter how the word culture has crept into the day to day language of managers who use it in a variety of ways. There is a view within current literature that human resource management should take centre stage in the strategic planning process of an organisation if it is to realise the full potential of its workforce thus generating an effective link between human resource management and strategy. (Fombrun et al, 1984; Hendry and Pettigrew, 1986; Lengnick-Hall and Lengnick-Hall, 1988).

The fact that the types of organisation in this study are staffed by a variety of different professionals poses another issue. If the culture of an organisation is generated by senior managers and maintained by deliberate interventions as described above, how can managers be certain that the different groups of employees within the multiprofessional organisations interpret the strategy in a like fashion and that the desired impact on the culture is consistent throughout the organisation?
A Model for Research

From the discussion so far it would appear helpful to have the benefit of a model that demonstrates the relationship between human capital investment, human resource management, organisational culture and organisational structure.

This model should be capable of testing the hypothesis that an organisational culture can be purposefully influenced by the investment of the organisation in its workforce and by doing so achieve success (however success is defined). This promotes the assumption that organisational culture can be purposefully managed. It would follow, therefore, that an organisation that invests in its workforce to create a specific culture will be more successful than an organisation that has not made such an investment. We, therefore, developed a model that can be described in the following way:

**Human Capital Investment: Culture Model**

![Diagram of Human Capital Investment: Culture Model]
This model is based around the premise that people form shared values when they come into a sustained period of interaction. These may be influenced by having a clear human resource strategy which establishes a set of norms and expectations which whilst they may not be written down constitute a major influence on the actions of the workforce which will result in the desired behaviour pattern.

It also assumes that the values and beliefs held by individuals is not merely shaped by that of the organisation. The individuals themselves are also capable of influencing and shaping the culture of which they are part. The desired behaviour brought about by the strategy enables senior managers to establish commitment and ownership within the workforce which influences the behaviour of workers that delivers the objectives of the organisation and in doing so achieves success for the organisation. The success of the organisation leads to the rewards for the workforce and consequently the organisation's re-investment in the workforce.

The situation facing health and social care organisations as a result of changes in legislation provided an opportunity to examine the culture of these types of organisation and in particular to explore the way they dealt with the impact of the changes. By doing this we were able to look at the proposition that certain organisational cultures are more likely to result in success than others. This hypothesis has been put forward by those writers who have proposed that the cultural life of all organisations can be purposefully managed by the way in which an organisation treats its workforce. This hypothesis put very simply, is that if an organisation invests in its workforce in terms of training and rewards, (both financial and in kind), and encourages its workforce to feel that it can contribute to the organisation's objectives, then the workforce will be committed to the organisation and success will be assured. (Peters and Waterman, 1982; Deal and Kennedy, 1982). This is not the only ingredient that these writers have highlighted as contributing to success. Their focus on the link between the way an
organisation treats its workforce and its performance has attracted many senior managers to take up the cause of organisational culture with great enthusiasm, both in the commercial world and in the public sector.

In order to test our hypothesis within this context we have operationalised the model in the following way.

Factors Relevant to the Model

We have identified a number of key components which according to the writers on organisational culture were influential in the development of organisational culture. We found that a number of writers identified similar components. We selected thirteen components which these writers had identified as being key issues in the creation and management of organisational culture. These components were also endorsed by our own experience of working within health and social care organisations.

Our analysis of how these components were established identified two very distinct origins. The first source was the work of the popular writers on management, Peters and Waterman, Goldstein and Clutterbuck, Pascale and Athos, and Ouchi.

Unlike Ouchi (1981) and Pascale and Athos (1986), Peters and Waterman (1982) did not compare Western management with the Japanese approach but studied 64 out of the top 500 companies in America. Like Pascale and Athos they based their thinking on a framework of concepts which diagnosed an effective organisation developed by McKinsey's 7-S framework which focused on seven key issues that were critical in establishing an effective organisational structure. McKinsey recognised that organisational effectiveness required an organisation to pay attention to all seven key factors, not just the usual ones of structure systems and skills.
A pivotal factor was ‘shared values’: as Peters and Waterman put it, “the real role of the Chief Executive is to manage the values of the organisation”.

Peters and Waterman (1982) highlight eight attributes which in their view have a major impact on organisational culture.

1. Bias for Action - great emphasis on action orientation; willingness to experiment and to learn from it; tolerance of failure.

2. Close to the Customer - “others talk about it, excellent companies do it”; requires caring about customers, getting close to him/her; obsession with service; obsession with quality.

3. Autonomy and Entrepreneurship - excellent companies are innovative; champion new ideas, encourage internal competition.

4. Productivity through People - sees employees as a source of quality and productivity; loyalty to the company; measurement of performance.

5. Hands on - Value driven - values are known and understood; belief in being the best; belief in quality.

6. Stick to the Knitting - when companies branch out “still stick closely to their central skill”.

7. Simple Form, Leaf Staff - simple stable structure provides an easily understood framework; temporary task forces, wide spans of control.

8. Simultaneous Loose-Tight Properties - has tight control over what matters. There is space, time and support for innovation because control is limited to what matters. (By this Peters and Waterman mean that an organisation needs to identify what is crucial to their operation and then to control that aspect of the operation in a flexible way. On
occasions this will mean being very focused and stipulating exactly what needs to be done and on other occasions allowing more delegation and freedom in the way the task is undertaken by the employees of the organisation).

The first five are primarily to do with ideas, beliefs and values that guide the behaviour of the organisation and are expressed in organisational activity. The sixth is to do with growth and diversification strategy. The last two attributes are more to do with questions of organisational form. Similarly, Goldstein and Clutterbuck (1984) who undertook a study of what they considered to be the UKs most successful companies, identified the same components with the exception of Peters and Waterman’s (1982) ‘simultaneous loose-tight properties’. The ‘simultaneous loose-tight properties’ in Schein’s (1985) terminology is not the fundamental level of analysis. Neither does Peters and Waterman’s (1982) book indicate what practical response an organisation or a Chief Executive or any manager can make to implement ‘excellence’. We conclude that these particular writers focus not so much on the idea of integrated all-encouraging cultures, as on the predominant influence of a number of values.

The second source is from the work of the more academic writers on organisational culture and organisation theory. Tucker, McCoy and Evans (1988; 1990) who undertook ten organisational culture studies in both public and private sectors, reported autonomy, decision making, recognition of the workforce by the management, standards and service to customers and information flow as being key components. Likewise, Litwin and Stringer (1968) reported an attempt to measure and compare organisational climate in a manufacturing organisation and a service organisation and identified autonomy, entrepreneurship, recognition, category support and decision making as major issues in an organisation’s success.
Other researchers such as Tagiuri (1968), in an attempt to discover the primary dimensions of culture operating among executives of larger scale organisations, found that autonomy, quality of the workgroup, quality of senior management, direction and guidance, professional atmosphere, results and satisfaction were attributes perceived by respondents to be operating within their organisations. Meyer (1968) in his study on what he describes as "industrial climates" conducted in the General Electric Company, applied a self-completion questionnaire using the following factors: amount of structure perceived, responsibility, standards, recognition, support of supervisors, level of conflict tolerated, good fellowship and identity with organisations.

A study of particular interest to us was that undertaken by Kakabadse (1982) who using Harrison’s (1972) organisational culture ideas undertook a study of social services departments. He used his own interview questionnaire to elicit views on the following aspects of culture, structure, autonomy (challenge and responsibility), conflict, warmth and support, performance. Kakabadse concluded that these factors were helpful to understanding the cultures that he found to be operating within Social Services Departments.

Pettigrew’s (1985) longitudinal study of ICI during the period 1960-1983 also helps us to understand the key components of an organisation’s culture but it should be noted that these are identified from a strategic change perspective. The pattern of change over the period for the organisation was for radical periods of change to occur at critical points in time, e.g., severe economic difficulties and change in leadership, which supports the view espoused by Siehl (1985) that at times of transition and/or crisis, opportunities arise to manage the culture. The key components that were seen to influence the culture were, leadership behaviour, vision and direction, communication, empowering people, reinforcing changes through reward systems, using people as role models, transmitting the message through the
organisation and finally developing a sense of concern that these problems were worthy of
attention.

Deal and Kennedy (1982) have attempted to combine the popularist management approach to
culture with a more considered picture arising from studies through the McKinsey
organisation and at Harvard’s Graduate School of Education. The key components to come
from this association are: a widely shared philosophy, an emphasis on the business
environment and entrepreneurship, a complex set of values shared by workers, people who
personify the values of the organisation, in their terms - heroes, rites and rituals, which
promote the kind of behaviour that is expected of workers and the cultural network which is
meant to describe the means of communication within the organisation.

Whilst writers may express themselves in different ways and from different perspectives, there
is some commonality within these accounts that help us understand the factors that influence
an organisation’s culture. These are, autonomy/decision making, welfare of people and their
capacity to work together, sound management with clear direction and a preoccupation with
standards of conduct within the organisation and standards of produce or service. It is these
factors which have influenced the development of our thirteen attributes as part of the
application of our model.

Evaluating Organisational Success

The final part of operationalising the model is in evaluating success in health and social care
organisations. Our view is that the success of health and social care organisations can
arguably be measured in many ways. In recent times measurements such as the number of
bed nights per patient per procedure have been seen to be important. Equally, the “bottom
line” in Local Authorities’ budgets has been used as a criterion to measure success.
Performance measurement in the public sector has been the subject of considerable interest and debate over a number of years (Audit Commission, 1986). There were few significant developments in methodology and approach to this subject during the 1970s. However, the approach of Government since 1979 has pushed public sector organisations to inculcate performance consciousness by means of a requirement to publish annual reports, to conform to direct labour organisation legislation and to deal with compulsory competitive tendering. The creation of the Audit Commission, plus legislation relating to specific services such as Education, Housing and Social Services, all bring this philosophy of the 'enabling' authority and the concept of purchasing/providing services to the top of the agenda and in doing so, has attempted to make local government more accountable. However, measurement in the public sector has always been problematic, with those working in the sector resisting the idea of applying commercial concepts to their performance. Whilst this resistance is in the main very subjective, there are some fundamental difficulties in achieving a satisfactory level of measurement. These are problems associated with individual measures being used to measure different aspects of performance, the limited availability of certain kinds of data and the ownership of problems.

The value of local government is increasingly judged in accountancy terms. The accountancy obsession with measurement misses the point of many public services. In caring services, it is not always possible to measure everything which has an impact on the delivery of service. Whilst this argument is valid to a point, these criticisms represent a blockage to further development. The measurement issue is clearly about the relative power of various groups inside and outside local government.

Another potential measure of public service is called the "consumer orientation". This involves finding out what consumers think about the policies and services offered by the public sector organisations. The difficulty of this approach lies in the ability to define
performance and measure it. One particular method known as Data Envelopment Analysis (DEA) is a statistical methodology for specifying a single measure of relative efficiency. This overcomes the problem inherent in many local authority services in that there are a number of inputs and outputs which, using traditional performance ratios, gives rise to the need for a number of performance measures. However, the use of DEA is in its infancy and can only be regarded at this time as a diagnostic tool. However, an example of this kind of approach has been used in Social Services by the Personal Social Services Research Unit at Kent University. In developing their approach to case management Davies and Challis (1986) use the concept of efficiency which is drawn from welfare economics. Efficiency is achieved by allocating available resources so as to generate the maximum possible output. This includes three separate processes. Firstly, the efficiency with which inputs are transformed into outputs. Secondly, the efficiency with which outputs are distributed amongst customers and thirdly, the level of efficiency with which production is adjusted to consumer preferences. Although this analysis is complex and creates terminological problems and is expressed in the language of the economist, it does demonstrate potential development in the thinking about the concept of performance measurement in health and social care organisations.

The concept of accountable management can also be seen as a measure. This is important in the context of this study, because it requires that performance is not considered in abstract terms or as something which is achieved by the organisation. Accountable management personalises the concept of performance by relating it to individuals and small groups of individuals. This requires that the broad organisational objectives are successively translated downwards through the organisation, a process which in terms of human resource management is as important as the specification and measurement of performance. The key issue in all this debate is that performance derives essentially from human activity, an approach which has been taken further forward by Health Authorities than by Local Authorities.
A number of commentators have focused on the analysis of the quality of service and developed a systematic approach in which the formulation and evaluation of policy affects the quality of service. (Dixon and Carr-Hill, 1989; Millar and Scott, 1984). Millar and Scott developed a hierarchy of aims and objectives based on the assumption that the clear statement of desired outcomes in social work practice with groups of service users is required, together with the establishment of indicators by which achievement may be measured. The purpose of the hierarchy according to Millar and Scott (1984) is to generate an integrated policy for change and to give a full sense of direction to all staff involved, both in policy making and in social work practice.

However, we believe that the criterion by which any service organisation’s success is measured, and health and social care organisations are both service organisations, is the perception of the user as to how well the organisation’s service has met that user’s needs; in other words, the level of satisfaction the user has with the service offered. The reason that we have taken this particular view is derived from a number of sources; Kotler (1975), Porter (1980), Imai, (1986), Peters (1987), Swiss (1992), Ogbonna and Wilkinson (1988), Ogbonna (1990). All these writers argue that the user’s perception is the most useful measure of performance as it addresses the issue of service quality and service quality problems as existing between consumer (or customer) and service provider. From the consumer’s point of view, service quality is the difference between what he or she expects and what he or she perceives themselves to be receiving from the service provider. If the expectation equals the perception, the consumer is technically satisfied. When the perception exceeds the expectations, the consumer is more than satisfied. When expectations exceed perceptions, however, our consumer is dissatisfied and there is a service quality problem. More than anything it is critical for the service provider to remember that for the consumer, perception is reality. The consumer’s expectations are formed by word-of-mouth, personal needs, past
experiences and of course, by the service provider’s external communications. These so-called subjective measures are criticised as they cannot be consistent with a standard measure which is applicable to all situations. The nature of health and social care does not lend itself to objective measures and one user’s perception of a service outcome may not be consistent with any number of similar service users’ perceptions.

Summary

Given that organisational culture is generally identified through the behaviour of an organisation’s workforce, then a study of organisational culture in labour intensive organisations has merit. Both health and social care organisations are labour intensive and make huge financial investments in their human capital (workforce). These types of organisation are undergoing significant upheaval through changes in legislation and as such need to develop strategies that enable their workers to survive the impact of such changes. They, therefore, provide ideal environments in which to explore organisational culture and its relationship with human capital investment and organisational strategies. One way of understanding the relationship between organisational culture and human capital investment and organisational strategy, is to measure the performance of an organisation and attempt to relate this to its culture and its human capital investment strategies. This approach has not been pursued to any extent by previous writers on organisational culture. The inevitable question that arises from this exploration is, can the manipulation of organisational culture be used to improve organisational performance? The social science literature provides some debate on this issue, for example, Barney (1986) and Pettigrew (1990). However, it offers no firm conclusions. Furthermore, the key issue of the relationship between organisational culture and organisational strategy is not developed in relationship to organisational performance. This is supported by Tunstall (1983) who argues that no disciplined analytic method exists for objectively assessing organisational culture and its proportionate influence on corporate performance and that there is no clear consensus on how to define
organisational culture. Given the complexities and dilemmas around the issue of organisational culture, the idea that organisational culture is a passing fad created by popularist writers on management is not tenable. However, their oversimplistic view of organisational culture tends to undermine its importance as a phenomenon of organisational functioning. In the popularist writers’ desire to produce marketable management tools they have not taken sufficient account of the complexities surrounding organisational culture and in doing so have inhibited managers in understanding the impact that organisational culture has on the organisations in which they work. Organisational culture is a clear phenomenon. If this is accepted the issue then to be addressed is, can organisational culture be managed and if it can how is it best managed? We would hypothesise that if culture can be managed it is likely to be as a result of the successful implementation of a strategy.

This interest in organisational culture raises the idea that culture can be purposefully managed to improve the success of the organisation. Deal and Kennedy (1982) suggest consequences of managing a culture; an explicit culture is a powerful lever for guiding behaviour. They consider that it helps employees do their jobs a little better, by enabling people to know what is expected of them and, therefore, reducing wasteful confusion, and by establishing a ‘feel good factor’ about what they do thus generating the motivation to work harder.

In this chapter, we have explored the themes and ideas around organisational culture, as they relate to this study. The picture that emerges from looking at the relationship between culture and strategy is that there are a number of ways in which the culture of an organisation and its effect can be understood. Organisational culture is probably synonymous with the culture of the organisation’s senior management. The idea that an organisational performance relates consequentially to an organisation’s culture is probably doubtful. It is more profitable to consider that the management of strategic change can positively affect performance and that clear leadership is likely to deliver desired outcomes. The emerging picture is that it is a
corporate strategy within an organisation that gives vision and direction to the organisation and the process by which to achieve it is more significant than the concept of organisational culture itself. In our view, it seems unlikely that organisational culture can be managed but we know that strategy can. The performance of an organisation will undoubtedly be affected by the relationship between organisational culture and organisational strategy. However, this influence will be the product of evolution rather than revolution. Therefore, the culture is likely to emerge as a result of the impact of implementation of strategic decisions rather than the deliberate manipulation of a culture by senior management. As a consequence, the continued existence of the organisation will be dependent upon the ability of its senior management to create and implement their strategies in order to achieve their objectives. If strategy is managed effectively, embodying as it does, the values and assumptions which people have, then the outcome will be a change in the organisational culture over time. (Turner, 1986; Siehl and Martin, 1984; Pettigrew, 1990).

Understanding the influence organisational strategy has on organisational culture has given us an insight into how the cultures within each of the organisations studied have evolved. It is clear that cultures exist within the organisations and they do have an impact on the way the workforce behaves in carrying out their tasks.

The focus of this study is to identify whether a culture exists within each organisation, and to understand how culture has been created and how it is subsequently transmitted through the organisation. The final part of the study is to look at the performance of the organisation as perceived by the users of the organisation’s services and to relate that performance to the existence and awareness of an organisational culture by the workers operating within that organisation. The assumption is that an organisation that has a clear, identifiable organisational culture that has been transmitted throughout the organisation will perform better than an organisation where there is no such clear culture.
Chapter 2

The Methodology of the Study
Chapter 2
The Methodology of the Study

Introduction
The focus of this research project is to test out whether or not there is any discernible evidence to support the idea that organisational culture can be influenced in order to improve the performance of health and social care organisations in the delivery of their services. This required a number of steps to be taken in order to establish a process that would give us a view of the existence of organisational culture within health and social care organisations and what, if any, influence that culture had on the delivery of services by those organisations.

The steps that we felt were crucial were:

1. To identify and describe for the purpose of this research what we considered to be health and social care organisations.

2. To describe what part of the organisation we were going to research and to engage that part of the organisation in order to carry out the research.

3. To establish a set of criteria with which we were going to identify and measure organisational culture.

4. To establish criteria with which we would measure the performance of the organisation.

These four steps we have called the macro elements of our research design. Each of the four macro elements has any number of micro elements which would enable us to construct robust methodology to test the relationship between organisational culture and organisational performance in health and social care agencies operating within the public sector.
Description and Selection of Organisations
Firstly, we felt it was important to describe what we mean by organisation in the context of this research. Organisations within this study can be described as service based organisations who are providers of personal health and social care. The organisations are structured in such a way as to separate out the professional roles (ie Nurse, Doctor, Social Worker), from those of management and administration. Furthermore, the organisations that are the subject of this study can be described in the following way; they are all operating within the public sector where income and capital is determined by political decision, taxation and not by private investment. However, there were significant differences. Health organisations are not controlled by local political influence in the same way as Local Authority Social Service Departments are through a structure of elected local councillors. The origins and history of Social Service Departments (Seebohm, 1968; Barclay, 1982; Billis, 1984) differ from Health Service Organisations. (Levitt and Wall, 1984; Klein, 1983; Gabe, Calnan and Bury, 1991; Griffiths, 1983). The reason for the choice of this type of organisation is important. These organisations have been the subject of much attention from central government in terms of how they operate and on what basis they are considered to be successful. Although District Health Authorities and Social Service Departments have very different origins, they find themselves in partnership through the application of the National Health Service and Community Care Act 1990. Furthermore, both types of organisation chosen have become the focus of a wave of political, economic and social change. In the late 1980s and early 1990s public sector services in general, but particularly in health and social care, have been driven into the marketplace by the government's social and economic strategy. The result of this has been to bring so-called business world principles into the running of public services and in doing so operate in an open market environment with a mixed economy of care. Therefore, the organisations we selected were:

a) Local authority social service organisations providing a range of personal and social services that included the provision of residential care, domiciliary care and social work counselling to five distinct client groups. These were: children and families, the elderly,
people with learning disabilities, people with physical disabilities and people with mental health problems.

b) District Health Authorities who are providers of health care both in an in-patient and out-patient setting covering acute services and community services. We chose to examine three social service departments and three district health authorities as we believed this would give us a workable sample and a reasonable data set. In order to reduce the variables the organisations were selected from the south east of England and were comparable both in the size of their employee population and the size of their annual budget. It was also important that the organisations were easy to contact and relatively simple to travel to as well as being committed to participating in the study.

Both social service organisations and health care organisations vary in size. Most if not all social service organisations are part of a much larger organisation providing an extended range of services; indeed both county councils and borough councils are multifaceted organisations and the social service department is but one of many departments operating under the banner of a local authority. Often the social service department within the local authority organisation is itself divided up into various sub departments and operating units depending on which particular operational structure the department has chosen to implement. This is also true, although to a lesser extent, of health authorities. It was, therefore, important to be clear about the section of the organisation we were going to research and to be able to draw boundaries around that section without dismissing the influence, if any, of the larger or parent organisation. In our selection of organisations we were very keen to identify a part of the organisation that had a significant degree of operational autonomy and had a clear management structure that was responsible for the part of the organisation that we were going to study. The influence of the larger organisation would need to be considered and identified; however, we sought to establish discrete organisations that were comparable in size and budget. With these parameters set, we selected the following six organisations.
Organisation A
An area social service organisation situated on the south coast which was part of a large county organisation. This particular organisation operated a centralised system of management which had recently undergone a reorganisation in an attempt to devolve decision making closer to the consumer, although this particular organisation had retained seven levels of decision making within its line management structure.

Organisation B
An area social service organisation operating on the south east coast which was part of a large county social services department with a reputation as being a leader in the field during the mid 1980s for the decentralisation of service delivery which was based on a patch system. A change in the overall management in the late 1980s resulted in a lower profile of this organisation and a much more cautious approach to change.

Organisation C
An area social service organisation based in the home counties which was part of a county department which carries a reputation as a market leader in devolved financial management and service delivery. The organisation was constantly changing to reflect the changes in the environment in which it operated.

Organisation D
An acute long stay hospital unit within a district health authority including acute services for the elderly and for people with learning disabilities. The services were provided in a range of settings which included a cottage style hospital and a more traditional long stay institution. There was a clear plan within this organisation to resettle its patients into the community and to close two of the large long stay institutions. The unit was also due to be amalgamated with another district health authority as part of a rationalisation programme.
Organisation E
A health authority community unit newly formed from a reorganisation within an existing district health authority. The services comprised district nursing, community psychiatric services, family planning and some outpatient and acute services. There was a clear plan within this organisation to localise services. This organisation was vulnerable to amalgamation with another organisation in a neighbouring health district.

Organisation F
A mental health unit operating within a large district health authority providing a range of services to three neighbouring district health authorities. Services were based on a large long stay psychiatric hospital which had a planned closure date and a resettlement programme which was already quite advanced at the time of the study. The provision of community based psychiatric services and acute services were established within this organisation.

All of the organisations were known to us, although, we have not worked in them or had any significant professional contact with them prior to the start of this study. These were not the only organisations that we approached. There were six other organisations who decided not to be involved in this study.

Engaging the Organisations in the Study
Having identified the type of organisation we wished to use in our study and approached specific organisations that met our specification, we felt it was important to establish a strategy to engage the organisation in order to gain access and their cooperation in carrying out the research. Organisational research presents a unique set of problems in that access is needed not just to individuals who will complete questionnaires, but also to the organisations themselves. Consequently, access entails substantial negotiation with key people and groups (Whyte, 1984; Bryman, 1988). We recognised that this would present a major challenge as many of the organisations we wished to research had been the subject of a whole range of research interest and in some cases were over researched. In addition, by their very position in the public sector they were subject to considerable attention by government enquiry and
audit as well as covert pressures to change their operational structure in order to address the new requirements of legislation. Furthermore, the very nature of this study and the methodology employed could well be perceived by the organisations as being threatening and intrusive. We also acknowledged that it was essential that in engaging the subject organisations a trusting relationship needed to be established very quickly to facilitate access. We also felt that it was important to convince the organisation that by participating in this study, they as an organisation would benefit. To this end, they would have access to the completed work at the end of the research project, but they could also have a report on their own organisation within two months of us finishing the work within the organisation. We considered this to be an important factor in gaining acceptance and cooperation. It is our experience that organisations in agreeing to outside researchers, often experience a significant disruption in their daily life and rarely see any benefits from the work undertaken by the researchers. The difficulties caused by these intrusions can take many months to deal with and divert the managerial focus from the central task of the organisation.

The initial approach was made by letter to the head of the organisation who was the senior manager within the organisation that we had targeted. The letter explained briefly the purpose of the study and asked for an opportunity to meet to discuss the study in more detail. When interest was aroused, this normally attracted an invitation to meet with the senior management team. At this meeting we gave a presentation detailing the study aims and spelling out exactly what would be required of the organisation in terms of their cooperation and participation. We also took the opportunity offered at these presentations to stress the benefits to the organisation and the value in having helpful feedback on their own organisation. The importance of the presentations cannot be over emphasised as they represented a key that would gain entry for us to the target organisations. It was, therefore, essential to pitch the tone of the presentations very carefully. We needed to strike a balance between conveying a sense of competent professionalism and appearing as slick salesmen. The former was crucial to instilling confidence in the organisation and gaining their trust. The latter would have, in our view, undermined the potential value of the research to the organisation and probably would have resulted in a rejection of our proposal.
The presentation drew attention to the following benefits which we categorised as follows: to provide a clear effective picture of the subject organisation with specific reference to its policies, environment, its investment in people and its overall purpose, to highlight areas of further consideration and investment and to reframe the current internal issues facing the organisation. These benefits would be presented in the form of a report of some ten thousand words which would be available to the organisation to deal with as they wished. In exchange, we as the researchers, were asking for a commitment of the staff time to the value of some 90 person hours. We found that four of the six organisations who agreed to participate did so on the basis that this study could assist their own agenda, which was to manage the consequences of a large scale change such as a major restructuring exercise. These organisations were concerned to establish a new direction and to identify a process through which they could communicate their values and principles to their workforce.

Following the presentation to the senior management team, it was necessary to undertake a similar exercise with key union representatives who represented the interests of the workforce. On the basis of these two presentations the senior management team, in consultation with the union representatives, would then decide whether or not to participate.

If the organisation agreed, a contract was developed identifying clear timescales for the work to take place and when the feedback report would be available. A senior manager was identified as contact and guide to assist us in gaining access to the information we required and to the people within the organisation for the duration of the study. This approach was found to be essential in interpreting the organisation and gaining access to staff lists for the purpose of selecting employees to receive questionnaires as well as selecting people through the role structure within the organisation to be interviewed and in negotiating the consumer perception studies with other managers within the organisation.

To ensure that our activity was known to people working throughout the organisation, it was necessary for us as researchers to produce a small briefing sheet to explain the purpose of our
work. The senior manager who was identified as the guide was asked to use this to inform
the employees of the organisation and this was done by sending a personal letter to the
employee group or through a briefing statement in a staff magazine. We found this activity
itself became a useful source of information on how the target organisation demonstrated its
capacity to disseminate information. When the research work was completed a draft report
was written and submitted to the senior manager for comment on factual accuracy, after
which the final report was submitted. This was followed by a presentation to the senior
management team. One of the main problems for us at this point was that of disengagement
from the target organisation. A wealth of information had been accrued on the organisation
and senior managers were keen to receive this and utilise it as much as possible. We were,
therefore, encouraged by senior managers to continue working with the organisation. Whilst
at one level this was attractive, it presented us with a major logistical problem in the sense
that whilst we were interested in the idea of undertaking more work within the organisation,
the timescales we had set ourselves for completing the study would be put at risk if we
pursued additional work within one particular organisation.

At all stages of the work an interactive approach was used. However, anonymity and
confidentiality were key principles and we as researchers went to great lengths to preserve
anonymity and confidentiality throughout the entire study. This was achieved and no one
individual was ever identified as a source throughout the entire research work.

In the preparation of the report to the senior manager we refrained from making detailed
recommendations about any changes to the organisation, but rather reflected the picture we
had found. However, there were features that invited commentary and a brief list of these in
the form of issues for further consideration were included in the last section of the report.
Generally these issues were well received and formed the basis on which the organisation was
asking for further work to be undertaken.

Overall, the approach taken in selecting and engaging the organisations was based on
practicalities and designing a process that would gain access for us. We were very aware that
such projects had failed in the past because of the failure to engage organisations and thus generate sufficient data. It needs to be acknowledged that our experience and skill in presenting information to senior managers was extremely helpful in ensuring access to our target organisations. We spent a great deal of time and effort in planning our approach to the organisations and viewed success in this area as being pivotal to the overall success of this study. The consequence of adopting this approach and in particular the strategy of giving rapid feedback, did of course extend the time taken within each organisation and required us to produce additional written material. As a result of this particular approach, the length of time taken to complete the fieldwork in each organisation was considerable. This of course influenced the way in which we were able to stagger the work. This was further complicated by organisations suggesting a particular time when we should carry out the work. This of course did not always fit with our preferred sequencing and we were required to make adjustments in our outline programme of work.

On reflection, we feel the success achieved in engaging these organisations was due to careful consideration of the strategy that we should adopt. This methodology has been established by Buchanan, Boddy and McCalman (1988). We believe our own credibility as senior managers working within public sector organisations who had considerable experience in dealing with senior managers within such organisations also played a major part.

Criteria for Assessing the Culture of the Organisation
This part of the methodology needed to focus on how we would collect the data and the process by which we would analyse the data. In order to achieve this, we designed a range of research instruments which would enable us to gain information about the target organisations. The research instruments that we developed for this study were both qualitative and quantitative. They were designed to record and measure the perceptions of people working within the target organisations and to record and measure the perception of consumers of the service provided by the target organisations.
The research instruments were constructed in four parts, each part having a relationship with the others which formed an overall framework with which to understand and evaluate the prevailing culture of the target organisations. The four parts are: 1. a human capital audit, (see appendix 1); 2. an organisational climate questionnaire, (see appendix 2); 3. structured interviews through the line management structure of each organisation (see appendix 3);4. consumer perception studies, (see appendices 4 and 5).

The first of these research instruments we have called a human capital audit. This was designed to assess the level of investment made by the organisation in its workforce. This required a structured interview with two or three key senior managers within the target organisation during which written evidence was sought from those key managers to validate their responses. In order to establish the level of investment made by the organisation in its human capital, by which we mean its workforce, it is necessary to consider a number of key areas that we believe have an impact on the development of the culture of the organisation. Furthermore, we believe that by understanding the extent to which these key areas are established within the organisation, it will enable us to assess the extent to which senior managers believe they have invested in their workforce and this will be validated by asking for documentary evidence to support their claims. This approach was used by Lorsch (1986) in his study of shared beliefs by senior managers.

These key areas are listed in Appendix 1 and form the basis of the structured discussion with senior managers in the organisations that were the subject of the study. The first key area relates to how individuals are introduced into the organisation as this is often the first experience that a new employee will have of the organisation. We therefore discussed recruitment and induction processes with the senior managers. The next key area to look at was the way that members of the workforce are treated by the organisation. To examine this we concentrated on issues such as personal performance improvement, reward systems and how the organisation handles issues such as discipline and sanctions. A further aspect for consideration was to explore how the organisation developed its staff through its training and staff development programmes. The remaining issues focused on how the organisation
communicated and established its preferred patterns of behaviour within the workforce, which we consider will have a profound effect on the way people actually behave within the organisation. In relation to this, we looked at the written evidence that supports the preferred patterns of behaviour. Finally, we then looked at the issue of quality assurance and how this was then reflected in the way the organisation perceived its customers and the way it conducted itself in relation to its customers.

This was the starting point for the basis upon which we could then describe the organisation's culture. We then linked the information from the self-completion questionnaires and the structured interviews, as well as the information obtained from the customer perception surveys.

The second of the research instruments was a self-completion questionnaire. This questionnaire was intended to establish a picture of the organisational culture as perceived by the workforce. This information was used to build a picture of the various cultures and values that were operating throughout the target organisations.

This questionnaire was designed using a series of variables developed from the existing literature on organisational culture (Peters and Waterman 1982; Goldsmith and Clutterbuck 1984; Tucker, McCoy and Evans, 1988: 1990; Litwin and Stringer, 1968; Tagiuri, 1968; Meyer, 1968; Kakabadse, 1982). These variables are discussed in detail in the literature chapter. Each of the questions in the questionnaire was designed to test how informants regarded their organisation in relation to specific variables within the thirteen identified. The thirteen were divided into three broad headings; these were causal variables, intervening variables and end result variables, (Likert, 1967). The second of these sections asked a series of questions concerning the age, sex, organisational role, length of employment, level of educational qualification of the informant.

The merit of using this type of questionnaire in evaluating organisational culture is supported by the work of Tucker, McCoy and Evans (1990), who have undertaken ten empirical studies
within organisations in both the public and private sectors in such diverse organisations as a rural hospital, a public utilities organisation and a manufacturing company. They argue that a survey of organisation culture is a research instrument that can provide reliable and meaningful information. They suggest that questionnaires used for carrying out organisational surveys are superior to using such organisational documents such as mission statements as these often have only a minor influence on the development of organisational culture.

Tucker et al (1988) considered that there are good reasons for using questionnaires as a means of researching organisations, examples of which are: (a) The meaning of organisational culture lends itself to comparisons among organisations, but qualitative studies do not readily lend themselves to such systematic comparisons. (Siehl and Martin, 1985). (b) It is often feasible to survey employees with paper and pencil instruments in settings where more in-depth methodologies are ruled out due to limitations of time, intrusiveness, human resources or organisational policy. (c) Organisational culture is often studied as an independent variable for its potential relationship to organisational outcomes such as managing change, product quality and productivity. Identifying the nature of these relationships is a significant part of the empirical grounding process by which the meaning of a construct organisational culture is refined beyond its ordinary language parameters. Tucker et al (1988) continue by suggesting that if one accepts the potential benefits of studying organisational culture via self-completion questionnaires, the concern then becomes what would count as satisfactory evidence that organisational culture is being adequately measured by a paper and pencil instrument. They answer this question by suggesting that: (a) an adequate organisational culture instrument should have its genesis in the collective minds of those who actually lead, manage and work in organisations; and (b) that adequate "organisation climate questionnaires" should also meet appropriate psychometric standards of internal consistency, reliability and content validity.

We believe that the questionnaire designed by us in this research fulfils these requirements. The thirteen variables on which the research was based are described and defined below, together with a series of specific statements that relate to the variable. Informants were asked
to rate the statements on a five point Likert response format ranging from strongly agree to strongly disagree.

Variable - AUTONOMY
Definition of Variable:
The degree of freedom we can exercise in carrying out any given task.

Statements:
33. The emphasis in this organisation is on getting results rather than worrying about control and authority.

56. In this organisation most things do not have to be approved by those higher up.

14. Decisions in this organisation are generally not made on the basis of custom and practice.

65. In this organisation there is not a great deal of emphasis on doing things exactly the way you are told.

61. In this organisation it is accepted that "their" way is not always the right way.

Variable - ENTREPRENEURSHIP
Definition of Variable:
Capitalising on opportunity and accepting degrees of risk associated with uncertainty.

Statements:
5. In this organisation I am encouraged to make my own decisions and to take action as I see fit.
40. Tolerance is shown for people who make mistakes in this organisation.

46. Attention is given to suggestions for improvement in this organisation.

64. New ideas that people come up with in this organisation are examined and rarely rejected.

44. Risk taking and occasionally stepping out of line does not make for an uncomfortable life in this organisation.

**Variable - ACTION ORIENTATION**

**Definition of Variable:**
The level to which an organisation is committed to action and achieving results.

**Statements:**

53. In this organisation we achieve what we set out to do.

59. In this organisation our targets are realistic and achievable.

38. In this organisation we know what needs to be done and when it needs to be done by.

51. In this organisation objectives are set and regularly reviewed.

58. People are constantly supported in order to keep pace with changes in the organisation.
Variable - LEVEL OF RECOGNITION

Definition of Variable:
The degree to which people's contributions are acknowledged.

Statements:
1. In this organisation our achievements are recognised and we are seen as valued contributors.

13. You know when you have done a good job in this organisation because it is generally acknowledged.

22. In this organisation there is appreciation shown for good work.

7. In this organisation you are more likely to get attention for a job well done than for making mistakes.

55. Recognition is given to people who work hard in this organisation.

Variable - EFFECTIVE INFORMATION FLOW

Definition of Variable:
The quality, quantity, timing and application of information throughout the organisation.

Statements:
20. The work activities throughout the whole organisation are well coordinated.

63. In this organisation the information we receive is usually accurate and relevant.

12. People in this organisation understand how their work activities affect my work.
26. In this organisation we usually receive the information we need for our work at the
time we want it.

60. The information we receive in this organisation is always ahead of time.

Variable - RELATIONSHIPS
Definition of Variable:
Interpersonal behaviour within the organisation.

Statements:
62. People are concerned about the well-being of others in this organisation.

28. People are very willing to support each other in this organisation.

24. People are open and honest about their feelings in this organisation.

39. I would describe the atmosphere in this organisation as generally warm and harmonious.

34. In this organisation people tend to be compatible with each other.

Variable - CATEGORY PATTERNS
Definition of Variable:
The degree to which people work as part of a team and are committed to a common
objective.

Statements:
37. People can be relied upon to pull their weight in this organisation.
27. People in this organisation see themselves as part of a team.

31. In this organisation there is no sense of apathy because of the nature of the team spirit.

47. In this organisation you can rely on support and help from colleagues at the time when it is needed.

54. There are very few gripes and individual complaints in this organisation.

Variable - LEADERSHIP
Definition of Variable:
Perception of the management style within the organisation.

Statements:
18. Our managers in this organisation are regularly seen in and around the work environment.

4. Our managers in this organisation are usually very approachable.

45. In this organisation managers will usually try to act upon staff ideas.

16. We believe our managers in this organisation do not deliberately withhold information.

57. In this organisation our managers are not seen as positions in the hierarchy who say no.
Variable - CLEAR DIRECTION AND EXPECTATION

Definition of Variable:
The manner in which tasks are selected and communicated within the organisation.

Statements:
49. In this organisation our priorities are clearly understood by all.
43. The activities in this organisation are clear cut and well organised.
15. The tasks and assignments undertaken in this organisation are made clear.
21. People in this organisation are clear about the objectives they are expected to meet.
41. In this organisation we know what we are responsible for.

Variable - PHYSICAL ENVIRONMENT

Definition of Variable:
The quality of physical surroundings in which people work.

Statements:
17. The standard of our work environment is given a high priority by our managers.
23. In this organisation financial considerations are not a barrier to improvements in the work environment.
19. Within reason we can have any equipment we need to help us do our work.
36. Our managers in this organisation listen to what we say about our work environment.
52. In this organisation we are able to do a good job because we are given the right tools for the task.

Variable - STANDARDS OF PERFORMANCE
Definition of Variable:
The importance the organisation places upon achieving high standards of performance.

Statements:
6. In this organisation emphasis is placed on everybody meeting high standards of performance.

48. In this organisation there is emphasis placed on improving individual and team performance.

10. We have to meet specific standards of quality in our work in this organisation.

32. In this organisation attention is given to improving the standard of our work.

9. Emphasis is placed on the quality of the work output in this organisation.

Variable - CUSTOMER SATISFACTION
Definition of Variable:
The organisation's perception of how well they achieve customer satisfaction.

Statements:
42. In this organisation we always take time to explain our inability to help.
3. In this organisation we regularly receive letters of satisfaction and commendation from our customers.

30. In an organisation of this size we accept that we receive a number of complaints.

11. In this organisation we accept that customers will not always appreciate the difficulties we have to work with.

50. In this organisation dealing with difficult customers is always undertaken in a caring and concerned way.

Variable - CUSTOMER SERVICE

Definition of Variable:
The degree to which the organisation takes note of customer opinion in the creation and delivery of the services.

Statements:
8. In this organisation we recognise that service improvements are dependent upon partnerships with our customers.

35. In this organisation we maintain a high service profile regardless of its effect upon demand.

29. In this organisation we are not defensive when our customers criticise and complain about our services.

2. In this organisation customer service is not controlled solely by the level of resources.
25. In this organisation we believe that the customer has a right to complain about the service and receive consideration and a reasonable explanation.

With each of the variables we created a positive statement about the organisation and asked the informant to state whether they agreed or disagreed with that particular statement. This was done using a Likert 5 point scale; ranging from strongly agree which scored the highest value five through to strongly disagree which scored the lowest value one. These statements are described above. We then constructed the questionnaire format by placing the statements randomly within the questionnaire. This was to enable the informants to make a choice that was not influenced by the previous or subsequent statement. Having constructed the questionnaire we needed to consider how we would identify and select the informants. Therefore, before the questionnaires were sent to the informants we needed to categorise the workforce and to deal with the issue of differences in the way each organisation described the various parts of the organisation. In addition to this the questionnaires were piloted in two organisations before being introduced into the target organisations. The reasons for this was to identify and deal with any ambiguities in the questionnaire. The issue of difference in the way each organisation described its workforce and the sub-units was dealt with by taking advice from the senior managers and adjusting the language of the questionnaires accordingly before they were sent to the informants (Burgess 1982; Rowbottom 1977). For example, in social services the organisation to be studied was known as the area, whereas, in the health organisations, it was known as the unit. This proved to be a relatively simple task; however, the categorisation of the workforce was more complex.

Although health and social care organisations have similar types of staff, they often categorise and label those staff in very different and confusing ways. In order to deal with this issue, we used the Brunel work stratum model (Rowbottom and Billis, 1977), to gain consistency in our categorisation of staff. There are five strata in this model. The strata consist of five levels, 1 is the lowest and 5 is the highest. The work undertaken by those working at level 1 would be closely prescribed. They would work towards objectives which could be completely specified beforehand and operated according to defined circumstances which were predictable. They
were not expected to make any significant judgements on what outputs to aim for or under what circumstances to aim for them. The range of staff in this category would typically consist of cooks, clerks, social work assistants, domestics, drivers, nursing auxiliaries and porters. Level 2 consisted of those workers who carried out work where the precise objectives to be pursued have to be judged according to the needs of each specific concrete situation which presents itself. This can be described as situational responsiveness. They were not expected to make any decisions or commitments on how future potential situations are to be dealt with. The workers within this group were basic grade social workers, nurses, basic grade administrators and junior doctors. Level 3 consisted of those workers who operated in systematic service provision. Employees operating at this level were given some freedom to shape their responses to the continuous sequence of concrete situations which may present themselves. These workers were not expected to make any decisions on the reallocation of resources to meet as yet unmanifested needs. Workers operating at this level were team managers, nursing sisters and sector heads. Level 4 comprised workers who were responsible for comprehensive service provision, making decisions about the provision of services according to the total continuing needs within a given territorial or organisational framework. People working at this level were not expected to make any decisions on the reallocation of resources or to meet needs for services of different or new kinds of situations. Workers operating at this level were usually senior managers or unit general managers. The fifth and highest level were those people working across the entire organisation making comprehensive provision of services within the general areas of need throughout the organisation. These workers were not expected to make any decisions on the reallocation of resources to provide services outside their given operational field. Workers of this level were chief executives of district health authorities and directors of social services.

Using this model as a template to lay over each organisation, we were able to categorise all the employees within each target organisation under one of the following headings: auxiliary, administration, care, professional and management.
The Rowbottom and Billis Stratum model enabled us to standardise the levels of responsibility within the different organisations. Having achieved this we were then able to categorise the types of staff into common groups in the following way:

**Auxiliary:** cooks, assistant cooks, porters, drivers, handymen, domestics, cleaners, kitchen staff, gardeners.

**Administration:** clerks, clerical assistants, secretaries, typists, admin. assistants, admin. officers, receptionists, filing clerks.

**Care:** assistant social workers, assistant occupational therapists, assistant physiotherapists, care assistants, care workers, family aides home care support workers, residential care assistants.

**Professional:** occupational therapists, physiotherapists, social workers, doctors, nurses, senior practitioners, radiographers.

**Management:** first line managers, middle managers, senior managers, home care organisers, team managers, unit managers, ward sisters, directors of service, chief executives.

Etzioni (1970) argues that the only way to enter any personnel system is with the agreement of the senior management of the organisation. We obtained current staff lists for sampling through our contact manager (who acted as our organisational guide as previously described) within the organisation.

By using the five work categories we were able to place the workers in each of the target organisations into one of the groups in a consistent manner. Job occupants were then selected randomly within the five categories; in other words, a stratified random sample based on one of the key dimensions of the methodology - categories. Thus, the approach adopted by us had the dual benefit of organising the informants selected within the dimensions of the
study and corresponded to the way the organisations were structured, and hence to the reality of organisational life. This latter point also helped us in the way we were able to structure our reports to the senior managers in the organisation.

As the numbers of staff varied in each of the categories we adjusted the number of informants sent questionnaires in order to maintain a consistent percentage of informants within each group. The actual questionnaires were colour coded in order to identify the different categories of staff. An example of the questionnaire can be found in Appendix 2. The questionnaire did not identify any individual and as explained earlier in this chapter, a briefing note was sent to each informant explaining the confidential nature of the questionnaire and the study as a whole.

Throughout the complete study, 779 questionnaires were sent out across six organisations. This represented 22% of the total workforce across the six organisations. Of the 779 questionnaires sent, 471 were returned. This represented a 61% response rate across the six organisations sampled. All of the questionnaires were sent with an addressed envelope which was to return to a central point within the organisation. This point was chosen very carefully because we considered it important in maintaining a sense of confidentiality that the questionnaires were not collected by anyone who could be identified as being part of the management team. The questionnaires were then collected by us as the researchers. All questionnaires were returned in sealed envelopes. We believed that this process supported and maintained the issue of confidentiality and, therefore, promoted confidence in the informant in that the information they were supplying about the organisation was for the researchers and would not in any sense be shared as individual responses with the management of the organisation. The timescales for the return of the questionnaires was set at four weeks and if after that time we had not received significant returns, we sent a reminder in the form of a bulletin which was distributed to all staff in the organisation. The purpose of this method of communication was twofold. Firstly, to encourage those people who had received a questionnaire but had not completed it to do so, and secondly, by this means of communication we were showing that we could not identify an individual and their
confidentiality was preserved. Given the level of response to the questionnaires we considered this to be a successful strategy.

The third fieldwork instrument consisted of a structured interview through the line management structure of each organisation. This meant that within each target organisation, we identified three or four management lines starting with the Senior Manager and moving down to interview each person who reported in that particular line. For example, we interviewed the Area Manager about their immediate subordinate. We then interviewed the subordinate about their Manager and their immediate subordinate. Thus with the exception of the most Senior Manager and the most junior worker, each interviewee was questioned twice, about their immediate superior and about their immediate subordinate. This interview focused on how the interviewee valued their immediate superior and their immediate subordinate in relation to a specific range of issues. The issues were to do with decision making, approachability, clarity of thought, communication skills and knowledge base. These issues have been recognised as important elements in line management relationships, (Tagiuri, 1968; Meyer, 1968; Harrison, 1972; Tichy, 1982; Adair, 1983; Walton, 1985; Sathe, 1985; Graves, 1986).

The purpose in using this particular type of interview was to identify whether perceptions about the target organisation and the values and beliefs held by employees within the target organisation, were different at different levels in the target organisation. Furthermore, if there were differences, at what point in the management line did they occur and what were the factors that produced the change. Using this particular research instrument we were able to explore whether the vision held by the senior managers was transported through the organisation and to what extent that vision penetrated to those employees who had face to face contact with the customers of the organisation.

We selected line management interviewees from the organisational charts and diagrams provided by the contact manager in the target organisation who was acting as our guide and prime contact. Each person in the particular line chosen was contacted and asked whether
they would be prepared to be interviewed. The nature and the content of the interviews were discussed fully before any undertaking from the potential interviewee was asked for. The issue of confidentiality was a central concern for all those employees who were approached. This became particularly pertinent when the exact nature of the interviews was explained and employees realised that if they agreed to be interviewed, they would be asked to comment on their boss and that, equally, their subordinates would be asked to comment on them. Interestingly, not one individual declined to be interviewed after the explanation of the interview was given and a guarantee of confidentiality was assured.

The interview was conducted at the employee's place of work and took the form of a structured discussion. The discussion was prompted by a number of questions around key areas. An example of the format used in these structured interviews is in Appendix 3.

The structured interviews covered the following areas. Firstly, they covered the individual's perception of the organisation, and the individual's motivation in their current role. Those two questions were about the interviewee. The rest of the questions focused on the interviewee's immediate superior and immediate subordinate. These focused on analytical skills and ability to handle information, to make decisions and the skills that were apparent or were not apparent in the decision-making process, to what extent the subordinate and superior were action orientated and whether or not that action continually produced achievement and whether or not expressed objectives were always secured. There were questions about values being expressed in self-presentation and whether or not the dress, language, attitude and behaviour of the subordinate and the superior were in fact important and influential. There were questions around openness to criticism and self-development and whether or not a level of training and education was apparent in the way the subordinate or superior behaved and approached particular problems. There were questions around the experience and self-awareness and openness to change in the subordinate or the superior. We also asked about the ability to network and establish contacts with a range of other professionals, both within the target organisation and within those agencies that would have an operational and professional relationship with the target organisation. We were concerned
to understand how the superior and the subordinate handled teams and individuals and finally, to what extent their skills in communication were apparent.

Given the format of these interviews, in that they were structured discussions around key topics, we were concerned to obtain consistency in our use and application of these research instruments. We considered that there was a possibility that our phraseology in leading the structured discussion, could introduce a bias in the response. In order to address this, we conducted the initial structured discussions in each of the target organisations together. We adopted a process whereby one of us led the discussion and the other recorded the responses. In an ideal world, we would have chosen to carry out all the structured discussions in this way. However, given the number of employees we chose to interview and the time taken to carry out these interviews on a dual basis, it was a luxury we could not afford.

We were satisfied that we had established a consistent approach in that the language used by us was the same and that anomalies in the interviewee's responses were dealt with in the same way. This approach was maintained throughout the use of this research instrument in that after each series of structured discussions, we compared our experiences and discussed any issues that arose during the process. The structured discussions typically lasted about an hour and were recorded using pencil and paper. This proved to be a satisfactory way of recording the information, although we had initially considered using a tape recorder to document discussion. We discarded this idea after having attempted to record the first two pilot interviews and decided that our technology was not sophisticated enough to successfully carry out this task. In each organisation we interviewed between 19 and 27 individuals.

We feel that this particular method of obtaining information about the penetration of organisational culture throughout an organisation was both very practical and informative. It gave very clear indications of how and when perceptions changed and captured the subtle shifts in the way employees feel about their organisation where they occupy different positions in that organisation. It also exposed the assumptions made at all levels in the organisation.
about the role of colleagues within the organisation and how those assumptions have a profound influence on the behaviour of employees.

The fourth research instrument was designed to record the client's perception of the service they received from each of the target organisations. This task presented us with particular difficulties, especially in relation to those customers who had received a service from a Social Services Department. The difficulty centred on our ability to enable the informant to differentiate between the process of the service and the reason for the service. An example of this problem is the service provided around child protection. The customers (clients) may well feel that the reason for the Social Service investigation into the care of their child was totally unwarranted and therefore reject the service in its entirety on the basis of not agreeing with the investigation. This is reasonable as it is unlikely that any family would welcome an investigation into its ability to care for its children. Given this, we were concerned to bypass the reasons for the investigation and ask the informants to consider the process of the service in that we wanted them to comment on how they were treated in the process of the investigation, rather than on the validity of undertaking the investigation in the first place.

With this in mind, we took care to structure the wording of the questions so that the right emphasis was communicated to the informant. We designed two questionnaires which were administered by ourselves. The first of these questionnaires related to customers who lived in their own homes in the community, but attended a service point of the organisation in order to receive a service. We called these "mobile" because they were community based. The second of these questionnaires related to customers who resided within accommodation provided by the organisation from which they received a service. Typically, such accommodation would be a hospital ward or a residential care home. We labelled this questionnaire "non-mobile" because we considered the customers to receive a service from within an institution and unlike their community based counterparts, were unable to come and go as they pleased. Each of the two questionnaires had specific questions that related to the type of service received by the customer. In the community setting, the questions focused on the following issues - the timeliness of the service received, the cost of the service received,
the reliability of the information customers were given about the service, the clarity of the
information customers were given about the service, the accuracy of the information the
customers were given about the service, the convenience of the location of the service, the
manner in which customers were treated by the staff providing the service, the delivery of the
service and the image of the service. An example of the questionnaire can be found in
Appendix 4. In the residential setting, the focus of the questions was on the quality of the
physical surroundings within the accommodation provided, the level of hygiene experienced
by the customers, the standard of catering arrangements as perceived by the customers, the
standard of the general amenities within the accommodation as perceived by the customers.
Questions also focused on the quality of the relationships between both the customers and the
staff as experienced by the customers, the cost of the service, the image of the service as
perceived by the customers and the level of satisfaction expressed by the customers in relation
to the overall service provided. An example of the questionnaire can be found in Appendix 5.
The units from which the services were provided were selected from each target organisation
and chosen on their accessibility and on the co-operation of the manager of the particular unit
from which the service was provided. Both mobile and non-mobile services were chosen
from each target organisation. Each unit was contacted by one of us with a view to
discussing the nature of the research and the level of commitment required from the unit. We
also took care to discuss with the staff in each of the units, the possible impact of the
interview on the customers of the unit. This was particularly important in units providing
residential services for people with a learning disability.

As part of our strategy for gaining access to the units, we offered the unit direct feedback on
their customers' perception of the service. This took the form of a written report. However,
although the report reflected the overall perception of the customers of the service, no one
individual was identified or in our view could be identified at a later stage. We were
therefore confident that our commitment to the informant over the issue of confidentiality was
maintained.
In each of the units the questions were administered by ourselves. In the main we were able to choose our own informants from the general population of the unit. However, there were occasions when it was more prudent to be guided by the staff of the unit. This was the case when looking at services provided for people with learning disability and those services provided for elderly people who were suffering from pre-senile dementia or Alzheimer's Disease. In these circumstances particular care was taken to ensure that informants understood the questions and their responses reflected their views rather than any influence they might perceive as a result of the interviewer's behaviour or wishes. The studies involving learning disabled clients were particularly difficult; our approach to these was to meet with those informants we were to interview as a group, with the purpose of giving them an opportunity to get to know us. This also gave us an opportunity to explain what we were doing and to adjust our language to ensure we were understood by the clients. The outcome of this approach was very successful and we believed we secured sound information and responses from the informants. This was, however, very time consuming and it was necessary to reject some questionnaires as we judged the responses to be a non valid representation of the informant's views.

This research instrument was designed to give us a view of how the end user of the service felt about the way in which the service was received. A numerical value was given to each response the range of responses is 0-2, two being the highest value; the responses for each target organisation was analysed using the statistical software package SPSS. This information was used as a measure with which to evaluate the end user's satisfaction with the service. The criteria used to evaluate the service derived from the study undertaken by researchers at the Centre for Health Economics, University of York who were commissioned by the Department of Health (McIver and Carr-Hill, 1989). Also reference was made to consumer questionnaires supplied in Health Authorities by the Kings Fund Centre.

Criteria Applied To Analyse the Organisation's Performance.

Having collected a considerable amount of data using the research instruments described above, we sought to establish a process through which we could analyse the data and draw
conclusions from the analysis. The detail of this process and the results from the analysis will be discussed in the analysis chapters (chapter 3 and chapter 4). However, it is important here to give an account of how the data from the four research instruments was handled. The information from the human capital investment audit with senior managers and the structured interviews conducted through the line management structure of the organisation was used to form an analysis of the organisation in terms of how senior managers in the organisation perceived their level of investment in their workforce by detailing their attitude to particular personnel practices and styles of leadership that are held to be essential for good management/worker relationships (Peters and Waterman, 1982; Adair, 1983; Handy, 1993).

The data from the self-completion questionnaire entered into an SPSS file and consisting of 65 Likert (1932) attitude scales were analysed using the SPSS program Factor. Employing a vari-max rotation produced six factors (see Appendix 2.1) and the reliability of the resulting scales was assessed by McKennell’s Alpha (McKennell 1970).

These six factors were given the following labels.

1. Enabling Management Style
2. Team Work
3. Explicit Standards
4. Clarity of Task
5. Work Environment

Using the McKennell co-efficient of Alpha with the factor analysis, we were confident that the responses to the group of statements that were factorised were consistent and that the six resulting factors represented reliable data.

The results of this analysis are shown in figures 1 - 6 below.
Figure 1

Factor 1: Enabling Management Style

LEA 1  LEA 4  ENV 4  ENT 4

LEA 1: 1
Our managers in this organisation are usually very approachable.

LEA 4: .48  1
In this organisation managers will usually try to act upon staff ideas.

ENV 4: .60  .62  1
Our managers in this organisation listen to what we say about our work environment.

ENT 4: .45  .73  .55  1
Attention is given to suggestions for improvement in this organisation.

\[
X = 1.53  1.35  .55  1.35 X = .57; \quad \alpha = .87
\]

Figure 2

Factor 2: Team Work

REL 1  REL 3  WKP 2  WKP 3

REL 1: 1
People are open and honest about their feelings in this organisation.

REL 3: .41  1
In this organisation people tend to be compatible with each other.

WKP 2: .44  .52  1
In this organisation there is no sense of apathy because of the nature of the team spirit.

WKP 3: .46  .44  .41  1
People can be relied upon to pull their weight in this organisation.

\[
X = 1.31  .96  .41  1.31 X = .45; \quad \alpha = .77
\]
Figure 3

Factor 3: Explicit Standards

STA 1    STA 2

STA 1:    1
In this organisation emphasis is placed on everybody meeting high standards of performance.

STA 2:    .62    1
We have to meet specific standards of quality in our work in this organisation.

.62        X = .62;  \( \alpha = .77 \)

Figure 4

Factor 4: Clarity of Task

ACT 1    DIR 3

ACT 1:    1
In this organisation we know what needs to be done and when it needs to be done by.

DIR 3:    .55    1
In this organisation we know what we are responsible for.

.55        X = .55;  \( \alpha = .71 \)
Figure 5

**Factor 5: Working Environment**

<table>
<thead>
<tr>
<th>ENV 2</th>
<th>ENV 3</th>
<th>ENV 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ENV 2:** Within reason we can have any equipment we need to help us do our work.

**ENV 3:** .49 1
In this organisation financial considerations are not a barrier to improvements in the work environment.

**ENV 5:** .52 .47 1
In this organisation we are able to do a good job because we are given the right tools for the task.

\[ 1.01 \times 0.47 = 0.49; \quad \alpha = 0.75 \]

Figure 6

**Factor 6: Recognition**

<table>
<thead>
<tr>
<th>REC 3</th>
<th>REC 4</th>
<th>ACT 5</th>
<th>INFO 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**REC 3:** You know when you have done a good job in this organisation because it is generally acknowledged.

**REC 4:** .66 1
In this organisation there is appreciation shown for good work.

**ACT 5:** .32 .40 1
In this organisation our targets are realistic and achievable.

**INFO 2:** .32 .42 .28 1
The work activities throughout the whole organisation are well coordinated.

\[ 1.3 \times 0.82 \times 0.28 = 0.40; \quad \alpha = 0.73 \]
The responses from each of the target organisations were then analysed separately using the statistical software package SPSS. The aggregated responses were further broken down into distinct categories described earlier in this chapter and their responses were expressed by a histogram using the mean score of responses and showing a distribution curve and standard deviation upon which we drew conclusions. This data is presented in Appendices 6, 7 and 8.

Having created a picture of each of the categories in each of the target organisations in relation to the six factors, we then combined this with the data from the human capital investment audit and the structured interviews. The structured interviews were designed to obtain a detailed response from employees of the target organisation in respect of their relationship with their immediate superiors and their immediate subordinates. The interviews consisted of asking the same set of questions to individual employees about their immediate superior and their immediate subordinate.

This enabled us to understand how relationships between individuals were established and maintained at various points in the structure of the organisation. This information was then compared with the information obtained from the self-completion questionnaires and Human Capital Audit. When put together the overall data gave a comprehensive analysis of the organisation in terms of how relationships were said to be by the senior managers and how they were actually perceived to be by staff working in the organisation.

As a consequence of this we were also able to note at what point in the structure the staff perception of the organisational culture changed and what influence this had on the organisation. The questions in the structured interview are detailed in Appendix 3.

This then gave us an overall profile of each target organisation, which we were then able to categorise using our own diffusion/statement matrix.
Matrix - Four Organisational Types

<table>
<thead>
<tr>
<th>1  High Statement</th>
<th>Low Statement 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Diffusion</td>
<td>High Diffusion</td>
</tr>
<tr>
<td>High Statement</td>
<td>Low Statement</td>
</tr>
<tr>
<td>2 Low Diffusion</td>
<td>Low Diffusion 4</td>
</tr>
</tbody>
</table>

This matrix has four positions. The first is high statement, high diffusion. An organisation occupying this position within the matrix would have a clear statement of its aims and values and be explicit about the prominent culture that existed within the organisation. In this organisation there would be clear evidence that the statement of aims and values and the prominent organisational culture was diffused throughout the organisation. The evidence of both the statement and the diffusion would come from the data collected through the human capital investment audit, the structured interviews and the self-completion questionnaire.

The second position in the matrix is high statement, low diffusion. In this organisation there will be evidence that the organisation had a clear statement about its aims and values and the preferred organisational culture. However, there would be little evidence from the data gathered via self-completion questionnaires and structured interviews about the extent to which aims and values and organisational culture had penetrated throughout the organisation, thus presenting a picture of low diffusion. In this organisation, the senior managers would be very clear about the aims and values of the organisation and may well have put in place what they believe were adequate measures to ensure that their view of the organisation's aims and values were shared with the employees of the organisation. However, lower down the organisational structure the appreciation and understanding of the organisational aims and values are less noticeable and the perception of the organisational culture held by the senior managers is not the same as that held by those employees closer to the customers.

The third position of the matrix is that of low statement, high diffusion. An organisation in this position in the matrix will have little evidence that senior managers have given attention
to making explicit the aims and values of the organisation or the preferred organisational culture. However, in this organisation there are clear indications that the organisation does have an explicit set of aims and values and preferred organisational culture, in that there is a consistent view of these issues throughout the organisation and at all levels in the organisation.

The fourth and final position in the matrix is low statement, low diffusion. An organisation in this position in the matrix will have little or no evidence that senior managers have made very clear pronouncements about the organisational aims and values or preferred organisational culture. Equally, there will be little evidence to suggest that the workforce has a consistent view of these issues either. The use of this matrix enabled us to describe the target organisation in terms of their cultural profile and relate this back to the level of investment made by the senior managers in their workforce and correlate this with the mean scores of the six factors described earlier.

The final part of the analysis was to relate the data obtained from the target organisations to the data obtained from the customers of those organisations through the consumer perception study. The data collected by the two questionnaires were treated in the same way as that described for the data from the self-completion questionnaire. The data was analysed in the two categories of mobile and non-mobile clients using the SPSS program Factor. Employing a vari-max rotation produced three factors for each of the two categories (see Appendix 4.1 for the mobile category and Appendix 5.1 for the non-mobile category) and the reliability of the resulting scales was assessed by McKennell’s Alpha (McKennell 1970).

The three variables arising from the mobile questionnaire were labelled service information, user friendliness and customer responsiveness. These were defined in the following way: Service information; this focused on the reliability of the information given to the customer by the suppliers of the service. This variable also focused on the issue of whether the customer understood what was actually being said by the supplier of the service. User friendliness; this variable considered the access to the service by the customer and the level of courtesy shown.
to the customer by the supplier of the service. Customer responsiveness; this variable relates
to the timeliness of the service and its convenience to the customer.

The results of the factor analysis for the mobile category are shown in figures 7-9.

Figure 7

Factor 1: Service Information

REL 2 REL 3 REL 4 REL 1
REL 2: 1
Was the information given to you accurate as far as you can say.

REL 3: .56 1
Was the information easy to understand.

REL 4 .80 .72 1
Was the information you were given by staff reliable.

REL 1 .40 .51 .59 1
Did you receive written information.

1.76 1.23 .59 X = .51; \( \alpha = .90 \)
Figure 8

**Factor 2: User Friendliness**

<table>
<thead>
<tr>
<th>CONLOC 2</th>
<th>COURT 1</th>
<th>COURT 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONLOC 2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Do you regard this service point as accessible.

<table>
<thead>
<tr>
<th>COURT 1</th>
<th>.37</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Were you well received at reception.

<table>
<thead>
<tr>
<th>COURT 2</th>
<th>.32</th>
<th>.56</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Were you treated like an individual.

\[
.69 \quad .56 \quad X = .41; \quad \alpha = .68
\]

Figure 9

**Factor 3: Customer Responsiveness**

<table>
<thead>
<tr>
<th>COST 5</th>
<th>IMAGE 2</th>
<th>TIME 2</th>
<th>TIME 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>COST 5</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Was the cost of the help explained to you.

<table>
<thead>
<tr>
<th>IMAGE 2</th>
<th>.12</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Did you know anything about the service before you came.

<table>
<thead>
<tr>
<th>TIME 2</th>
<th>.29</th>
<th>.31</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Did you receive the help when you needed it and were alternatives offered.

<table>
<thead>
<tr>
<th>TIME 4</th>
<th>.32</th>
<th>.35</th>
<th>.19</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Was the length of time you waited reasonable.

\[
.73 \quad .66 \quad .19 \quad X = .26; \quad \alpha = .67
\]
The three variables arising from the non-mobile questionnaire were labelled care environment, customer responsiveness and user friendliness. These are defined in the following way: Care environment; this relates to the physical environment in which the care is delivered to the customer and will take note of the cleanliness of the environment and the levels of hygiene. Customer responsiveness; this relates to the quality of the service given to the customer and highlights issues such as the level and type of amenities available as well as the standard of the catering arrangements. User friendliness; this relates to the relationships between customers and staff and the general image of the organisation.

The results of the factor analysis for the non-mobile category are shown in figures 10-12.

**Figure 10**

**Factor 1. Care Environment**

<table>
<thead>
<tr>
<th>Item</th>
<th>HY.4</th>
<th>HY.5</th>
<th>HY.10</th>
<th>EN.2</th>
<th>EN.3</th>
<th>EN.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>HY.4</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are they clean bathrooms.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HY.5</td>
<td>.45</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are they clean washbasins.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HY.10</td>
<td>.39</td>
<td>.39</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the overall unit/home kept clean.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EN.2</td>
<td>.22</td>
<td>.36</td>
<td>.36</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your room comfortable.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EN.3</td>
<td>.32</td>
<td>.49</td>
<td>.21</td>
<td>.33</td>
<td>.14</td>
<td></td>
</tr>
<tr>
<td>Is your bed and bedding comfortable.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EN.4</td>
<td>.35</td>
<td>.59</td>
<td>.37</td>
<td>.20</td>
<td>.14</td>
<td>1</td>
</tr>
<tr>
<td>Is the place quiet at night.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\[ X = .34 \quad \alpha = .88 \]
Figure 11

Factor 2. Customer Responsiveness

AMN.11  AMN.5  AMN.7  CAT.2  CAT.4  CAT.5  CAT.6

AMN.11    1
Is help available to escort you when you go out.

AMN.5    .53   1
Are there enough books, games, handwork, provided.

AMN.7    .33   .50   1
Is the TV satisfactory.

CAT.2    .29   .13   .13   1
Are the meals satisfactory - dinner/lunch.

CAT.4    .24   .10   .45   .61   1
Are the meals satisfactory - supper.

CAT.5    .25   .20   .25   .53   .34   1
Do you have enough choice of dishes.

CAT.6    .35   .45   .30   .60   .10   .35   1
Is your food served as you would like it.

1.99  1.38  1.13  1.74  .44  .35  X = .33  α = .89
Factor 3. User Friendliness

<table>
<thead>
<tr>
<th>REL. 11</th>
<th>REL. 3</th>
<th>REL. 4</th>
<th>REL. 9</th>
<th>IM. 3</th>
<th>IM. 4</th>
<th>IM. 5</th>
<th>IM. 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>REL. 11</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REL. 3</td>
<td>0.31</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REL. 4</td>
<td>0.21</td>
<td>0.47</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>REL. 9</td>
<td>0.27</td>
<td>0.40</td>
<td>0.32</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IM. 3</td>
<td>0.67</td>
<td>0.54</td>
<td>0.21</td>
<td>0.39</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IM. 4</td>
<td>0.69</td>
<td>0.41</td>
<td>0.32</td>
<td>0.40</td>
<td>0.68</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>IM. 5</td>
<td>0.34</td>
<td>0.21</td>
<td>0.22</td>
<td>0.39</td>
<td>0.49</td>
<td>0.52</td>
<td>1</td>
</tr>
<tr>
<td>IM. 6</td>
<td>0.51</td>
<td>0.27</td>
<td>0.28</td>
<td>0.41</td>
<td>0.39</td>
<td>0.51</td>
<td>0.62</td>
</tr>
</tbody>
</table>

Do you feel you are treated like an individual.

Do the staff take good care of you.

Do they tell you enough about what is happening to you.

Is it easy to make friends with other people here.

Does the image of this home/unit give you confidence in the help they provide.

Do you trust the people providing the help.

Would you tell your friends to come to this organisation.

Would you come back to this home/unit again for help.

3.00 2.30 1.35 1.59 1.56 1.03 0.62 \( X = 0.40 \) \( \alpha = 0.96 \)

This data was further broken down into distinct units of service and their responses are presented in a histogram using the mean score of responses and showing a distribution curve and standard deviation upon which we draw conclusions. (see Appendix 9).
In this way, we were able to test the hypothesis that the target organisations with the highest level of organisational statement and diffusion, correlated with the target organisation that has the highest level of customer satisfaction.
Chapter 3

The Analysis of the Data Collected in the Course of the Study of Health and Social Care Organisations
Chapter 3
The Analysis of the Data Collected in the Course
of the Study of Health and Social Care Organisations

Introduction
In this chapter we refer to groups of workers who are categorised in the following way: Managerial, Professional, Care, Administration and Auxiliary. Each category defines those workers whose role and function within the organisation can be described using the above mentioned categories.

We discuss and analyse the data that has been collected through undertaking interviews with senior managers and staff throughout the organisations that have been studied. The senior managers who were interviewed are described by job title and their information contributes to the human capital audit. Other staff who were interviewed are identified by a code. The code identifies the organisation with the first letter, the category with the second and third letter and the informant by the number following the letters. For example, informant AAD2 would be a member of Organisation A, would work in the administrative category and would be one of a number of individuals interviewed within that particular category.

Other sources of data include the responses from a self-completion questionnaire that was distributed to 20% of each subject organisation's workforce and reference is made to the data collected in interviewing clients of the organisations that we studied using a structured questionnaire.

This chapter is divided into seven sections. The first section describes the data sampled in six organisations and develops a preliminary analysis of the data drawn from Appendices 6 and 7. Appendix 6 gives a general comparative analysis of the responses to each factor, made by the
total workforce sampled within each organisation (which is a combination of the five categories.)

Appendix 7 further subdivides the data shown in Appendix 6 and gives information on how each of the five categories in each of the organisations studied responded to statements put to them in the self-completion questionnaire.

The remaining six sections give an account of a series of responses found in each of the six organisations studied. Within each of these sections, the format is the same. It commences with a general description of the organisation studied and the composition of the sample, followed by a description of the general level of investment the organisation has made in its workforce based on the perception and attitudes of informants with whom we discussed the policy and practice adopted towards people working in this organisation. These interviews were all conducted with senior managers in the organisation and in the course of discussion informants were asked to support their statements with the production of written evidence of policy.

The next section proceeds to discuss the responses of individuals in the organisation to the self-completion questionnaire and reference is made to interviews conducted with staff through the line management structure. This discussion is organised by category.

As described in the Methodology chapter, the self-completion questionnaire and the structured interviews were formed around key areas that contribute to and form the culture of organisations. The thirteen variables used in the organisational climate questionnaire were analysed using the SPSS program Factor. This method which is described in the Methodology chapter enabled us to identify six factors. These are as follows:

(i) *Enabling management style*, by which we mean an approach to the management task which the workforce perceives to be a balance of control and freedom whereby workers are encouraged to be innovative and creative within the security of set boundaries. Managers are considered to be problem solvers rather than problem
creators and there is a partnership between management and workers in achieving the organisation's goals.

(ii) Teamwork, by which we mean an environment where there is co-operation between different parts of the workforce rather than competition. There is a tangible understanding of the effect of one part of the organisational workforce upon another.

(iii) Explicit standards, by which we mean a tangible statement by the management about the standards that are expected to operate within the organisation. These will relate to service and product standards as well as to the behaviour of members of the organisation and to the codes of practice operating within the organisation.

(iv) Clarity of task, by which we mean that the objectives of the organisation and the tasks of each of the component categories are made explicit and that the net result of this clarity is that everyone within the organisations knows exactly what is expected of them.

(v) Work environment, by which we mean the quality of the physical surroundings of the workforce as well as the amenities available within the workplace and the attitude of management in relation to the work environment and the level of importance they place upon it.

(vi) Recognition, by which we mean the process and the extent to which management recognise the achievements of their workforce and the effort taken by the workforce to reach those achievements.

We considered the response to these six factors by each of the categories we have defined and found in health and social care organisations. It is within these five work categories, Auxiliary, Administration, Care, Professional and Management, that the sub-cultures referred to previously may be found. Each category is likely to have its own culture and will respond
to each of the six key factors accordingly. The analysis continues by introducing findings from talking with clients of the organisation about their perceptions about the level of service they have received. These responses were also analysed using SPSS program Factor. The final part of each section is a summary which draws together in discussion a view about the type of organisation that has been studied in terms of its organisational culture and values.

Overview of Organisations in the Study
The six organisations in this study were public sector organisations; three were social service departments (A-C) and three were health service organisations (D-F). They are all classified as service organisations whose prime beneficiary is that the part of the public in direct contact with the organisation and with whom and on whom its members work. (Blau and Scott, 1963).

The total population (workforce) across the six organisations is 3,483 full time workers. The total number of people sampled was 779 which represents a sample of 22%; 471 self-completion questionnaires were returned which represented a 61% response rate; the returned questionnaires of 471 represented 13.5% of the total population of the six organisations.

During the course of the study 137 people were interviewed through the line management structure across the six organisations.

In order to seek the client view of the service, 27 client perception studies were undertaken. A range of service units were surveyed which covered: Residential Homes for Elderly People, Children and Disabled clients. In addition, Day Centres, Family Centres and Fieldwork Teams were also surveyed. In health settings, we interviewed informants in hospital wards, out-patients clinics, and community based clinics. These studies covered a wide range of service units.
A Preliminary View of the Data

Across all of the six organisations the data does not produce any clear pattern of difference. There are, however, very different profiles in each of the factors with some showing a greater degree of variation across the organisations than others. For example, in factor three (explicit standards), there is little variation, whilst factor one (enabling management style), shows a greater degree of variation across the six organisations. The most striking variation is in factor six (recognition), where two organisations stand out from the other four as giving more attention to the issue of recognition. Factor four, (clarity of task) gives a picture of five organisations responding well with only one showing a lesser response.

It is important to note that these profiles do not reflect the degree of variation within each of the individual organisation's categories. The data relating to the individual categories within individual organisations gives a far wider spread of response. This variation in the responses demonstrates the importance of examining the categories that make up the overall workforce of the organisation as it is here that the inconsistencies in the perception of the informants within those categories begin to be exposed. This is particularly interesting as senior managers have a tendency to view their organisation and its workforce as a composite entity and do not take into consideration the distinctive way each of the separate categories view the organisation, their role in the organisation and how the organisation views them.

Given that the existence of organisational sub-cultures is well established and that these sub-cultures influence the overall organisational culture, (Pettigrew, 1985; Gregory, 1983; Whipp and Clark, 1986), then it is vital in understanding an organisation's culture to look beyond the profile offered by the whole organisation and to examine what the issues are within the sub-groups of the organisation's overall category. Therefore the data presented in Appendix 6 gives a reference point from which to consider the data presented in Appendices 7 and 8.
Organisation A

Description of the Organisation

Organisation A was a Social Services Operational Unit delivering a range of personal social services to an urban population of approximately 60,000, of which half were either under 15 years of age or over 60 years of age. It was part of a much larger County-wide organisation but operated independently in the delivery of services within clear policy guidelines set by the larger parent organisation.

This organisation had been the subject of a recent restructuring. The senior management group, which comprise of an area manager and two deputies called service managers both of whom were relatively new to their posts, although all three members of this group had worked for the previous organisation in a different capacity. Furthermore, the restructuring exercise had seen the removal of a number of their managerial colleagues through either early retirement, redundancy or redeployment.

The senior management group managed 14 middle managers who were responsible for service units such as residential homes, day care centres and field social work teams.

The Sample

The number of workers equivalent to full time posts in organisation A is 375. The sample selected for the organisation climate questionnaire was 85 which was 22% of the total population. This sample and response is shown in table 1:

<table>
<thead>
<tr>
<th>Category</th>
<th>Organisations Population</th>
<th>Questionnaires Sent</th>
<th>Returned Questionnaires</th>
<th>Response Rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auxiliary</td>
<td>30</td>
<td>15</td>
<td>12</td>
<td>80</td>
</tr>
<tr>
<td>Administration</td>
<td>25</td>
<td>10</td>
<td>8</td>
<td>80</td>
</tr>
<tr>
<td>Care</td>
<td>240</td>
<td>48</td>
<td>20</td>
<td>41.6</td>
</tr>
<tr>
<td>Professional</td>
<td>53</td>
<td>11</td>
<td>10</td>
<td>90.9</td>
</tr>
<tr>
<td>Management</td>
<td>35</td>
<td>11</td>
<td>8</td>
<td>72</td>
</tr>
<tr>
<td>Totals</td>
<td>375</td>
<td>85</td>
<td>58</td>
<td>72</td>
</tr>
</tbody>
</table>
21 people were interviewed through the line management structure and four service units were surveyed for client response as follows:

Table 2 - Client Perception Study Sample

<table>
<thead>
<tr>
<th>Service Unit</th>
<th>Potential Client Population</th>
<th>Number Interviewed</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home for Elderly People 1</td>
<td>50</td>
<td>12</td>
<td>24%</td>
</tr>
<tr>
<td>Home for Elderly People 2</td>
<td>50</td>
<td>12</td>
<td>24%</td>
</tr>
<tr>
<td>Family Centre Service</td>
<td>55</td>
<td>9</td>
<td>16%</td>
</tr>
<tr>
<td>Mental Health Centre</td>
<td>60</td>
<td>6</td>
<td>10%</td>
</tr>
</tbody>
</table>

**Level of Investment made by the Organisation in its Workforce**

The human capital audit was completed with the three senior managers in the organisation. The outcome is as follows:

**Recruitment**

The recruitment of staff was controlled outside the unit of study by a central personnel department and there were clear instructions detailing the processes to be adopted. This cannot be varied and, therefore, leaves no room for local managers to respond to local situations that might require a different approach to that of the corporate organisation. An example of this control was the way in which advertising media were used to recruit staff.
A low grade post must be advertised in local newspapers, but a professional post or managerial post will make use of professional journals and the quality newspapers. Posts were also advertised at job fairs and within the organisation's internal system, which consisted of a printed briefing sheet circulated to all departments within the parent organisation.

At the time of the study there was a proposal to devolve the responsibility of the personnel function to the area manager. This was interpreted by the area senior management group as a move towards establishing local control over recruitment. However, what effect this would have on the involvement of area staff in the recruitment process is difficult to assess.

In terms of taking a proactive stance about recruitment, there were no established links with universities or training courses as a matter of policy. Any links that did exist were of an ad hoc nature and relied upon individual contacts. There were no financial packages to entice people to join the organisation and there was little freedom for managers to be creative in establishing a particular approach to recruitment for a particular post. Equal opportunities were promoted in the department, although there was a feeling amongst managers that the emphasis on equal opportunities made it very difficult to exercise discretion in recruiting staff. This is because the nature of equal opportunities often restricts the activity of managers to target particular individuals for particular posts. For example, there was no opportunity to "fast track" an individual into a specific post even though that individual's background, experience and qualifications may make them the ideal choice for the post. The insistence on following equal opportunity processes in the selection of personnel is commonplace amongst public sector organisations. It was agreed that the process, whilst being ideologically correct, also reduces the risk of nepotism and corrupt practices. There were centrally organised courses for managers covering equal opportunities selection and interviewing. These were advertised throughout the organisation and managers were able to sign up for the courses provided they were of the appropriate grade. The process adopted at interview was that there would normally be two or three people on the interview panel, questions were agreed by the panel beforehand and each candidate was asked exactly the same questions. Candidates were then graded and a decision then made as to which candidate should be appointed. The only
deviation from this process was that on occasions, candidates would be part of a briefing meeting prior to the interview. There was no clear indication as to why some posts would attract a briefing meeting and others would not. The organisation had no clear policy on the status or importance of qualifications in the recruitment process.

**Induction**

The process of induction was found to be variable and there was no formal policy on how to introduce people into the organisation. This was understandable as there was no overall policy on induction established by the larger parent organisation either. Where responsibility lay for induction was difficult to identify. At the time of the study there was a working group who were attempting to pull material together and to produce a pack of key components to be used for inducting people into the organisation, taking account of the various levels at which the people joined the organisation.

The area senior managers did not meet new staff appointed. They appeared to rely on chance meetings when visiting a particular unit or residential establishment.

**Appraisal Systems**

An annual appraisal system was to be established for all staff. However, there had been for some time an established appraisal system for people working exclusively in the children services. The children services used a career grade evaluation system titled 'Are you working at the right level', and had been a feature of the organisation for some time. The assessment was carried out during an annual appraisal appointment. In relation to the proposed appraisal scheme, no consideration had been given to the training of staff during the preparation for this scheme, although there had been some discussion at staff meetings about the implications of developing an appraisal scheme.

**Reward Systems**

Financially, there were three ways in which staff were rewarded within this organisation: firstly through their salary payment, secondly through merit honoraria, (this is a sum of money
up to £300), and thirdly through accelerated increments within their salary scale. The latter tends to be used in the fieldwork section rather more than in the residential sector and staff can achieve up to three increments at any one time. However, it was felt by staff that it was extremely difficult to achieve these rewards. Interestingly, it was noted that the use of reward systems above and beyond salary was not considered to be part of the area's sub-culture. In discussion with professional staff about this issue, it was clear that work carried out beyond the contractual hours was an unwritten expectation. Therefore, to seek or expect any reward above that of salary was frowned upon by colleagues and managers alike. To seek additional reward was felt to be unprofessional.

In this context it is interesting to note that a previous study of attitudes of social workers in Britain had suggested that they appear to be motivated by intrinsic rewards and they particularly valued high levels of autonomy and possibilities for self-development (Kakabadse and Worrall, 1978). This has much in common with the position of the neo-human-relations school of organisational psychology represented by writers such as Argyris (1957); McGregor (1960); and Likert (1964), which assumes a growth model of man of the kind hypothesised by Maslow (1943; 1954) and believes it is necessary to shape organisational structures and management practice to accommodate it.

In addition to the above rewards, there were long service rewards for people serving more than 25 years who were entitled to either a gold watch or £100. There was also a car leasing scheme in operation which was considered by the managers to be a poor scheme; indeed, it was felt that the larger parent organisation actually made money out of the scheme. As in most organisations, the more senior an individual is within the organisation, the cheaper the scheme was for the individual. The cost of the scheme was based on the grade of the post and the number of miles travelled in the course of official duties in the year just prior to the application.

Mortgage subsidies were available to people appointed at the County-wide level. However, in the area being studied, they were not used because it was considered that housing in the area
was already at an affordable level. The area was not able to claim for any expenditure incurred in entertaining visitors to the organisation. Non-financial incentives and rewards were in evidence and it was clear that managers were encouraged to thank people for their efforts. When people left the organisation, a senior manager was required to thank the employee for their contributions.

**Discipline and Sanctions**

The approach to discipline and sanctions by the management group was very unclear. Being a new management group, they felt the need to establish their approach to discipline and sanctions. Their focus was on eradicating the fear they considered to be present in the culture that existed in the old organisation in that "stepping out of line" or "rocking the boat" would bring disciplinary proceedings. The senior management group felt they should attempt to consider individuals in dealing with issues such as poor performance and should find alternative ways of dealing with the problem rather than moving directly into disciplinary procedures.

**Training and Staff Development**

All training and development was organised outside the area organisation by the larger parent organisation. The area had a small budget for training and was, therefore, unable to produce large training programmes. The senior management group considered it important to develop training programmes in line with their service strategies. However, until such time as they can persuade the larger parent organisation that local training is better able to meet the needs of local workers, this will remain a desire rather than become a reality. The process for getting onto a course was that the employee submit his or her name to their line manager and that line manager prioritised the names of those individuals. There were no established criteria upon which the prioritisation was based.

**Organisation Behaviour**

There was a pattern of desired organisational behaviour which had been promulgated by the larger parent organisation. The Director of Social Services had issued a series of statements
in which he intended to give the organisation as a whole a sense of direction. These statements were concerned with open management style, personal integrity, quality and consumerism. These statements were originally communicated to all staff in writing. Staff at all levels in the organisation said they were uncertain about the Director's commitment to these objectives. Whilst they supported these, their experience of the organisation did not reflect the values expressed.

Within the area being studied, senior managers said they had a desired pattern of behaviour. They said they used a modelling approach in which they felt they were explicit about the way in which people should behave. This approach relied on workers following behavioural examples set by the senior managers and in doing so were expected to emulate the behaviour of the senior managers. There was a sense in which the senior management group wished to promote openness and honesty. This was demonstrated by the senior management group purposefully disagreeing within the earshot of staff and indeed the area manager again purposefully disagreeing with the service managers, within the earshot of the staff. However, in discussion with the staff themselves, we found there was a feeling that the behaviour of the area management group in this respect was for effect and that any serious dissent on the part of the service managers would be dismissed by the area manager in private.

Quality Assurance
The organisation's Headquarters had recently set up a quality audit unit who at the time of the study were developing a "good practice guide". There was a debate within the organisation as to whether the issue of quality had more to do with control than with standards of practice. Senior managers said that the issue of quality was being used to commission an independent investigation into the running of residential establishments. Managers said that staff within the organisation felt that although the investigation was being introduced as a mechanism for establishing quality standards in residential care, the real reason for the investigation was to enable senior managers to "cover their backs". Despite the quality audit unit, there were no statements about the quality of service provided by the organisation and that the issue of service quality was the responsibility of the service manager.
Customer Perception

There were no statements about the role of consumers in responding to the services offered by the organisation, nor was there a consensus amongst the managers about how consumers might question the services. The organisation did not have a complaints procedure that was accessible or available to its consumers, nor was there any information about the process of complaining about a service offered by the organisation or the behaviour of a member of staff. The organisation did not have any codes of practice that informed staff on how they should deal with consumers. The area manager stated that the middle managers in the organisation provided a role model for their staff and this model was seen as providing an example of the way in which staff should behave towards the consumers of the organisation. The Area Management Team felt that the overall attitude held by staff within the organisation towards consumers and in the development and delivery of services was conservative and would require some deliberate action to shift it towards a more consumer friendly approach.

Self-completion Questionnaires and Structured Interviews with Line Managers

The topics covered in the human capital audit discussions have a major influence on the perceptions people have about their organisation and on the way in which organisational cultures are established and developed. The approach to these topics by the senior management group was that of wishing to control and establish predictable responses to diverse situations. In taking this approach the senior management group said they were confident that very few problems would arise as a result of the action taken by their staff in the course of their duties. Whilst this is an acceptable method of management, it does little to release the creative energy within the workforce beyond that which is required to complete the minimum task. We found that the structured interviews highlighted a link between the degree of autonomy given to staff, and the personality and approach to the management task of the senior manager. The staff felt that the senior management group and in particular the senior manager, were conscious of how they were perceived by their own senior managers. As a consequence they were perceived by the staff to be inhibited in their behaviour. The
staff interviewed (through the line management structure) felt that the senior management group placed too much emphasis upon the achievement of objectives and were not concerned about the consequences of some of the methods used to achieve those objectives. Furthermore, there was a feeling amongst the staff interviewed that there was no opportunity to debate the merit of the objectives and their relevance to the task of providing social care as perceived by the workers. This was supported by the data from the questionnaires in that 'custom and practice' was not seen as a major influence on the behaviour of staff, although achieving results was.

Structured interviews further demonstrated the influence of the senior managers on the workforce and consequently the behaviour of the organisation. The approach taken by the two service managers in relation to their managerial tasks was based upon their individual style and did not reflect a discernable culture. For example, senior manager 'a' was described by a subordinate as kind, gentle and thoughtful, whilst the same senior manager was described by another subordinate as indecisive and woolly. However, both subordinates indicated that issues were not successfully taken up the managerial line by senior manager 'a', nor were they as subordinates allowed to resolve the issues at their level and discretion. On the same issue, senior manager 'b' was considered by a number of his subordinates to be rigid and overpowering. His approach was said to be that of delivering the message without allowing room to interpret the message in the light of local circumstances. Several staff considered senior manager 'b' to be in conflict with the message but unwilling to challenge the situation. Senior managers 'a' and 'b' were thought to be cautious and unable to act independently. The perceived lack of independence in these senior managers, coupled with the view held by their subordinates that neither manager was willing to challenge the status quo, was seen as reflecting the overall response to the issues around enabling management style within this organisation.

The structured interviews produced a picture that displayed a sense of unease between the professional staff and their line managers. The staff felt that managers were unable or unwilling to champion their causes with senior managers and that whilst middle managers
were often thought to be sympathetic to the concerns of professional staff, they were largely impotent in effecting any change in the situation. The structured interviews suggested that over time professional staff had become disillusioned and disaffected and felt that they had very little impact on the organisation's development. First line managers felt they had less freedom than their professional colleagues as their task was to ensure that the policies and procedures were implemented and adhered to. They considered that there was little room for negotiation in the way in which the policies were interpreted and actioned. However, the senior management group, whilst recognising that there was a strong influence from the larger parent organisation, felt a higher degree of freedom. The senior management group chose to use their relative freedom to control those who reported to them in a tight, restrictive manner. There was a significant ambivalence towards the concept of risk-taking, both in the first line management categories and the professional category, with both categories being clearly split about their ability to take risks. The professional category were less polarised than the management category, as shown in Appendices 8.1 a.19 and a.25. Examples from the structured interviews suggested that those managers who were closer to the senior management group were less able to challenge the established pattern or to query an instruction from the senior management group.

First line managers felt their own line managers (middle managers) were unable to challenge the direction coming from the senior manager and felt that their managers would be reluctant to support a move away from the status quo by one of their subordinates.

The situation was less restrictive further down the line management structure. The senior care workers (supervisors) said that innovation was a positive aspect of their role, and their ability to be creative in the way they attended to the needs of their clients was very much an attraction of their role within the organisation. This appeared to be in spite of the controlling attitude of those further up the line management structure.

Organisation A like all the health and social care organisations contained in this study has within its overall structure a range of work categories whose tasks and responsibilities are
defined by the organisation and/or by professional codes of practice. In identifying the overall culture of the organisation, we have taken into account the existence and influence of sub-cultures as they relate to the separate work categories. These cultures may arise from professional culture such as social work, nursing or medicine, or may develop out of the relationships between various members of the same work category. Whatever the origins of these sub-cultures, it is clear that they affect the overall culture of the organisation and, therefore, in our exploration of the organisation, we have taken note of their impact and we report here on work category data obtained from the self-completion questionnaires and interviews conducted through the line management structure.

Auxiliary Category

The auxiliary category responded positively to their managers and overall they said they were supported and encouraged to take their own decisions and achieve their tasks. This work category said they were clear about what needed to be done and when it needed to be done by. This category said that their objectives are regularly reviewed by their managers and that the objectives themselves were achievable and realistic. They considered themselves to be well led and that their managers were approachable. Furthermore, there was the belief that their suggestions for improvements in service were considered by their managers and acted upon. This category also said that mistakes were tolerated as long as they were not repeated.

The auxiliary category said that the nature of their work made for good relationships and although there was some polarisation in their responses to the concept of teamwork as shown in Appendix 8.1.a2, the data showed that they as workers were compatible and that their working atmosphere was warm and harmonious. This is also demonstrated to some extent in Appendix 8.1.a5.

The auxiliary category saw themselves as a team supporting colleagues in difficult situations and could come together to deal with specific issues. The data indicated that the standards operating within this category were very high and individual informants said there was an emphasis upon quality work.
Workers in this category overall said that their customers were satisfied with the service and that they regularly received letters expressing customer satisfaction. Informants in this category described their service as being of a very high standard and one that addressed the needs of their customers. This was despite the fact that the category did not feel that they were given explicit standards to operate to. This is supported by the data in Appendix 8.1.a3.

Whilst informants said that they were given the right equipment and psychological support to carry out the task, they said they did not feel that their managers were active enough in improving their working environment. They saw their working environment as being important and said their managers did appear to listen to their concerns, but they perceived very little action from their managers as a result of expressing their concerns. This lack of perceived action would explain the data in Appendix 8.1.a5, where the responses were polarised.

The informants said they were given recognition by their managers and that praise was given for a job well done. However, they said that effort and hard work were not recognised and it was only the achievement of the objective that produced recognition. From the structured interviews, informant AA2 said that commitment and dedication were not enough in the eyes of their managers. Without the achievement of the task, praise and acknowledgement was not forthcoming. This emphasis upon the objectives and achieving results rather than on effort is supported by the data in Appendix 8.1.a6.

The managers referred to by this category were their immediate line managers, first line supervisors who themselves had been auxiliary workers prior to entering into a supervisory role and the unit managers in whose unit the informant was based. The senior management group were considered remote and over half of those interviewed had not met all of the members of the senior management group. From the structured interviews, informant AA2
said that "the senior management group were only interested in pleasing their managers and left the likes of us to get on with the job, as long as we didn't cause them any problems".

The dominant culture within the auxiliary category was that of a camaraderie amongst the workers. They said they were clear about their role and there was little conflict between what the organisation asked of them and what they felt they should and could provide. The tasks were well designed and had a clear beginning and end. Workers in this category had set their own agenda and were not over concerned about the role of the senior management group and that group's influence over their activity.

Their concern was only raised in relation to major structural changes in the organisation which could result in a relocation or redundancy. Their day to day function was not seen to be affected by senior managers in the organisation. They did not see themselves as being part of a larger parent organisation and their loyalties were locally focused. They had little or no knowledge of the strategic direction issued by the Director of Social Services, or how this was to be implemented by the senior management group. However, their client contact enabled them to enjoy a sense of job satisfaction that was not available to other workers in the organisation.

Administrative Category

The administrative category of staff were based throughout the organisation and were managed overall by one senior administration manager who was not a member of the senior management group in the area. Day-to-day activity was managed by the locally based unit manager or service manager for whom they worked.

In their day-to-day activity there is little opportunity to take a creative look at their tasks as most of these were prescribed. Typing of a letter leaves little room for innovation if you are unable to change the content of the letter or the way in which the content is expressed. Indeed, the majority of the clerical and administrative staff interviewed said that any change in
their work had to be approved by those “higher up the chain of command”. There was a clear emphasis on doing things in exactly the way they had been told to do them.

When there were opportunities to be creative as in the scheduling of work, the actual scope to change or adapt the process was severely limited. Clerical and administrative staff expressed a sense of uncertainty about acting independently and said no direction had been given about this by senior management within the organisation. People interviewed knew what had to be done and when it needed to be done by, but their objectives were rarely reviewed and their activity was organised on a daily basis with no overall strategic goals. They felt that their objectives were unrealistic and said that they regularly failed to achieve them.

In spite of the concern about objectives, the view obtained from those interviewed said that their managers exercised leadership in the organisation. However, in discussion with informants it emerged they were confused over the nature of leadership and it was clear they are referring to ‘instruction’ rather than leadership. Managers were seen in and around the workplace and were considered approachable. However, they were perceived to give instructions about the work required for the day rather than to engage with the staff and encourage contributions from the staff to enhance the work of the organisation.

Overall the administrative category were ambivalent about whether their managers adopted an enabling style of management. However, they were clear that their managers relied upon giving instructions to complete very tight work schedules. The data in Appendix 8.1.a7 illustrated a degree of ambivalence on this issue.

As a group of workers, those who were interviewed said that there was a sense of belonging to the administration section of the organisation and that generally relationships were very good. There was a feeling that people within this group were prepared to support each other and were like minded and worked well together. Informant AAD1 in the structured interviews commented that she felt that being part of a group of people that had similar tasks gave her a sense of belonging. She went on to say that she did not get the same feeling from
the organisation. When people asked what she did she always said she ‘worked in admin.’
first, and then identified the organisation almost as an afterthought.

Care Category
This category of workers consist of employees whose work was primarily to provide direct
care to clients usually within a residential or day care setting. The sample of care workers in
this category was taken from residential units caring for elderly people, a family centre
providing day care for mothers and children and a mental health day centre providing a range
of day care and therapeutic interventions to people suffering with a mental illness.

The sample of care workers from both the structured interviews and the self-completion
questionnaires said that their degree of autonomy was limited and very few of those sampled
said they had any opportunity to make their own decisions about how things should be carried
out. From those sampled it was clear that the emphasis within their part of the organisation
was on results rather than rules and regulations. A majority of care workers sampled said
that tasks were required to be carried out in a prescribed way and that there was little room
for variation. Equally, any innovation had to be approved by those higher up the line
management structure. Informant AC1 said that she had never felt able to share her ideas
with her manager, particularly if her suggestions were different to the way she felt the
organisation wanted things to be done. Again the majority of those sampled said they felt
unsure about the tolerance shown for mistakes made and considered that the level of
tolerance was mostly dependent upon the individual unit manager and the supervisor
concerned.

This view superficially conflicts with the data in Appendix 8.1.a13 which suggests that this
category of workers sees its management as having an enabling management style. The
conflict is explained by the fact that the group saw their first line managers as being more
tolerant and willing to allow innovation but were concerned that the senior managers took a
more rigid view and were less likely to be content with the staff taking risks than their more
junior manager colleagues.
This category’s response to the factor clarity of task showed that they knew what needed to be done and when it needed to be done by. This may be an outcome of experience amongst the care staff rather than a clear policy from the management team to be explicit about tasks. The informants from this category said that generally they achieved what they set out to do and a majority of the informants said that the targets and tasks set by managers were achievable. This refers to local managers who work in the local unit in which the care staff work. They said they do not have regular contact with the senior managers in the senior management group. The informants said their managers were approachable and felt that their managers were good leaders but were restricted in the way they operated by their senior management group. This is supported by the data in Appendix 8.1.a16.

As a group of workers, the care staff saw themselves very much as a team, both as a group within the organisation and more specifically within the unit in which they worked. The informants said that they belonged to a distinct group and felt that there was a sense of camaraderie within the group as a whole, nevertheless, only a minority of this category said they felt that individual workers were compatible with each other and worked well together. This is supported by the data in Appendix 8.1.a14.

The level of information available to the workers in this category was, according to the informants was very high. The informants said that information was accurate and relevant, particularly in relation to the clients. Information was made available when it was needed and local managers did not withhold information. Informant AC4 said that his manager was always clear about what he expected and that his manager checked that what he had said had been understood. This informant added that he felt this was about “covering his back”, rather than seeing the importance of good communication. There was a clear understanding amongst the category about where their responsibilities lay and what tasks needed to be undertaken. The data in Appendix 8.1.a16 supports this view.
In terms of recognition by managers there was a mixed picture. The informants said their
achievements were recognised by local managers and that local managers appreciated good
work. However, a majority of the informants felt that hard work was not recognised. Effort
was felt not to be enough on its own to gain recognition without achievements and results.
Informants were critical of their work environment and of their managers’ attitude to their
concerns about their work environment. The majority of informants said that significant
improvements should be made and felt that financial restrictions were a barrier to obtaining
these improvements. equally a majority of the informants said that they were not given the
right equipment and support to do the job. However, the informants said that the standards
of service were extremely important and felt that there was an emphasis within their unit on
improving standards as well as individual and team performance. The emphasis upon service
standards was supported by the fact that a clear majority of the informants said that difficult
clients were always handled with care and respect with a similar majority supporting the belief
that care staff always explained their inability to provide a particular service to clients. There
was an acknowledgement that clients will complain about the service and they accepted that
this was part of the job. A majority of informants said they were not defensive when talking
to clients about a failure of the service to address a particular need.

This category of staff appeared to be a committed group of workers who had their own clear
standards and views about their work and their role with their clients. From the structured
interviews there was a clear support for the belief that the high level of general satisfaction
and commitment amongst this group of staff arose from their contact with clients rather than
from a cultural ethos set by the senior management group. The managers within the units
were largely former care workers and their relationships with the staff are very much based on
a shared understanding of the role of care workers. Although it was clear that little
opportunity existed for innovation, care workers were able to make their own judgements
around client contact and as such were able to enjoy a sense of job satisfaction that was not
available to other workers in the organisation.
Professional Category

Workers in the Professional Category consisted of social workers and occupational therapists, all of whom have a professional qualifications. This category overall worked with a range of clients and although they were generically qualified, individuals tended to specialise with particular client groups. From the structured interviews and the self-completion questionnaires, there were no discernable differences between professionals working with different client types.

This group in particular felt they had very little autonomy and said that any statutory action they took, for example the decision to remove a child from its family, needed to be approved by those higher up the line management structure, although only a minority of those sampled said that the organisation placed an emphasis upon control rather than obtaining results. A majority of the informants said that they were not encouraged to take decisions and implement their own action arising from those decisions. The informants said they felt uncomfortable about the issue of making mistakes and only a minority considered that tolerance was shown for those who made mistakes. Informants said that the managers rejected new ideas that arose from this category of workers. The respondents felt that they were not well led and in particular said that they were not supported during the implementation of organisational changes. In this respect the informants said that information was withheld and only given by managers when it supported their cause. Informant AP1 from the structured interviews commented on the fact that his line manager had never discussed new ideas and this particular manager made informant AP1 feel unable to voice an opinion about a policy or procedure. He felt that if he did, this would be seen by his manager as disloyalty and would be held against him.

However, a majority of those respondents said that there was appreciation for good work and a similar majority felt that their hard work was recognised by managers. Over half of the informants said that information flow around the organisation was poor and as a category they felt they rarely received information in good time and neither was it reliable or accurate. The informants also felt that their tasks and role within the organisation lacked clarity and
there was little coordination of their work activity within the organisation. Although this category overall said they were not well led, the data shown in Appendix 8.1.a19 suggests that half of those sampled in this category said they do have managers who operated an enabling management style. This variation can be explained by the information from the structured interviews in which relationships between individual managers and their subordinates were often more positive than the professional category's overall perception of the management category. The influence of the senior management group is very much in evidence here.

A majority of the informants said that their working environment was poor and that their line managers and senior management did not give sufficient priority to improving their working environment. The majority of the informants said that limited financial resources were a major barrier to improving the workplace environment. The informants in this category said that the relationships between individual workers were positive and that people within the professional category were willing to support each other as individuals in times of crisis and extreme pressure. This contrasted with responses from informants that there was little or no team spirit and that relationships within the category were felt to be negative. The informants said there were continuous complaints and gripes from within their group. These findings are supported by the data in Appendices 8.1.a20, 8.1.a23.

With regard to standards, this category in particular felt that attention was given to improving standards although only half those sampled said that there is a high level of customer satisfaction with the service offered. The professional category said they felt very restricted on how they could operate and in their ability to influence the organisation. They said they were the least understood of all the categories sampled and in particular felt their major conflict was with the senior management group whom they said had an entirely different agenda. They said that their professional autonomy was compromised and they were powerless to do anything to change it. They were uncertain about the direction of the organisation and believed that the focus was on efficiency and value for money. They said their managers had done little to help them understand the changing environment in which
they were expected to operate or to understand the changes which lay ahead and, therefore, felt alienated from both the organisation and their respective managers.

**Management Category**

The management category consisted of first line, middle managers and senior managers which include the area manager and her two service managers who constitute members of the senior management group. Over half the management category sampled said they had a significant degree of autonomy although this is clearly defined and contained within limited rules of delegation. Therefore, a small amount of discretion was permissible but in the main most decisions involving the allocation of resources had to be approved by the senior management category. It follows, therefore, that the degree to which this category was able to take risks was also limited. This was supported by the data which showed that a majority of the managers in this sample were unclear about the attitude of their senior management group to making mistakes in their work. This polarisation in the views of the management group is illustrated by the data in Appendix 8.1.a25.

Informants said that they were committed to being action orientated in their work and that they knew what had to be done and when it was required by. Whilst half of the sample said they achieved what they set out to achieve, a majority said their targets were unrealistic and not reviewed.

This category presented as very compatible and saw themselves as part of a team who could rely on colleagues for support. There was equally a consensus about standards. The group considered standards to be high and said there was an emphasis on achieving high standards both as a management team and as individuals. Consequently, the category said that there was a high level of client satisfaction and in particular clients were dealt with in a very positive fashion regardless of whether they were complaining about the service or praising it. This is supported by the data in Appendix 8.1. a27.
In order to maintain these high standards the management category said that good information was essential and a majority said they got the information they needed when they needed it. They also said that their tasks were clearly defined, and although a significant proportion of the sample did not understand the direction of the organisation, they said they knew what they were responsible for.

The managers in this category said they did give recognition to their staff but were less convinced about the level of recognition they themselves received from their managers. Informant AM1 said that her manager was largely concerned with ensuring that she delivered the "party line", by which she meant that she should adhere to practice dictated by senior management. She felt that very little encouragement was given to her for activities that did not figure on the senior managers' agenda but which nonetheless, in her view, enhanced the services provided by the organisation. From the structured interviews it was apparent that informants were concerned to stress that the emphasis was on results rather than effort put into a particular project or activity. This contrasted with their view of the work environment. They felt that they listened to the complaints of their staff about the work environment, but were unable to resolve the issue as the limited resources available prevented them from taking positive action despite a strong desire on their part to improve the work environment.

Client Perception Study

The client perception study was administered to a sample of users in four service units: the family centre, the mental health centre and two residential homes for elderly people. A sample from each of the units was asked to complete a questionnaire with the help of an interviewer. The questionnaires consisted of a series of questions ranging across eight variables (which were reduced to three factors by the factor analysis). The variables addressed to the family centre and mental health unit were different from those addressed to the residential units for elderly people. The reason for this distinction was that the family centre and mental health units provided services for clients who were able to come to the service and leave after the service had been provided. The clients who received a service from the homes for the elderly were in fact resident within the service and, therefore, would
have a different perception about how the service was provided. The variables from which the questions were taken in this latter group were physical environment, personal hygiene, catering arrangements, amenities, relationships, cost of help, image of the organisation and overall satisfaction. The former group's variables focused on different issues, such as the timeliness of the service, the cost of help, the clarity of the information given and access to the service, the courtesy, responsiveness, and customer awareness of the service, the image of the organisation and the accuracy of the information given during the service. A fuller explanation of the methodology relating to this part of the study is given in the Methodology chapter.

Responses by users of the family centre were very positive. Issues such as convenience of location were seen to be very important and a clear majority of the sample thought that the location of the family centre enabled them to take full advantage of the service. Equally, the courtesy of the staff at the centre and the accuracy of the information given by the staff was seen to be of a very high calibre.

Looking at individual questions, the issue that returned the lowest positive response was the question concerning prior knowledge of the service. Here only a quarter of the sample had such prior knowledge. This is the only negative aspect of the service. In all other aspects the informants were positive in their responses about the service. Clearly the users of this service felt that it addressed their needs as they perceived them and delivered the service in a way that was acceptable to them. This was particularly interesting as a high proportion of the users of the service had come into the organisation because of child protection issues within their family. It is not uncommon for such users to feel antagonistic towards the organisation or indeed alienated by it. This is supported by the data in Appendix 9.1. acs 7, 8 and 9. There was some concern about the time at which the service was offered. However, in the majority of situations the time when the service was available was acceptable.

The mental health centre returned a very similar response to that of the family centre with the convenience of location and the courtesy of the staff seen as high priorities. Looking at
individual questions, prior knowledge of the service is again a problem area with less than a quarter of the sample having prior knowledge of the service before they were referred. Another concern expressed by users of this unit was the uncertainty over the reason behind having to wait for the service. Many of those sampled were not able to have the service at the point of their referral and felt that they were not given an acceptable explanation. The data also showed there was also some concern within the sample that information was not always easy to understand.

Both these community services were considered by the users to be of a high calibre. They spoke “warmly” of the staff who provided the service and of the impact the service was having on their particular problem. However, their comments were focused on the service and in particular on individuals providing the service. They did associate the service they received with the organisation as a whole; indeed some of the clients who had dealt with the organisation prior to receiving a service from either the family centre or the mental health unit did not consider that the organisation had provided the service and that the individual units were responsible for the service and were separate from a larger organisation.

The two residential units were seen by the informants taken from each unit to be highly satisfactory. Physical environment, catering arrangements and amenities within the units were seen by the informants to be very good indeed. There was hardly any significant variation in the two units responses. Interestingly, the area that was reported as not being positive was again in the level of knowledge that clients had about the unit prior to their admission. One might conclude that these results are not surprising in that people questioned about the service are very dependent upon the service and, therefore, to criticise the service would be risky because of possible consequences. Alternatively, those questioned might have low expectations and be grateful for whatever is offered. These questions are difficult to answer in an absolute sense although we as researchers took precautions in relation to confidentiality and assurances were given that no member of staff had knowledge of individual responses.
However, these results are surprising if one takes a superficial look at the organisation and seeks to find a relationship between the functioning of the organisation and the satisfaction of the end user (the client). We would have expected there to have been some reflection of the dissatisfaction expressed by the people working within the organisation and the people receiving the service from the organisation. However, the service received by those sampled by the mental health unit, the family centre and the two residential units were delivered by either care workers or auxiliary staff, indeed, very few of the clients at the point of interview were receiving a service from either a professional or manager within the organisation. This suggests the relationship between the user and the provider is the key element and that this relationship can be independent of the ethos that is generated by the organisation.

The data obtained from both the questionnaires and the structured interviews indicated that the highest level of satisfaction and creativity seen was with those working closest to the client and furthermore, doing so without the restrictions of 'professionalism'. The care workers were able to relate to their clients in 'the here and now' and address the client's needs that were presenting at that point in time. This may be simply providing a cup of tea or taking someone for a walk or sitting and chatting about an everyday occurrence. These findings are supported by the work of Strauss et al (1978), who demonstrated that lay personnel working extensively with or near patients are likely to have more impact on the treatment of these patients and, therefore, gain greater job satisfaction which is used as the measure of their morale.

Summary
The culture of Organisation A is centralist in nature with very little devolvement of key activities and all decision making power is held within the senior management group. This group is dominated by the area manager who is the most senior manager and as such responsible for the overall management of the organisation. We found the influence of this senior manager throughout the organisation and her impact on the culture is most apparent. Consequently, there is little opportunity to challenge or debate the issues, and any challenges that did arise were unsuccessful. The organisation presented as goal driven and the
achievement of objectives being of paramount importance. These objectives were established by the head of the department, the Director of Social Services. The senior management group adhered to these objectives and in turn expected adherence regardless of the comments made by staff as to the realism and relevance of the objectives.

In interviews with staff conducted through the line management structure it became apparent that there is no ownership or understanding by the staff of the objectives set by the Director. Staff interviewed said these were the objectives of managers. The senior management group acknowledged that the organisation had many talented people among its workforce and that recognition by the senior management group of the role the workforce could play in the success of the organisation was important. However, from the data collected via the self-completion questionnaires, the structured interviews and the human capital audit, there was little evidence that the senior management group actively sought to engage the workforce in the development of the organisation. This promoted a centralist approach and a culture that seemed to restrict the influence of the workforce on the organisation. This view of the organisation is supported by the nature of the processes the organisation uses to communicate with its staff and to carry out its essential personnel functions.

We found that there was no relationship between the culture of the organisation and the end service as perceived by users. Organisation A did not have a clear definable culture that was systematically diffused throughout the various levels of the organisation. There have been attempts to articulate how the organisation should operate and behave culturally but these have not permeated the line management structure of the organisation to any significant degree. The senior management group believe they are clear about the direction in which they need to lead the organisation but have not addressed how they can ensure that their staff are equally clear and ready to follow their managers.

This organisation was found to have a low level of cultural statement and a low level of cultural diffusion. The client perception study results would indicate the level of satisfaction of the service appears not to be influenced by the culture of the organisation and despite many
areas of dissatisfaction amongst the staff, the end user of the service (the client) believes they are receiving a quality service.

Organisation B
Description of the Organisation
Organisation B is a large Social Services Department which, during the past 8 years, has promoted its services via a decentralised structure based on service delivery through a patch system, (Hadley and McGrath, 1984). It has a devolved management structure which is reflected through local generic Fieldwork teams, each managed by a local general manager. The local manager has control of local budgets and is responsible for the provision of personal social services to an average population of 20,000. There were four such teams operating in this organisation. During the 8 years the organisation's evolution has been influenced by strong leadership from a previous Director of Social Services, who developed a specific culture of clear direction, explicit priorities and a policy of service targeting, the rationalisation of the service delivery patch system brought about by budgetary constraints and economies of scale. This meant fewer teams covering larger populations leading to more consistency in team size, a pending reorganisation brought about by Central Government's Community Care proposals and the appointment of a new Director of Social Services in 1989, who had set in motion major changes which focused on a separation in services leading to a Purchasing/Providing model of service delivery.

As a result of these changes, the structure that was established in 1984, (comprising two operational divisions; East and West plus two Support Service branches: finance, and development and planning), was changed during 1990 into a structure which has four branches: Operations, Commissioning and Development, Quality Assurance and Inspection and Finance and Personnel.

The Operations branch is divided into six geographical areas, each with a population of approximately 100,000. Each area is managed by an area manager, who in addition to holding the responsibility for a specific geographical area, also carries a county responsibility
for a particular client service. This devolved management style is reflected further down the management line, where local general managers operating within an area, carry both a line management role as well as a service responsibility within the area in which their patch is based.

The organisation upon which our research is focused within Organisation B is one of the six geographical areas within the Operations division.

The Sample

The total whole time equivalent population in Organisation B is 440. The sample selected for the organisation climate questionnaire was 116 which is 26% of the total population. This sample and response is shown in the following table 3.

<table>
<thead>
<tr>
<th>Category</th>
<th>Organisations Population</th>
<th>Questionnaires Sent</th>
<th>Returned Questionnaires</th>
<th>Response Rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auxiliary</td>
<td>39</td>
<td>15</td>
<td>11</td>
<td>73</td>
</tr>
<tr>
<td>Administration</td>
<td>34</td>
<td>14</td>
<td>10</td>
<td>71</td>
</tr>
<tr>
<td>Care</td>
<td>259</td>
<td>52</td>
<td>30</td>
<td>57</td>
</tr>
<tr>
<td>Professional</td>
<td>77</td>
<td>20</td>
<td>16</td>
<td>60</td>
</tr>
<tr>
<td>Management</td>
<td>31</td>
<td>15</td>
<td>12</td>
<td>80</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>440</strong></td>
<td><strong>116</strong></td>
<td><strong>79</strong></td>
<td><strong>68</strong></td>
</tr>
</tbody>
</table>

19 people were interviewed through the line management structure and three service units were surveyed for a client response as follows:
Table 4 - Client Perception Study Sample

<table>
<thead>
<tr>
<th>Unit</th>
<th>Potential Client Population</th>
<th>Number Interviewed</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>People with Learning Disabilities in Care Homes</td>
<td>32</td>
<td>6</td>
<td>19%</td>
</tr>
<tr>
<td>Home for Elderly People</td>
<td>50</td>
<td>3</td>
<td>6%</td>
</tr>
<tr>
<td>Mental Health Centre</td>
<td>70</td>
<td>10</td>
<td>14%</td>
</tr>
</tbody>
</table>

The second unit, Home for Elderly people, was not considered a viable sample for analysis. This low number of informants was because this unit had a high proportion of clients who were very confused and unable to give reliable responses to the interviewer.

Level of Investment made by the Organisation in its Workforce

The human capital audit was completed with three senior managers in the organisation. The outcome is as follows:

Recruitment

There was no rigid centralised control of the recruitment process but rather distinct emphasis upon local controls of the process, thus enabling local managers to use their initiative. As a consequence, there was a variation in the selection processes according to local needs and the nature of the post being recruited to. However, this process was hindered by the financial restrictions of a relatively small local budget for advertising purposes. Equally, the degree of freedom was curtailed from time to time by moratoriums on staff recruitment. The actual process of selection involved users of the service wherever possible and a positive attempt was made to establish the values of the organisation in the eyes of the candidates, at a very early stage in the selection process. Local managers had a clear understanding of the type of staff needed within their teams and were not afraid to use criteria, other than the traditionally accepted qualification and experience.
Induction
There was a centralised induction programme designed to orientate new staff members joining the Department. However, local managers were able to supplement this with specific induction programmes. They, however, varied in their application and were not uniform across the area; therefore, the induction experience of a new member of staff in Organisation B would be dependent upon the team they happened to join and the post they were taking up. It was apparent that within Organisation B there was a belief by managers that each staff member could have a personalised induction.

Appraisal Systems
Organisation B did have a personal appraisal scheme, which was restricted to senior and middle managers. Staff who were not in these grades were dealt with by individual managers, on a more generalised supervisory basis. However, the organisation had invested significantly in its personnel function through the appointment of two staff development officers, who appeared to have a tenuous link with staff working in the Operations division. The opportunities for secondment and increasing staff experience was not in evidence.

Reward Systems
Reward systems within Organisation B were limited in terms of performance related pay to senior managers, who also received preferential rates for lease cars. There were opportunities to reward other staff, such as honoraria, but these were not widely used and were dependent upon the agreement of the area manager. The organisation was committed to acknowledging good work and high standards and was actively seeking more tangible ways to reward staff and, as a result, had commissioned a working party to explore a range of options.

Sanctions
In terms of sanctions, there was an established code of discipline which was part of a formalised personnel practice which was delegated to the appropriate level within the organisation and which was normally the line manager. Local managers were keen to tackle
issues involving staff who had poor work performance and created individual solutions to specific staff problems.

Whilst they recognised the limits of these initiatives, they were committed to establishing a clear value system in their dealings with their staff.

This was highlighted by the fact that managers were explicit about their expectations of staff and were swift in addressing any shortcomings.

**Training and Staff Development**

Organisation B clearly invested in training through the work of the two staff development officers and by its budget allocation of approximately £10,000. Training courses were established by the staff development officers and formed part of the organisation's training programme. This programme was ratified by the Senior Management Team (a local management team comprising of the area manager and local general managers) based on the perceived needs of the organisation. However, it was clear that the emphasis of this programme was strategic in nature and, therefore, did not take into account the more short term needs of individual staff members. Generally, it was felt that any training undertaken was not formally followed up by managers and, therefore, evaluation of such training was bound to be limited. Whilst management training was considered by the organisation, there is little tangible evidence that a strong management training programme existed. There were attempts to address this by the Department through packages of training organised internally by the central training division.

**Organisation Behaviour**

From discussions with senior managers in Organisation B, it was clear that there was a statement of organisational behaviour which had been formulated by senior management of the Department and endorsed by the Social Services Committee. However, this did not appear to have been transported through the organisation effectively. Managers said the statement was thought to be about service standards and did not address departmental or
organisational values. Local managers considered that there was an accepted code of behaviour but could not be explicit as to what constituted this behaviour.

Generally there was a responsibility placed upon individuals to establish an acceptable way of behaving and to communicate that behaviour through the organisation. No individual appeared to have overall responsibility for setting organisational behaviour patterns and for ensuring that they would be adhered to.

**Quality Assurance**

Within Organisation B there was confusion over the relationship between Quality Assurance and the Operations division. However, senior management within the Department had established a Quality Assurance Division which was lead by an Assistant Director of Social Services, although there was no evidence of any specific statement on standard of services or quality assurance programmes.

**Customer Perception**

Organisation B did not have a clear policy on obtaining consumer opinion on its services. However, in discussions with senior managers within the organisation, it was apparent that the issue of what customers felt about the services offered by the organisation were important. In fact, one senior manager expressed a view that customer perception and feedback were the only genuine indicators with which to gauge the impact of the organisation's services.

In looking at the mechanisms that might have been employed to discern customer perception, there was no real sense of wanting to engage with the customer. An example of this was the complaints process. Complaints were handled centrally thus putting distance between the complainant and that part of the organisation that provided the service. By using this process, there was little opportunity for establishing and developing a dialogue between the customer and the professionals who provided the service and as a consequence, no real opportunity for changing the service to match the customer need. Much of what was said by the senior
managers in the organisation about their view of customers was very positive and to a large extent was what one would expect senior managers operating in a service industry to say. However, there was very little evidence that their rhetoric was translated into action.

Self-completion Questionnaires and Structured Interviews
With Line Managers
Overall, Organisation B presented as a controlling and somewhat defensive organisation. In relation to the factors it was clearly not seen by its workforce to have an enabling management style, although as with other organisations in the study, there were individual managers within the organisation that were seen very differently by their subordinates to the general impression offered by the workforce. The organisation did have a strong and powerful senior manager who was able to set the tone of the organisation and did so. This tone went unchallenged even though both middle managers and members of the workforce were unhappy with the result of the manager's influence.

Whilst there was not a contradiction between the workforce and the senior manager over the stated aims of the organisation, there were issues of difference on how these aims might be achieved and the relative roles of the customer, the workforce and the management in delivering the organisational aims. These issues are highlighted in the data obtained from the individual categories.

Auxiliary Category
This category of workers presented as ambivalent about the degree of autonomy they had within the organisation. The data obtained from the self-completion questionnaires and the structured interviews highlighted that there was no consensus on whether the organisation focused on results or control in relation to the activities of this particular group.

However, a third of those sampled said that their work activity was sanctioned by their line managers. This may be a result of the nature of the work activities of this group in that they were prescriptive and the workers felt they did not have sufficient freedom in deciding what
was to be achieved. Informant BA1 from the structured interviews, said that his manager did share ideas about how tasks could be carried out even though the tasks themselves were not for debate.

Where freedom did exist, the flexibility within this work category was shown in how they achieved their tasks and when they achieved their tasks. The majority of the sample said that their managers followed up on staff ideas and encouraged the workers to be innovative. This is further supported in that almost half of those sampled said that they were able to take risks without the fear of being penalised for making mistakes. The term risktaking is perceived by workers in this category as being able to take action to enhance the care situation of the client without prior reference to their supervisors.

This view was supported by the data from the structured interviews in which we found examples of individual supervisors and first line managers encouraging their staff to take initiatives within set parameters. This allowed individuals to feel content in taking decisions about relatively small tasks and being praised for success in these tasks. Those workforce members who were interviewed commented on how much this aspect of the work enhanced their overall job satisfaction and allowed them to feel that they were contributing to the overall success of the organisation. The extent to which informants said that the organisation had an enabling management style is shown in the data Appendix 8.2.b1. Two thirds of those sampled said that they had clear objectives set and that these objectives were regularly reviewed through supervision meetings; however half of those sampled said that they did not always achieve what they set out to do. This is not necessarily directly linked to the functioning of the organisation but is perhaps more reflective of the nature of the work of an auxiliary worker and the fact that it is inevitable that problems will occur in this type of work that will cause schedules to be missed, or deadlines to be lost. The data obtained in the structured interviews gave clear indications that this category's line managers were encouraging their workers to be action orientated and were supportive during times of change in order to maintain the desired levels of work both in terms of quality and quantity. The data from the self-completion questionnaires suggested that a majority of informants said that they
are well led and that their managers and supervisors were approachable and were often seen in and around the workplace. Data from both the structured interviews and the self-completion questionnaires suggests that this group felt very positive about their line managers and considered their relationship to be helpful and supportive. However, they did feel they had less contact with senior managers and consequently did not have a clear view of the strategic goals of the organisation. This category of workers said they saw themselves as a team and felt that the relationships were positive and that colleagues were willing and able to support each other in their work activities. The structured interviews showed there was evidence that the workers were united in their views of their role within the organisation and considered themselves as a distinct group that had certain rules which governed the behaviour of the group.

Examples of these were given as, covering for each other if the tasks were not completed on time, supporting individuals and defending their colleagues in the presence of managers. Nevertheless it was made clear that this support was not to be abused by members of the group. This was also supported by the data from the self-completion questionnaire, which showed that people were concerned about each other, and that colleagues could always be relied upon to pull their weight. Equally important in understanding the relationships between individuals was the fact that of those sampled very few said there were gripes and complaints amongst the workforce about members of the workforce. The workers in this category were organised in small teams and focused on achieving the task with the minimum fuss. The nature and extent of the team work within this category is shown in the data in Appendix 8.2.b2. The behaviour in this category of workers shows the existence of an informal social organisation of the nature described by Mayo in his Hawthorne studies. In particular, Mayo (1945) hypothesized that employees are more responsive to the social forces of their peer group than to the incentives and controls of management.

This group of workers were less clear about the standards of work expected by the organisation. Those sampled said they were not given explicit standards to work to, although over half of those sampled said that the organisation was interested in standards but did little
to help group members understand what was expected of them in achieving these standards. This feeling of uncertainty about what was expected was demonstrated by the view expressed by the sample of managers and other workers outside the auxiliary category who said they did not understand or appreciate the difficulties faced by the group in achieving their tasks. This lack of appreciation by the other categories sampled, combined with an absence of specific standards to operate to, made the team feel isolated and vulnerable. The consequence of this was to enhance their sense of team spirit and team cohesion.

The sense of isolation expressed by the auxiliary category is also supported by their responses to issues of direction and information. Over half of those sampled could not say what the direction of the organisation was and only a third of those sampled said they understood the priorities of the organisation. Furthermore, two thirds of those sampled said they did not receive information when they thought they needed it, nor did they receive information ahead of time and neither was it accurate, or relevant. Those sampled in the auxiliary category did say their contributions to the organisation were valued by supervisors and first line managers and that individual managers did show appreciation for good work but did little to pass on information about the difficult work issues to more senior managers.

This same theme was apparent in the way the auxiliary sample described their feelings about their work environment. Half of those sampled said they did not have the correct tools to carry out their tasks and two thirds of the sample felt their physical environment and the amenities available to them to be very poor indeed. The structured interviews and the self-completion questionnaires revealed that although first line managers listened and appeared sympathetic to the category's concerns, very little happened to improve the situation as a consequence of the discussion between first line managers and members of the auxiliary group. Two thirds of informants said that the main reason behind this inability to effect change was the limited financial resources available to spend on the workplace environment. Whilst this last point may well be correct and is a common issue in Public Sector organisations, the interesting issue is the fact that the auxiliary category said, yet again, that the lines of communications stopped just beyond their first line managers. There was little
evidence to suggest that the workers in the category received the information directly from more senior managers or did so via their first line managers. This supports the theme that the auxiliary workers in this organisation had vague notions about the organisation's direction and, therefore, could not utilise their full potential in helping the organisation move in that direction. On the other hand, if management creates a situation for workers in which they feel frustrated, threatened and alienated, they often form into groups whose norms run counter to the goals of management (Zaleznik et al 1958).

**Administrative Category**

This category of workers within the organisation were divided in their perception about the degree of autonomy they had. Of those sampled, almost half said they had autonomy in carrying out their tasks and a third of those sampled said there was an emphasis on getting results rather than on being over concerned with control and authority. Indeed all informants said that the way in which tasks and assignments were completed did not have to be sanctioned by those higher up the chain of command. This was supported by the fact that half of the sample said that there was not a great deal of emphasis on doing things in exactly the way you have been told to do then if you felt the job could be achieved more successfully by using a different method. Half of those sampled said that they were encouraged to make their own decisions and that tolerance was shown by managers when mistakes were made in attempting something new and innovative, although half of the sample held the opposing view. The reasons for this diversity of views became apparent from the information obtained from the structured interviews. The attitude of the first line manager was crucial. In the absence of any clear guidelines or direction from senior managers on the issue of risk taking, individual first line supervisors were forced to fall back on their own view of risk taking and their attitude to the workforce was a reflection of their own degree of comfort or discomfort with risk taking and uncertainty.

This category was action orientated which was a reflection of the nature of their tasks and assignments. Indeed, two thirds of those sampled in the structured interviews and the self-completion questionnaires felt that they were action orientated and said they knew what
needed to be done and when it needed to be done by. Furthermore, those sampled said that the objectives set by their line managers were realistic and achievable. This was again supported by the self-completion questionnaire where the sample indicated that they achieved what they set out to achieve in the prescribed timescales.

The administrative category responded positively to questions about their managers and two thirds of the sample said that they experienced good leadership and that their first line managers were approachable and were often seen in and around the workplace. Informant BAD1 said that her relationship with her line manager was based on mutual respect. She felt that her line manager was able to understand the issues in carrying out the work because she had done the job in the past. When asked about the level of support given by managers, two thirds of the sample in the self-completion questionnaire said that their first line managers kept them informed about the pace of change in the organisation and that they felt supported by those managers during the period of change. However, half of the sample from the self-completion questionnaires said that they did believe that their managers withheld certain pieces of information and were not always completely open about the nature of changes and the implications of those changes for staff.

The administrative category said that they were a team and informants said the workers within the administrative group tended to be compatible. This supported the view that the atmosphere within the administrative working environment was harmonious and that the administrative group tended to support each other at times of difficulty. There was a sense of being able to rely on colleagues without feeling vulnerable. However, a familiar theme arose in that workers in this group said they felt very ambivalent about the negotiations with management over their contribution to the organisation. Half the sample from the self-completion questionnaire said that their efforts were not recognised and that there was no appreciation from management of tasks that are achieved on time.

Lack of recognition for good work on behalf of the management was difficult to reconcile with the information about standards. This contradiction is shown in the data in Appendix
8.2.b2. The majority of the sample said that standards were high and that the organisation placed an emphasis on achieving high standards. Furthermore, they had to meet specific standards and could describe what those standards were. Informants in this category said that the organisation through the management structure sought to improve both team and individual performance.

This focus on standards was reflected in the group's views about service and client satisfaction. The majority of the sample thought that clients of the organisation had a right to complain about the service if it did not meet their needs. Equally a majority of the sample said that clients who complained to the organisation were always dealt with in a positive fashion and that the organisation did not become defensive when explaining its inability to help in particular situations and half the sample said they felt that service levels were not adversely affected by demand.

The direction of the organisation was an issue for staff in this category. Whilst the immediate tasks were clear and staff knew what was expected of them, only a third of the sample were able to describe the organisation's priorities. This was highlighted in the administrative group's view of how information flowed around the organisation. Two thirds said that information was never available ahead of time, although when it did arrive they felt it was accurate and relevant though very focused and task specific. The feeling that each of the categories are working in isolation and separate from the others was a continuing theme with this organisation. Targets and objectives were set but were not linked to the larger organisation and, therefore, this category did not feel they were able to see and appreciate the overall direction in which the organisation was looking to move.

The work environment issue for this group reflected similar responses to the other groups. Whilst management were sympathetic, they were unable to bring about any significant change in the physical surrounding of the group's working environment. The perceived reasons for this inability to effect any change by management were the same as those encountered before, namely the lack of resources and a belief that that their line managers did not press the issue.
with their own line managers. The gap between the workforce and senior managers was apparent.

**Care Category**

The degree of autonomy in this category was seen to be high with over half of the sample saying that they felt that the emphasis was on results rather than on control and authority. From the structured interviews and the self-completion questionnaires, the sample suggested that there were opportunities to be innovative and that the workforce did not feel that the way advocated by the management was always the right way and one that needed to be slavishly adhered to. Two thirds of those sampled from the self-completion questionnaires said that there was not an emphasis on doing things exactly as you had been told, and felt that they were encouraged to take their own decisions. This was supported by the fact that the same sample also said that tolerance was shown for making mistakes and workers were not made to feel uncomfortable for occasionally stepping out of line. Informant BC3 said that she considered her manager to be just another worker who has more experience. She felt that very few managers working in the care situation identified with the management. She said that in her experience, they were much happier in the company of care workers than in the company of their own line managers.

This category of staff also said they felt they were action orientated in that they were clear about what was needed to be done and when it was required by. They said they understood their objectives and that their objectives were both realistic and achievable within the time frames set by their managers. However, these objectives were focused on client contact and were not seen as being part of the organisation's overall objectives. The staff in this category were largely unaware of the organisation's objectives and believed that they were about giving high levels of care and value for money. They had not seen any organisation objectives and could not recall the organisation's aims or being told by their managers what the organisations aims were, despite the fact that informants said that their managers were approachable and enthusiastic about listening to staff ideas about how their tasks could be better carried out.
According to those sampled workers in this category were compatible and demonstrated concern for each others, particularly in difficult times. Just under half the sample said that workers in this category were open and honest about their feelings; a third of the sample disagreed. There was no obvious reason for this split and the structured interviews did not throw any additional light on the issue. Overall, workers in this category saw themselves as a team. This is based on data shown in Appendices 8.2.b13, b14, and b15.

This category was very clear about the issue of standards and felt that the organisation placed a strong emphasis on achieving high standards of care, both from individual workers and as a group of workers. This was supported by the structured interviews and the self-completion questionnaires where the sample said that customers were always dealt with in a caring and professional manner, even when they were complaining about the service of the organisation. Indeed, a majority of the sample said that customers had a right to complain. Furthermore, they said that complaints could lead to improvements in service and these improvements would come about by the organisation developing a partnership with its customers. This would lead to an understanding of how customers perceived the organisation and went about developing a service to meet their needs. This was seen to be important by the group as they said the level of service demand dramatically affected the ability of workers in the group and, therefore, the organisation to deliver a service, although half of the sample said that the service levels were maintained regardless of demand. This view of the importance of standards is based on the data in Appendix 8.2.b15.

The care category were positive about their direction and felt that their tasks were made very clear. Informants said they knew what needed to be done and when it needed to be done by and what they as individuals were responsible for. This was supported by the fact that the informants said that they got information when they needed it and that it was usually accurate and reliable. The relationship between line managers and the care category was felt to be positive. This was supported by the fact that informants said that appreciation was shown for good work and managers recognised the energy that workers put into the care task.
The sample said that their managers were sympathetic to their concerns about their working environment but stated that they appeared to be powerless to bring about any significant changes. This was categorised by informants as being a reluctance on the part of senior managers to acknowledge the problem and an inability on the part of first line and middle managers to effectively bring this issue to the attention of their more senior colleagues. This is shown in the data in Appendix 8.2.b17.

Professional Category

The professional category were the workers in Organisation B that said they had the least degree of autonomy, despite the fact that half of the sample from this category said that their professional status should have enabled them to have 'clinical autonomy' over case work decisions affecting individual clients. Again half of those sampled said that the organisation placed a great emphasis upon control and authority rather than on achieving results, and that there was a strong expectation that workers would carry out tasks in exactly the manner prescribed by the organisation which are set out in the procedure manuals. This was supported by the fact that only a third of informants said they felt able to take risks and two thirds felt that new ideas are rejected and ignored if they challenged the status quo. Only a quarter of informants said they were orientated towards taking action and only a third said they knew what needed to be done and when it needed to be done by.

This view is contradicted to some degree by the data in Appendix 8.2.b19, which shows a more even distribution over the factor enabling management style. This contradiction is explained by the manner in which informants in this category understood the issue of enabling management style. From the structured interviews, it was clear that many individuals had very positive relationships with their supervisors and were able to discuss and debate professional issues. This "freedom" was interpreted by the sample as an enabling factor; however, on the less specific issues, there are clearly concerns which distance the group from the management of the organisation. Informant BP4 said that he felt a professional bond with his first line manager, particularly over client focused issues. He went on to say that he did not feel the same way about more senior managers nor did he feel that these senior managers
were concerned about his issues. He felt that they concentrated on the strategic objectives of the organisation which he felt did not have any relevance to his work.

The informants in this category said they felt distant from the organisation and unable to identify its objectives, although the informants in this category said that their professional objectives were broadly compatible with those of the organisation. However, the way they were expressed by the senior managers brought them into professional conflict. They said they did not feel supported through the changes made by the organisation and did not feel that their contribution to the development of the organisation was truly recognised. Less than a quarter of the sample said that they could recall an occasion when their contribution had been acknowledged. A majority of those sampled said that good work was not recognised in the organisation, neither was effort or hard work. We clarified by establishing that the term organisation was used in a generic sense. This was supported by the fact that informants did say that the degree of acknowledgement varied from manager to manager, however two thirds of those sampled said that you are more likely to get attention for mistakes rather than achieving something with a positive outcome.

The professional category said they were uncertain about the direction the organisation is taking and only a minority of those sampled were able to identify a specific direction. Two thirds of the sample said that their tasks and assignments were not made clear by the organisation, neither was the organisation clear about its expectations of staff. This was supported in the data in that only a small minority of those sampled said that information was well coordinated and the majority of those sampled felt that information was never received ahead of time and nor was it always accurate or reliable.

Both the structured interviews and the self-completion questionnaires showed that those sampled do not perceive the professional category as a team. They could not relate to a group identity and felt that their line managers did little to promote a group identity.
The category presented a very pessimistic view about the degree of customer satisfaction and informants said they felt that the customers did not understand or appreciate the problems that they as professionals had to encounter when delivering a service, although a majority of the sample felt that service improvements were dependent upon partnerships being developed between the organisation and its customers.

The informants in this category had a similar view to other categories in the organisation when considering the workplace environment. The financial restrictions placed these improvements low on the list of organisation priorities.

The professional category, more than the other categories in the organisation, were the most despondent about their role and their ability to influence the organisation in the way it behaved. Furthermore, they said their status as professionals had been eroded and that they had little to contribute. This was in direct conflict with some of the aims stated by senior managers interviewed in Organisation B, where they very clearly saw high levels of professionalism as being the key to success and in being able to achieve a high quality cost effective service. We found that these aims had not been communicated through the line structure and there was no obvious strategy for doing so.

**Management Category**

The management category said that they were controlled and contained by their senior colleagues and that there was little room for individuals to be creative and innovative. From the structured interviews, the sample within this category said they have very little autonomy and over half felt that decisions were usually made on the basis of custom and practice. A majority of those sampled said decisions are made on the basis that most have to be sanctioned by those higher up the line management structure. The activity of first line managers and their middle ranking colleagues was felt by the group to be very prescripted and limited.
This conflicted with the view presented by middle managers who said they themselves encouraged their junior managers to make their own decisions and to take action as they saw fit. However, from the structured interviews and the self-completion questionnaires, first line managers said their ideas were rarely picked up by senior managers. This category presented a mixed message. The first line managers felt controlled, whilst middle managers saw themselves as having more freedom but still felt directed by their senior managers. However, senior managers were saying they were encouraging their juniors to be more innovative and entrepreneurial.

This response to the controlling influence of senior managers was reflected in the data shown in Appendix 8.2.b25.

This category said they felt they were action orientated and saw themselves as a clear reflection of the organisation's style which was to be seen as taking action and developing services. Half of those sampled were clear about their objectives and targets and a similar percentage said they were both achievable and realistic. The informants in this category said that good leadership was the hallmark of the organisation and a majority of the sample felt that all managers were approachable and felt comfortable in discussion with junior colleagues and fellow managers. This sample said that the relationships amongst managers were positive and that there was always support available from colleagues when this was needed.

A clear majority of those sampled said that the standards of service in the organisation were high and that the organisation placed a clear emphasis upon achieving high standards of service.

The issue of recognition drew a positive response. Informants in this category said that appreciation was shown for good work and that achievement was recognised and valued. However, the emphasis was on results as opposed to effort and people were less likely to get recognition for effort alone.
The senior managers said they were clear about the direction of the organisation and were able to describe the strategic objectives. However, more junior managers were unable to do so, not as a result of incompetence but rather through a lack of knowledge and understanding. The issue of workplace environment was acknowledged as being important but did not compete well with other priorities in the organisation. This is shown in the data presented in Appendix 8.2.b26, b27, b28, b29, and b30.

Client Perception Study
The client perception study indicated very high levels of customer satisfaction with the service provided by the organisation. In all the areas explored with clients, the response indicated a high degree of compatibility between customer need and service delivery. Details of the actual areas covered and the levels of response are contained in Appendix 9.

There were three types of service surveyed within this organisation; a residential home for elderly people, a day centre for people with mental health difficulties and a residential unit for people with learning difficulties. The key issues in all three services were: good communication between staff and customers, an ability to adapt local service to local need and a desire by all types of staff to deliver a quality service.

There were concerns that the location of the service had an impact on accessibility. However, this would be an expected criticism of any service by some of its clients as it is inevitable that wherever a particular service is a geographically placed it will be less accessible for some of the clients. The degree of information about the service was also questioned in the sense that informants asked about this issue said that not enough information was available about the organisation's services prior to their need to use the services.

The services were perceived by the clients of Organisation B as meeting their needs. This would suggest that the information arising from the self-completion questionnaires and structured interviews with the staff of the organisation would appear not to have a major impact on the way in which staff in Organisation B delivered the service to the customer.
However, a notable feature of the organisation was in its inability to give a clear direction to its workforce and a strong view within most of the categories sampled was that opportunities for innovation were limited. It is reasonable to suggest that if this was true this could well affect the way in which services are delivered in the future.

Summary

The interviews with senior managers to establish a picture of this organisation's commitment to the investment and development of its staff gives the impression that managers consider investments made in their staff to be both important and effective. There was much evidence of initiatives taken in the absence of clear guidelines, which suggests that Organisation B values its workforce by actively seeking to promote a positive environment in which staff can flourish.

However, the conclusions drawn from the data taken from Organisation B would suggest that senior managers have a clear view of what they want to achieve and how they want to achieve it; but they have failed to develop a strategy for disseminating and coordinating their message throughout the organisation. It is apparent that a significant number of workers across all of the categories within the organisation have a clear view about the value of investing in the staff of the organisation and in doing so are working together to ensure that the organisation moves in one clear direction. However, no consensus has emerged as to how this is to be achieved and no attempt has been made to lead the organisation and give a clear message about the direction in which the organisation might go.

This organisation presents as being one that has a low statement of organisational culture and a low level of cultural dissemination throughout the organisation. As a social service department, it is by its very nature a large and complex organisation and as such has a significant risk of failing to integrate all of its various categories which we know from previous studies are essential to ensure effective overall performance (Lawrence and Lorsch, 1969). The culture operating within each category was associated with the type of workers and the nature of the work found in each of the groups and not to do with a coordinated
approach by the organisation's senior managers. In the absence of any clear direction from senior managers, the informants within the individual work categories have come together and established a peer culture which gives individuals a basic identity derived largely from face to face contacts with other members of their category rather than as a result of a deliberate policy on the part of the organisation to establish and perpetuate a formal organisational identity.

Organisation C

Description of Organisation

Organisation C was an area Social Services Department employing a total of 734 members of staff with a senior management team of four. It was one of four Areas and part of the County Council's Department of Social Service which overall had a budget of £80m., £15m of which was directed towards Organisation C.

In 1985 the Department reorganised the way it provided services through the formation of four Social Services Areas. Each area comprised all fieldwork, Residential and Day Care Services available within that area. The Director of Social Services believed in devolved financial management and decision making and the services were restructured along a model of decentralisation with the intention of placing responsibility for the planning and provision of Social Services close to where the need was presented by the client. Consequently, front line workers in this organisation had considerably more autonomy in accessing resources and decision-making than their colleagues in Organisations A and B who were also Social Service organisations.

This organisation's approach to decentralisation was being implemented at a time when many Social Services organisations were changing to a more centralised structure. These changes were stimulated by publication of the Barclay Report (1982).

In 1985, Organisation C was reorganised into eight local fieldwork teams. In addition to these, there were specialist teams working with deaf and visually impaired clients. There
were also teams providing occupational therapy and working with the voluntary services. This organisation also had social workers based in hospital settings and child and family consultation clinics. There were also eight residential units in the area providing care for the elderly. There were two family centres, two day centres and a residential home for people with learning disabilities.

At the time of the research, Organisation C was undergoing further change. This organisation was required by the Director of Social Services to restructure the management of services in such a way as to distinguish between the "purchasing" and "providing" functions and to allocate these to designated professional staff. (See for example, Carpenter et al., 1991 and Allan, 1992).

Staff in Organisation C were facing considerable change and anxiety about their roles and were uncertain about their own personal future.

The Sample
The total whole time equivalent population in Organisation C is 734. The sample selected for the organisation climate questionnaire was 154 which is 20% the total population. This sample and response is shown in table 5.

<table>
<thead>
<tr>
<th>Category</th>
<th>Organisations Population</th>
<th>Questionnaires Sent</th>
<th>Returned Questionnaires</th>
<th>Response Rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auxiliary</td>
<td>112</td>
<td>22</td>
<td>9</td>
<td>37</td>
</tr>
<tr>
<td>Administration</td>
<td>55</td>
<td>12</td>
<td>6</td>
<td>50</td>
</tr>
<tr>
<td>Care</td>
<td>430</td>
<td>86</td>
<td>32</td>
<td>38</td>
</tr>
<tr>
<td>Professional</td>
<td>68</td>
<td>17</td>
<td>9</td>
<td>53</td>
</tr>
<tr>
<td>Management</td>
<td>69</td>
<td>17</td>
<td>9</td>
<td>53</td>
</tr>
<tr>
<td>Totals</td>
<td>734</td>
<td>154</td>
<td>64</td>
<td>41.5</td>
</tr>
</tbody>
</table>
25 people were interviewed through the line management structure and five service units were surveyed for a client response as follows:

<table>
<thead>
<tr>
<th>Unit</th>
<th>Potential</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home for Elderly People 1</td>
<td>50</td>
<td>10</td>
<td>20%</td>
</tr>
<tr>
<td>Home for Elderly People 2</td>
<td>50</td>
<td>11</td>
<td>22%</td>
</tr>
<tr>
<td>Mental Health Centre</td>
<td>40</td>
<td>12</td>
<td>30%</td>
</tr>
<tr>
<td>Fieldwork Team</td>
<td>-</td>
<td>18 visitors to office over a 3 week period</td>
<td></td>
</tr>
<tr>
<td>People with Learning Difficulties Day Centre</td>
<td>140</td>
<td>12</td>
<td>9%</td>
</tr>
</tbody>
</table>

**Table 6 - Client Perception Study Sample**

**Level of Investment Made by the Organisation in its Workforce**

The human capital audit was completed with two senior managers in the organisation. The discussion focused on the key issues highlighted with other senior managers in Organisations A and B. Both the managers interviewed were open and forthcoming and were able to produce written documentation to support their views and descriptions of how the organisations functioned. The outcome was as follows:

**Recruitment**

Recruitment into Organisation C was usually carried out on the basis of advertising vacancies in local papers, professional journals and the local job centre. Recruitment agencies were used only if strictly necessary because of the high cost of using such agencies. At management level, interviews were held with two existing managers of a comparable level plus the Area Social Services Director and an elected member, who is a County Councillor. The final decision on who was appointed was a matter for the Area Social Services Director and the County Councillor. For other posts in the organisation, two managers interviewed
candidates who were also given the opportunity to meet other staff at the interview stage. This organisation placed a great deal of importance on equal opportunities and demonstrating that the organisation was an equal opportunity employer. At the time of the research, the organisation was not heavily involved in recruitment, as staff turnover was extremely low. There was also a freeze placed on recruitment by the larger parent organisation, the County Social Services Department pending a further reorganisation.

**Induction**

The process of induction in Organisation C was left very much to individual service units or teams to organise. However, there was also a general induction programme which all new members of the Social Services Department were required to attend. This gave new members of Organisation C an opportunity to hear about the organisation in its entirety and its culture. The formal induction programme was organised on a modular basis with a one day module on the line management structure and the culture and values of the organisation. Other modules included issues around safety and security, which enabled staff to deal with violence and aggression in the workplace. There was also a module on HIV and the implications of working with clients who may be HIV positive. The induction course was produced by means of videos and overhead slides together with presentations and discussion. These presentations and discussions were mainly given by a range of staff working within the organisation from all levels. There were opportunities within the induction programme to adapt courses to the needs of particular individuals. Staff attending an induction course were also given a training portfolio in which they could plan and record future training needs and a staff handbook which covered information given within the induction modules.

**Appraisal Systems**

Individual staff development programmes were carried out on the basis of a staff appraisal scheme. The purpose of the annual appraisal scheme was to link the performance of the individual to the aims and objectives of the whole organisation. Following an appraisal, each individual agreed a personal development plan with his or her line manager that took into account the particular needs of the individual; therefore, the particular development plan was
unique and bespoke to the individual concerned. There was a great deal of emphasis on self assessment within the organisation and the identification of training needs by the individual. It is clear that such training did not always necessarily involve taking a formal course in a particular subject. The use of secondment to various different job situations was seen to be of value and would supplement the use of formal training courses.

**Reward System**

The system of reward within Organisation C was wide and far ranging, stretching from verbal and written praise to financial rewards. In addition to these, long service rewards were available to employees with over 25 years of service and performance awards were presented each year at the County Hall to a number of nominees from any part of the larger County Council organisation. Within Organisation C there was much emphasis placed on putting forward people for both a long service award and performance awards.

Performance related pay applied at senior management level. However, one off merit awards up to £500 were also available. It was also possible for individuals who performed extremely well to rise up the salary structure faster than the normal incremental progression would allow. There were a number of additional rewards available to employees within Organisation C, which included free health care membership for managers and a discounted health care membership for employees on non managerial grades. Leased cars were offered at nil cost to senior managers, whilst middle managers and non managerial grades were asked to pay a proportion of the cost. This was on a sliding scale with more senior people paying less of a proportion. Also, reduced rate car loans and, according to the employees, generous mileage allowance was paid. Assistance with removal expenses and a subsidised mortgage scheme were also available to employees moving to the organisation from outside the immediate geographical area.

**Sanctions**

The use of sanctions and disciplinary procedures very much depended on each individual situation. Serious infringements such as assaulting a client or theft from the organisation were
dealt with through immediate suspension, pending investigation and a possible disciplinary hearing. If such an allegation were upheld, this would lead to dismissal under the organisation's disciplinary procedure for gross misconduct. Disciplinary matters of this nature were dealt with at Area Director level, rather than by middle managers and always involved the personnel section of the department. The emphasis within Organisation C concerning disciplinary action and sanction was to spot the problem before it became serious and to discuss the matter with the individual concerned. Clearly, this was not possible where theft was concerned; however, where poor performance may lead to errors of judgement, then there was an expectation that managers will be on top of the situation and anticipating further problems. In this way, the organisation believed that it could avoid formal disciplinary procedures and deal with the issues on a more proactive and positive basis.

Training and Staff Development
Organisation C was the first within the larger parent Social Services Department to set up its own training section and there was a high degree of commitment to training and staff development. The organisation's training section coordinated all training activities and at any one time over 70% of the staff in Organisation C were undergoing some form of training. The training section employed two and a half full time equivalent training managers, together with administrative support staff. The training in Organisation C was funded from three sources, the departmental training grant, of which Organisation C received 25%, grants made by the Area Management Team to the training section, as well as other sources of income to address the training needs. Therefore, the total annual investment in training was in the order of some £60,000. 25% of this total was dedicated to professional training such as social work diplomas. £12,000 was used to finance managers on external management courses as the organisation placed a great deal of emphasis on professional management. The remainder of the budget was used for the induction course, personal development issues and for training and updating those staff working with particular client groups on professional aspects. The aim of Organisation C was to spread the training opportunities as wide as possible and not to concentrate on any one group of employees at the expense of others. An example of the commitment to this process was that within a twelve month period, 580 employees went...
through induction modules; furthermore, there was an expectation within Organisation C that each employee would receive at least 5 days' training and personal development in any one year. Indeed, it was acknowledged by managers and employees alike that most people received considerably more than 5 days' training a year.

Each team within Organisation C had its own business plan which included its own particular training requirements. At an individual level, training could consist of further professional training, a secondment or management training. An important area for training was the new legislation such as the Children Act 1989, and the National Health Service and Community Care Act, 1990.

All internal courses were evaluated by the course participants and external courses such as those at the polytechnics need to be approved by an external body such as the CNAA.

Organisation Behaviour
Organisation C had issued a statement on culture and values that had been developed by the senior management team within the area. This was communicated to staff through the induction programme and through individual team managers who were involved in workshops in attempting to ensure that the statement of values was formulated in such a way that it would be meaningful to all staff. There was a clear emphasis on valuing people as individuals and on providing the best possible service with the resources available. Senior management endeavoured to ensure that members of the organisation treated each other with respect and courtesy and to ensure that there was good communication between individuals. The emphasis was on team work and collaboration and this was an explicit statement of desired behaviour within the organisation.

Quality Assurance
Within Organisation C, quality was regarded as an important issue. There were comments about quality in the culture and values statement, but there was a degree of concern that the quality has not been adequately defined or that there were adequate measures in relation to
the provision of social services. The matter was receiving some attention and quality checks and audits were being put in place. There were quality assurance managers in the larger social services department, but within Organisation C itself, each team was expected to take responsibility for the quality of its own service.

Customer Perception
Within Organisation C an emphasis was placed on the importance of treating the client with respect and courtesy and certainly those workers within the teams who had contact with clients were trained in dealing with the organisation's clients or customers. A survey was recently carried out within the organisation to assess the views of clients who were referred to the family centres and very positive results were obtained. Following this, questionnaires were devised for the clients to complete after they had attended the centres in order to develop a process of following up initial referral and subsequent experience of the service.

All the social service offices had leaflets giving clients instructions on the complaints procedure and there was a clear emphasis upon all complaints being investigated and that all complainants received a reply within fixed timescales. Overall, Organisation C saw the relationship between itself as an organisation and its client base to be pivotal to its success. The organisation attempted to focus its activity on ensuring that clients' needs were met through the organisation's activity.

Self-completion Questionnaires and Structured Interviews
With Line Managers
As with the other organisations in this study, Organisation C was subjected to both the self-completion questionnaire and the structured interviews, both of which are described in detail in the Methodology chapter. The same process was used to select the responses as was used in our other target organisations and the data received from the interviews and the self-completion questionnaires was analysed in the same way. The results of this analysis are as follows.
Auxiliary Category

The auxiliary category within Organisation C said they had a considerable degree of freedom in the way they carried out their work, with a clear majority of those sampled saying that they felt they had a degree of autonomy which allowed them to make their own decisions. It was clear from the structured interviews that there was an emphasis on encouraging auxiliary workers to evaluate situations and to make their own judgements as to the best way of tackling the day-to-day issues. This was supported by the fact that over two thirds of the sample said they were encouraged to be entrepreneurial. They did not feel that risk taking was an issue for them and that decisions were not generally decided on the basis of custom practice. The informants said managers listened to new ideas and that more often than not those new ideas were discussed in team meetings and that when a consensus arose there was every likelihood that those ideas would be implemented in some form or another.

Furthermore, from the structured interviews it was clear that there was a strong emphasis on people solving their own problems in specific groups and that managers encouraged groups of workers to tackle issues and report back rather than bringing the problem to the manager and expecting the manager to provide the solution. From the structured interviews, informant CA2 said that on his first day in the job his manager had told him that he was not concerned about how the work got done as long as it got done. This informant went on to say that during the time he had worked for this manager, he had increasingly felt that he was trusted and respected by his manager and this allowed him to feel that he was making a real contribution to the work of the organisation. This situation is described by Peters (1987) as empowering people with a view to the development of quality conscious staff and self-managing teams.

The idea of staff being responsible and influential in the identification of solutions to problems is supported by the fact that from the self-completion questionnaires, the majority of those sampled said that they were action orientated and a similar majority said that there was not an emphasis on having decisions approved by their managers. They were able to take action and deal with situations as they saw fit. This was achievable because the employees felt that they were working within an established framework, the boundaries of which were very familiar to
them. It followed, therefore, that this group of workers said they felt that they were extremely well led and expressed a view that leadership within the group was very important. Two thirds of those sampled said that their managers were seen in and around the organisation and were generally approachable. From the structured interviews it was clear that relationships between staff and managers were based on respect for the individual rather than relying on control and authority. The informants in this category said that their managers supported them through difficult times and were very open and candid about the effects of organisational change. From the self-completion questionnaires it was clear that the sample felt that there was active support for individuals during the process of change. This group said that they were well managed and could give clear examples of this in the structured interviews. Their view of their relationship with their manager was that it was in the nature of a partnership rather than an authoritarian relationship. This view is very well supported from the data expressed in Appendix 8.3.c1.

Two thirds of the informants said that they were part of a team who were able to form different groups in order to achieve specific tasks. From the structured interviews, there was a clear belief that people were supportive within this category and that there was concern for each other when difficult situations arose. From the self-completion questionnaires, it was evident that people were willing and able to support each other. The category said that the way in which the organisation structured itself enabled teams to form almost "naturally" and as such people said that there was little room for tolerance for those who saw themselves as "prima donnas". However, there was a small group within this category who said that the emphasis upon team work restricted individual flair. This response goes some way to explaining the data shown in Appendix 8.3.c2.

In relation to explicit standards, the category were conscious of meeting high standards in their work. This was apparent from the structured interviews and the self-completion questionnaires. The data from the structured interviews suggested that the standards were an integral part of the work practice and not something that had just been imposed by management. A move towards an environment where standards of service were to be audited
as a matter of routine was something that staff within the category were enthusiastic about; not one of the informants from either the structured interviews or the self-completion questionnaires suggested that this was a negative step. Two thirds of the sample said they were aware of the standards they had to meet and were able to discuss how those standards could be achieved with their line managers. The approach by the auxiliary category to the standards of work is supported by the data shown in Appendix 8.3.c3.

The majority of the informants in this category were able to articulate their task and furthermore understand the relationship between their tasks and the overall tasks of the organisation. All of those sampled said they were clear about what needed to be done and when it needed to be done by. From the structured interviews, it was apparent that the use of regular reviews to discuss and evaluate objectives helped in the process of clarifying their task. Two thirds of the sample said their targets were realistic and achievable. Furthermore, the majority of those sampled said that the information which related to their tasks was invariably accurate; however, they said that it was rarely delivered ahead of time. The overall positive view of this category in relation to the clarity of their task is demonstrated in Appendix 8.3.c4.

The auxiliary category in Organisation C were very positive about their work environment and felt that the managers gave the issue a high priority. From the self-completion questionnaires and the structured interviews, the sample said that their manager appreciated the importance of the physical surroundings in which people were expected to work. From the structured interviews, it was apparent that the equipment and tools to carry out the task were also seen as having a high priority with managers. There were examples from the structured interviews where workers had asked for specific equipment and despite financial pressures, the equipment had been made available. Two thirds of the sample said that discussions about the work environment were always welcomed by managers and that these discussions often led to improvements in the working environment. This view is supported by the data shown in Appendix 8.3.c5.
The auxiliary category were a little inconsistent in relation to the issue of recognition. From the self-completion questionnaires, informants said that their managers varied in their ability to recognise workers and their contribution to the task of the organisation. Indeed from the structured interviews, there were examples where the level of recognition was seen to be dependent upon the level of pressure their particular manager was under at any one point in time. This conflicted with the view that recognition of the workers by the managers within the organisation was seen to be very much part of the organisational culture. Indeed, relating this back to the human capital audit discussed at the beginning of this section, rewards were seen by managers as being important to encourage and stimulate staff in all categories. However, further discussion with informants in the structured interviews suggested that the level of recognition by individual managers varied enormously and that those managers who were considered to be more in tune with the organisational culture as perceived by the workers themselves, were more likely to give recognition to workers for hard work as well as for the achievement of objectives. This inconsistency is well demonstrated in Appendix 8.3.c6.

Administrative Category

The administrative staff in Organisation C considered that they were able to use their initiative and create solutions to problems in their work without continually having to check out their action with their line managers. The data from the self-completion questionnaires clearly indicated that the majority of the sample from this category said that where possible the group was free to work in a flexible way. Data from the structured interviews suggested that those workers who were able to plan their work over time, were encouraged by their managers to set their own timescales and prioritise their work independently. The majority of the sample said that their managers were keen to accept new ideas and were sympathetic to changes in the processes of carrying out specific tasks. The idea that managers were supportive came across very strongly and two thirds of the sample said the problems that arose in the workplace could always be discussed with managers without the fear of a negative response. Again, information from the structured interviews the sample emphasised that the approach taken by managers was seen as part of the overall attitude taken by the management in setting
the culture of the organisation. It was suggested by this group that the culture was that of working in partnership and that line management roles did not necessarily always have to emphasise the hierarchical positions of people within those line management structures. However, a minority of the sample said that their role in the organisation was restricted. On exploring this with those particular individuals, we found that this centred on the fact that their tasks were rather prescriptive and that they did not feel that they had any real autonomy in carrying out those tasks. Furthermore, a small minority of the staff seen in the structured interviews said that their particular managers did not share the overall ethos of the organisation and that these managers did not recognise the contribution that the administrative staff made to the overall function of the organisation. Whilst these views were expressed by a small number of informants from this category, they were none-the-less significant and did relate to specific managers. Further explanation of this may well be to do with personality differences. Having said this, the majority of the group said that their managers were nearly always approachable and that they were often seen in and around the workplace. This included senior managers as well as first line and middle managers. Overall the majority of the administrative sample in Organisation C felt that their managers were positive and did create an enabling management style within the organisation. This is reflected in the data shown in Appendix 8.3.c7.

The administrative category were able to form groups and develop teams where there were specific tasks to be undertaken. However, as most of their function was separated into distinct operational teams and their numbers relatively small within these teams, the opportunity to form large groups was restricted. From the structured interviews, it was suggested that within the specific operational teams, the administrative category were very supportive of each other and were always willing to cover during absences. Within specific teams, individuals were aware of how their particular workload and work patterns affected other people within the team. However, it is important to note that much of the work undertaken by the administrative category was dependent upon other categories of workers. For example the scheduling of work was very much dependent upon the professional category who would by and large supply the administrative category with their workload. It was felt
sometimes that this group did not always understand the impact that their work patterns would have on the administrative category. Generally this category said that they were able to work as a team and were able to share out tasks accordingly. From the self-completion questionnaires and the structured interviews, there was little evidence of territorial attitudes and people were quite keen and happy to work across a whole range of tasks. For example, it was not uncommon for typists to share the work of the telephonist when she was at lunch or away sick. However, it was important to note that a significant number of people within the sample said that the change in the way the organisation was structured could well mean a greater specialisation of administrative tasks and, therefore, the opportunities for team work would cease. This data is reflected in Appendix 8.3.c8.

The category were very clear about standards set by the organisation and felt that they reflected those standards in the work that they produced. From the structured interviews, it was apparent that the administrative category saw that their standards were often those by which the organisation was judged in the sense that correspondence was received by clients of the organisation and that the quality of that correspondence would enable the clients of the organisation to make a judgement about the standards of the organisation. The category said that the managers were very clear about the standards to be achieved and often spent time explaining how those standards were to be achieved. From the structured interviews, it was clear that whilst the overall standards were seen to be important, there were variations between particular teams. These variations were reflections of the way individual managers expressed the standards of the organisation and conveyed this to their administrative staff. This is demonstrated in the data in Appendix 8.3.c9.

The category were very positive about the clarity of their task and the direction in which they and the organisation were moving. A clear majority of those sampled said that they always knew what needed to be done and when it needed to be done by. This of course may have something to do with the nature of the tasks in administration in that by and large it is prescriptive. However, a clear majority of the sample within this category said that they were able to have a degree of freedom about how and when they completed their tasks. This was
only possible according to those sampled because they were very clear about the nature of the task. This was supported by a majority of those sampled who said that the information flow around the organisation was very positive, that they were always able to receive the information they needed about their tasks in good time, which is reflected in the data in Appendix 8.3.c10. From the structured interviews and the self-completion questionnaires, this group in particular felt that their managers gave a high priority to the working environment. This included the acceptance that in order to achieve the high standards required by the organisation, the workforce needed to have the correct tools for carrying out the tasks. From the structured interviews, it was clear that suggestions about new equipment and new ways of carrying out things were often taken up by their line managers and action flowed from these discussions. The use of information technology within this group of workers was very important and it was clear that the managers were able to give this a high priority. In the structured interviews it was clear that issues such as lighting, computer screens, chairs and desks were seen to be of vital importance in carrying out the administrative tasks and that these issues were always taken up by the managers even though there were financial restrictions in obtaining the equipment needed to resolve some of the problems. Overall this category felt that their working environment was important and this importance was recognised by line managers. They considered that they were given the right tools to carry out the job and that discussions about equipment and the physical environment were treated seriously and wherever possible suggestions were acted upon. This is reflected in the data in Appendix 8.3.c11.

The majority of this category said that their work was clearly recognised by line managers and by the organisation overall. In the structured interviews it was clear that all of the other groups working within the organisation recognised the importance of the administrative tasks and that without the efficient execution of that task, the organisation would grind to a halt. The structured interviews showed that it was clear that individual managers were very keen to recognise hard work and the achievement of objectives. It was clear that people were encouraged and supported through difficult times and that initiative and risk taking were applauded as opposed to ignored or discouraged. The majority of the sample said that they
were very much part of an organisation that acknowledged good work and gave praise where it was due. These findings are supported by the discussions with the senior managers detailed at the start of this section and supported in Appendix 8.3.c12.

Care Category
The care category said that they had a significant degree of autonomy in carrying out their tasks within the organisation. This category in particular were very positive about their ability to be creative and innovative in dealing with their clients. The structured interviews showed it was clear that there were firm parameters within which the care category could operate, but within those parameters they were able to make decisions about how they interacted with their clients. The majority of the category said that the emphasis placed on the work by managers was about achieving results and that those managers were happy and content to allow workers to develop their own processes by which they achieved those results. Information from the structured interviews suggested that managers were looking to implement ideas coming up from the staff group and actively encouraged the workers in this category to make suggestions for improvements in the overall process of caring for clients. From the self-completion questionnaires, it was clear that this particular category understood the dominant management style within the organisation and felt that this was a liberating force rather than a restrictive one. Within the spirit of innovation there was clear tolerance for mistakes, and workers were confident in trying out new methods on the basis that they would not be sanctioned for stepping outside of the established procedures. It is interesting to note that the majority of first line managers in this group were themselves at one point care workers and, therefore, a sense of understanding and camaraderie between managers and the workers within this category was significantly higher than that of any other category within this organisation. The fact that this category said that they did work within an organisation that had a clear enabling management style is reflected in Appendix 8.3.c13. Informant CC1 said that she felt the people who worked in the care group were all of the same type and that there was no real difference between workers and managers as they all had the same aims. These were to provide the best possible care for the clients.
Two thirds of the sample from this category said that there was a very clear sense of teamwork. From the structured interviews it was apparent that groups of care workers within individual units saw themselves very much as a team and were very clear about the way their particular working practices affected other members of the team. There was always an emphasis on covering for each other and the nature of care work emphasised the fact that support in difficult and traumatic situations was very important. From the self-completion questionnaires it was clear that this category within the organisation saw themselves as a distinct entity and that they had very clear professional standards that they were keen to promote. This emphasis on an identity was seen to be promoted by the overall managerial style within the organisation. The importance of teamwork as emphasised by this category is reflected in Appendix 8.3.c14.

The care category were also very clear about the standards to which they needed to work. Within the structured interviews a clear majority were able to articulate the standards that they were expected to meet. Two thirds of the sample said that standards were extremely important both in terms of individual and team performance. From the structured interviews, it was clear that workers in this category took time to explain difficult situations to clients and were often faced with aggressive and hostile clients. Nevertheless it was clear from the structured interviews that this was not a reason for allowing standards of care to fall. Standards were set by managers in the organisation and were regularly reviewed and updated. This view of explicit standards within Organisation C is demonstrated in the data in Appendix 8.3.c15.

As would follow from the overall approach taken by this category, they were very clear about their task. From the structured interviews and the self-completion questionnaires, a clear majority of informants felt that they were very sure of both the organisation's task and their individual tasks. Individual tasks were made clear through briefing sessions with line managers and the overall task of the organisation was constantly reinforced through training sessions and awareness groups. These initiatives in terms of making objectives of the organisation crystal clear were seen to be very important and were part of the overall culture
of the category of care workers working in Organisation C. The clarity of the task within this category is demonstrated in the data in Appendix 8.3.c16.

The working environment in which the care category operated was seen to be extremely important as this environment was not only that in which the care category worked, but was also the environment in which the clients were cared for. Whilst the physical surroundings within this group were seen by the majority to be of a high standard and extremely important in carrying out the care task, there was also an emphasis on obtaining the right equipment to carry out the task. From the structured interviews it was clear that managers were keen to listen to suggested improvements in the working environment and to hear ideas about equipment that might make the care task more effective. There were some concerns about the cost of maintaining a positive working environment and a small minority of workers said that any future financial limitations would have an impact upon the work environment and this would manifest itself in the slowing down of refurbishment programmes and the updating of equipment. Overall, the majority of those sampled in this category said that they could have positive and open discussions about their working environment with their line managers. This is demonstrated in the data in Appendix 8.3.c17.

The majority of those sampled in this category said that they were always recognised for their contribution and that managers made a specific effort to reward and acknowledge work undertaken by the care category. There was a feeling in this category that management were able to recognise initiative and creativity as well as hard work. Equally, there was a feeling amongst the majority of the sample that recognition did not simply come for the achievement of objectives where people had genuinely attempted to try something new and had failed. This was seen as a positive contribution rather than as a negative incident. From the structured interviews it was said by a clear majority that managers were not office bound and were seen in and around the workplace and as such were able to give encouragement and support to those on the ‘shop floor’. This integration of managers and workers within this group enabled the process of recognition to be much more natural rather than appearing to be
a specific forced activity. Recognition of staff by management is shown in the data in Appendix 8.3.c18.

**Professional Category**

The professional category within Organisation C were ambivalent about the management style adopted by their managers. From the structured interviews it was clear that there was, in a significant number of instances, a conflict between the managerial objectives of the organisation and the professional objectives of those carrying out the task. This conflict is not unusual between managers and professionals and is highlighted elsewhere in this study. Billis (1984) in his analysis of welfare bureaucracies describes the tension between management and front line professionals' as inevitable, given the professionals' belief that they should have a major influence on the formation of policy and will resent the contention that they as professionals can be managed by anyone other than a more experienced practising professional. Overall, the professional category felt that their managers were positive and looked to create opportunities for the professional category to use both their training and skills in delivering a quality service. However, it was often felt that the professional autonomy of individuals within this particular category was challenged and indeed threatened by some of the managerial decisions and processes adopted within the organisation. This category said that they were restricted because by and large they need to work within a series of frameworks, not just those frameworks laid down by the management of the organisation but by legislative frameworks and by legislation and national standards of practice. A significant part of the sample said that their managers were open to creativity and looked for their workers to be innovative in the way that they delivered the service. The nature of the managerial process, and the decision making that goes with that process, was thought by those sampled to be in conflict with the professional process of delivering professional services to the clients of the organisation. A clear example of this is the managerial decision to target particular services and to use rationing criteria. This method of managing resources can often bring management and professional workers into conflict (Lipsky, 1980).

Organisation C was no exception to this difficulty. The ambivalence of this group and their
attitude towards the management style of Organisation C is shown in the data in Appendix 8.3.c19.

With regard to teamwork, the split in the professional category was even more noticeable than with management style. Whilst a significant number of those sampled felt that the professional group did work as a team, an equally significant percentage of the sample felt they did not. From the structured interviews it was clear that some of those interviewed felt that they were not part of a team and that their colleagues did not understand how their activities affected other individuals' work. Nor did they feel that there was a high level of support for individuals within the professional group. They very much considered themselves to work in isolation and had a professional relationship with their managers which they said was distant and rather prescribed. On the other hand, an equal number of those interviewed said that they were part of a team and that their relationship with their managers and their professional colleagues was more focused on understanding how the work affected the individual and that they were operating in partnership rather than in isolation. In exploring this in the structured interviews, it was clear that this split was very much the result of individual relationships between professionals and their line managers and perhaps depended as much on personality as on anything else. This would indicate that the managerial ethos of Organisation C had not in a sense penetrated as far as senior managers had hoped and that the overall approach taken by managers to their professional colleagues was not as consistent as senior managers thought. This split in the professional category's response to teamwork is shown in the data in Appendix 8.3.c20.

On the issue of explicit standards, the professional category were very strong in their belief that standards were important, that these were established by the organisation and that they were achieved by the professional category. From the structured interviews, it was evident that standards of practice and service were regularly reviewed and that the introduction of audits was not seen as a threatening device but something that could enhance and promote the standards of the organisation. The majority of those sampled in this category supported the view that standards were extremely important and is shown in the data in Appendix 8.3.c21.
The majority of the sample taken from the professional category were very aware of the task of the organisation and of their individual tasks. From the structured interviews, over two thirds of those sampled said their objectives were realistic and achievable and that their targets were regularly reviewed and altered accordingly. From the structured interviews, a clear majority of those sampled understood what the organisation's statement of values was and how their contribution supported the mission statement of the organisation. This extensive understanding of the objectives of Organisation C by the professional category is shown in the data in Appendix 8.3.c22.

The professional category did not consider their work environment to be very positive and a clear majority of those sampled felt that not enough attention was paid to their work environment. From the structured interviews, those sampled said that although their managers were sympathetic and listened to issues concerning the working environment, little or no action flowed from these discussions. The sample said that the main reason for this was the lack of resources with which to improve their particular working environment. From the structured interviews, it is important to note that the category said that managers did not give sufficient emphasis to the professional working environment because this environment did not directly affect the clients, unlike that in the care category and, therefore, it was perceived by the professions that improvements in the working environment for the professional category was not given a high priority by their managers. This is shown in the data in Appendix 8.3.c23.

The professional category overall said they were not recognised for their efforts and their contribution to the organisation.

This view is in parallel with the conflicts already expressed by the professional category in relation to the factor enabling management style. From the structured interviews, it was again apparent that differences in the professional view of the situation and the managerial view manifest themselves in the difference of perception. Whilst there were individual instances
where recognition was given and that particular relationships between managers and professional workers were seen to be very positive, the overall view of those sampled was that a greater degree of recognition could be given by management to this category. This is demonstrated in the data in Appendix 8.3.c24.

Management Category

The sample from the management category were very clear when they said that the organisation had a very strong enabling management style. They felt that their line managers were confident in allowing innovation and creativity and openly encouraged autonomy in decision making. The majority of the sample said that senior management set fairly wide parameters and established the overall direction of the organisation and then allowed middle and first line managers to achieve that direction in whatever way they felt most appropriate.

It is interesting to note that the more senior the manager, the more positive about this particular approach to management and the less senior the manager, the weaker the enthusiasm. This is shown in the data in Appendix 8.3.c25.

The majority of managers sampled felt that there was a degree of teamwork amongst the managerial staff in that they clearly understood how their tasks interacted and the effect of those tasks upon each of the managers. Middle and senior managers interviewed did feel that they were part of a distinct group and clearly identified with each other; because of the nature of the organisation, there were few opportunities for them to come together to form working groups or parties. However, at the time of the study, there were changes planned that would enable there to be far more integration of middle managers and far more opportunities to form confederacies and specific target focused groups. The senior management group with the organisation did see themselves very much as a team and were able to bring together various members to form specific working groups to achieve distinct tasks. This response to the factor teamwork is shown in Appendix 8.3.c26.

The majority of managers sampled at all levels in the organisation were very insistent that standards were extremely important, that the organisation set these very well and that there
was a clear expectation that the standards would be met. From the structured interviews, it was clear that managers constantly sought ways of extending the standards and appraising whether or not these standards were met. It is interesting to note that a significant majority of those sampled said that the creation of standards should arise out of a partnership between the organisation and the clients and that this particular approach to establishing standards was seen to be very important and something that the organisation constantly strived for. The introduction of regular audits of service standards was seen by the managers as being a positive step forward in maintaining their emphasis on service standards. This is shown in the data in Appendix 8.3.c27.

Whilst the majority of those managers sampled said that they were very clear about their individual tasks and the tasks of the organisation, there was a small minority who said they were unclear about the overall direction of the organisation. In the main, this minority was from first line managers. From the self-completion questionnaires, it was shown that information flow around the organisation was problematic and that the clarity of tasks was dependent upon how efficiently information was moved around the organisation. This was particularly so where information flowed from the top of the organisation to the middle and the bottom of the organisation. First line managers interviewed said that they were not given all the information available and that on many occasions the information was out of time and not particularly accurate. This is shown in Appendix 8.3.c28.

Interestingly, the majority of those managers interviewed felt that their working environment was satisfactory although a significant minority did not share that view. From the structured interviews it was evident that managers at all levels did recognise the importance of the working environment, not only for themselves but also for other workers within the organisation. However, the constant theme that was presented as a barrier to improving the working environment was that of limited financial resources. It was also evident that a minority of the managers felt that financial resources should be spent on client services rather than on improving the physical surroundings of the working environment. This data is shown in Appendix 8.3.c29.
Of those sampled within the management group, a clear majority of informants felt that they were recognised for their contribution and that individuals were often praised and rewarded for their efforts within the organisation. However, from the self-completion questionnaires and the structured interviews, there was a clear split and a significant minority of managers felt that they were not overly recognised and that often their contributions went by without comment. We noted that the managers expressing this negative view were in the main those at first line and middle positions in the organisation. The senior management group were very positive about the level of recognition given to them by their senior managers and said that they themselves gave significant amounts of recognition to their more junior colleagues. The fact that there are some discrepancies in the perception of recognition is expressed in Appendix 8.3.c13.

Client Perception Study

The Client Perception Study was administered in five separate units: two units providing residential care for elderly people, one unit providing day services for people with mental health problems, one social services fieldwork unit providing a range of services to a range of client types (including children and families, the elderly, people with learning disabilities, people with mental health problems and people who had a physical disability), and finally a unit providing day services for people with learning disabilities. In each of the service units a questionnaire was used to gain responses to a series of questions relating to the service provided by each of the units. An example of this questionnaire can be found in Appendices 4 and 5. The questionnaire was administered by ourselves to a sample of the population of each of the service units. It is important to note that in selecting the sample within the service units for learning disabilities and elderly, we enlisted the help of a senior member of staff in each of the units. The reason for seeking this help was to avoid choosing within the sample those clients who would have found difficulty in answering the questions or indeed understanding the questions, as clearly some of the clients receiving a service were suffering from disabilities that would have prevented them having a full comprehension of what was actually being asked of them. In using staff members to identify users of the service to take part in the
questionnaire response, we were aware that a degree of bias could have crept into the results. However, through discussion with senior managers within the unit, we were confident that their help in selecting informants did not in any way jeopardise the objectivity of the results.

The questionnaire focused on a number of issues which were specific to each type of service unit surveyed. Within the residential unit for elderly people, the questions focused on the care environment, customer response and user friendliness. Within the mental health day centre the questionnaire focused on service information, user friendliness and customer responsiveness, the same categories were used in the fieldwork team and in the day centre for people with learning disabilities. The process through which this information was analysed is detailed in the Methodology chapter.

Within the residential unit for elderly people the care environment was considered by the clear majority of informants to be very positive and there was a high level of satisfaction with the way in which the care was provided. Two thirds of the sample said that the physical care was of a very high standard and that the general environment within the unit was able to meet their needs. There was, however, in one particular unit a minority who said that the amenities within the unit could be improved. These results are shown in the data in Appendix 9.3.ccs1 and ccs4.

In terms of customer responsiveness, the majority of the sample said that the units were responsive to customer needs and help was available when it was needed. However, in one of the units, there was a clear split in relation to customer responsiveness. This arose out of informants within the sample who said that the unit did not respond to their individual needs but took a combined view of needs expressed within the population and sought to meet the needs of the majority. In this situation, it is inevitable that a certain number of residents will feel that their needs are not being met and that their service unit is, therefore, not particularly responsive to their needs. This split is shown in the data in Appendix 9.3.ccs5. In both the service units surveyed, a clear majority of those sampled considered that their unit was user friendly and that the carers and the managers within the unit provided a warm and harmonious
atmosphere in which people were able to live without feeling restricted in their activities. This response is shown in Appendix 9.3.ccs6 and 9.3.ccs3.

The clients using the mental health day centre were very clear in their view about the degree of user friendliness within the centre and said that both staff and managers created an environment in which people felt comfortable and able to discuss their difficulties with the staff of the day centre. In terms of service information and customer responsiveness, the samples produced a response which shows no significance in terms of positive or negative views concerning this particular aspect of the service. This data is detailed in Appendix 9.3.ccs7, ccs8 and ccs9. The fieldwork team in terms of service information produced a very positive response, with a clear majority of the sample indicating that good information was available. The informants said that it was both clear and informative and indeed were impressed that the information was often in a number of languages and also available in Braille form and on an audio cassette. In terms of customer responsiveness, those sampled were split with a relatively small majority saying that the fieldwork team had a very high level of customer responsiveness and that staff and managers made considerable effort in adapting the service profiles to meet customer need. However, a slightly smaller minority said completely the opposite and considered the team to be rigid and unyielding. Further exploration of this dichotomy revealed that those sampled who said the unit to be rigid were very much relating this to difficult and controversial decisions taken by team members in the provision of service. Their dissatisfaction with the service may have been more to do with the nature of the service rather than the way the service was delivered, although this is to some extent speculation on our part. This data is detailed in Appendix 9.3.ccs10 and ccs12.

The day centre providing services for people with learning disability produced overall a very positive response to all the questionnaires. The majority of the sample said that service information was accurate and always available, that the unit was extremely user friendly and that staff and managers continually went out of their way to make sure that users of the day centre were comfortable and able to get the best out of the centre. In relation to customer responsiveness, the sample said that the unit did actively take note of what the users of the
service said about the service and that changes as a result of this dialogue were forthcoming. In particular, the users highlighted the fact that there was a user's council within the unit, who represented the user body as a whole and that this council was particularly influential in adapting and changing the services provided by the centre. This data is shown in Appendix 9.3.ccs13, ccs14 and ccs15.

Summary
In summary, Organisation C had a very clear and defined prevailing organisational culture. It was very open about its commitment to devolved management and to enabling its workforce to be in control of the decision making process. The senior managers within the organisation had attempted to engage the workforce at all levels in the process of developing and managing the services of the organisation. In attempting to achieve this, they had established very clear policies about staff behaviour, staff training and development. They had sought to create an environment in which people felt that they were contributing to the organisation and had a very clear influence on the direction in which the organisation needed to move. Both senior managers and their middle manager colleagues were very conscious of the impact of the organisational culture and had sought to develop an explicit set of values within the organisation that would enhance and promote a positive and entrepreneurial organisational culture. Whilst this culture was not readily accepted by all of the employees, it was very clearly understood by all of the employees and, therefore, in this respect the management had been successful in diffusing their message throughout the organisation. It is interesting to note that this organisation had taken its lead from the parent organisation in terms of devolved responsibility but had sought to improve the concept by itself being innovative and creative in the way it managed its workforce in order to deliver innovative and creative services. However, we noted that despite the fact that the organisation itself was seen to be, by a majority of the informants, flexible and adaptable, there existed a conflict between professional identity of the organisation and the managerial direction. Describing this organisation in terms of the matrix described earlier, Organisation C had a very high level of cultural statement which was highly diffused throughout the organisation.
Organisation D

Description of Organisation

Organisation D was a well established health service operational unit providing in-patient services for both elderly patients and those patients who have learning disabilities and require residential care. The organisation operated across three main sites: a medium size cottage hospital for elderly people, a larger Victorian institution which was slowly closing down as patients with learning disabilities were resettled in the community, and a modern purpose built unit for people with learning disabilities too disabled to be placed in a community setting. The unit also provided a service to a number of group homes and individuals who were formerly placed within an in-patient setting. The organisation was part of a larger district service which was responsible for providing a range of health care services to a given population. The particular organisation that was the subject of this study concentrated on the services mentioned above and was seen as an autonomous unit with its own management structure and budget. The unit was required to operate within parameters of the policy set by the parent organisation, although those parameters were considerably wide and therefore to a very large extent, the unit operated as a self contained autonomous service, able to establish its own operational framework and set its own operational targets. The most significant influence of the parent organisation was confined to budgetary issues, and in particular, requiring the organisation to achieve its budget and neither to underspend nor overspend.

It is important to note that during the time that we were engaged with the organisation in the course of collecting the data, the parent organisation informed the organisation that it was looking to separate out the component units that formed the parent organisation and that in due course, the parent organisation would cease to exist. This clearly had major implications for the component units as their future was uncertain. (Since completing the research, the parent organisation and the organisation which was the subject of this part of the study have been disbanded. The services provided by those organisations have been reconfigured and
are provided by an entirely new organisation with new management structure. This change is a direct consequence of the Government's white paper *Working for Patients* (1989a). Organisation D is now part of a newly established 'self-governing hospital trust'.

At the time of the study, Organisation D had a general manager who worked with a group of senior managers, who together formed the senior management group. The group of senior managers consisted of two assistant general managers, each responsible for the overall management of one of two separate units, (ie, the residential services for people with learning disabilities and the inpatient services for elderly people), a financial manager and a personnel manager. These two latter managers were responsible for finance and personnel issues across both services. Below this group, there were middle managers who were nursing professionals who had been promoted to managerial positions. These managers were responsible for the day-to-day management of the units providing the services; the rest of the workforce in Organisation D were professionals, care workers, administrative workers and auxiliary staff. These workers operated throughout the organisation.

**The Sample**

The total whole time equivalent population in Organisation D was 743. The sample selected for the organisational climate questionnaire was 164 which is 22% of the total population. This sample and response is shown in the following Table 7.
Table 7 - Sample Organisation Climate Questionnaire

<table>
<thead>
<tr>
<th>Category</th>
<th>Organisations Population</th>
<th>Questionnaires Sent</th>
<th>Returned Questionnaires</th>
<th>Response Rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auxiliary</td>
<td>220</td>
<td>44</td>
<td>21</td>
<td>51</td>
</tr>
<tr>
<td>Administration</td>
<td>64</td>
<td>20</td>
<td>14</td>
<td>70</td>
</tr>
<tr>
<td>Care</td>
<td>124</td>
<td>25</td>
<td>17</td>
<td>68</td>
</tr>
<tr>
<td>Professional</td>
<td>282</td>
<td>56</td>
<td>27</td>
<td>48</td>
</tr>
<tr>
<td>Management</td>
<td>53</td>
<td>17</td>
<td>12</td>
<td>70</td>
</tr>
</tbody>
</table>

**TOTALS** 743 164 91 55

23 people were interviewed through the line management structure and four service units were surveyed for client response as shown in Table 8.

Table 8 - Sample Client Perception Study

<table>
<thead>
<tr>
<th>Service Unit</th>
<th>Potential Client Population</th>
<th>Number Interviewed</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Learning Disability Unit 1</td>
<td>70</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Hospital Learning Disability Unit 2</td>
<td>64</td>
<td>8</td>
<td>12.5</td>
</tr>
<tr>
<td>Hospital Medical Beds</td>
<td>16</td>
<td>7</td>
<td>43</td>
</tr>
<tr>
<td>Hospital Continuing Care Beds</td>
<td>16</td>
<td>5</td>
<td>31</td>
</tr>
</tbody>
</table>

Level of Investment made by the Organisation in its Workforce

The human capital audit was completed with the general manager and his two assistant general managers.
Recruitment

There was no rigid centralised control over the recruitment process but rather distinct emphasis upon local control of the process, therefore enabling local managers to use their initiative. Normally it would be for the manager of the unit carrying the vacancy to work in conjunction with the personnel manager to establish the actual process. As a consequence there was a variation in the selection processes according to the organisation's needs and the nature of the post being recruited to.

Advertising for vacancies was via the appropriate health service journals and professional magazines. Whilst there was a budget for advertising purposes, like all budgets, this was limited. In addition to these traditional methods of recruitment, clear links had been established with local schools of nursing and the regional health authority's graduate programme for the purpose of recruiting nurses and potential managers. Interested candidates were given an information pack on request. Candidates were also encouraged to discuss the vacant post with a manager and identify issues for clarification. However, informal interviews over refreshments were discouraged as these were felt to be unhelpful.

We were told by the senior managers that in their view when recruiting to managerial posts the importance of experience outweighed the possession of a formal management qualification such as a diploma in management studies or a masters degree in business administration, although the value of these qualifications in themselves was recognised. Obviously appropriate qualifications were required for all the medical and nursing posts.

On the issue of equal opportunities, although recognised as increasingly important, the organisation had not got a clear operational policy that translated the organisation's statement on equal opportunities into day-to-day practice. In terms of human resource planning, this had had a low profile in the past, although it was now seen as an essential element in the successful management of the units within the organisation. Accordingly, the personnel department had set up a system to determine the human development needs within the units over time. An indication of the acknowledgement of the importance of human resource planning was the use of exit interviews. These were often undertaken within the nursing
sections of the units. It was recognised that this practice needed to be more widespread and the information obtained circulated and interpreted.

Induction
There was a formalised process of induction for new staff that contained a number of set features. This process included a check list for managers to ensure that they covered certain key issues with their new staff. In addition to this list, managers could select from a comprehensive induction pack those items that were thought to be appropriate to their new member of staff. The unit also ran a one day induction course for all new staff. The course comprised a number of presentations covering a wide range of topics, amongst which were health and safety, personnel issues and trade union activity. However, there was no process at the time of the study through which the effectiveness of the induction programme could be evaluated.

Appraisal Systems
There was no overall personal development programme which related to all staff. However, senior staff, which was interpreted by staff as the general manager and his senior management group plus their immediate subordinates, were subject to a performance related pay scheme. The scheme was very much dependent on the objectives which were preset by the parent organisation and annually reviewed. There were no other ways of developing opportunities for managers and at the time of the study there was no secondment programme in operation. Any other personal development activity outside this scheme appeared to be ad hoc and was not linked to the identification and correlation of individual training needs. It was noted that the personnel manager was currently exploring ways in which a personal development programme could be developed to cover all staff working within the units of the organisation. This we were told would include a mechanism for identifying individual training needs, training trends and would contribute to the overall development of the organisation's human resource plan.
Reward System

With the exception of normal salary and performance related pay scheme mentioned above, any scope for additional tangible reward appeared to be limited. There were opportunities for enhanced payment but these were related to additional duties undertaken and reflected negotiated agreements with the trade unions. The same was true of any bonus payment to auxiliary staff. There was also an opportunity to award an acting grade to reward staff should vacancies exist. Any additional payment to staff for additional activities would need to have been found from the manager's existing staffing budget; there was no additional finance earmarked to reward staff. Benefits other than financial were described in terms of flexible working hours and job share opportunities. In addition, there was a child care facility for staff with children between the ages of five and twelve. This facility was known as the holiday club. These children were cared for during holiday times for a subsidised fee. There was no recognised practice for acknowledging staff contributions; letters of thanks were sent to staff but this practice was wholly dependent on the behaviour of each individual manager. There was no discernable uniform behaviour throughout the unit in relation to acknowledging good practice and hard work within the organisation.

Sanctions

There was an established code of practice which was part of the formalised personnel code, which was delegated to the appropriate level in the organisation. Managers were keen to create individual solutions to specific staff problems albeit that the personnel department chose to have a high profile in this activity to ensure consistency in the approach that managers took to dealing with staff problems. Managers were attempting to address poor performance outside the disciplinary process by making their expectations of staff very clear and attempting to change attitudes and behaviour. It was felt by the senior managers that since the appointment of the organisation's personnel manager, relationships between the trade unions and the organisation's management had improved greatly. There were regular meetings and joint negotiation sessions taking place between the trade unions and the management of the organisation on a number of key issues.
Training and Staff Development

The training and staff development within the organisation was, at the time of the study, undergoing a major change. The training function was shortly to transfer from the larger parent organisation to the unit personnel manager, who was to be responsible for the training operation within the organisation. The training budget for the organisation was £12,000 for 743 full time equivalent staff. There was an expectation that the 50% of the unit staff would receive some form of training within the course of the year. In addition to this £12,000, there was a further £3,000 for medical training and £2,500 for nursing training. This funding was used to update doctors and nurses on current clinical practice. The training programmes were evaluated by those running the courses and by the training manager and by those managers who had requested the training.

Although both the Diploma in Management Studies and the Certificate of Management Studies were seen as desirable qualifications, there was no overall training strategy for managers. Furthermore, there was no overall co-ordination in addressing the issue of the training needs of managers or potential managers within the organisation.

Organisation Behaviour

There was a clear statement of aims and values operating within the organisation but the manner in which staff were dealt with was largely dependent upon how individual managers chose to conduct themselves in relation to their staff. Consistency was sought by the use of the standard personnel procedures, but these were somewhat limited in their impact in creating an overall personnel ethos. There appeared to be some inconsistency in the process of delegation. For example, on the one hand a manager could be responsible for a sizeable personnel budget, but on the other, was not able to decide on the purchase of a relatively low cost item. The consequence of this was that inappropriate levels of energy went into resolving minor issues which detracted very clearly from the more strategic activity.
Quality Assurance
The unit was investing significantly in quality assurance and had recently appointed a quality assurance officer. A quality assurance policy and programme was currently being developed in line with the organisation's needs and the standards set by the district health authority. During the first six months of this appointment, senior managers were recognising the importance of quality assurance and value, the contribution of the quality assurance officer and the impact it was having on their work. The evidence of the early success of this can be found in the coming together of various managers in a desire to resolve quality issues and set mutually agreeable quality standards.

Customer Perception
There was a clear statement about how the organisation's customers should be treated. However, this was complicated by the fact that the organisation had different customers with very different needs and differing relationships with each of the sub units. Although the district health authority has issued a statement about customer relations called "Putting People First", there was no evaluation of how this statement was being implemented or the impact its presence was having on customer relationships. The organisation did have a complaint system; however, the exact process of this system was unclear. Finally, there appeared to be no overall policy which identified what sort of relationship the organisation and the sub unit should have with their customers.

Self-completion Questionnaire and Structured Interviews with Line Managers
Data obtained from the self-completion questionnaires and the structured interviews through the line management structure, as well as the data obtained from the human capital audit indicated that the senior management group in the organisation had a very clear view about how they thought the organisation should function and did function. They were also confident that the aims and objectives of the organisation were understood by their middle managers and that those middle managers would disseminate this information down to the front line staff. As a consequence of this, the senior management group perceived the
organisation culture to be very people focused and that the concept of the workforce being the most important resource was part of the culture within the organisation.

The general manager promoted the view that he and his seniors were there to set the direction and enable the workforce to use their skills to move in that direction. The other senior managers in the senior management group took their lead from the general manager and were insistent that they actively encouraged their middle managers to adopt a similar approach. The data obtained from the self-completion questionnaires and the structured interviews would suggest that these views were confined to the senior managers and were not shared comprehensively by the rest of the workforce.

The total sample across the whole of Organisation D presents a relatively consistent picture of the organisation. The exception to this is in relation to the factor of recognition, in which the organisation reflected extremely well, although looking at the organisation by category, there were some clear differences. For example, the category auxiliary was less positive about the organisation than those auxiliary workers in the other five organisations. This is also true of the category administration, although the professional categories in this organisation consistently responded more positively than those professional workers in the other five organisations. The management group were also able to produce a consistently high score across all the factors with the exception of the factor explicit standards.

The categories all produced different responses to the individual factors from those responses made by the organisation as a whole. This difference is a consistent feature across the entire study.

**Auxiliary Category**

The scores in Appendix 8.4.d1 shows that the auxiliary group were divided in their response to the factor enabling management style. However, information from the structured interviews showed that workers in the auxiliary category said that their managers encouraged them to take the initiative and be creative in dealing with their workload and their work
problems. An example of this can be taken from informant DA1's comment about how his manager reacted to new ideas.

Informant DA1 said that his manager always shared his own work problems and regularly took up new ideas to solve these problems. Often these ideas would come from workers themselves. Another informant from the same category, DA2, said that managers often allowed the workers to schedule their work and set their own deadlines, although he also added that some of the workers abused this freedom and were not concerned about getting the work done at the right time. Overall, this category felt that their immediate managers were very flexible and did not stick to the rules for the sake of the rules. An opposing view is voiced by informant DA3, who felt that managers were guilty of favouritism and those who were liked by the managers were treated differently from those who were not so popular.

This difference of opinion was highlighted in the factor teamwork, where data from the self-completion questionnaires shown in Appendix 8.4.d2 demonstrates a clear split in the category's response to this factor. Information taken from the structured interviews supports the idea that there were distinct factions within this category. Informant DA5 said that his manager did not encourage teamwork and was not very effective in bringing team members together. Informant DA2 said that managers did not create a team spirit and treated people as individuals. Informant DA1 said that his manager was always looking to get the best out of his workers and did encourage people in the group to share their work difficulties and rely on each other to find solutions to their work problems.

The category said their managers set high standards and that it was expected that these standards would be met. This is demonstrated in Appendix 8.4.d3. A high number of informants in the structured interviews said that their managers were very clear about their expectations of the workers, although from both the structured interviews and the self-completion questionnaires, some workers within this category disagreed with this.
The auxiliary category were again split in their response about the clarity of their task. A small majority of these who expressed a view considered that there was clarity of task, although a significant number of the informants were unable to express a view on this issue. This is shown in the data in Appendix 8.4.d4. This information contradicts some of the earlier statements made by some of the workers within this category. This contradiction may well be explained by the fact that information from both the self-completion questionnaires and the structured interviews would suggest that although the workers within this category were clear about their immediate task, they were less clear about the relationship that these tasks had with the overall task of the organisation. From the structured interviews, a number of informants suggested that they did not see any relationship between their immediate work tasks and the overall direction the organisation wished to go. Indeed, a significant number of people were unable to identify the direction in which the organisation wished to go.

A clear majority of those informants within this category said that their work environment was satisfactory. Informants in this category said that the environment had a very low priority with their managers and that resource limitations were a serious hindrance to any improvements in the working environment.

The category said that there was a high degree of recognition of their efforts on the part of their managers. This is demonstrated in Appendix 8.4.d6. From the structured interviews, a number of informants felt that their managers regularly acknowledged their contribution and that praise was nearly always given for a job well done. Informant DA1 said that managers particularly recognised hard work when jobs were achieved ahead of time. This was further supported by informant DA7 who said that his manager would often allow people to leave work early on a Friday if the work scheduled had been achieved. This informant saw this as an clear example of the high level of recognition that he felt his manager gave not only to himself but to other workers within this group.
Administrative Category
The category said that their managers did have an enabling management style and that given the bounds of their role within the organisation they were able to be creative although it was clear that the range of tasks they generally carried out restricted their scope to be entrepreneurial. The information from the self-completion questionnaires shown in Appendix 8.4.d7, supports this view. Information from the structured interviews suggests that first line managers were keen to encourage workers to try out new ideas and develop new processes for carrying out their work. Informant DAD1 said that her manager was prepared to share ideas and considered suggestions. This informant went on to say that on occasions her manager had asked her what equipment would make her task more achievable and that following this discussion, new equipment had been made available. Generally, informants said that the managers were willing to listen and pass on suggestions from workers to more senior managers.

The administrative category were divided on the issue of teamwork, with almost equal numbers expressing positive views about teamwork as those expressing negative views. This is shown in Appendix 8.4.d8. The structured interviews revealed that workers only saw themselves as teams in very specific situations. There was no group identity and no initiatives from managers to establish one. Individuals within this category saw themselves as relating to their task rather than to the category as a whole. For example, Informant DAD4 said that she related to other typists as she herself was a typist, but had little to do with personal assistants and general clerks, who were also members of the overall administrative category. She went on to say that she had never thought that her managers had considered the administrative category as a whole. She also thought that her manager would not give any priority to building a team.

The category said that explicit standards were given to them by their managers and that these standards were expected to be met. This is shown in the information taken from the self-completion questionnaires and shown in the data in Appendix 8.4.d9. From the structured interviews it was clear that the standards in the work produced were very important and
several informants said that individual managers made very clear statements about the calibre of the work and were quick to return work if it did not reach the required standard. Informant DAD3 said that she felt the standards were established by her immediate manager and never considered whether these standards had been set by more senior managers, or indeed by the general manager.

A significant majority of the category were unable to respond either positively or negatively to the issue of the clarity of the task. The structured interview information suggested that workers did not understand how their work activity contributed to the overall function of the organisation. They focused on the immediate task which centred on typing a letter or filing correspondence. They felt that these tasks were clear in their own right and did not need clarification from their managers. This might explain why many of the informants to the self-completion questionnaires were unable to give a positive or negative view on this issue. This is shown in Appendix 8.4.d10.

The category were also neutral on the issue of their work environment. From the structured interviews, the informants felt that managers did not take particular notice of the work environment unless it contravened the health and safety regulations. Informant DAD5 felt that any improvement in the work environment was solely dependent on financial resources and considered that “the bosses” had to spend money on patient care rather than on offices for the workers. The administrative category were neutral about the level of recognition given to them by their managers. This is shown in the data in Appendix 8.4.d12. The structured interview information pointed to the fact that the amount of recognition given to workers varied and was extremely dependent upon the relationship each worker had with their individual manager. The informants were not aware of any organisational policy or approach that encouraged first line managers to give recognition to their staff for the contribution they made to the organisation. One informant, DAD2, did say that he had been congratulated by a more senior manager for a particular job, but he regarded this as a “one off” and did not feel that this reflected the management policy or style.
Care Category

The workers in this category were clear that their managers did demonstrate enabling management style. Information from the self-completion questionnaires detailed in Appendix 8.4.d13, demonstrates this. From the structured interviews, it was clear that workers in this category were able to be very creative and entrepreneurial in the way that they dealt with the care needs of their patients. This was actively encouraged by first line managers and by middle managers. Informants felt that the care needs of particular patients were well understood and that they were free to achieve these care needs in ways that they felt best suited the individual patient. Informant DC1 said that her manager continually encouraged her to be innovative in the way that she dealt with particular patient problems. This informant did not feel that this was confined to her particular manager but felt the experience was shared by other people in the care category. The information from the structured interviews supported the idea that first line and middle managers did focus on the individual skills of their workers and actively sought to enhance these skills and get the best from the workers.

In relation to the factor teamwork, the group overall were split. This split is demonstrated in Appendix 8.4.d14. Information from the structured interviews states that the care workers see themselves in groups for specific tasks. This may well reflect the fact that care workers within this organisation operate clear shift patterns and do not see themselves overall as a team. Individual informants suggested that teams were formed for time limited tasks. For example, where a particular patient needed one or two care workers to assist them in achieving a particular aim, then these workers readily came together to form a small team. However, once the task had been achieved the workers moved back to care for their individual patients. There was no indication from the informants that there was any distinct management initiative to develop teams nor were there any organisational policies that were known to the workers in this category that supported the idea of developing specific teams.

The workers in this category were very clear about explicit standards and were aware that these standards were a requirement and not an option. The majority of the category said that this was a positive aspect of their work and that the fact that explicit standards did exist made
their task much easier. Informants in the structured interviews said that the achievement of very clear standards lead to a high level job satisfaction which made some of the more difficult tasks they were required to undertake more acceptable.

Informants in this category were divided on the issue of clarity of task. This reflected as a degree of confusion in the category over this issue. Information gained from the structured interviews indicated that the immediate task was always very clear and well understood. However, whilst the general task of providing patient care was also understood, the overall objectives of the organisation was less clear and in discussion with the informants, it was apparent that the issues around the direction of the organisation was taking and the task facing the overall organisation in the future were very unclear. Therefore, those informants who viewed the statements about clarity of task as referring to the overall task of the organisation, were responding in a negative sense, whilst those who interpreted the question as concentrating on the immediate task of patient care were more clear about their task. This split is shown in the data in Appendix 8.4.d16.

The care category were very positive about their work environment and this reflects the fact that they work within the care environment which they considered to be of an extremely high standard. From the structured interviews it was evident that first line managers and middle managers were very keen to continually improve the care environment, and as the workers within this category operated within the care environment, their actual work environment was continually improving.

On the issue of recognition, this category showed a similar view to other categories, that the level of recognition was very dependent upon the relationship each worker had with their individual manager. From the structured interviews, it was clear that some managers were more able to give positive feedback on the contribution made by workers in this category than others. Informant DC4 said that she felt it was a question of personality and that some care workers got on extremely well with their managers and supervisors and for others it was less positive. None of the informants in the structured interviews were aware of a particular
policy within the organisation that encouraged recognition of hard work or achievement. Equally, none of the informants was able to give a view on the opinion of the senior managers in relation to this issue.

Professional Category
The professional category had a very neutral view on whether or not their organisation had an enabling management style. This is shown in the data in Appendix 8.4.d19. Information from the structured interviews suggested that the professional category were significantly alienated from their line managers. They said that the managerial role of the organisation was concerned with resource management and meeting targets that had little direct impact on patient care. Their concern was to maintain their own professional standards within an environment that was managed by people who had a different agenda. Informant DP1 did not view their immediate manager as being in a managerial position. She saw this individual as a more experienced professional who was there to offer advice and support on professional and clinical issues. She went on to say that she felt that this "first line manager" was continually compromised by the demands made upon her from more senior and more remote managers and those demands made upon her by her professional colleagues, who looked to her to provide professional support. This conflict between the managerial role and the professional role is a theme that runs continually throughout the management category. Indeed, one of the characteristics of Health Service organisations is to subsume professional action under the management process rather than seeing management as administration to support professions, (Cousins, 1987; Strong and Robinson, 1990; Dent, 1993).

Of the five categories in this organisation, the professional category saw themselves clearly as a team. This is reflected in Appendix 8.4.d20. Information from the structured interviews suggested that the professional group, more than any other category, saw themselves as banding together to maintain their professional autonomy and as such maintain their integrity as professional workers. The professional category did not believe that there was an organisational policy or indeed a willingness by senior management to establish teamwork.
The fact that the professional category saw themselves as being a team, was an issue generated by them and not as a result of any organisational directive.

This category said they were not clear that the organisation set explicit standards for their professional performance. They said that any standards that were set came from their profession and were maintained out of a sense of professional commitment rather than any allegiance to the organisation. From the structured interviews, it was clear that some informants felt that the standards issue was not a matter for the organisation, but indeed was a concern of professionals. Furthermore, two informants suggested that the organisational hierarchy should concern itself with resource issues and the overall management of the organisation and should leave the setting of clinical and practice standards to those professional workers within the organisation.

A similar picture emerged on the issue of the clarity of task. Again, information from the structured interviews suggested that there was a clear lack of understanding about the overall task of the organisation, although different groups of professions were very clear about their professional tasks. Individual informants spoke of conflicting directives coming from middle managers and senior managers. This conflict centred on the fact that the professional category said that middle and senior managers were focused on resource issues and were "obsessed" with obtaining value for money, whilst the professional workers were concerned with the level of care and the needs of individual patients and considered that good financial management and prudent resource management were secondary considerations.

A small majority of the informants in this category considered that their work environment was seen as important by their first line and middle managers, although information from the structured interviews suggested that any improvements within their work environment were wholly dependent upon resources being available. This inevitably meant, according to informants, that improvements in the working environment had to compete with other financial priorities and often took second place to these other more obscure priorities.
With regard to the factor of recognition, the professional category reflected the same attitude as other categories within this organisation, that the level of recognition was highly dependent upon the relationship between individuals. From the structured interviews with staff, it was clear that individual first line managers were keen to recognise effort and hard work on the part of their professional staff, but the extent of this was dependent upon individual personalities. Again, the staff within this category said they were not aware of any organisational policy or directive on how first line and middle managers should deal with the issue of acknowledging hard work and additional effort by their workers.

Management Category
The workers within this category were clear that their managers had adopted an enabling management style. This was particularly true of the more senior managers within the sample from this category. From the structured interviews with staff, it was clear that the relationship between middle and senior managers was very supportive and that those informants from the structured interviews were very positive about the relationship they had with their managerial colleagues. Informant DM1 stated very clearly that he felt he was given a very open brief with which to manage his particular unit. He went on to say that he felt that this was a particular policy of the senior management group and that they looked to encourage and develop the entrepreneurial skills in their middle managers and expected those middle managers to pass on this particular approach to more junior managers.

Unlike any other category within this organisation, the management category were very clear about their ability to work in teams. Whilst they had individual managerial assignments and were responsible for particular aspects of the organisation, all of the informants from the structured interviews saw themselves as belonging to the management team. This commitment to team identity was much stronger the higher up the manager was in the hierarchy the manager. First line managers were less certain of their membership of the management team and as highlighted in the professional category, were more concerned about the conflict between their managerial responsibilities and their allegiance to a particular professional identity. This was because the majority of first line managers had either just left
the professional role through promotion, or were carrying out a dual role in which they were responsible for the day-to-day management of a particular unit but were also responsible for the professional supervision and guidance of other professionals within the unit.

The management category were very clear about explicit standards and middle managers were categorical in their view that these standards were set by the senior management group and were disseminated effectively throughout the organisation. A similar pattern emerged with this view being more strongly expressed by senior managers and less strongly expressed by more junior managers. A similar pattern of response was also seen in relation to the factor clarity of task, with more senior managers being much more articulate about the overall task of the organisation and more junior managers being less certain. On the factor of the work environment, all managers who responded said that work environment conditions were an important aspect of organisational culture. However, the more senior managers were able to articulate the restrictions they faced in improving the work environment. From the structured interviews, informants were able to list a whole range of service priorities that conflicted with the desire to improve the working environment for staff, although these senior managers clearly recognised that their own working environment was often quite palatial in comparison to the environment in which some of their workers had to operate.

On the factor recognition, senior managers within the organisation said that there was a clear policy in relation to recognising the effort and contribution that staff made to the work of the organisation. However, from the structured interviews, it was evident that as we talked to staff through the role structure, this issue of recognition became less pronounced. We found that whilst senior managers within the organisation were convinced that they themselves recognised the good work and contributions made by middle managers, more junior managers were less certain about the recognition they received from their middle manager colleagues. Informant DM1 said that middle managers were far more concerned with achieving tasks and were happy to acknowledge and reward the achievement of a task, but were less happy and less willing to acknowledge effort and input. This informant said that he felt this reflected an obsession on the part of middle managers with outcomes rather than inputs. This would
suggest that in this organisation middle managers were more concerned with results and did not recognise the degree of effort required on the part of first line managers to achieve particular results.

Customer Perception Study

The overall client perception study in this organisation did not reveal any consistent patterns. The majority of responses obtained from those sampled were neutral in their view of the service provided. The exception of this was in relation to the care environment in the inpatient unit for elderly patients which was a sub unit of Organisation D. Within this unit, a small majority of those sampled felt that the care environment was unsatisfactory. A more detailed examination of this response highlighted the issue of choice of food and the level of amenities available to the clients as being unsatisfactory.

Within the same sub-unit, a small majority considered that of those sampled the response by staff to patient requests was satisfactory. This response focused on the speed with which the staff in the sub-unit attended to individual requests or expressions of concern by the patients.

The client perception study in Organisation D did not demonstrate any connection between the way in which the organisation operated and the level of customer satisfaction or customer dissatisfaction. The concerns expressed by the various categories within the organisation had no discernable impact on the service as perceived by the workforce using the service provided by Organisation D.

Summary

The overall impression of Organisation D is that the managerial category, and in particular the senior management group, were perceived to be out of touch with the rest of the organisation. The senior management group were very confident about their commitment to the workforce. They considered that investing in their workforce was central to the successful delivery of services to their patients. Indeed they had set in motion a number of initiatives highlighted in the human capital investment audit undertaken through interviews
with the general manager and his two senior managers mentioned at the beginning of the discussion of Organisation D, which they believed would enhance the quality of the work carried out by the workforce. We found that this view was not shared by other categories of the organisation. It was apparent that the further away from the senior management group one worked in the organisation, the less one knew about the objectives of the organisation and the senior management view of the workforce.

The conflict between the professional category and the management category of the organisation that was apparent at the interface between the organisation and the patient was not appreciated by the senior management group and, therefore, no action was being considered to address this issue. The senior management group felt that their role was to develop and establish an explicit culture within the organisation that promoted the identity of the organisation and in doing so they believed would enhance the quality of the service.

The information taken from Organisation D indicates that the cultural identity that the senior management group sought to establish was confined to a relatively small number of senior managers in the organisation. The result of this is that the various sub-cultures that were forming within the organisation were in conflict with each other and as such would not allow the creation of an overall organisational culture.

We found that Organisation D had a high statement of desired culture, but a very low degree of cultural dissemination. This presented the management of Organisation D with a major problem. Their inability to bring the organisation together and unite the various categories in a single aim prevented them from understanding and tackling some of the service issues that their patients were indifferent to. This indifference demonstrates an apathy on the part of the patients which arises from a lack of commitment on behalf of the staff to engage with the patients on the service issues. The individual categories within this organisation were committed to their own tasks and considered that their relationship with individual patients was extremely important. However, we noted that this was achieved in spite of the organisation.
**Organisation E**

**Description of the Organisation**

Organisation E was a National Health Service Community Unit that had been established for many years. This organisation provided an extensive range of services within a community setting such as district nursing in primary health care teams, health visitors, child health and family planning services in local clinics and mental health services through community based clinics, as well as midwifery and post natal services for mothers and their babies. The unit was also responsible for the provision of out-patient care in a small local hospital. This hospital was used as an outreach service by a large general hospital which provided acute services to a large population and is situated 20 miles away. Although the unit was part of a range of District Health Authority services, it was an autonomous unit with its own distinct management structure and operational framework. The unit was required to provide its services within the policies set by the District Health Authority and within the budget set by the District Health Authority. These factors notwithstanding, the unit was able to deliver its services in whatever way the senior management within the unit considered the most appropriate.

Since completing the research in Organisation E, the unit has been restructured and is now part of a new and different organisation with a new management structure and an increased range of services. The unit in its new configuration is now part of a newly formed National Health Service Trust.

At the time of the study, the unit was managed by a Unit General Manager supported by an Operations Manager, a Clinical Manager and a Finance Manager. This group of 4 managers were known throughout the Unit as the Unit Management Group.
The Sample
The total whole time equivalent population in Organisation E is 424. The sample selected for the organisation climate questionnaire was 88, which is 21% of the total population. This sample and response is shown in more detail in table 9.

Table 9 - Sample Organisation Climate Questionnaire

<table>
<thead>
<tr>
<th>Category</th>
<th>Organisations Population</th>
<th>Questionnaires Sent</th>
<th>Returned Questionnaires</th>
<th>Response Rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auxiliary</td>
<td>23</td>
<td>5</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Administration</td>
<td>88</td>
<td>18</td>
<td>16</td>
<td>89</td>
</tr>
<tr>
<td>Care</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td>283</td>
<td>57</td>
<td>31</td>
<td>54</td>
</tr>
<tr>
<td>Management</td>
<td>30</td>
<td>8</td>
<td>6</td>
<td>75</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>424</strong></td>
<td><strong>88</strong></td>
<td><strong>54</strong></td>
<td><strong>61</strong></td>
</tr>
</tbody>
</table>

22 people were interviewed through the line management structure and four service units were surveyed for a client response as shown in table 10.

Table 10 - Sample Client Perception Study

<table>
<thead>
<tr>
<th>Service Unit</th>
<th>Potential Client Population</th>
<th>Number Interviewed</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENT Out Patients</td>
<td>90</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>Baby Clinic</td>
<td>100</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Medical Out Patients</td>
<td>90</td>
<td>19</td>
<td>21</td>
</tr>
<tr>
<td>Ulcer Clinic</td>
<td>60</td>
<td>11</td>
<td>18</td>
</tr>
</tbody>
</table>
Level of Investment made by the Organisation in its Workforce

The human capital audit was completed with the Unit General Manager who was insistent that this part of the work should come from him. The outcome of the human capital audit is as follows.

Recruitment

The unit was able to recruit staff using its own processes. These were not standardised and each section of the Unit was given the freedom to establish its own method of filling vacancies. The Unit did have a small personnel function that provided administrative assistance to the Unit sections during a recruitment process. In the main, this assistance consisted of placing advertisements in the appropriate journals or in house circulars, collating application forms and dealing with the correspondence between the Unit and potential candidates. The personnel function also provided some advice on the process of recruitment, although this was only provided if asked for by the manager or supervisor involved in the particular recruitment activity.

The Unit did have access to a policy document written by the senior personnel manager of the District Health Authority, but the document was viewed as a guidance document and not one that had to be strictly adhered to.

Issues such as equal opportunities were not addressed in any formalised way although the Unit General Manager stated that he did not feel that the organisation actively discriminated against candidates on any basis. He felt that his managers who conducted recruitment activity were able to be clear about the type of candidate they wanted and chose the most appropriate candidate at the time of interview.

Recruitment was always by interview. The composition of the interview panel was dependent upon the type of post being recruited to and the level of post being recruited to. For example, medical appointments were always conducted by the Unit General Manager and the Clinical Manager who was a medical doctor and a consultant with the medical team that
had the vacancy. The Unit General Manager was also on the panel when a middle manager was being recruited. Candidates for more junior management posts were interviewed by middle managers and candidates for nursing posts were interviewed by the nursing manager. Non-managerial posts were interviewed by first line supervisors.

The process adopted for the interviews was not formally standardised, although the Unit General Manager felt that most interview panels behaved in a similar fashion. He said that at least two of the interview panel would short-list from the applications. This short-listing was not linked to a person specification or any other format. Having short-listed, usually on a four candidates to one post basis, the panel would then draw up a series of questions to be asked at the interview. The same questions were put to each candidate and although supplementary questions were allowed, the panel would then consider the responses from the candidates and these considerations together with the references would lead to decisions about which candidate to appoint.

The Unit had no overall personnel strategy. It would appear that the workforce, regardless of what post was being recruited to, was established on a needs-led basis.

**Induction**

The process of inducting people into Organisation E was dependent on individual managers. There was no standardised induction course or package. The Unit General Manager expected that each of his middle and junior managers would arrange a personalised induction programme for anyone who was joining the organisation. He went on to say that for senior managers of the organisation, he would expect the induction programme to be quite comprehensive and that less senior employees would have an induction programme suited to their needs.

The personnel department had produced a single broadsheet which outlined the range of services provided by the organisation and an organisational chart but beyond this there was no written information about the organisation available to new employees. The Unit General
Manager justified the lack of a formal induction programme by stressing the need to recognise that individuals would require individual programmes of induction and that the most effective and efficient way of achieving this was allowing individual managers to create a personalised induction programme for each of their new employees. He went on to say that he felt this gave a new employee a sense of belonging to the organisation and that this approach generated a feeling that employees were individuals and were not treated as "members of a crowd".

Appraisal Systems
The Unit General Manager and the Unit Management Group were all subject to performance related pay and as such, each received an annual appraisal. The Unit General Manager was appraised by his line manager who was the District Health Authority Chief Executive. The Unit General Manager conducted the appraisal on members of the Unit Management Group. This included the Clinical Manager who, as mentioned earlier, was a qualified doctor. However, the Unit General Manager appraised this individual on their managerial performance and not on their clinical competence.

At the time of the study, there was no consistent approach to appraisal below the Unit Management Group, although the Unit General Manager was very supportive of the appraisal systems and had asked the personnel department to give him a briefing paper on how they might introduce a more comprehensive appraisal system throughout the Unit.

The Unit General Manager believed that most of his middle managers and, indeed, first line managers, kept records of staff performance, but he did not consider this to be an appraisal system. It was clear from the Unit General Manager's comments that objective setting was not a feature of this organisation although financial targets, according to the Unit General Manager, were extremely important.
**Reward Systems**

There were no opportunities to reward staff beyond normal salary and a performance related pay scheme that was limited to senior managers. When staff were asked to take on additional duties, payment for these additional duties was made according to a strict and explicit scale. The payments reflected the additional responsibility and did not reward additional effort. Staff on professional and managerial grades were not able to claim overtime. Staff on manual grades were able to claim overtime although this was restricted and any claim for overtime had to be agreed by middle management before the overtime was actually worked.

In discussion with the Unit General Manager, it was clear that he appreciated that there would need to be a serious review of the way the staff group were rewarded. He was particularly aware of the need to develop non financial rewards. He said he had been in discussion with the District Health Authority Personnel Manager about staff incentive schemes. These included child care arrangements to encourage women back to work and flexible working hours in order to make the best use of staff who wanted to work part time.

The Unit General Manager felt that his managers were willing to encourage their staff and that he actively urged them to be more demonstrative in their praise of good work. He went on to say that he felt that the staff group were extremely committed and did not automatically expect additional reward for additional effort.

**Sanctions**

Organisation E had a formal disciplinary code that was established by the District Health Authority and was part of the personnel policy of the District Health Authority. The implementation of this code was delegated to the correct level within the organisation. The Unit General Manager was confident that each of his managers were familiar with the code and used it appropriately. The Unit General Manager felt that good management practice enabled managers to identify difficulties early on and take the right steps to remedy the situation before a formal disciplinary code was needed. He supported this assertion by saying that the formal code had only been used in cases of gross professional misconduct. These
incidents of gross professional misconduct usually involved theft from the organisation or from patients. Another example of gross professional misconduct according to the Unit General Manager was a physical assault on either a patient or a member of staff. The Unit General Manager added that those incidents were very rare. The usual staff difficulties revolved around lateness and absenteeism.

Training and Staff Development
The staff training and development function was managed by the personnel section of the District Health Authority of which Organisation E was one small part. The District Health Authority put on regular staff training programmes in response to topical issues; for example, HIV and AIDS awareness courses were set up by the District Health Authority and implemented within the organisation. The training was carried out by District Health Authority personnel. The Unit General Manager said it was possible for the organisation to approach the District Health Authority and ask for specific training. In this situation the Unit General Manager would need to mount an argument for the training and justify the expenditure.

Professional training and clinical updating were organised by the District Health Authority. These training sessions were usually initiated by the District Health Authority and did not require the Unit General Manager to sanction them. There were no policies or strategies for establishing a staff development scheme across the staff group. The approach to staff development and training adopted by the organisation was largely a reactive one. Their inability to be pro-active in this area was, according to the Unit General Manager, because of budgetary restrictions.

Organisation Behaviour
The organisation did not have a statement of aims and values although the Unit General Manager said that the organisation had a well understood value system and a clear set of aims. He went on to say that the value system in the organisation focused on providing quality services for all the organisation's patients. The organisation achieved this according to
the Unit General Manager by placing a high value on sound practice and well established clinical processes. He felt that the workforce did have a single aim and that the "vast majority" of the employees shared that single aim. This aim was to provide quality services and, therefore, the Unit General Manager saw a clear link between the value system within his organisation and the aims of his organisation. When asked how this was established in the organisation, he said, "It was the responsibility of management in the organisation to ensure that all staff members were aware of the values in the organisation and to be familiar with the aims of the organisation." He also said that he believed that people who worked in the caring professions did have a commitment to providing high quality services and often achieved this despite severe financial limitations.

Quality Assurance
The organisation had a quality assurance programme that was based on the District Health Authority's statement of explicit quality standards. The Unit General Manager considered that the managers within the organisation had a prime responsibility to ensure that standards were met and maintained. At the time of the study no single person in either the District Health Authority or the organisation was specifically responsible for ensuring that quality standards were achieved. When asked about this, the Unit General Manager said that he took responsibility for the quality standards and was required to reassure the District Health Authority that standards were being met throughout the organisation.

Customer Perception
The Unit General Manager was clear that the organisation saw his patients/customers as being the focus of all of the organisation's activity. He related this back to his comments about the value system in the organisation and the aim of the organisation. The out-patients services were cited by the Unit General Manager as being a clear example of how the organisation attempted to deliver its services in a customer focused way. He had worked with both his operations manager and clinical manager to ensure that the time that patients had to wait to see a doctor was within set parameters. He had insisted that the process of out-patient appointments enabled people to attend at times convenient to them within reason and that the
clinical and nursing staff kept patients informed of any delay or unexpected problem that would affect their appointment time. He felt that he had obtained a commitment to this from clinicians, nurses and his administrative support staff.

**Self-Completion Questionnaire and Structured Interviews with the Line Managers**

The data obtained from the three sources, the self-completion questionnaires, the structured interviews and the human capital audit, gave an inconsistent picture of the organisation. The human capital audit was entirely the view of the Unit General Manager and gave a picture of an organisation that is patient focused and united in delivering its services to clear quality standards. This was achieved, according to the Unit General Manager, by the management group giving clear messages about what was expected. This happened within an organisation that had a significant degree of freedom in the way it delivered its services. The Unit General Manager believed that this freedom enabled the organisation to be creative and not be restricted by central controls. The data from the self-completion questionnaires pointed to a workforce that was very uncertain about what was expected of it. The fact that the data indicated that the workforce were concerned about the quality of the service and wanted to be responsive to patients' needs had more to do with the professional commitment to service quality rather than to a clear lead from the organisation's management. This was supported by the data from the structured interviews. Here, it was very clear that individuals in whatever category they operated had a personalised view of what their contribution should be and the value of that contribution. There was no evidence that the organisation had a sense of being led in a particular direction. Informants had particular views about their line managers and to a large extent this focused on personalities rather than managerial competence.

The organisation did have a focus across all the work categories and this fell squarely on the issue of customer service. The Unit General Manager promoted customer service as his top priority and, therefore, superficially the direction in which the most senior manager in the organisation wanted the organisation to move was achieved. However, there was no discernable strategy through which this was established.
Auxiliary Category
The sample in this category was too small to be of any significance.

Administrative Category
The administrative category in the organisation were mainly office based and were responsible for arranging appointments for out-patients and reception duties within the various clinics operated by the unit. Within each administrative category there was the first line supervisor whose duties were to oversee the administrative operation within a particular clinic. Data from the self-completion questionnaires indicated that the majority of those who responded were neutral about the management style of their supervisor. The data from the structured interviews indicated that in some situations the first line supervisor was able to encourage and support individuals in being innovative and responsive in dealing with the public. This rested on the personality of the supervisor and did not reflect a consistent policy in the way that supervisors should behave towards their staff. During the structured interviews, informant EAD1 said that she recognised that when people came for out-patients appointments they were often anxious and tense and that part of her role was to relax the patient and to make the whole experience as pleasant as possible. When asked whether or not this was as a result of managerial direction or of organisational policy, she replied that she had never seen any organisational policy, nor had she had any direction from her first line supervisor on how to behave towards patients. Informant EAD2 who was based in a different clinic to informant EAD1 and as such had a different supervisor, said that her first line supervisor actively encouraged and supported her and her colleagues in being responsive to people coming for out-patient appointments. In particular, this supervisor had given some brief instruction on how to deal with anxious patients and how to cope with patients who were angry at having to wait beyond their appointment time. It would seem that the testimony from both these informants would support the idea that the management style adopted by first line managers within the administrative category of the organisation is very much based on individual personality rather than a clear direction from senior management.
In response to teamwork, the administrative category within each clinic setting very much saw themselves as a team. Data from the self-completion questionnaires suggested that the groups of administrative staff in a clinic setting covered for each other and were able to interchange in terms of the work activity. However, as an administrative category across the organisation, they rarely saw people working in this category who were based in other clinics and, therefore, their team focus was very much based on their out-patient clinic rather than as a category within the organisation. The structured interviews supported this with informants indicating that their team was a small group of administrative staff operating within specific settings. In these settings, they very much considered themselves to be a team and saw themselves relating to one supervisor. This is supported by the data shown in Appendix 8.5.e8.

The administrative category said that they did work to explicit standards. This was related back to their face-to-face relationships with patients. The data obtained in the self-completion questionnaires showed that those informants within this category had been set standards that they were required to meet. This was a consistent view across the entire category regardless of where they were actually based. The informants in the structured interviews reinforced the idea that first line supervisors were able to articulate the standards of service required from workers in this group. They were also seen as key people in promoting these standards. Although it was clearly understood by the informants within this category that standards were important and expected to be achieved, there was no evidence that these standards were actually written down. The degree to which standards were seen to be important within this category is supported in the data in Appendix 8.5.e9.

This category were fairly certain of their task within the organisation. The informants view to their interaction with patients was seen as being critical to the success of the organisation. The tasks were established by word of mouth and there were no documents detailing the tasks expected of workers in this category to carry out. In the structured interviews, informant EAD3 said that the confirmation of the task for this category was communicated by members of the group and by the first line supervisor. This informant went on to say that her
supervisor had made it very clear that her task was to ensure that patients coming to the clinic were treated with respect and sympathy and that confusion over appointment times was to be avoided at all costs.

This category was neutral towards the issue of working environment and the majority of informants did not express a positive or negative view of their working environment. The exception to this was one particular clinic that had been recently redecorated and refurbished and the informants working within this environment considered it to be of a comparatively high standard.

A majority of those who responded to the self-completion questionnaires said that they were recognised for their effort and their contribution towards the task of the organisation. From individual informants in the structured interviews, this was clearly related to first line supervisors and did not extend to middle or more senior managers within the organisation. In fact, of the informants within the structured interviews, only two of those interviewed had ever met the Unit General Manager.

**Care Category**

Organisation E did not have any staff who could be placed within the definition of this category.

**Professional Category**

The professional category did not feel that their management had a particular influence on the way they operated. Their practice was very clearly based on professional standards and competence and this they did not see as having a particular connection with middle or senior managers within the organisation. As a result of this, the self-completion questionnaires produced a neutral response to the factor enabling management style. Data from the structured interviews indicated that the relationship between professional workers and first line managers was solely related to clinical practice and that as this practice was bound by established codes of behaviour there was little scope or indeed point in managers having a
particular influence. Informant EP1 felt that middle and senior managers were concerned with the financial viability of the organisation and left the professional aspects of the job to first line supervisors who themselves were practising professionals within the organisation. This neutral view of the influence of managers is shown in the data in Appendix 8.5.e13. The professional category said that within specific clinic settings, they worked as a team.

However, again this was confined to those working within specific clinics. They did not feel that overall they saw themselves as a team of professionals across the entire organisation. Teamwork in this organisation was focused on small groups of people working within specific environments. An example of this was offered by informant EP2 who said that she worked with a small range of different professionals and that these individuals regularly worked together in the same environment. She considered this to be her team and felt that as a team they worked well together. Whilst she recognised that there were other professionals within the wider organisation, she knew very little about their activity and did not consider them to be part of her team.

The professional category said that they worked to explicit standards; however, these were considered to be professional standards and not standards that were set by the organisation as such. Informants from the structured interviews felt that their immediate supervisors who were professionals in their own right were very clear about the standards they expected and by and large made these very clear. These were generally interpreted as the organisation's standards, although in discussion with members of this group it was clear that they had not received any explicit instructions about standards of service from what they considered were middle and senior managers of the organisation. This again is shown in the data in Appendix 8.5.e15.

In relation to the factor of clarity of task, the professional category demonstrated the lack of explicit information about the task from either middle or senior management within the organisation. Whilst individual informants were sure and confident about their professional task, that is the treatment process for patients, they were very uncertain about the overall task
of the organisation and again did not see themselves as relating specifically to the overall organisation. Their focus was on their individual task and this was generated by their professional status and to some extent their professional autonomy. Informant EP6 said that he was always clear about his task and it related to his interaction with the patients he saw in the clinic. He went on to say that his view of the organisation was that it provided a framework in which his professional task could be carried out. It was, in his terms, his task and not that of the organisation.

The professional category were very mixed in their response to the factor working environment. This reflected the fact that the informants both from the structured interviews and the self-completion questionnaires operated within different work environments and as such there was not a consistent view about the quality of their work environment. Informant EP4 said that whilst the working environment was important as it reflected the way the organisation felt about its patients, she did not feel that as an individual or indeed as a category of workers, they had much influence on how the physical environment might be improved. She considered that the major barrier to improving the working environment was a financial one. Although she recognised that the environment was important, she again like other colleagues emphasised the importance of the professional relationship with the worker and the patient and saw this as being the most important aspect of her role.

With regard to the factor recognition, a picture emerged similar to those expressed in other categories. The level of recognition was dependent upon individual supervisors. Informants from the structured interviews suggested that this was very much to do with individual personalities, rather than an explicit policy within the organisation. This mixed response is shown in the data in Appendix 8.5.e18.

Management Category
The management category consisted of first line supervisors, middle managers and senior managers. The management category said that the organisation did promote an enabling management style and that this was very much at the behest of the Unit General Manager.
Both senior managers and middle managers said that they were encouraged to be innovative and creative and to pursue both their individual tasks and the tasks of the organisation within a very wide framework. The fact that there were no detailed explicit codes of management style leant weight in their view that the Unit General Manager was committed to an open style of management and one that encouraged managers at all levels in the organisation to stretch themselves and be risk orientated. This view was more strongly found in middle managers and senior managers than their first line colleagues. From the structured interviews it was clear that as managers gained in seniority, their belief in an enabling management style became much stronger. This was seen to be a direct result of the influence of the Unit General Manager. The senior management group and the group of middle managers saw themselves as a team and identified as a management group. This was not so with first line managers who tended to see themselves as part of a clinical team and did not readily identify with the management group. This was supported by informant EM4 who said that whilst he was aware that the senior management group regularly met and there were quarterly meetings across the organisation of middle managers, first line managers to his knowledge had never met as a group.

The management categories response to the factor standards was clearly a split one. Middle and senior managers felt that there were very explicit standards within the organisation and that these generated from the District Health Authority and were communicated by the Unit General Manager. First line supervisors said that standards within the organisation were based on professional standards and were not necessarily generated by the organisation as a whole. This split in response to the factor standards within the management group is shown in Appendix 8.5.e21. A similar split is shown in Appendix 8.5.e22 which relates to the clarity of task. This factor is viewed by workers in exactly the same way as the factor standards. Middle and senior managers said that their tasks were made clear by the senior management group and the Unit General Manager, whereas first line supervisors stated that their clarity of task arose from their professional understanding of their task. The factor working environment was dependent upon where particular managers were based. The workers in this category said that the working environment was important as this was the place in which
patients received their treatment. However, senior managers suggested that there was a balance to be struck between investing in patient services and investing in the physical surroundings. Informants from this group felt that whilst this was always a difficult choice, in the main the balance was always in favour of investing in patient services rather than improving the physical environment. The issue of recognition was again dependent upon individual managers. A similar view emerged from this group in relation to recognition in that senior managers felt that there was regular acknowledgement of their contribution and the effort they had made in managing the organisation. This was less so with first line supervisors.

Customer Perception Study
A sample of the customer/patients was taken from each of the out-patient clinics and the post-natal service. The samples were asked to consider three issues relating to each of the services provided. These issues were: service information, user friendliness and customer responsiveness.

With regard to service information, all of the clinics were seen to provide excellent service information. The sample felt that information was readily available about the service and that this was both in the form of correspondence before the out-patient appointment and at the time of the appointment. The information was felt to be clear and free from jargon and, therefore, easily understood. Furthermore, if further clarification was required when attending the clinic, the workers within the clinic were always on hand to explain what was meant by the correspondence. This very positive view of service information is reflected in Appendices 9.5.ecs1, 9.5.ecs4, 9.5.ecs7 and 9.5.ecs10.

A similar picture emerges on the factor user friendliness. Those sampled said that the organisation made a clear effort to arrange appointments that were convenient to the users. Furthermore, that the experience of coming to the clinics was a positive one and that the staff working in the clinics made people feel welcomed and put people at ease, particularly if they were feeling anxious about their appointment. The location of the clinics was also felt to be
very positive; in particular the siting of the baby clinic in the community in a church hall was considered by the users to be a convenient location that enabled the users to get to the clinic without undue difficulty. The fact that the baby clinic supplied a range of toys enabled users who had older children to feel that they could concentrate on discussing their particular issues with the staff in the clinic, knowing that their older children would be occupied playing with the toys supplied by the organisation. This issue was also reflected in the out-patient clinics where particular mention was made of magazines and books which were available for users to read and browse whilst waiting for their appointment. These views are supported in the data shown in Appendices 9.5.ecs2, 9.5.ecs5, 9.5.ecs8 and 9.5.ecs11.

The factor of customer responsiveness was not seen to be as positive as the other two aspects of the service. The reason for this response was based on the relationship between the patient and the doctor. Those informants who were interviewed were by and large dissatisfied with the amount of time they spent with the doctor and the level of information they were given about their situation by the doctor. They often felt hurried and intimidated by the fact that they felt obliged to listen rather than speak. This meant that they were often unable to correct the doctor on his interpretation of what had been said. They also felt unable to express their anxiety about their complaint and often went away feeling frustrated. They tended to respond to this by seeking clarification and reassurance from the nursing staff, who would spend more time with them explaining some of the comments made by the doctor. The exception to this was the baby clinic where informants felt that they were able to discuss their anxieties and fears about their children and indeed were actively encouraged to do so. This concern is shown in the data in Appendices 9.5.ecs9 and 9.5.ecs12.

Summary
Organisation E had a major difficulty in the sense that it had no clear central identity. Its service delivery was scattered across a number of units, each acting very much as an individual entity. It was clear from discussions with the Unit General Manager that he had a very clear vision about how he saw the organisation operating and what strands within the organisation he felt held the organisation together. He was very clear about the
organisational culture that he wished to promote. This was clearly focused on service quality and a clear commitment to putting the customer/patient first. His view was that this was achieved by generating a similar belief within his senior managers and that this would be disseminated throughout the organisation.

Looking at the customer perception survey responses, it was apparent that the organisation was successful in its objectives in that the organisation did deliver good service information and was seen to be extremely user friendly. However, the issue of customer responsiveness was a reflection of the level of isolation and autonomy that each of the units experienced.

Workers within this organisation clearly related to their specific work environments and did not consider themselves practically to be part of a larger organisation. Therefore, they considered the organisation in terms of the particular clinic in which they worked. As these clinics were very much influenced by the immediate supervisors and as these supervisors were both physically and organisationally distant from the senior management group, it followed that the senior management group could have very little influence on the way individual clinics actually work, although it is clear that "the health professions will have to learn to relate to one another in new ways" (Hancock, 1990).

The fact that the clinics did provide excellent service information and were considered to be extremely user friendly was more a product of professional competence rather than a direct managerial initiative. There was no evidence to suggest that the influence of the Unit General Manager and his senior managers had a direct bearing on the service outputs within the clinics. It would appear that the management group and the professionals working within the organisation were running along similar tracks but had no direct influence over each other in shaping the organisational aims and values.

The practical impact of the senior management group on the service delivery was extremely limited. Their influence was confined to ensuring that the financial aspects of the organisation were sound and that overall the service was delivered within the limitations of the budget.
The fact that the senior management group had little influence at the interface with the patient was supported by the belief of one informant that the person in charge of the clinic was in fact the doctor. When told that there was a Unit General Manager who was overall in charge of the service, this was greeted with surprise.

Organisation E had a very low cultural statement and a very low level of diffusion. This was in spite of the fact that the Unit General Manager was very clear about what he felt the objectives and values of the organisation were. It has to be said that there was no discernable connection between what the Unit General Manager stated about the organisational values and objectives and the way in which the service was delivered. The fact that the service did have high standards and did concentrate on customer service, was more a result of professional competence and pride in those workers delivering the service, than as a result of a direct managerial influence. Organisation E was a collection of much smaller organisations that were directly influenced by a professional culture rather than an explicit, all embracing organisational culture.

Organisation F
Description of the Organisation
Organisation F was a mental health unit that was established in October 1991 through the amalgamation of a large psychiatric hospital with a range of mental health services previously provided by a community health unit. The unit at the time of the study consisted of a large psychiatric hospital with approximately 450 in-patient beds, a smaller psychiatric hospital with approximately 100 beds, and various mental health facilities, including community mental health teams. The community mental health teams were based in community mental health centres and delivered their services to out-patients from various points within the catchment area of the unit.

The senior managers of the unit were working closely with District Health Authority purchasers to facilitate the retraction process from the large psychiatric hospital site and to establish new community based services for patients and clients. Plans had been drawn up for
a new acute unit to be built adjacent to the local acute hospital. This was to be complemented by the creation of a new rehabilitation unit on the smaller hospital site and the relocation of vocational rehabilitation services into a community setting. Following on from these developments it was expected that the large psychiatric hospital as it was configured at the time of the study, would close in 1995/96. In addition to these community based developments, a range of new services were being proposed. It was envisaged that a number of these new services would operate from the old psychiatric hospital site. These services would include difficult and offender services, drug and alcohol dependency, eating disorders, neuro-psychiatry and child and adolescent psychiatry.

Organisation F was managed by a chief executive whose management team comprise seven directors with accountabilities for; Nursing and Continuing Care, Clinical Services, Medical Services, Information and Planning, Finance, Operational Services and Personnel and Communications. This management team were planning to apply for NHS Trust status in the next wave of applications to the Secretary of State for Health.

The Sample

The total whole time equivalent population in Organisation F is 767. The sample selected for the organisation climate questionnaire was 172 which is 22% of the total population. This sample and response is shown in Table 11.

<table>
<thead>
<tr>
<th>Category</th>
<th>Organisations Population</th>
<th>Questionnaires Sent</th>
<th>Returned Questionnaires</th>
<th>Response Rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auxiliary</td>
<td>208</td>
<td>47</td>
<td>24</td>
<td>57</td>
</tr>
<tr>
<td>Administration</td>
<td>47</td>
<td>14</td>
<td>11</td>
<td>78</td>
</tr>
<tr>
<td>Care</td>
<td>197</td>
<td>39</td>
<td>29</td>
<td>74</td>
</tr>
<tr>
<td>Professional</td>
<td>221</td>
<td>44</td>
<td>38</td>
<td>86</td>
</tr>
<tr>
<td>Management</td>
<td>99</td>
<td>28</td>
<td>23</td>
<td>82</td>
</tr>
<tr>
<td>Totals</td>
<td>767</td>
<td>172</td>
<td>125</td>
<td>72</td>
</tr>
</tbody>
</table>
27 people were interviewed through the line management structure and seven service units were surveyed for a client response as shown in Table 12.

<table>
<thead>
<tr>
<th>Service Unit</th>
<th>Potential Client Population</th>
<th>Number Interviewed</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation Ward 1</td>
<td>20</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>Rehabilitation Ward 2</td>
<td>20</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Rehabilitation Hostel</td>
<td>10</td>
<td>5</td>
<td>50</td>
</tr>
<tr>
<td>Long Stay Ward 1</td>
<td>24</td>
<td>8</td>
<td>33</td>
</tr>
<tr>
<td>Long Stay Ward 2</td>
<td>24</td>
<td>8</td>
<td>33</td>
</tr>
<tr>
<td>Group Home Mental Health</td>
<td>8</td>
<td>6</td>
<td>75</td>
</tr>
<tr>
<td>Mental Health Day Centre</td>
<td>26</td>
<td>9</td>
<td>35</td>
</tr>
</tbody>
</table>

Level of Investment made by the Organisation in its Workforce

The human capital audit was completed with the chief executive of the unit and his director of personnel and communications.

Recruitment

The range of experience in recruiting staff varied considerably as managers were generally free to adopt their own approach to the recruitment of staff and as such their exposure to the recruitment process was dependent upon the level of staff turnover in their own units or departments. This freedom extended to the writing of copy for advertisements and placing those advertisements in the most appropriate journals according to the particular profession being recruited to. Depending on the profession, recruitment was often linked to training schemes. This was particularly true of nursing and psychology. This practice had an effect on the approach to recruitment; clearly with training schemes feeding potential candidates to the unit, there was not a need to market the unit to 'in-house trainees' as there were sufficient
trainees from other teaching hospitals or units. Managers were encouraged to manage their own recruitment process and, therefore, senior managers had little knowledge of the process adopted by the middle managers and junior managers.

Generally, informal interviews were favoured on the basis that candidates should be encouraged to perform well at interview without being subjected to high levels of stress in order to gauge how they might cope under pressure. The emphasis appeared to be on understanding how the candidate could contribute to the organisation and what the organisation needed to do in order to encourage this. Specific recruitment techniques were viewed with mixed feelings. In particular the attitude towards psychometric testing was unclear. There was no overall policy about the structure or content of selection interviews, neither was there a standard information pack that was available to candidates as a matter of course.

The issue of equal opportunities, although recognised by managers as an increasingly important issue, did not benefit from a clear operational policy that would have enabled managers to adopt an approach to equal opportunities in their recruitment process or in their day to day operation. The issue of qualification was related to profession, however, where a specific qualification was not a necessity for the post, then managers relied on whether or not they considered the candidate would fit in with the organisation to be a more important factor than generic qualifications.

Overall, there did not appear to be an established human resource plan either in the short term or the long term. The process of human resource management in terms of recruitment was clearly demand led and had no relationship to any strategic objectives with regard to human resource planning.

Induction

There was no overall policy in relation to induction. The process was very informal and the extent and variation in the induction experience was dependent upon the level at which the
new staff member was going to operate within the organisation. Clearly those operating at key levels in the organisation would have meetings with senior managers arranged for them. This was either arranged by their own line manager or by the personnel manager. The approach to induction appeared to encourage individuals to work out their own programme in conjunction with their line manager. There was no overall policy to ensure that new members of the organisation understood what their role was within the organisation and how that affected other people within the organisation. Equally there was no attempt to instil within the new member of staff any particular value system or highlight any of the overall objectives that the organisation considered important.

**Appraisal Systems**

At the time of the study, an appraisal system had recently been introduced into the organisation. Prior to this there was the system of performance related pay but this was confined to senior managers. According to the chief executive, the idea behind the introduction of an appraisal system was to set individual objectives in order to give individuals clear direction. The appraisal system was founded on the belief that individual career development was as important to the individual as looking at performance on specific issues. The appraisal system ran alongside the idea of peer supervision in relation to clinical practice issues. The concept that appraisal must be in tandem with the supervision or practice was supported by the director of clinical services who, as well as maintaining a managerial position within the organisation, also practised as a clinical psychologist within the organisation. This situation enabled her to keep in touch not only with managerial concerns relating to clinical practice, but also concerns over the relationship between patients and clinicians.

**Reward Systems**

There were no additional reward systems beyond salary, other than performance related pay for senior managers. The use of honorarium payments was sometimes used; however, there was no clear policy on how and when honorarium payments could be made. There was a car leasing scheme which was available to certain grades of staff. Eligibility for the car leasing scheme was based on a complex formula which related to an individual's grade within the organisation.
organisation and number of miles he or she would undertake in the course of their duty on an annual basis. The scheme was almost universally viewed as punitive and was not considered in any sense by those who commented to be of benefit or reward.

Individual managers were encouraged to praise staff verbally and to be demonstrative in supporting staff for good work. However, there was a degree of cynicism that some managers were too quick to praise and as a consequence, their praise and support could be viewed as superficial. The chief executive and the director of personnel and communications considered that there was a culture working within the organisation that viewed work above the call of duty as being standard practice and, therefore, in itself did not require any additional recognition. The chief executive also said that he was aware that there was a concern that salary bands across professionals with similar responsibilities were not comparable. This led to conflict within different staff groups working in similar situations.

Sanctions
The chief executive felt that there was a culture within the organisation that people who were struggling in their work or were presented with other discipline problems such as absenteeism or lateness, should be helped to understand the impact of their problem on the rest of the organisation and to share their difficulties with their line managers. There was a clear desire to resolve quickly the personnel issues that arose and not to allow issues to drift. The chief executive said he had given his personnel director a clear mandate to instill within the organisation that personnel problems should be resolved quickly to the mutual benefit of the individual and the organisation. The chief executive went on to say that despite this caring attitude towards personnel difficulties, he was very clear that should situations continue to the detriment to the organisation or the organisation's clients, then he and his managers would not back away from taking difficult and tough decisions. He believed that the whole issue of sanctions and discipline within the organisation was based on openness and honesty.
Training and Staff Development
The training programmes within the organisation were developed by a combination of both in-house and external training programmes. The overall budget for training activity in the organisation was £16,000 per annum. This budget was to provide training activity for 700 whole time equivalent staff. The training needs of individuals arose out of the appraisal programme which should identify individual needs. These needs are then aggregated into a broad training package. At the time of the study, there were specific training issues being addressed. These were an audit of nursing skills to establish a standard evaluation process and this was linked to a staff skills inventory.

Organisation Behaviour
There was a clear desire within the organisation according to the chief executive to move to a more delegated structure with more responsibility moving closer to the patient. The chief executive felt that in order to establish it, a major shift was required in the way staff within the organisation operated. He felt the biggest hurdle was convincing the staff groups that traditionally felt marginalised, for example the domestics, to feel a fully integrated part of the system and as a staff group to be seen as making a valued contribution to the organisation. He went on to say that one of the issues that he needed to address was the varying levels of what was considered acceptable behaviour by different staff groups and how this acceptable behaviour could be standardised. Overall, he was looking to establish explicit codes of behaviour within the organisation that were both acceptable and deliverable to all types of staff.

Quality Assurance
According to the chief executive and the director of personnel and communications, there were quality assurance strategies across all of the units and each unit's management team was charged with implementing the quality assurance strategy. The objective in establishing quality assurance strategies was to attract clinical audit money to develop and extend the existing quality audit strategies. This in turn would lead to an understanding
within the workforce of the organisation that quality assurance was an integral part of the organisation's function and not something that was added on to the organisation at regular intervals.

Customer Perception

The chief executive felt that there was an awareness within the organisation of the importance of understanding customer issues. He supported this statement by saying that he as the senior manager within the organisation, regularly consulted with consumers of the service. He went on to say that there were strategies to support staff in understanding users' rights and he encouraged open meetings within the organisation to enable staff to share and discuss issues around the relationship with customers of the organisation. However, the chief executive was concerned that a number of matters still needed to be resolved. For example, he was concerned to ensure that staff adhered to customer practice codes and to understand how interprofessional accountabilities impacted on overall staff customer relationships. He went on to say that he needed to comprehend how long standing attitudes could be altered and changed in order that they take account of the more equitable type of relationships between staff and customers that were now being promoted throughout the entire health service.

Self-Completion Questionnaire and Structured Interviews with Line Managers

The information obtained from the self-completion questionnaires and the structured interviews, indicated that the organisation placed a great deal of emphasis upon customers service standards. The workforce generally felt that the management of the organisation considered that the organisational focus should be on the quality of service delivery and that success in this area would bring success to the entire organisation. This was considered particularly important by the more senior managers in the organisation, because at the time of the study the organisation was preparing its application to become a National Health Service Trust. The organisation was keen to see itself as operating a decentralised management system that enabled both its managers and its workers to make decisions about customer care very close to the customer. This would enable action to follow quickly once a decision had
been made. Therefore, customers' needs would not be subjected to undue delay by the bureaucratic process.

The work categories said groups felt that they were aware of the direction in which the organisation was moving and overall approved of that direction. However, despite this clarity the direction of the organisation and the perception by the organisation's work categories that the organisation's management were committed to the delegation of authority, the data from the self-completion questionnaires did not indicate that the organisation had a particularly explicit enabling management style. Indeed, the organisation as a whole was relatively weak in relation to explicit standards although fared better in relation to the factors of teamwork, clarity of task, environment and recognition.

As with other organisations in this study, the individual categories differed in their responses to the specific factors from those of the overall organisation. An example of this was found in the auxiliary category. Within Organisation F the auxiliary category were relatively weak on the factor of teamwork compared with the other organisations in the study. However, within the factor of explicit standards they were the strongest auxiliary group compared across the six organisations in the study. This is contrasted by the fact that the professional category within Organisation F showed to be extremely weak in terms of explicit standards in relation to the other organisations within the study. These variations in relation to specific factors across organisations is a consistent pattern within this study.

**Auxiliary Category**
The auxiliary category were divided in response to the factor enabling management style with very similar numbers expressing a positive view to those expressing a negative view. This variation is explained by the data from the self-completion questionnaires which presented this division was taken from different units from within the organisation and that each unit had a different line manager. When this was linked with the information from the structured interviews, it became clear that the approach taken by individual line managers was critical to the responses within this factor. Informant FA1 said that his manager was very open and
approachable. He felt that he was actively encouraged by his manager to take decisions and evaluate situations for himself. He also said that he was regularly asked for his opinions on particular issues and felt encouraged and able to contribute to the discussion.

Informant FA2 said that his manager was not particularly communicative and did not encourage him to question the decisions made by management. He felt that this was the "normal" stance taken by managers within the organisation.

This would suggest that the culture of open management promoted by the senior managers in the organisation was not as penetrating as they thought. Neither informant FA1 or FA2 could recall seeing the chief executive in their particular unit, nor were either of them aware of any stated value system that encouraged a particular management style.

The group overall did see themselves as a team both in terms of a group of workers within the organisation as a whole and as specific teams working in particular units. Informant FA5 said that within his particular group it was accepted that people covered for each other and that absenteeism or lateness caused fellow workers additional problems. This positive response is shown in Appendix 8.6.f2.

The workers in this category were neutral on the factor organisational standards. However, the majority of the informants from the self-completion questionnaires were positive about the standards they were expected to meet in their specific tasks. These standards were set by line managers and were usually made very clear. This is shown in Appendix 8.6.f3.

The majority of auxiliary workers sampled in the organisation were neutral about the clarity of the task. From the structured interviews it appeared that very few understood the overall task of the organisation and only a slightly larger number were clear about their specific tasks within their categories. Informant FA8 said that her manager gave her specific instructions about particular jobs, but these were never related to the overall task of the organisation. She went on to say that her role was to ensure that the ward was clean and that if she thought
about it her cleaning task would contribute to promoting high quality customer service, although she did add that she did not think about it very often.

A majority of the informants, in both the self-completion questionnaires and the structured interviews said that their working environment was satisfactory. The structured interviews revealed that the informants said that the line managers were aware of the importance of the working environment and the self-completion questionnaires indicated that the workers said that they had the right equipment to carry out their tasks.

On the factor recognition, the category were divided in their response. This division is shown in Appendix 8.6.6 and is supported by information from the structured interviews. Various informants said that the personality of their line managers was a critical factor as to whether or not they felt their contribution was recognised. They were not aware of any organisational system that encouraged the recognition of good work undertaken by the workers in the organisation by the managers of the organisation.

Administrative Category
The administrative category responded in a similar way to the auxiliary category. They were divided in response to the factor management style. Whilst there was a slight tendency towards a positive view of the factor of enabling management style, this was not significant. The information from the structured interviews pointed to the fact that management style was very much dependent upon the personality of the line manager. There was no evidence that the view held by senior managers that managers should be promoting creativity and innovation had been consistently taken up by first line managers within the administrative group. Informant FAD4 said that her view of the managerial styles in the organisation was that managers who had been with the organisation for a number of years, identified far more closely with the workers than those managers who had been recently recruited. She justified this by saying that she felt that managers who were new to the organisation had been specifically recruited because they were management orientated rather than worker orientated. She felt her own manager continually justified the actions of the senior managers
within the organisation and in her view did not listen to the views of the workers if it contradicted the views of middle and senior management.

In response to the factor teamwork, the administrative category did feel that as a group of workers they acted as a team across the organisation and identified with each other, even though they worked within separate units. Informants in the structured interviews suggested that teamwork ethos was much stronger within particular units and again there was a sense of workers understanding how their behaviour and their contribution affected other workers within the category.

The administrative category did not demonstrate that there were explicit standards to which they had to work within the organisation. This information is shown in the data in Appendix 8.6.f9. Informants in the structured interviews said that they were clear about their own standards and that these were motivated by a sense of personal pride in their work. Informants within the structured interviews could not identify a set of standards to which they worked and were promoted by the organisation. They were clear that first line managers would not accept shoddy work, that this was seen as relating to basic standards of work rather than a set of explicit standards established and communicated by the organisation. A similar view was expressed in relation to the factor of clarity of task. Whilst informants from the self-completion questionnaire were clear about their task at the time of completing the task, for example, the typing of a letter or the filing of a client record, they were seen as obvious. Linking this to the information from informants in the structured interviews, it was clear that no attempt was made by first line managers or middle managers to relate the work of the administrative category to the overall task of the organisation. Informant FAD2 said that she had never been encouraged to think about the organisation as a whole and, therefore, had never thought about her work activity in relation to the overall goals of the organisation. She went on to say that she did not think that it was particularly important that a filing clerk should understand the overall task of the organisation, "so long as the bits of paper were filed in the right places".
The administrative category said that their working environment was satisfactory and that their first line managers did acknowledge that the working environment was important and conducive to creating an efficient and contented workforce. Workers in this category said that managers were sympathetic to requests for particular equipment and within reason, the category said they could have the equipment they needed to carry out the task.

The response to factor recognition by workers within this category was dependent upon individual managers. The variation is shown in the data in Appendix 8.6.fl2. This was supported by information from the structured interviews, in which informants stated very clearly that different managers used different ways of acknowledging contribution made by individuals. None of the informants in the structured interviews were aware of any particular direction from middle and senior managers in respect of recognition of staff.

**Care Category**

Workers in the care category were clear about the style adopted by their first line managers with very few exceptions. Those informants from the structured interviews felt that their managers were willing to allow workers a degree of freedom in the way they operated and encouraged them to be creative in the way they approached their particular care tasks. This is shown in Appendix 8.6.fl3. Informants in the structured interviews said that, as a group, the first line managers who themselves had been care workers but had now been promoted to managerial positions, were in touch with the issues around delivering care within the organisation and understood some of the tensions that this work generated. First line managers were overall seen to be approachable and open to new suggestions about how particular care tasks should be carried out.

As with the factor management style, the care workers were very positive about the factor of teamwork and again saw themselves very much as a team, not only within the particular units in which they worked, but also as a category across the entire organisation. Informant FC4 said that she had experienced a number of managers as it was a regular feature of the work that individuals were moved around units according to need. This she said promoted a
sense of teamwork across the organisation and prevented people from only identifying with a relatively small group of workers within a particular unit. She said that care workers throughout the organisation were aware of the issues facing them as a group and that because of the movement of workers around the organisation, most workers were familiar with the first line managers within the entire care group and, therefore, felt able to comment on the first line managers within this group across the entire organisation.

The category were very positive about the factor of explicit standards and their response showed that the organisation as a whole did promote very high standards of care. Informants from the structured interviews said that these standards were explained and justified by first line managers but were in fact set by more senior managers. Informants in the structured interviews felt that they themselves had their own standards to which they carried out the care tasks and these matched very well the standards laid down by the organisation.

The care category were less positive in response to the factor of clarity of task. This is reflected in the information from the self-completion questionnaires shown in Appendix 8.6. The informants in the structured interviews suggested that because workers were often allowed to make their own decisions about the care tasks, sometimes this led to confusion over what exactly were the core tasks of the care category. Whilst this was expressed by a number of informants, it was not seen as a negative issue, but rather an issue that arose out of the fact that first line managers within the care category were not as directive as managers of other categories within the organisation.

The care category did not have a positive view of their working environment. From the self-completion questionnaires, it was apparent that improvements to the working environment were seen to be dependent upon the availability of additional financial resources and it was generally felt that within competing priorities for financial resources, the working environment was not at the top of the list. Informants from the structured interviews felt that their first line managers and indeed their middle managers were sympathetic about the environment in which they had to work, but were relatively powerless to do anything about it.
The care group did feel that they were recognised by their first line managers and that hard work and particular effort was appreciated by the management. Informants in the structured interviews said that those middle managers and first line managers who had been with the organisation for a long time tended to identify more with the workers than those managers who had been more recently recruited. Informant FC6 said that she had a direct comparison with two managers who had a varying length of time with the organisation. One manager who was a very recent appointment had a clear expectation that additional effort and commitment to the task was a requirement and, therefore, should not necessarily attract additional praise or recognition. She said that the newer managers who by and large tended to be younger according to her, were much more focused on the needs of the organisation than on the needs of the care workers. She said this was not the case with managers who had been with the organisation for several years. She felt that these managers identified more readily with the workers and were far more likely to be demonstrative in their appreciation and recognition of additional work undertaken by people in the care category.

Professional Category

The professional category said that their first line managers and middle managers did adopt a management style that generated a sense of autonomy and recognised the professional status that workers in this category held. From the structured interviews, it was apparent that this view of management was largely confined to first line managers, who themselves were professionals. Informant FP4 said that her particular first line manager struggled with her own professional autonomy and that of her workers, particularly where that autonomy conflicted with the requirements and views of more senior managers. Generally the informants from the structured interviews said that first line managers were always willing to share ideas and to engage professional workers in their decision making processes, particularly when it came to customer service and customer care. Informants from the structured interviews felt that senior managers were less willing to recognise autonomy in professional workers and did not see them as individuals with specific skills and experience, but rather viewed them as a group of workers operating at a particular level within the
organisation. Informant FP6 said that this did often lead to conflict between first line managers and middle and senior managers, particularly where the first line manager was still carrying out a professional task within their job role. Professional autonomy within health care professions has in recent years come under challenge. In particular, the need for greater efficiency has led to a move away from tripartite management, with doctors, nurses and administrators sharing responsibility to the appointment of one person to be in charge of policy implementation, a chief executive. (Moon and Kendall, 1993). Furthermore it has been agreed that "even under normal conditions there has been constant tension between the principles of governed, hierarchical control and coordination and autonomy and self-regulation". (Kouzes and Mico, 1979).

The professional categories showed they recognised the importance of teamwork and were positive in their views about the way individual members of the category responded to each other. From the self-completion questionnaires, it was evident that members of this particular category were conscious of how their activity and approach to carrying out their professional tasks impacted on other professionals within the category. From the structured interviews, the informants said that teamwork was encouraged by first line managers at unit level but did not feel that the organisation as a whole encouraged or promoted the group's professionals to see themselves as teams.

The professional category were very positive about the issue of explicit standards and said that as professionals they did work to very clear standards and that these standards were nearly always achieved. Informants from the structured interviews suggested that these standards were based on professional competencies and were not necessarily standards established and promoted by the organisation. Informant FP4 said that the issue of standards was sometimes felt to be compromised by middle and senior managers where resource issues became a factor. He felt that this was where a major potential conflict lay between professionals within the organisation and more senior managers. He also said this often presented a tremendous sense of compromise within first line managers as they were committed to their own professional standards, but also were expected to follow the
organisational line and might be expected to compromise standards in the face of budgetary
difficulties. A similar view to that of explicit standards was expressed in relation to the factor
of clarity of task. Whilst professionals were very clear about their tasks in relation to
customer service, the informants from the structured interviews felt that the professional task
was sometimes compromised by senior managers when larger organisational tasks were seen
by them to be more important. Informant FP4 said that she felt that the organisation's
application for NHS Trust status was viewed by senior managers as the most important task
and that they were very clear about what needed to happen in order for Trust status to be
achieved. She went on to say that she felt this overarching task was pushing the more
professional and localised tasks into second place.

Overall the professional group felt that their working environment was satisfactory and that
whilst managers throughout the organisation were sympathetic about concerns over the
physical environment, they were limited in what they could achieve because of the pressure on
resources. Information from the self-completion questionnaires clearly showed that managers
were sympathetic and concerned about the working environment and did what they could to
make small but significant improvements.

The professional group considered that their efforts and contribution to the organisation were
recognised by fellow professionals and first line managers. They did, however, feel that this
recognition was less forthcoming from middle and more senior managers. From the
structured interviews, the view that commitment and effort were expected in the job surfaced
again and whilst individual informants felt that this was a truism in working within the caring
professions, commitment and effort was an essential ingredient to good customer care. The
fact that it was taken for granted by more senior managers left them feeling frustrated. They
did not feel it was sufficient that first line managers recognised their contribution. They felt
that senior managers should focus their attention more on recognising the pivotal role that
front line workers make within the organisation.
Management Group

The management group did feel that overall the organisation promoted an enabling management style. This view was more strongly held by senior managers than more junior managers. Information from the structured interviews indicated that senior managers actively promoted with their middle manager colleagues a sense of collaboration in decision making and recognising the contributions made by individuals in the decision making process. Informants from the structured interviews stated clearly that senior managers were willing to share ideas and listen to the views of their middle managers in making strategic decisions. This view was not echoed in such an extensive way by more junior managers in relation to their middle manager colleagues.

The management group within the organisation did not particularly see themselves as a distinct team. The senior managers within the organisation, which consisted of the chief executive and his immediate executive directors, saw themselves as a team and were clear about their role as a team within the organisation. This approach to teamwork was less evident in middle managers and more junior managers. In fact, first line managers did not see themselves as being part of a managerial team, but rather saw themselves as being part of a team for which they had responsibility.

The management group were very clear about the standards they were expected to achieve. Again this was much more evident in senior managers than junior managers. Likewise the issue of clarity of task varied according to the level at which individuals operated within the organisation. The more senior managers were very clear about the strategic direction of the organisation and at the time of the study were very focused on achieving a successful application for Trust status. More junior managers were less clear about their task, particularly as the application for Trust status was a major preoccupation with the senior management group of the organisation and, therefore, more junior managers felt that they were pulled in the direction of supporting the application rather than focusing on the task of ensuring high quality customer services.
The management group were acutely aware of the physical environment in which they had to work and indeed their workforce operated. Their view of the working environment was coloured by the possible closure and relocation of several of the units mentioned in the introduction to this organisation. Informants to the structured interviews said that although the retraction and relocation programme reduced the urgency to address work environment issues, they were nonetheless important.

The management group considered the environment to be important and an issue they would have to address once the retraction and relocation programme was established.

The management group felt that their contributions and efforts were recognised; again this was more prevalent with senior managers and less so with their more junior colleagues. The senior management group considered that recognition of hard work and effort by managers was extremely important and part of the culture of the organisation. However, from the structured interviews it was clear that this culture did not extend throughout the organisation and first line managers and more junior middle managers were not as positive about being recognised by their managerial superiors for additional work.

**Customer Perception Study**

Customer Perception study with Organisation F was undertaken across a range of units. These included two hospital rehabilitation units and a rehabilitation hostel. These facilities ensured that patients who had had a relatively long stay within the hospital were assisted in their transition from hospital care back into the community, so that the move was less problematic for the customer. The study also focused on two long stay hospital wards. These wards provided inpatient care for people with long term mental health problems. Finally, there was a staffed group home which provided living accommodation for a small number of people with mental health problems living in the community and a mental health day centre which provided activities during the day for people with mental health problems living and working in the community. The data obtained from these studies is shown in Appendix 9.6.
The informants in both the hospital rehabilitation wards were very positive about the degree to which the wards were responsive to their needs. Equally informants considered that the hospital rehabilitation wards were user friendly and encouraged the informants to share their difficulties and talk out some of the concerns they had about moving back into the community. However, on the issue of the care environment, hospital rehabilitation ward 1 elicited a much more positive response than hospital rehabilitation ward 2. In exploring this, the distinction between the two wards was based on internal decoration and the level of facilities within each of the wards. Rehabilitation ward 1 had been recently decorated and had a better level of equipment in terms of television and radio than the hospital rehabilitation ward 2.

The informants in the rehabilitation hospital were divided in their view about the care environment. A very small majority of the informants considered the environment to be satisfactory. This distinction again focused on internal decoration and the availability of facilities within the hospital. The informants felt that the rehabilitation hostel was very responsive to their needs and individual informants were able to say that they felt able to discuss their concerns and anxieties with the staff within the hostel and that staff were quick to respond to their needs. This small majority was again seen in the factor of user friendliness. Similar feelings were expressed by the users of the rehabilitation hostel to those expressed in terms of customer response.

Long stay wards were seen by the majority of informants to provide a positive care environment. Again this focused on internal decorations and the level of facilities available to the informants within the long stay wards. Equally the informants who were able to comment, felt that the response to their needs within the long stay wards was positive. Individual informants again said that they felt able to discuss their problems with members of staff and staff generally were willing to give time and patience to listening to complex and difficult issues. In terms of user friendliness, there was a small distinction between the two wards with long stay ward 1 being marginally more user friendly than long stay ward 2. In
discussion with informants, this was dependent on individual members of staff who, by their attitude and approach to the informants, made the ward more or less user friendly.

The staff group home according to the informants was seen to provide a very positive care environment and informants felt that the facilities and level of decoration within the group home were of a high standard. They also felt that within reason they could have any equipment they needed to maintain their quality of life within the community. The informants also felt that the group home was supported by members of staff who again were very responsive to their needs. Staff regularly spent time listening to difficulties that informants encountered in the living in the community.

In relation to user friendliness, the informants were split on this issue. Further examination of the split revealed that the degree of user friendliness was dependent on the relationships between the informants within the group home. At the time of the study, there were particular frictions between two of the informants and therefore this was reflected in the responses shown in Appendix 9.6.fcs 18.

The mental health day centre was seen to provide very good service information and those informants who attended the mental health day centre were very clear about the services the centre offered and the times at which the services were available. Equally the informants felt that the day centre was very user friendly and that staff within the centre were always willing and able to assist and support informants within the centre. Informants also felt that the centre was conveniently located and as such, travelling to the centre was relatively easy for the majority of informants. There was a split in the views of informants over customer responsiveness, with slightly less than half feeling that the day centre was responsive and slightly more than half feeling that it was not. In exploring this issue with informants, it was clear that the degree of customer responsiveness was dependent on the personality and the compatibility of informants and staff within the day centre. Clearly because of particular incidents, some informants were less well disposed to some members of staff within the day
centre and this clouded their view about how responsive the mental health day centre was to customer need.

Summary

At the time of the study Organisation F was faced with achieving a crucial objective, that of becoming a National Health Service Trust. It was also faced with a major retraction programme which, in the eyes of the senior management group, was critical in achieving success in their Trust application. It is clear that this focus had a major impact on the way the organisation operated.

One consistent theme that came out of the organisation was that longer serving managers at whatever level in the organisation were seen to be far more concerned with the internal workings of the organisation than their newer colleagues. It was felt that relatively new managers in the organisation had been recruited specifically for their skills and energy and that these had been enlisted in pursuing the goal of Trust status. This was clearly reflected in the chief executive's view of the direction in which the organisation was moving. He and his senior managers were very positive about the future of the organisation and saw their task as that of moving a large complex organisation into a customer responsive decentralised service-based organisation whose focus was clearly on quality. However, the senior management group did not appear to have considered the impact that this change was having on their workforce. There were no views expressed by the senior management or the middle managers on the issue of managing the change that Organisation F was about to embark upon. Nor was there any recognition of the impact this change would have on the customers of the organisation. It would appear that the key managers within organisation F were so preoccupied with managing the future that they had neglected to manage the present.

The organisation did not have an explicit value system although there was continuous mention of quality service. In discussion with the chief executive, it was clear that his view was that quality service was achieved through enabling people within the organisation to be innovative and creative. From discussions with other senior managers in the organisation, this view was
clearly transmitted to them by the chief executive. However, as we moved through the line management structure of the organisation, this message became less explicit and less clear. Many first line managers felt very restricted in their ability to be innovative.

The organisation clearly had two groups of staff. The majority spread across all categories were those who had been with the organisation for a considerable number of years, and a minority, but none the less a significant minority because they held particular key positions, of much younger newer staff and who were very focused in their desire to move the organisation forward. The fact that these two groups of staff existed and there was no explicit strategy for managing the conflict that would inevitably arise between the two groups of staff, limited the organisation in its ability to provide the quality services it focused so much attention upon. The organisation did not have a clearly stated value system that was visible throughout the organisation nor did it have one prevailing organisational culture. The organisation appeared to be very compartmentalised and moved forward as separate units without a sense of a unified direction of being able to identify as a cohesive organisation. Organisation F was seen to have a low cultural statement and a low level of diffusion.
Chapter 4
Analysis of Data by Factor, Work Category
and Organisation
Chapter 4

Analysis of Data by Factor, Work Category
and Organisation

Introduction
This chapter compares the organisations in this study using three methods. The first of these is a matrix which has four positions into which we can place each of the organisations within the study. The second is an analysis of the results in each of the organisations arising from the self-completion questionnaire and the client perception studies, using the six factors that are described in the methodology chapter as themes of organisational culture. The third is a categorisation of the results obtained from the self-completion questionnaire by work categories.

Description of the Matrix

<table>
<thead>
<tr>
<th>Matrix - Four Organisational Types</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 High Statement</td>
</tr>
<tr>
<td>High Diffusion</td>
</tr>
<tr>
<td>High Statement</td>
</tr>
<tr>
<td>2 Low Diffusion</td>
</tr>
</tbody>
</table>

The matrix is described in the methodology chapter. The description identifies the four positions on the matrix and what characteristics can be found within organisations occupying particular positions on the matrix. However, it is necessary to explain how and why the matrix was used and what it can tell us about the organisations within the study. To recap, the matrix has four positions, the first of which is high statement, high diffusion. An organisation occupying this position within the matrix would have a clear statement of its aims and values and be explicit about the prominent culture that existed within the organisation. In this organisation there would be clear evidence that the statement of aims...
and values and the prominent organisational culture was diffused throughout the organisation. The evidence of both the statement and the diffusion would come from the data collected through the human capital investment audit, the structured interviews and the self-completion questionnaire.

The second position in the matrix is high statement, low diffusion. In this organisation there will be evidence that the organisation had a clear statement about its aims and values and the preferred organisational culture. However, there would be little evidence from the statement about the extent to which aims and values in organisational culture had penetrated throughout the organisation, thus presenting a picture of low diffusion. In this organisation, senior managers would be very clear about the aims and values of the organisation and may well have put in place what they believed were adequate measures to ensure that their view of the organisation's aims and values are shared with the employees of the organisation. However, lower down the organisational structure, the appreciation and understanding of the organisational aims and values were less noticeable and the perception of the organisational culture held by senior managers is not the same as that held by those employees closer to the customers.

The third position of the matrix is that of low statement, high diffusion. An organisation in this position in the matrix will have little evidence that senior managers have given attention to making explicit the aims and values of the organisation or the preferred organisational culture. However, in this organisation, there are clear indications that the organisation does have an explicit set of aims and values and preferred organisational culture in that there is a consistent view of these issues throughout the organisation and at all levels in the organisation.

The fourth and final position in the matrix is low statement, low diffusion. An organisation in this position in the matrix will have little or no evidence that senior managers have made very clear pronouncements about the organisational aims and values or preferred organisational
culture. Equally, there will be little evidence to suggest that the workforce has a consistent view of these issues either.

Given these four positions we should be able to place each of the organisations in the study on the matrix and depending on the position they occupy, we should be able to make predictions about their performance. This would only be true if the premise that organisations with a high level of cultural statement with the highest level of diffusion throughout the organisation out-performed those with the lowest level of cultural statement and low level of diffusion. This view is offered by the commentators on organisational culture, such as Peters and Waterman (1982) Deal and Kennedy (1982) Schein (1985) who argue that an organisation’s culture that is based on clear statements about organisational objectives, organisational behaviour and organisational beliefs and whose senior managers continually state and restate these issues, will perform better than those organisations whose culture is not based on such explicit statements. The evidence for this is discussed in the next section. Our results did not support this view because although the matrix enabled us to easily classify our target organisations, it did not act as a predictor of performance. There is an important distinction to be made here; whilst the beliefs and the behaviour of the organisation are components of organisational culture, the objectives and the statements from senior management are strategies. The confusion between culture and strategy leads both managers and academics to ascribe the wrong outcomes to both culture and strategy. The evidence for this is discussed in the next section.

Application of the Matrix

Using the matrix that we have developed we placed each of the six organisations within one of the four positions of the matrix. Four of the organisations fell within the matrix position, Low Statement and Low Diffusion. One of these, Organisation F, a health service organisation, appeared to be in a transitional stage and senior managers were consciously working to move away from their existing culture, and as such the characteristics of the organisation were different from the other three organisations that were placed in this section; however, the key elements relating to the matrix positions were the same.
Organisation D, a health service organisation, was categorised as having a High Statement, Low Diffusion. The conflicts we found in all the organisations between the professional staff and their managers were less explicit within Organisation D because we found that the statement about the organisation's values created by managers had not been diffused through the organisation as there was no strategy to do this. Organisation C, a social services organisation, was categorised as having a High Statement and High Diffusion. This organisation was also in transition, by which we mean that the senior management team were actively implementing a strategy which they hoped would alter the culture of the organisation.

Low Statement and Low Diffusion

<table>
<thead>
<tr>
<th>Organisation A (Social Services)</th>
<th>Organisation B (Social Services)</th>
<th>Organisation E (Health Service)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Characteristics were:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Little devolved power,</td>
<td>- No statement of values</td>
<td>- Chief Executive clear</td>
</tr>
<tr>
<td>senior managers in control.</td>
<td>- Senior managers in control.</td>
<td>about values and</td>
</tr>
<tr>
<td>- Achievement of objectives</td>
<td>- No clear direction stated.</td>
<td>direction. (Although the</td>
</tr>
<tr>
<td>paramount.</td>
<td>- Statement of values not</td>
<td>C/E had clear views these</td>
</tr>
<tr>
<td>- No values stated.</td>
<td>taken to staff.</td>
<td>were not communicated</td>
</tr>
<tr>
<td>- No ownership by staff of</td>
<td>- High in rhetoric, low in</td>
<td>and remained his personal</td>
</tr>
<tr>
<td>values.</td>
<td>action.</td>
<td>thoughts.)</td>
</tr>
<tr>
<td>- Did not actively engage</td>
<td>- No ownership by staff of values.</td>
<td>- Values not taken to staff.</td>
</tr>
<tr>
<td>staff.</td>
<td></td>
<td>- No clear control.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Workers apply standards</td>
</tr>
<tr>
<td></td>
<td></td>
<td>based on professional conduct -</td>
</tr>
<tr>
<td></td>
<td></td>
<td>not on organisation policy.</td>
</tr>
</tbody>
</table>
These organisations have similar characteristics. Within Harrison's (1972) descriptions of organisation cultures they could be identified as power cultures.

**Low Statement, Low Diffusion.**

**Organisation F.**

*(Health Service)*

Whilst this organisation has the same category on the matrix and shows many of the same characteristics of Organisations A, B and E, it was noticeable Organisation F was in transition and moving away from a power culture.

Characteristics were:

- No statement of values.
- Senior Managers positive.
- Many new appointments of new type of manager.
- Decentralised units of service needing to come together.
- Recognised need to establish value statements.
- Strong preoccupation with customers (rhetoric only).
- Senior managers managing the future not the present.

**High Statement, Low Diffusion.**

**Organisation D.**

*(Health Service)*

Characteristics were:

- Statement of values.
- Senior managers committed to workforce but no strategy.
- Further away from senior managers less is known about values.
- Managers perceived as out of touch with organisation.
- Conflicts between professional staff and managers.
- Work category culture was influential.
- Individuals work as committed to own tasks not to wider organisation.

Organisation D was assessed to be an organisation with a High Statement, Low Diffusion.

**High Statement, High Diffusion.**

**Organisation C.**

**(Social Services)**

Characteristics were:
- It has a statement of values.
- Senior managers are open to devolved management and decision making.
- Managers engage the workers in the values.
- Clear policies about staff behaviour.
- Risks are taken by staff. (Decisions)
- Values are understood but not accepted by staff.
- Conflict of professional vs management role still present.

Organisation C was assessed to be an organisation with High Statement, High Diffusion. In Organisation C a Social Services Department, there was change and movement within the working environment. Managers had a clear statement of values and spent a good deal of time in explaining it to their staff. Because of this high activity, the high statement had in our view been diffused through the organisation. The values were understood by staff but not widely accepted.

We found this difference less pronounced in Organisations A, B, E and F, partly because we believe these organisations had not diffused any stated set of values through the organisations and as a consequence not stimulated conflict between the managers and the workforce. We found that where managers had clearly stated aims and had attempted to diffuse these aims
throughout the organisation, this resulted in two incompatible cultures emerging within the same organisational setting. The senior management of the organisation is mostly concerned with managing a role structure whilst the professional and specialist workers prefer a task culture working in small and informed workgroup categories, and undertaking activities connected with providing a direct service to clients. This conflict can be viewed in the context within which health and social care organisations have been formed. Local Government Social Services and Health Services share a context in that their national reorganisation arising from changes in legislation significantly altered the size and the identity of the original organisations. The new public service organisations were conceived and planned in terms of their function and little attention was given to the impact the changes would have on their core activities during the period of reorganisation.

Analysis of Responses from Work Categories and Client Perception Studies
We analysed the responses from each of the organisations’ work categories in relation to the six factors which contribute to the culture of organisations and the way the user of the organisation perceived the performance of the organisation. This was achieved by using the mean scores from the self-completion questionnaire and comparing those with the mean scores from the client perception studies. This data set is shown in Figures 13-24.

The mean scores from the self-completion questionnaires are shown in Figures 19-24. The range of responses is 1-5, five being the highest value.
**Figure 13**
Organisation A

Mean Scores of Self-Completion Questionnaire

<table>
<thead>
<tr>
<th>Factors:</th>
<th>Aux.</th>
<th>Admin.</th>
<th>Care</th>
<th>Prof.</th>
<th>Man.</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enabling management style</td>
<td>3.58</td>
<td>3.53</td>
<td>3.73</td>
<td>3.27</td>
<td>3.50</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Team work</td>
<td>3.62</td>
<td>3.40</td>
<td>3.01</td>
<td>2.52</td>
<td>2.90</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Explicit standards</td>
<td>3.70</td>
<td>3.87</td>
<td>3.95</td>
<td>3.55</td>
<td>3.93</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Clarity of Task</td>
<td>4.16</td>
<td>4.00</td>
<td>3.62</td>
<td>3.30</td>
<td>3.50</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Work Environment</td>
<td>3.08</td>
<td>1.83</td>
<td>2.56</td>
<td>2.43</td>
<td>2.83</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Recognition</td>
<td>3.37</td>
<td>2.75</td>
<td>3.33</td>
<td>2.97</td>
<td>2.83</td>
<td>1 - 5</td>
</tr>
</tbody>
</table>

**Figure 14**
Organisation B

Mean Scores of Self-Completion Questionnaire

<table>
<thead>
<tr>
<th>Factors:</th>
<th>Aux.</th>
<th>Admin.</th>
<th>Care</th>
<th>Prof.</th>
<th>Man.</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enabling management style</td>
<td>3.93</td>
<td>3.32</td>
<td>3.65</td>
<td>2.96</td>
<td>3.54</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Team work</td>
<td>3.50</td>
<td>3.22</td>
<td>3.28</td>
<td>2.85</td>
<td>3.18</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Explicit standards</td>
<td>3.13</td>
<td>3.75</td>
<td>3.81</td>
<td>3.37</td>
<td>4.33</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Clarity of Task</td>
<td>3.35</td>
<td>3.88</td>
<td>3.70</td>
<td>3.18</td>
<td>3.45</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Work Environment</td>
<td>2.45</td>
<td>2.30</td>
<td>2.91</td>
<td>1.88</td>
<td>2.02</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Recognition</td>
<td>3.40</td>
<td>3.02</td>
<td>3.09</td>
<td>2.61</td>
<td>3.27</td>
<td>1 - 5</td>
</tr>
</tbody>
</table>

242
### Figure 15
Organisation C

Mean Scores of Self-Completion Questionnaires

<table>
<thead>
<tr>
<th>Factors:</th>
<th>Aux.</th>
<th>Admin.</th>
<th>Care</th>
<th>Prof.</th>
<th>Man.</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enabling management style</td>
<td>4.00</td>
<td>3.58</td>
<td>3.82</td>
<td>3.30</td>
<td>3.16</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Team work</td>
<td>3.62</td>
<td>3.20</td>
<td>3.44</td>
<td>3.30</td>
<td>3.11</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Explicit standards</td>
<td>3.87</td>
<td>4.08</td>
<td>3.90</td>
<td>3.50</td>
<td>3.77</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Clarity of Task</td>
<td>3.81</td>
<td>3.58</td>
<td>3.95</td>
<td>3.88</td>
<td>3.22</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Work Environment</td>
<td>3.75</td>
<td>2.77</td>
<td>2.87</td>
<td>2.29</td>
<td>2.59</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Recognition</td>
<td>3.56</td>
<td>3.33</td>
<td>3.44</td>
<td>2.58</td>
<td>2.66</td>
<td>1 - 5</td>
</tr>
</tbody>
</table>

### Figure 16
Organisation D

Mean Scores of Self-Completion Questionnaires

<table>
<thead>
<tr>
<th>Factors:</th>
<th>Aux.</th>
<th>Admin.</th>
<th>Care</th>
<th>Prof.</th>
<th>Man.</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enabling management style</td>
<td>2.78</td>
<td>3.22</td>
<td>3.61</td>
<td>3.76</td>
<td>3.89</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Team work</td>
<td>3.13</td>
<td>3.19</td>
<td>3.35</td>
<td>3.58</td>
<td>3.37</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Explicit standards</td>
<td>3.47</td>
<td>3.75</td>
<td>3.70</td>
<td>3.90</td>
<td>3.87</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Clarity of Task</td>
<td>3.80</td>
<td>3.96</td>
<td>3.70</td>
<td>3.94</td>
<td>3.75</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Work Environment</td>
<td>2.19</td>
<td>2.30</td>
<td>3.35</td>
<td>2.90</td>
<td>2.63</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Recognition</td>
<td>2.82</td>
<td>3.07</td>
<td>3.31</td>
<td>3.45</td>
<td>3.62</td>
<td>1 - 5</td>
</tr>
</tbody>
</table>
### Figure 17
Organisation E

Mean Scores of Self-Completion Questionnaire

<table>
<thead>
<tr>
<th>Factors:</th>
<th>Aux. (1)</th>
<th>Admin.</th>
<th>Care (2)</th>
<th>Prof.</th>
<th>Man.</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enabling management style</td>
<td>3.56</td>
<td>NS</td>
<td>3.62</td>
<td>3.41</td>
<td></td>
<td>1 - 5</td>
</tr>
<tr>
<td>Team work</td>
<td>3.56</td>
<td>NS</td>
<td>3.50</td>
<td>3.37</td>
<td></td>
<td>1 - 5</td>
</tr>
<tr>
<td>Explicit standards</td>
<td>3.68</td>
<td>NS</td>
<td>3.88</td>
<td>3.50</td>
<td></td>
<td>1 - 5</td>
</tr>
<tr>
<td>Clarity of Task</td>
<td>3.68</td>
<td>NS</td>
<td>4.01</td>
<td>3.50</td>
<td></td>
<td>1 - 5</td>
</tr>
<tr>
<td>Work Environment</td>
<td>2.06</td>
<td>NS</td>
<td>2.83</td>
<td>2.83</td>
<td></td>
<td>1 - 5</td>
</tr>
<tr>
<td>Recognition</td>
<td>3.04</td>
<td>NS</td>
<td>3.06</td>
<td>3.00</td>
<td></td>
<td>1 - 5</td>
</tr>
</tbody>
</table>

(1) Auxiliary data sample too small for analysis.

(2) No such workers employed in this category by Organisation E.

### Figure 18
Organisation F

Mean Scores of Self-Completion Questionnaire

<table>
<thead>
<tr>
<th>Factors:</th>
<th>Aux.</th>
<th>Admin.</th>
<th>Care</th>
<th>Prof.</th>
<th>Man.</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enabling management style</td>
<td>3.25</td>
<td>3.35</td>
<td>3.64</td>
<td>3.35</td>
<td>3.46</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Team work</td>
<td>3.36</td>
<td>3.36</td>
<td>3.36</td>
<td>3.09</td>
<td>3.20</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Explicit standards</td>
<td>4.08</td>
<td>3.75</td>
<td>4.32</td>
<td>3.28</td>
<td>3.58</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Clarity of Task</td>
<td>4.02</td>
<td>3.72</td>
<td>4.05</td>
<td>3.70</td>
<td>3.54</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Work Environment</td>
<td>3.18</td>
<td>2.60</td>
<td>2.66</td>
<td>2.65</td>
<td>2.59</td>
<td>1 - 5</td>
</tr>
<tr>
<td>Recognition</td>
<td>2.75</td>
<td>3.42</td>
<td>3.31</td>
<td>2.88</td>
<td>3.22</td>
<td>1 - 5</td>
</tr>
</tbody>
</table>
The mean scores from the customer perception studies are detailed in Figures 19-24. The range of responses is 0-2, two being the highest value.

**Figure 19**  
**Organisation A**

<table>
<thead>
<tr>
<th>Factors</th>
<th>PLD Unit 1</th>
<th>PLD Unit 2</th>
<th>Med. Beds</th>
<th>CC Beds</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Environment (Non mobile)</td>
<td>1.95</td>
<td>1.97</td>
<td></td>
<td></td>
<td>0 - 2</td>
</tr>
<tr>
<td>Service Information (Mobile)</td>
<td></td>
<td></td>
<td>1.77</td>
<td>1.58</td>
<td>0 - 2</td>
</tr>
<tr>
<td>User Friendliness</td>
<td>1.80</td>
<td>1.87</td>
<td>1.96</td>
<td>2.00</td>
<td>0 - 2</td>
</tr>
<tr>
<td>Customer Responsive</td>
<td>1.86</td>
<td>1.86</td>
<td>1.20</td>
<td>1.52</td>
<td>0 - 2</td>
</tr>
</tbody>
</table>

**Figure 20**  
**Organisation B**

<table>
<thead>
<tr>
<th>Factors</th>
<th>Mental Health Centre</th>
<th>PLD</th>
<th>HFE</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Environment (Non mobile)</td>
<td>2.00</td>
<td>1.85</td>
<td></td>
<td>0 - 2</td>
</tr>
<tr>
<td>Service Information (Mobile)</td>
<td>1.87</td>
<td></td>
<td></td>
<td>0 - 2</td>
</tr>
<tr>
<td>User Friendliness</td>
<td>1.90</td>
<td>1.82</td>
<td>1.64</td>
<td>0 - 2</td>
</tr>
<tr>
<td>Customer Responsive</td>
<td>1.60</td>
<td>2.00</td>
<td>1.64</td>
<td>0 - 2</td>
</tr>
</tbody>
</table>
### Figure 21
**Organisation C**

#### Mean Scores of Client Perception Study Units

<table>
<thead>
<tr>
<th>Factors</th>
<th>Mental Health Centre</th>
<th>Field Team</th>
<th>PLD Day Centre</th>
<th>HFE.1</th>
<th>HFE.2</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Environment (Non mobile)</td>
<td></td>
<td></td>
<td></td>
<td>1.75</td>
<td>1.88</td>
<td>0 - 2</td>
</tr>
<tr>
<td>Service Information (Mobile)</td>
<td>2.00</td>
<td>1.92</td>
<td>1.66</td>
<td></td>
<td></td>
<td>0 - 2</td>
</tr>
<tr>
<td>User Friendliness</td>
<td>1.88</td>
<td>2.00</td>
<td>1.63</td>
<td>1.49</td>
<td>1.41</td>
<td>0 - 2</td>
</tr>
<tr>
<td>Customer Responsive</td>
<td>.80</td>
<td>1.12</td>
<td>1.60</td>
<td>1.61</td>
<td>1.80</td>
<td>0 - 2</td>
</tr>
</tbody>
</table>

### Figure 22
**Organisation D**

#### Mean Scores of Client Perception Study Units

<table>
<thead>
<tr>
<th>Factors</th>
<th>PLD Unit 1</th>
<th>PLD Unit 2</th>
<th>Med. Beds</th>
<th>CC Beds</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Environment (Non mobile)</td>
<td>1.78</td>
<td>1.59</td>
<td>1.68</td>
<td>1.86</td>
<td>0 - 2</td>
</tr>
<tr>
<td>Service Information (Mobile)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0 - 2</td>
</tr>
<tr>
<td>User Friendliness</td>
<td>1.64</td>
<td>1.73</td>
<td>1.80</td>
<td>1.83</td>
<td>0 - 2</td>
</tr>
<tr>
<td>Customer Responsive</td>
<td>1.94</td>
<td>1.75</td>
<td>1.76</td>
<td>1.97</td>
<td>0 - 2</td>
</tr>
</tbody>
</table>

### Figure 23
**Organisation E**

#### Mean Scores of Client Perception Study Units

<table>
<thead>
<tr>
<th>Factors</th>
<th>ENT OP</th>
<th>Baby Clinic</th>
<th>Med. Beds</th>
<th>CC Beds</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Environment (Non mobile)</td>
<td>1.78</td>
<td>1.59</td>
<td>1.68</td>
<td>1.86</td>
<td>0 - 2</td>
</tr>
<tr>
<td>Service Information (Mobile)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0 - 2</td>
</tr>
<tr>
<td>User Friendliness</td>
<td>1.64</td>
<td>1.73</td>
<td>1.80</td>
<td>1.83</td>
<td>0 - 2</td>
</tr>
<tr>
<td>Customer Responsive</td>
<td>1.94</td>
<td>1.75</td>
<td>1.76</td>
<td>1.97</td>
<td>0 - 2</td>
</tr>
</tbody>
</table>
In looking at the mean scores by organisation from the self-completion questionnaire and the mean scores by organisation from the customer perception study, we can see no consistent relationship that would lead us to believe that any particular cultural influence could be associated with a particular organisational performance as perceived by the end customer of the organisation. Although there were some differences in the responses of service users in relation to specific services, (see figure 24 as an example), these were based on the idiosyncratic perceptions held by individual service users about a particular service or service unit. There was no difference in the response from the overall workforce in each of the six organisations in relation to the six factors. Therefore, we looked at the differences between individual work categories within each organisation and across organisations. In order to relate this to the performance of the organisation as perceived by the user of the organisation, we chose to compare those work categories within each organisation that had a direct link with the users of the organisation, namely the care category and the professional category. Again, there was no consistent relationship between the self-completion questionnaire scores and the customer perception scores.

The results showed that although the employees of the organisations varied in their view about how well their particular organisation operated, this was not reflected in the views
expressed by users of the services provided by those organisations. Indeed, there were no significant variations in the perception of individual users of the organisations’ services in relation to how well those services met individual needs. An example of this can be found by looking at the data relating to Organisation A and Organisation C. Organisation A has a low level of cultural statement and a low level of cultural diffusion, whilst Organisation C has the opposite. However, both organisations achieve similar results from the mean scores taken from the analysis of the data from the self-completion questionnaires and from the customer perception studies. This can be seen in figures 13, 15, 19 and 21. In considering the data and in particular the fact that we found little variation between the organisations in relation to the results obtained from the customer perception studies, in spite of the variation in the presences of the cultural themes, we concluded that adopting further analytic processes such as regression or correlation, would not add to our understanding of our findings. As a result of this we took a more detailed look at the themes that arose from the individual work categories using the data we obtained from the self-completion questionnaires and interviews with staff conducted through the role structure of the organisation.

Discussion of the Relationship between the Factors and the Work Categories
In this section we discuss the various themes that arise from our analysis of the mean scores of the factors as they relate to the work categories.

The first of these factors is enabling management style, by which we mean an approach to the management task which the workforce perceives to be a balance of control and freedom in which workers are encouraged to be innovative and creative within the security of set boundaries, where managers are considered to be problem solvers rather than problem creators and where there is a partnership between management and workers in achieving the organisation’s goals.

There is no overall pattern to the way in which each of the organisation’s workforce responded to this factor nor were there any patterns emerging from the individual work categories. Equally the position that each organisation occupied on the matrix did not
indicate a specific relationship with this factor. However, there are some observations to be made.

**Figure 25**

**Response to the Factor Enabling Management Style**
**Across the Six Organisations**

<table>
<thead>
<tr>
<th>Org.</th>
<th>Position on Matrix</th>
<th>Highest Score</th>
<th>Lowest Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4</td>
<td>Care 3.73</td>
<td>Prof. 3.27</td>
</tr>
<tr>
<td>B</td>
<td>4</td>
<td>Aux. 3.93</td>
<td>Prof. 2.96</td>
</tr>
<tr>
<td>C</td>
<td>1</td>
<td>Aux. 4.00</td>
<td>Man. 3.16</td>
</tr>
<tr>
<td>D</td>
<td>2</td>
<td>Man. 3.89</td>
<td>Aux. 2.78</td>
</tr>
<tr>
<td>E</td>
<td>4</td>
<td>Prof. 3.62</td>
<td>Man. 3.41</td>
</tr>
<tr>
<td>F</td>
<td>4</td>
<td>Care 3.64</td>
<td>Aux. 3.25</td>
</tr>
</tbody>
</table>

The work categories that had the highest scores overall in relation to this factor were the care category and the auxiliary category. These groups share the fact that neither are regarded as professional workers but both do have ‘hands on’ contact with users of the organisations’ services. The other link is that both these categories tend to have first line managers who are drawn from the worker ranks. From the data taken from the structured interviews it was clear that the workers found it easier to relate to these first line managers than their more senior colleagues. Moreover, workers said that they did not regard these first line managers as managers but as colleagues.

The professional category in both health and social service organisations showed low mean scores by comparison with other workgroups in this sector. The exception was Organisation E where the range of responses to this factor across all work categories was very narrow; we
noted that the professional work category perceived their managers to have very little influence over the way in which the professionals operated because of clinical autonomy. Another reason for their response to this factor is that they largely operate within the community and as such are less supervised than their colleagues who operate within the hospital itself.

The professional category in Organisation B was particularly low (Fig. 14). They felt undermined by restrictions in their decision making and the extent of the control exercised within the organisation. This sense of being controlled may have arisen from the fact that Organisation B was moving from a decentralised structure to a centralised structure. The professionals within this organisation expressed their concern about losing their professional autonomy.

The data taken from the structured interviews with the professional category in Organisation C suggested they had a positive relationship with their respective line managers. The issue in this organisation for this group was a strong desire to maintain professional autonomy in the face of a centrally controlling local authority who were attempting to decentralise. Furthermore, this group were wanting to influence both the policies and strategies of the organisation. This wish to have a say both in policy and strategy undoubtedly set up a conflict with the management group which was not being addressed by either the professionals or the management groups within Organisation C.

The response from all the professional categories within the study to the factor enabling management style highlighted a major feature of the new “market” environment. Professional groups with established professional cultures were under threat from the implementation of the legislation which was seen as undermining that professional autonomy. This centred on the fact that value for money and cost effectiveness now rank as high as clinical effectiveness. The management groups generally said they displayed a positive management style and did not relate to the perception held by the workers about their managers. Senior managers spoke of ‘management vision’ and stressed the importance of clear direction and simple
values. However, these sentiments were generally not held lower down the organisation. In fact, only in Organisation C were we able to identify a management strategy that appeared at different levels within the organisation.

There was no consistent view of the management task from either managers themselves or those whom they managed. Positive reactions appeared to be based on the compatibility of personality of workers and management. However, in all organisations the workers' most common perception was that the higher up the organisation the manager, the more remote and less approachable the manager tended to be.

The second factor is teamwork, by which we mean an environment where there is cooperation between different parts of the workforce rather than competition and where there is a tangible understanding of the effect of one part of the organisational workforce upon another. The concept of teamwork varied across the work categories inasmuch as some of the work categories described their team work activity in very different ways. For example the auxiliary category with their clearly defined tasks did not see themselves as part of a team in discharging their duties; they did, however, see value in covering for each other and were particularly strong in expressing a group identity. Like the auxiliary category, the members of the administration category expressed a strong identity with each other through a common role. In Organisations A and C they expressed a strong sense of belonging and a practice of supporting each other. The administration category within the health organisations were not working exclusively in administration teams but were sited throughout the organisation as part of a service or a multi-disciplinary team, such as a receptionist in an out-patients clinic. However, this did not detract from the sense of a common identity. The dominance of both these work categories in this factor is demonstrated in Figure 26.
Figure 26
Response to the Factor Teamwork
Across the Six Organisations

<table>
<thead>
<tr>
<th>Org.</th>
<th>Position on Matrix</th>
<th>Highest Score</th>
<th>Lowest Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4</td>
<td>Aux. 3.62</td>
<td>Prof. 2.52</td>
</tr>
<tr>
<td>B</td>
<td>4</td>
<td>Aux. 3.50</td>
<td>Prof. 2.85</td>
</tr>
<tr>
<td>C</td>
<td>1</td>
<td>Aux. 3.62</td>
<td>Man. 3.11</td>
</tr>
<tr>
<td>D</td>
<td>2</td>
<td>Prof. 3.58</td>
<td>Aux. 3.13</td>
</tr>
<tr>
<td>E</td>
<td>4</td>
<td>Admin. 3.56</td>
<td>Man. 3.37</td>
</tr>
<tr>
<td>F</td>
<td>4</td>
<td>Care 3.36</td>
<td>Man. 3.09</td>
</tr>
</tbody>
</table>

Although the care work category did not produce the highest mean scores in this factor, data from the structured interviews confirmed that they had a strong belief that they were compatible with each other, similar in nature and outlook and worked together in support covering shifts and expressing solidarity to management.

In Organisation F the administration category scored the highest in this factor along with auxiliary and care, despite the fact that care workers in this organisation as part of their job would work in more than one site. As a consequence they felt they knew what was going on in the 'wider' organisation. It was noticeable for Organisation F, which was in part an old psychiatric hospital, that within this category we found a large number of staff who were family relatives of each other.

The professional category scored the lowest of all the five categories. In the Social Service organisations we found that this work category said there was little group identity or team spirit. They worked in isolation from each other and did not consider how their work and actions affected others. By contrast professionals working within the Health Service tended
to regard a multi-disciplinary team as the ‘team’ they identified with rather than their specific professional category. They tended to work in small groups which were task focused and were not involved in the ‘wider’ organisation.

Within each of the six organisations, the management categories gave an ambivalent response. In the two organisations that had statements of values, (C and D), it was noticeable that there was a stronger team spirit and sense of belonging and commitment to the group at the more senior levels in the role structure than other managers in other organisations. Whilst the managers generally were similar to workers in the professional category by virtue of the fact they tended to operate without direct supervision, it was noticeable that managers who were operating close to the service delivery were less likely to feel a sense of team spirit with their fellow managers but were inclined to identify with the views of professionals delivering a service. This set up a conflict for the managers who were more comfortable with a professional role geared towards providing a service than a management role geared towards meeting the needs of the organisation.

**Explicit Standards**

The third of the factors is explicit standards, by which we mean a tangible statement by the management about the standards that are expected to operate within the organisation. These will relate to service and product standards as well as to the behaviour of members of the organisation and to the codes of practice operating within the organisation. No particular work category emerged across all the organisations as being particularly focused on explicit standards. This is shown in figure 27.
All work categories said they were working to high standards. However, the variations within Organisations B and F were significant. The non-professional groups of auxiliary, administration and care, all spoke of high standards and the importance of quality in their work and of knowing what was expected of them.

The professional work category across all the organisations showed the most variation in their responses. The professional work category in Social Service Organisations expressed an ambivalence about achieving high standards. Their expressed dissatisfaction with their organisation and the pressure of changes were contributory factors in their response. Professionals working within Organisation C which occupied the high statement high diffusion position on the matrix were the only work category where we noted that standards were reviewed and the staff were consulted about standards. The professional work category within Health settings spoke of achieving high standards in their work and were very clear about what was expected of them. However, it would seem this response came from the professional work category’s own set of values and not the organisation’s expectations of a
specific strategy implying a potential conflict between the professional group and the overall organisation.

The management category throughout the six organisations scored high in their response to this factor. They believed that high standards were achieved throughout their respective organisations. However, there was no obvious justification for this and this belief was not supported by responses from the other work categories within the organisations. This was aptly demonstrated in Organisation F. Here the organisation had a clear statement about the standards it expected to operate within its services yet there was no evidence that these standards were being achieved. Staff in work categories other than management suggested that the rhetoric about standards of service reflected the organisation's enthusiasm for seeking NHS Trust status rather than ensuring explicit standards were actually met. This was supported in Organisations F and E by those managers working close to the service delivery who were less vocal about the standards of service than their more senior managerial colleagues.

Clarity of Task
The fourth of the factors is clarity of task, by which we mean that the objectives of the organisation and the tasks of each of the component workgroups are made explicit and that the net result of this clarity is that everyone within the organisations knows exactly what is expected of them. There was a consistent response from five organisations to this factor (A, C, D, E, F) in that the work categories felt their tasks were clear and understood. This was not the case with Organisation B. This is highlighted in figure 28.
The non professional groups within the six organisations felt their respective tasks were clearly defined and staff knew what was expected of them. There was a strong response from the administrative category although they said their tasks were prescriptive and as such gave little room for creativity or innovation. All three of the non-professional categories said that because their managers placed so much emphasis on achieving objectives there was little opportunity to clarify the detail of the expectations or objectives of the organisation. This is consistent with statements about the poor flow of information throughout the organisation in the study. In fact some staff said their managers were deliberately withholding information.

In Organisation B the data from all the categories suggested that they did not understand the direction of the organisation. This could, we believe, reflect change in the leadership at the top of the organisation. Furthermore, organisations that did have statements about organisational direction and organisational values did not show significantly better responses in this factor than those organisations who had no such statements. This suggested a lack of
ownership of the organisational values and direction by the staff working within the organisations. The exception to this was Organisation C where management had attempted to cascade their culture through the role structure of the organisation.

The professional categories across all the organisations were clear about their tasks, hence the high response by this category to this factor (Figs. 13-18), but this response was based upon their particular professional culture. There was a very strong expression of ambivalence or conflict with the wider organisation in that professionals said they did not understand the organisation's overall direction and expectations in relation to the management's high expectation of staff to achieve targets, objectives and value for money strategies. Although the management group scored the lowest response, senior managers and their immediate subordinates were clear about their tasks and direction of the organisation because they had created the organisation's strategy. However, the lower down the organisation or the closer managers were to the interface with consumers, the less supportive they were of the wider organisation objectives and sided with the professional peer group culture which was consumer focused and not organisation focused.

This factor exposes the conflict which is emerging between the values and aspirations of the professional workers and that of management who are implementing a new set of values. The non-professional categories, auxiliary, administrative and care whose peer group culture is task based were also expressing a similar ambivalence, ie, "Management places too much emphasis on achieving objectives".

The fifth factor is work environment, by which we mean the quality of the physical surroundings of the workforce as well as the amenities available within the workplace, the attitude of management in relation to the work environment and the level of importance they
place upon it. This factor had the lowest range of scores of all the factors across all the organisations in the study. This is shown in figure 29.

Figure 29

Response to the Factor Work Environment Across the Six Organisations

<table>
<thead>
<tr>
<th>Org.</th>
<th>Position on Matrix</th>
<th>Highest Score</th>
<th>Lowest Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4</td>
<td>Aux. 3.08</td>
<td>Admin. 1.83</td>
</tr>
<tr>
<td>B</td>
<td>4</td>
<td>Care 2.91</td>
<td>Prof. 1.83</td>
</tr>
<tr>
<td>C</td>
<td>1</td>
<td>Aux. 3.75</td>
<td>Prof. 2.29</td>
</tr>
<tr>
<td>D</td>
<td>2</td>
<td>Care 3.35</td>
<td>Aux. 2.19</td>
</tr>
<tr>
<td>E</td>
<td>4</td>
<td>Prof. &amp; Man 2.83</td>
<td>Admin. 2.06</td>
</tr>
<tr>
<td>F</td>
<td>4</td>
<td>Aux. 3.18</td>
<td>Man. 2.99</td>
</tr>
</tbody>
</table>

Within the non-professional categories, workers said that managers listen to their concerns about their work environment but did not act upon what was said. These workers said that their work environment was poor and in their view could be improved. There was considerable ambivalence on the part of non-professional staff with regard to their managers’ ability to improve their work environment. In Organisation D, there was a perception held by non-managerial staff that in comparison to their own work environment, managers enjoyed palatial accommodation.

Within the professional categories it was believed that funding went on services rather than staff office accommodation and this was seen by the professional category as a virtue.
The Managers in Organisation C described this issue as a fine balance between service provision and staff welfare.

Recognition

The sixth factor is recognition, by which we mean the process and the extent to which management recognise the achievements of their workforce and the effort taken by the workforce to reach those achievements. Scores on this factor showed that two of the six organisations, C and D, scored high than the others. Interestingly, both these organisations had a clear statement of values. This is shown in figure 30.

Figure 30

Response to the Factor Recognition Across the Six Organisations

<table>
<thead>
<tr>
<th>Org.</th>
<th>Position on Matrix</th>
<th>Highest Score</th>
<th>Lowest Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4</td>
<td>Aux. 3.37</td>
<td>Admin. 2.75</td>
</tr>
<tr>
<td>B</td>
<td>4</td>
<td>Aux. 3.40</td>
<td>Prof. 2.61</td>
</tr>
<tr>
<td>C</td>
<td>1</td>
<td>Aux. 3.56</td>
<td>Prof. 2.58</td>
</tr>
<tr>
<td>D</td>
<td>2</td>
<td>Man. 3.62</td>
<td>Aux. 2.82</td>
</tr>
<tr>
<td>E</td>
<td>4</td>
<td>Prof. 3.06</td>
<td>Man. 3.00</td>
</tr>
<tr>
<td>F</td>
<td>4</td>
<td>Admin. 3.42</td>
<td>Aux. 2.75</td>
</tr>
</tbody>
</table>

Although all of the informants in the work categories in Organisation C said that their work was recognised and appreciated by their managers, this was qualified both by the care categories and the professional categories who said the level of recognition varied with different managers.
In the other organisations in the study there were recurring themes. One in particular was that job satisfaction came from contact and 'hands on' work with clients, rather than direct appreciation from managers. Within these groups there was a strong view emerging that hard work was not recognised by management but that achieving tasks and objectives set by the organisation was. Staff within the work categories said their managers gave recognition on an individual basis and not as part of the organisation's strategy. They said that their managers were obsessed with achieving organisational objectives and outcomes. It was noticeable in Organisation F that newly appointed managers were more task centred and concerned with outcomes than their longer serving colleagues and it would seem these new managers had been recruited for these qualities.

Interestingly in Organisation C we found that the work category administration said that they were valued by their professional colleagues, rather than their line managers. Again in the professional work category it was noted that relationships between professionals and managers highlighted conflicts. Professionals said that their skills and hard work were not valued, only outcomes were. This required them to adopt a radical change in attitude and behaviour towards their work. This change in emphasis was seen on the part of the informants in the professional category to be a product of the new look health and social care organisations arising from the introduction of internal markets and value for money concepts.

Conclusion

The idea that an organisational culture relates consequentially to an organisation's performance has been of a major interest to us throughout this study. To test this idea we developed an hypothesis which is based on the assumption that an organisation that has a clear identifiable statement of objectives and values that have been purposefully transmitted throughout the organisation, would provide a better service in the eyes of the consumer of
that service than those organisations who had no such clear statements or action. To operationalise this we constructed a matrix which had four positions. These were: High Statement, High Diffusion; High Statement, Low Diffusion; Low Statement, High Diffusion; Low Statement, Low Diffusion. By applying this matrix to each of the organisations in this study we assumed we would be able to predict their performance; this proved not to be the case. It was found that organisations classified as Low statement, Low diffusion, performed as well with regard to service provision as perceived by their customers as those organisations who were classified as having a High statement, High diffusion; as this measurement of performance was taken from the user of the service we can be confident that the performance levels are accurate (in terms of customers' perception).

Analysis of the work categories' responses to the factors throughout the six organisations showed that although the factors were relevant to the respondents (workers) within the organisation, they could not act as predictors of performance based on consumer satisfaction.

The key issues arising from this particular analysis is that a critical component in organisational life is the relationship between the service provider and the service receiver, and the relationship between the provider of the service and his/her immediate superior. The dynamics between these three individuals are in our view crucial to organisational success. It is, therefore, important that those seeking to "influence" organisation culture understand how to ensure that these important relationships are maintained; so that the organisation consistently delivers a quality service. The most illuminating example of this is found in the responses from the work categories of auxiliary and care.
Chapter 5

Conclusions
The starting point for this study is to test the hypothesis that an organisational culture can be purposefully managed by the investment of the organisation in its workforce to create a specific culture and by doing so will be more successful, (however success is defined), than an organisation that has not made such an investment.

There are several conclusions that can be drawn from this study; in synopsis they are:

1) The context of change within which health and social care organisations operate has a significant impact on the way in which services are viewed by the workers and managers within health and social care organisations and ultimately delivered to consumers.

2) Organisational culture does exist, although there is no one single form.

3) The importance and influence of sub-cultures was not recognised by the senior managers in this study.

4) Organisational culture does have an impact on the way workers within health and social care organisations behave and interact with professional colleagues; in particular there is a serious conflict between the professional culture and the management culture that inhibits improvements in service delivery and service development.

5) The level of satisfaction with which consumers viewed the services of health and social care organisations within this study remained high regardless of the type of organisational culture operating within each of the organisations.
6) The relationship between front line workers and first line managers is the most influential relationship in improving service delivery.

7) Organisational strategy is often confused with organisation culture by senior and middle managers.

8) Organisational culture can be influenced by organisational strategy over time.

9) There is no measurable link between organisational culture and organisational performance. Performance as defined by consumers.

**Context of Change**

This study was undertaken at a time when health service organisations were reorganising and changing as a result of applying a “market philosophy” as stated by Griffiths (1983). Also social services organisations were considering a second Griffiths Report (1990) and its implications for them, which like health organisations brought the “market philosophy” to social services organisations under the guise of the ‘enabling authority’. This context is important as neither type of organisation had been looked at in such a way before.

The introduction of commercialism in relation to the activities of health and social care organisations has raised the question as to whether these organisations operate within a real market or a quasi market. (Le Grande and Bartlett, 1993; Flynn and Horley, 1994). However, the more pertinent question is can market mechanisms operate within health and social care organisations. This is unlikely as all the design and choice of the services rests with the provider or the supplier and, therefore, can hardly be considered to be consumer driven. (Walsh, 1993). As this is essentially an ‘internal market’, there is no real consumer. (Stewart, 1993). The financial relationship is only one aspect of the equation (James, 1994). There never can be a real market in health and social care organisations because they have a social as well as economic purpose and operate in a political context. Perhaps the “market” then is
less of a conceptual paradigm than a metaphor to break the frozen thinking of fifty years of the welfare state and a mechanism to allow the introduction of new ideas.

*It is these new ideas, new ways of working and new roles for staff within these organisations which bring forth the conflicts which are a feature of the political context. These conflicts can be categorised in two ways: consumer vs professional and professional vs management.*

If we consider the consumer/professional interaction we find that both health and social care organisations are struggling with the same issue. Legislation and Department of Health guidance require that organisations are open to their customers/clients which means amongst other things that consumers have access to their records. There must also be a published charter and these organisations are required to state quality standards in their services upon which an audit can be undertaken and their performance against these standards measured. In addition, there must also be a published complaints procedure that customers/clients are made aware of and are helped to pursue.

It is in this area of consumer/client relationship that there is a clear difference in approach in the way health organisations and social services organisations operate. This distinction is demonstrated by the planning systems adopted by health and social services organisations. Health service purchasers are mainly from non-clinical backgrounds and are essentially planners who negotiate block contracts with health trusts based on indicators of need which are based on demographic statistics.

This type of operation means that purchasers of service rarely meet consumers for whom they purchase services. Equally, clinicians are better able to defend their clinical practice in discussion with health purchasers about service levels. This separation of health purchaser and health provider has resulted in a misconception on the part of health purchasers about the needs of health consumers. This is despite health professionals occupying the space between the health purchaser and the health consumer. As a result of this situation, a growing number of consumers are now willing to complain directly to doctors and nurses who are required by
legislation to embrace a more open relationship with patients. Indeed professional organisations through training are bringing a new way of viewing the client or patient which has produced a subtle shift in power from the professional to the consumer. Much of this change has come about through the present government’s introduction of ‘Patients Charters’ and guidance in legislation.

From the overall study, it was clear that the health organisations were more adept in dealing with change. This was linked to the fact that nearly all of the senior managers in the health organisations who were part of the study were focused on the idea that change in the health service was an on-going phenomenon. They were able to recognise that their organisations were continuously changing and that any attempt to hold on to the past was futile. Their managerial goals were overall to enable the organisation and its workforce to move with the change and in doing so, create opportunities to enhance the performance of the organisation. This reflects the fact that the health service has been involved in major changes in its functioning over some considerable time (Griffiths, 1983). By comparison, local authority social service departments are new to the rigours of organisational change. Whilst the style of many health and social services organisations has been, and to some extent remains, that of large bureaucratic systems, these systems have developed along particular cultural lines shaped by both organisational culture and professional culture. In particular professional culture has always been eminently powerful and resistant to change. Ackroyd, Hughes and Soothill (1989) have identified the typical management context of public sector services as one of ‘controlled management’. In essence, ‘controlled management’ is characterised as being highly defensive of existing modes of working whereby considerable autonomy is extended to practitioners. It is in this context that much of the impact of ‘marketplace’ thinking has to be considered.

Both types of organisation in the study have been operating in a volatile situation which has been driven by outside influences, such as pressure on resources, requirements to demonstrate value for money, the development of a mixed economy of social care. All of these influences have carried with them a heavy political bias. The underpinning of all these changes is more
subtle, as the pressures brought about by sustained attacks on the caring professions by central government in promoting the importance of a health and social care model are driven by client choice and open competition. Osborne and Gaebler (1993) in their book Reinventing Government, say that "words like accountability, performance and results have begun to ring through the halls of government".

More importantly, the health organisations have been more familiar with the concept of internal markets and, therefore, are more comfortable with the business metaphor encroaching on their services and ultimately dictating their services. (Melito, 1982).

Organisational Culture and Sub Cultures

In this section we bring together the issues and conclusions around the existence and nature of organisational culture and the influence of sub cultures.

The findings from this study indicate that there is such a phenomenon as organisational culture. This supports the literature where many commentators have discussed organisational culture and have identified it as a phenomenon operating within organisations.

From the literature it is clear that there are many interpretations of organisational culture. Indeed the discussion in Chapter One of this study highlights the lack of consensus in defining exactly what organisational culture is. The range of views about organisational culture stretch from "a long overdue source of innovative thinking about the working of organisations" to "a fad that has failed to deliver the morale, loyalty, harmony, productivity and profitability that were promised" (Martin 1992).

This lack of consensus is not just confined to the interpretation of organisational culture but extends to the basis upon which organisational culture is established within organisations and indeed how it manifests within organisations.
The most widely quoted writer on organisational culture is Schein (1985a) and we refer to his definition in Chapter One, Page 18. In his definition Schein refers to values and basic assumptions that are shared and by sharing hold an organisation together. This idea that organisational culture consists of a set of shared values is also offered by Van Maanen (1979) and Baker (1980) as well as Siehl and Martin (1984).

The data from the structured interviews discussed in Chapter 3 supports the thinking that organisational culture can be seen and described as a set of shared values only to that sub-group or sub-unit.

The importance of sub-cultures as viewed in the literature is discussed in Chapter 1, pages 27-30. Also sub-cultures and their impact on the organisations in this study are highlighted in the discussion on the data from the structured interviews in Chapter 3. It is clear from this material that sub-cultures need not necessarily generate conflict, although it is apparent that their existence has to be recognised and their influence accounted for.

We would argue that the central role for senior management in modern organisations is to harmonise the various sub-cultures with the overall direction of the organisation. This delicate balance cannot be achieved by promoting a single culture through the use of mission statements or by declaring a set of values or publishing a charter. The popularist view of organisational culture is that it is seen in the way in which an organisation describes what it does and how it expects to do it. Examples of this can be found in the written declarations on the walls of the chief executive’s office. This is not our view and one that is not supported by the findings of this study. We found that mission statements had little impact on staff behaviour. This was partly because they were constructed out of the minds of senior management who then introduced them to their staff by putting them on walls. The outcome was, not surprisingly, one of rejection. It was noticeable that if the overall statement from the senior management was very bland and wide, such as ‘we want to look after people’ the blandness of this statement gives no sense of ownership to a specific direction. It is a truism that the caring professions “want to look after people” and, therefore, cannot serve to inspire
or to motivate beyond that which any professional working in the caring professions would wish to do. The more interesting question is, ‘how do we look after people?’, thus challenging the workforce to use their skills and experience to deliver the same.

Health and social care organisations are a rich mixture of skills and activities which when properly focused can deliver highly complex and integrated services. These are operating in the midst of massive changes as a result of external pressures. These changes have an impact on both the organisational and philosophical levels. Given this situation it is highly unlikely that any one particular culture can support and maintain an organisation.

Organisational culture does exist as a phenomenon but it is not a single entity; it is a framework of values and beliefs that manifest themselves in the behaviour of the workforce. It is clear from those interviewed that the behaviour of workers in the organisation colours the way the organisation is viewed by those who work within the organisation. Given this we can say that the culture of an organisation is linked to the behaviour of the organisation’s workforce and that this behaviour is based upon particular values and beliefs.

This description of the basis of organisational culture and its manifestation implies that organisational culture is a single entity. To accept this implication would be to ignore the presence of and influence of sub cultures. Indeed as discussed in chapter 1, the existence of sub cultures is raised in the literature.

Pettigrew (1985), Gregory (1983), Whipp and Clark (1986), found that the organisation that were part of their study were multi-cultural and were not always homogeneous in nature. This finding has been repeated in our study. In particular, given the varied work categories operating within the health and social care organisations that were part of our study, the existence and influence of sub cultures was prominent.

It was apparent that whatever the management style, large complex organisations that operate through sub-units, as do health and social care organisations, through their need to deliver
services in a decentralised system, for example wards, clinics, outpatient departments, local offices and stand alone residential units and who employ different sub groups of workers, i.e. professional, management, skilled, unskilled who generate sub cultures that relate to groups of workers together at various points in time, allowing them to have a common identity through a set of commonly held values and beliefs. The idea that managers can create and manage a single organisational culture is not supported by this study. If organisational culture has a role to play in the performance of organisations then the task for senior managers is not to strive for a single culture but to manage the complex interactions of the various sub cultures in order to move towards a single goal from many directions.

Managerial and Professional Conflict
The influence of sub-cultures within organisations in this study is highlighted in the previous section. We found this to be most prominent in the relationships between the various workgroup categories operating within the organisations. This was particularly so in relation to the management work category and the professional work category. An example of this can be found in the responses given by the professional and management categories in the organisations. It was the impact of Griffiths (1983) that brought a new emphasis of management into the National Health Service which brought about changes in relationships between doctors, nurses and administrators.

Alongside this as observed by Stephens (1986) we see changes in relationships between doctors and patients and as observed by Strong and Robinson (1988) changes in roles of responsibilities with nurses taking on doctors' tasks and administration taking on nursing tasks. The traditional bureaucratic hierarchy within these three professions of medicine, nursing and administration which existed under the negotiated order (Strauss 1978) disappeared. This caused the powerbase within the health setting to change quite dramatically, with medicine and nursing looking to gain influence by seeking key management jobs. However, as Strong and Robinson found, (1988) less than 10% of nurses and 19% of clinicians were successful in achieving District General Manager appointments and as Stewart
and Dapson (1988) found, clinicians achieved very few service management posts and 58% of those who did have left to return to clinical practice.

All this suggests (Petchey, 1986) that nurses and doctors found that their influence lessened on the formal management boards after Griffiths, in spite of the fact that Griffiths demonstrated a degree of respect for medical power and he wished to encourage doctors into management and to take on budgetary responsibility.

The impact of this scenario was observed in the data obtained from Health Organisations D, E and F. The professional staff group said that their managers did not understand the pressures of practice and that they were not recognised for their hard work. They also felt that their managers were ill informed. Clinicians felt their professional judgement was under challenge and resisted the role of "physician to the organisation" as well as to the patient.

In the social services organisations we noted a similar anxiety on the part of professional staff to take on the new management message of "purchasing and providing", "value for money", "outputs and outcomes". However, the issues are presented differently. The situation as manifested in social services showed professionals had greater expectations of their managers which led to a greater sense of frustration. This expectation was based on the perception that the managers who may have been former colleagues should be more understanding of their role since their professional background was normally in the same profession. Another aspect of this difference, is that social services management is not entirely separate from practice, as the supervisory role that Social Services managers have often required them to make judgements about practice. It was noticeable that where social services professionals were in conflict within their organisations, they chose to tackle this by retreating into their direct work with clients as an alternative to finding a way of resolving differences with their managers. They believed this protected them from the uncertainties of the organisation and its "alien" objectives. The source of this conflict was most apparent in Organisation C. The reason for this was that this organisation was the only one within the study that had a strategy to diffuse the beliefs and values held by the senior managers. This approach generated a powerful sub-
culture which managers had to deal with. Managers needed to develop partnerships with the workforce by adapting their leadership style to avoid wasteful conflict arising out of managerial challenge to the sub-culture.

This could be clearly seen through the problems of communication. We also found that managers did not take into account the sub-cultures which existed within organisations and spoke only of "organisational culture" and gave little acknowledgement to the role of strategy. Consequently poor communication fuelled a cycle of deviance which led managers to become more directive and less receptive to alternatives proposed by staff. This meant that managers spent less time listening to staff which impaired the process of communication between staff and their managers. This inevitably generated a clear conflict. The conflict between these two groups of workers manifested itself in their different objectives. It was clear that what managers saw as being important did not always fit neatly with what professionals saw as important. We also found that the mission statements and value statements within the organisation were set by senior managers and although there was broad agreement between both management and workers over the general principles contained in the statements, the detailed objectives within these statements gave rise to conflict. Brazell (1987) examined these patterns and noted that they were based on two different principles, each of which resulted in different ways of making decisions. For professional workers, and here Brazell (1987) is referring to doctors, decision making was grounded in principles of autonomy and self regulation, resulting in structural arrangements which were collegial, individual and client-centred.

Management, or rather administration as it is called in the National Health Service, was based on hierarchical control and coordination, accompanied by bureaucratic procedures. In all of the organisations in the study there were tensions between what the organisation saw as its objectives and what individual professionals saw as their objectives. For example, in all of the organisations, both managers and professionals agreed that they should provide quality care for their clients and patients. Equally, they were united in their belief that those using their services should be able to influence the planning and the development of the services they
provided. However, the level of disagreement about how these objectives should be achieved was extremely high and did not amount to a consensus in any of the organisations in the study or within the categories.

These difficulties were often so pronounced that the professional workers within the organisation believed that the managers were actively attempting to restrict their professional autonomy by disregarding their professional judgements. Managers for their part believed that their professional workers had a very narrow view and did not see their activity in the context of the overall or wider organisation. They felt that professionals, and there they made no distinction between the different professionals within workgroups, felt their relationship with their patient or client was paramount and considered that any restriction or perceived interference with that relationship was tantamount to questioning the viability of their professional integrity. Although all of the organisations in the study presented this issue to a greater or lesser extent, they all needed to manage this conflict in order to survive. The two types of organisation in the study had sought to resolve this issue in different ways.

Firstly, the health organisations had attempted to separate out the professional role from the managerial one. They had done this by being very clear about the management task and did not blur it with professional or clinical responsibilities. This enabled the hospital administrators or unit general managers as they are now known, to see management as a task in itself rather than an additional duty added to a senior professional's work activities. Having established this position, the health organisations were able to recruit managers for managerial positions, rather than the best of the professionals who would inevitably have to split their time and to some extent their focus between the organisation and the patient. However, in all of the health organisations in this study, the first line managers continued to experience this conflict, as the separation between the managerial task and the professional task was only achieved at the senior management level. Whether or not this was by choice or by accident was not clear. The consequences of not separating out the roles prevented senior managers within the organisations from delivering their cultural messages to front line staff.
Moon and Kendall (1993) describe these changes as an outcome of the Bradbeer Committee who in 1954 challenged the tripartite management basis on which the National Health Service was established in which doctors, nurses and administrators shared managerial responsibility. This challenge led to the present arrangements on the premise that, to be efficient, hospitals needed one manager to be in charge of policy implementation which manifested itself in a chief executive who works through a managerial structure.

Secondly, the social services organisations that were part of this study were still tied to the ideas of professionals moving up the promotional ladder out of social work practice and into management. Superficially, one might expect this to bring together the two cultures and create a harmonious situation where managerial goal, aims and objectives are supported and linked to professional aims and objectives. This proved not to be the case in those organisations that were studied. It appeared that managers in the social service departments were much more robust in separating out the managerial goals from those of the professionals and in doing so, lost some of the vital links between the management layers of the organisation and the professional workforce of the organisation. As a result of this, managers who were further up the management structure were less able to identify with the pressures associated with client contact. This resulted in managerial decisions focusing on strategic objectives at the expense of client focused objectives that were the immediate concern of front line workers. This inability to recognise the gap between senior management and front line workers prevented any real communication within the organisation about values and beliefs and, therefore the task of understanding and managing the interplay between the managed sub-culture and the professional sub-culture was impossible to achieve.

It is reasonable to expect that there will always be a degree of conflict and tension between the various groups of workers operating within the same organisation. However, the conflicts that we have identified within this study have arisen as a result of the changes in the external environment arising from changes or legislation relating to health and social care, which are referred to in the first section of this chapter.
The basis of this conflict is that the legislative changes fundamentally challenge the way people work within health and social care organisations and the roles they hold within those organisations. If we view this situation alongside the conflict that arises from the interplay between the various sub-cultures operating within the organisations then we can conclude that senior managers are faced with the task of ensuring that the changes in role and the corresponding impact on the sub-culture are understood, managed and efficiently communicated throughout the entire organisation. In our view failure to do this will eventually lead to a fragmented disillusioned workforce and an organisation that is moving rapidly towards chaos.

**Front Line Manager/Worker Relationships**

The findings from our study have challenged the traditional concept of organisation, which within the organisations that were part of this study was only held strongly by senior managers. Other groups of workers identify with small sub-units of the organisation and more importantly on the tasks of the sub-units. Therefore, their cultural identity has more to do with their tasks than with the overall organisation that requires them to carry out the tasks. This is supported by our findings in that the key relationships are those that are closest to the task, i.e. the relationship between front line managers and workers. It is here that the most important exchange takes place. It is here that the influence is most powerful. We have seen within all the organisations that we have studied, that the way in which front line workers identify with their organisation is based on their relationship with their peers and front line managers. The ability to transmit the culture of an organisation, therefore, relies heavily on each managerial layer effectively communicating the culture down from chief executive to the first line manager.

The general view held about the way in which organisations operate is that senior managers set the direction and establish the policy and procedures that will enable the organisation to move in the desired direction and achieve the objectives identified by the senior managers. We know that this is often described as setting and surveying the culture of an organisation. However, this view of organisational life was not the view that we found to be held by many
of the respondents in both the structured interviews and the self completion questionnaires. On the contrary these respondents were far more influenced by their immediate line managers and the relationship they had with the user of the service, the client or the patient. Indeed the professional workers were influenced by their belief in their professionalism and their own ability to relate to their service users' needs rather than accepting the organisational line offered by the senior management.

A further complication was the role that first line managers took in this process. In health organisations in particular the conflict between the professional view and the managerial view was firmly planted within the first line manager. This was because many of the first line managers had been in the professional role just prior to becoming a manager. In this situation it was far easier for the manager to identify with the professional worker than his or her more senior colleagues. This was further endorsed by the fact that first line managers of professionals and the professional workers themselves felt that senior management decisions compromised their professional autonomy.

Where this situation was most pronounced was in those organisations where the process of disseminating the values and beliefs of the senior management had not been fully developed; in these circumstances the first line managers had less commitment to the organisation than those managers in organisations where values and beliefs of senior managers had been wisely cascaded. In addition these managers felt isolated from their more senior managers both in terms of influence and support. Given this it is inevitable that they would tend to identify with those workers for whom they were responsible. This situation was also apparent with those workers in the care group category. Like the professional group, first line managers tended to come from the ranks of the workers and as such would identify more easily with the workers than with middle senior managers.

This worker/manager relationship so close to the user gave the workers a far greater focus on the needs of the user. This resulted in a situation where the organisation in the form of front
line workers was delivering a service to users based on their own assessment of the users’ needs without reference to any manager above their first line manager.

This situation further alienated both the workers and first line managers from senior managers and added to the difficulty in establishing effective communication throughout the organisation. This finding is particularly interesting as work undertaken by Billis (1984) within welfare bureaucracies describes this tension between front line professionals and management as inevitable. He says professionals believe they should have more influence than they have on the formation of an organisation’s policy. This is because they see their role as not simply meeting consumer need but contributing to the formation and development of new services, because they believe they have first hand knowledge of the needs of service users. We also found that within this study that non-professional workers also shared this belief.

The impact of the positive relationship between the front line workers and their first line managers was that the workers were more likely to problem solve than those workers in organisations where the relationship between front line workers and first line managers was not so positive. In this latter situation workers tend to push problems up the managerial line which would tend to lead to frustration and a cynicism about senior managers’ interest in front line issues. This difference in the way organisations operate in relation to this issue was highlighted in the findings from Organisation C. This organisation had a workforce at the front line who felt empowered and as such were able to deal with issues by themselves or in conjunction with the first line manager. This also applied to non-professional staff.

The important factor in Organisation C is that the empowerment came from a belief held by senior managers that the relationship between front line workers, consumers and first line managers is critical to the effective delivery of service.

This view is one that we would endorse. The findings from this study show that whether by design, as in Organisation C, or by default, as with the other organisations in this study, where
front line workers feel they have the freedom to make decisions about client need, and that those decisions are rapidly endorsed by first line managers, the sense of achievement and satisfaction with the service by the front line workers is apparent.

Customer Perception Surveys

In order to assess the performance of the organisations within this study, a number of customer perception surveys were undertaken. The results of these surveys are detailed in Chapters 3 and 4, however, we can draw some general conclusions from these results.

The client perception studies carried out in this study were consistent with most consumer studies in health/social care organisations in that consumers are generally satisfied with the service they receive and are less likely to complain for fear of losing the service. This is particularly interesting in relation to social care services as these are often services that are provided without the full consent of the consumer, for example, child protection investigations and mental health assessments.

The differences in response between health and social services consumers were as follows: We found that the cost of service was an issue for consumers. When asked, consumers in the health service said they were not aware of the cost of the service as there was no requirement to pay at the point of delivery whereas in social services, consumers could be asked to contribute to their care costs.

When asked we found that health service consumers generally knew more about the service available as they were more likely to identify with the local hospital than the local Mental Health Centre or residential unit. Also health service has less of a stigma attached to them in the view of consumers.

In handling information the customer perception surveys showed that professionals working in Social Service organisations tended to give more comprehensive information about the service and assessment they provided. Health professionals tended to give information that
they felt was important rather than listening to what the consumer wanted to know or felt was
important.

We found that none of the organisations in the study had any particular customer focus,
training or awareness. Despite the fact we frequently heard from service managers that they
were a "customer orientated organisation", it was our view that any customer focus came
from the professional culture operating within the organisation rather than the organisation
itself.

Consumers of services provided by health service organisations said they were reluctant to
complain or challenge health care professionals. For example, with the out-patient studies
that were part of the client perception studies, we found that a number of consumers believed
that the doctors had a managing role within the organisation and were the people to whom
they should complain. However, the perceived status of doctors on the part of these
consumers made it difficult for them to complain.

We found that social service professionals were seen to have less status by their clients and,
therefore, consumers were more likely to complain about and the challenge professional
assessments and service provision offered by social services. In addition they were more
confident that they understood what professional service they required. It was also evident
from the customer perception surveys that social care organisations had a much clearer policy
and procedure on complaints which enabled consumers of social services to voice their
dissatisfaction with the service.

Consumers in the client perception surveys within social services were found to be more
consistent in their responses about the quality of their physical environment than those
consumers interviewed within a health service environment. Social care was seen as less
institutionalised and there were fewer uniforms and white coats. We found that the social
care organisations in this study had a greater capacity than health organisations to meet
individual needs, for example, the use of a lounge, a favourite chair, an individual room, all of which are rarely available in a hospital setting.

Interestingly, consumers in health service settings placed a high value on the quality of relationships between professionals and patients rather than on the physical environment in which the service was being delivered.

Finally, we found an issue of access to service and the ability of consumers to get to the point of the service delivery. This would always present a problem to someone, particularly in the case of more specialist units as their catchment area would be extensive and those living on the periphery of the catchment area may well have more difficulty in getting to the service than those who lived closer.

Despite the significant variations in the way services were delivered and the difference in the quality of the environment in which the service was delivered, our findings did not reveal any significant differences in the way the consumers perceived their service. If we add to this the variation in the way each of the organisations in the study managed their staff and their services the absence of any differentiation in the consumer perception of services is surprising. Given this situation we conclude that this situation supports our view that the critical issue is the relationship between service provider and the service receiver at the point of service delivery.

The Relationship between Organisational Culture and Organisational Strategy

The use of strategy in managing large organisations is commonplace. Indeed it would be difficult to conceive of any organisation that did not develop and implement strategies to achieve its objectives. Strategic management is a subject that most middle and senior managers consider to be their raison d'être.
Organisations set out their objectives and policies and then create and implement their strategies to achieve their objectives within a policy framework. This process is well known and documented.

In recent times as we have stated elsewhere in this study, organisational culture has been described as a rival to strategy as a critical management tool. The management of organisational culture is seen as the key to organisational success. This switch from strategy to culture is supported by this study. During interviews with senior managers in both health and social care organisations the importance of managing organisational culture in order to achieve a critical change or a major service objective was considered to be paramount.

From our perspective this focus on the management of organisation culture misses the point. Given, as we have clearly stated that organisational culture is a multi-faceted phenomenon and that each of the components of organisational culture, ie the sub-cultures, is based on a set of values and beliefs, then the management of organisational culture in its own right appears as a Herculean task. This of course is not to suggest that organisational culture does not change and evolve over time; if this is the case then the key issue is how does organisational culture evolve.

The central theme of this study has been to consider whether or not organisational culture can be purposefully managed by investing in the workforce and deliberately establishing a set of beliefs and values that will harmonise the workforce with the objectives of the organisation. In exploring this theme through the work with the health and social care organisations within the study, we would conclude that the process of investing in the workforce is the implementation of a strategy.

A desire to alter the behaviour of the workforce in a particular organisation is clearly one objective and developing a human resource policy to achieve that objective is clearly a strategy. The management and implementation of that strategy may have an impact on the particular organisational culture operating within a particular group of workers. It is,
therefore, in our view the management of the strategy rather than the management of the organisational culture that brings about the change both in the workforce and in the particular organisational culture.

This subtle distinction is very important in helping to understand the relationship between organisational culture and organisational strategy. It is our view that organisational culture like national culture does not change quickly. It is influenced by events over time and evolves slowly. Organisational strategy or rather the implementation of strategy will influence the organisational culture in a monumental fashion.

The idea that successful organisations manage and change organisational culture is in our view misleading. It is those organisations who manage their strategies and recognise that through the implementation of those strategies will cause shifts in organisational culture that are more likely to sustain success.

The clearest example of the confusion that surrounds this issue is in the work of Tom Peters (Peters and Waterman, 1982; Peters and Austin, 1986; Peters 1987). Peters talks of investing in people and changing the behaviour of managers in order to bring about a change in organisational culture which will lead to success. We believe that Peters is really talking about the use of established management tools to achieve organisational objectives, ie, the creation of strategies to bring about changes, one of which might be an investment in the workforce. Alternatively the strategy might be to significantly reduce the workforce and heavily invest in automation. Both of these actions will eventually bring about a change in the organisational culture, but it is the management of the strategy and not the direct management of the organisational culture that will bring about the change.

Relationship between Organisational Culture and Performance
The idea that there is a link between organisational culture and organisational performance is one that has been suggested by a number of writers. (Peters and Waterman, 1982; Deal and Kennedy, 1982; Peters, 1987; Goldsmith and Clutterbuck, 1984). The belief that an
organisation whose culture is to invest in its workforce in order to improve services will deliver in reality better services as perceived by their customers has not been borne out by the results of this study. Organisations who have quite clearly invested very little in their workforce and adopt a directive approach to the management of the organisation provide services that are considered to be no less satisfactory by their customers than the customers who receive services from organisations who do invest in their workforce. However, despite suggesting that a connection does exist between a valued workforce and organisational success, very little has been said about exactly what this connection actually is. Much has been written about how to create a workforce who felt valued by managers and in doing so a number of "management speak" phrases have been created, for example, "management by walking about", "management by objectives", "total quality systems", to name but three. (Peters and Waterman, 1982).

The difficulty with these concepts lies in the focus that health and social care organisations now have to adopt. With the introduction of internal markets and the promotion of a mixed economy of care, the key to an organisation's success lies in the objectives it achieves and the level and quality of its products or outputs. This emphasis on outputs only allows workers to feel positive about their contribution if they achieve their objectives. Hard work and commitment are not sufficient in themselves to warrant reward. This feature was particularly noticeable within some work categories within the organisations studied. Members of these work categories expressed dissatisfaction for a lack of recognition given to them for their hard work and many hours of toil, failing to accept that recognition was only forthcoming when an objective had been achieved successfully. Some outputs in health and social care organisations are less easy to quantify than those in the commercial environment, although this is changing. Health and social care organisations are now being audited and their performance quantified. For example, surgical waiting lists, length of bed stay, number of children who are accommodated and the number of children on child protection registers, are just some of the criteria that are now used to gauge the performance of health and social care organisations. These criteria are of course in addition to financial targets and reflect the concentration in health and social services organisations on quantitative measures.
There are other measures by which health and social care organisations can be judged. The perception of the client, customer or patient about the effectiveness of service is often quoted by management consultants as being the only genuine measure of an organisation’s success. This also requires an emphasis to be on outputs rather than inputs. However, these outputs need to be defined by the consumer and not by the organisation. This sets up a potential conflict, as the outputs required by the consumers may jeopardise the outputs required by the management of the organisation. For example, meeting consumers’ needs might require organisations to exceed their budgetary targets. Nevertheless, the importance of customer satisfaction has been emphasised by management consultants and writers on management and organisations, (Kotler, 1975; Peters and Waterman, 1982; Peters, 1987; Ogbonna and Wilkinson, 1988; Ogbonna, 1990) and continues to be a major consideration in the way in which organisations are managed. Alongside the need to understand the role of the customer is the issue of quality. The work of W Edwards Deming (1986) in relation to the importance of quality is well demonstrated in the success of Japanese products particularly in the electronics and automobile industries. Swiss (1992) argues the need to adopt Deming’s work in order to take account of issues of service provision rather than simply focusing on product manufacturing. Swiss concludes that total quality management can be adapted to public sector services by adapting the major features of an orthodox approach: these are consumer feedback, performance monitoring, continuous improvement and worker participation.

The changes in the way health and social care organisations are perceived by central government and local government has forced managers to consider how they motivate their workforce. A combination of carrot and stick will no longer suffice. Managers need to adopt a much more sophisticated approach to ensuring that their workforce can deliver the end results.

The issue as to whether or not an organisational culture can be altered purposely to improve performance without fundamentally threatening the existence of the organisation, implies that an organisational culture is fixed and alters very little over time. It also suggests that the
alteration of the organisation's culture will in itself bring about such a dramatic change within
the organisation that it will cease to function effectively. Results from this study have
demonstrated quite clearly that there is no single organisational culture that exists within any
of the organisations that were a part of this study. We have found that the organisations have
a number of cultures which are generated by different workgroups and different work
situations. Furthermore, we have seen that organisational cultures are affected by external
factors. The changes in the way health and social care organisations are perceived have out
of necessity introduced new organisational cultures that reflect a results orientated
environment in which these organisations now have to operate. The emphasis here is on
continuous change and, therefore, the organisational cultures that exist within these health and
social care organisations will have to evolve and adapt. Innovation and creativity are key
elements in an organisation's success. In order to achieve this the senior managers must be
prepared to decentralise control and harness the energy of various workgroups throughout
the organisation. The traditional boundaries that separate workgroups will no longer suffice
and organisations will have to develop an approach that enables small groups of workers to
come together to achieve specific objectives, and once these objectives have been achieved, to
disband only to reform again in a different configuration to attack new sets of objectives.

This concept of an organisational environment that focuses on individual skill and
contribution requires a very new approach to organisational culture. We would agree that
evidence to support this as being the way forward can be found within this study. Within all
the organisations, the workgroups that were the most creative were those who were allowed
to create their own solutions to problems. This clearly manifested itself most often in the care
workers who were able to respond quickly to customer needs without always having to refer
back to their managers. This contrasted with the professional group workers who were by
and large tied by professional protocol and organisational policy. The restrictions on workers
in the professional workgroup were linked to the way the organisation perceived this
particular group of workers. This reflected the issues that have long been acknowledged that
exist in situations where the professional workers who operate to a distinct code of practice
are part of a large organisation that has its own codes of practice which do not always
necessarily fit neatly with those of the professional group. There is also a pressure to deliver 'consistency' which militates against difference within workgroups according to the circumstances in which the workers who form these cultures find themselves. Given this view, then Schein's (1985a) definition of organisational culture no longer adequately describes the situation. His definition implies that an organisational culture is fixed and gives the workers within an organisation a frame of reference with which to perceive, think and feel in relation to external problems. It is clear from our work that health and social care organisations, and the various groups that make up these organisations, will have to re-invent their organisational culture on a continuous basis in order to meet the needs of both their customers and their political masters. This debate raises the pivotal question: Can there be a "corporate culture" in any organisation especially when in times of such rapid change the organisation is faced with social, economic and political pressures? It is, however, in our view essential to establish some kind of framework on which values can be identified and supported by moral principles in order to direct and support the fulfilment of the aims of the organisation and its ethical practice. This must be understood by all those working in the organisation and carried and communicated equally by workers operating in the organisation at various levels. Charters and mission statements are often necessary when an organisation's culture is undergoing so much change and as Bellah (1985) states, "such changes may reflect a lack of consensus values".

This view of the role of organisational culture changes the whole concept of how we must view organisations in the future. Reference was made above to the idea that organisations should be communities that consist of a range of skilled individuals coming together to carry out specific tasks. If we take this idea one stage further and accept that the loyalty of these individuals is not to the community of the organisation but to their skill base and the application of that skill base in the resolution of particular problems, then we see that an organisational culture is simply a reflection of the approach taken to a particular problem and not a fixed pattern of behaviours.
In our view it has not been proven that organisational cultures can over time be purposely altered to improve performance of the organisation. However, the key to effecting any change is in establishing and managing the organisational strategies that have been formulated to achieve the organisation's objectives. If we wish to maximise the skills of a particular workgroup we must develop a strategy to achieve it. The very act of carrying out the strategy will have an effect upon the culture of the organisation as will each successive strategy. By understanding this influence we can purposefully alter culture by effectively managing strategy. Whether or not this will fundamentally threaten the existence of the organisation is dependent upon how we view organisations in the future. If we consider them as fixed entities that are bound by procedures, policies and rules, then continuously changing organisational cultures will threaten to destabilise these structures. However, if on the other hand we view organisations as a reservoir of skills and resources that are brought together in different configurations to address particular issues at a point in time and then having addressed the issue are disbanded again, then the concept of an evolving organisational culture is not a threat but rather the opposite. It can enhance the organisation's effectiveness and ensure its survival.
Chapter 6

Review of the Study
Having completed this study, we are able to reflect on the experience and consider the issues that arose during the study and with a degree of hindsight, question some of the decisions that we took during the course of the work. Our decision to undertake this study in partnership arose out of our mutual interest in the subject and an appreciation of the enormity of the task. We realised fairly early on in our thinking that physically to research six organisations to obtain the quantity and range of data we felt was necessary was an arduous task for one individual, particularly as we were undertaking this study on a part time basis. Initially, we decided to separate out the study so that each of us was concerned with two distinct parts. We chose to separate the study by allocating health organisations to one of us and the other taking social service organisations. Although initially this worked reasonably well, after a comparatively short period of time we realised that it was virtually impossible totally to separate out the work and that whilst we could gather the data separately, we needed to bring it together in order to make sense of the information and to bring some consistency to the way the information was interpreted.

As the work progressed, we became aware of the value in working as a partnership. Undertaking a project of this nature on a part time basis can make researchers feel very isolated. Although the University provides regular forums and tutorials in which research students can meet and discuss their work, the fact that one is undertaking a huge piece of work over a prolonged period of time can result in a loss of focus and a degree of disillusionment with the project. Working as partners, we were able regularly to restate the focus of the work for each other. We were also able to challenge each other's ideas and in doing so distil some of the key points arising out of the work. This resulted in an almost
continuous re-evaluation of both the process of the research and the data arising out of the study.

Whilst there were several positives in working as partners, there were also some significant negatives. For example, how would we deal with conflict that would inevitably arise in the course of the study. We anticipated this conflict may arise over small issues or may in fact be generated by a major disagreement over fundamental concepts around the work. Although we acknowledge the potential risk of conflict, we did not at the start of the project develop any strategies for dealing with conflict should it arise. With hindsight, we did not recognise that this particular approach to carrying out this study carried with it a high degree of risk. We could not say with any degree of certainty at the beginning of the study whether or not we would remain together over the entire period of the study as clearly opportunities arise for people to develop their careers. As senior managers working in the public sector, there was always the possibility that a career move would tempt one of us away from the post that we held at the beginning of the study. Equally, we were not able to say that as two individuals we would remain compatible over the period of the study; a major difference of view over a particular issue could seriously jeopardise the success and completion of the work.

In reality, the partnership has worked extremely well and none of the fears about our interpersonal relationship or career moves have actually arisen during the course of the work. On balance, we would argue that the approach we have taken to carrying out this study has enhanced the work and given us both the strength to complete it. The fact that we are still excited by some of the ideas around this study and that we are still good friends and colleagues, is testimony to the benefits of undertaking such a prolonged piece of work as a partnership.

The process of obtaining the data for this study may well have presented us with serious difficulties, as health and social care agencies are notoriously suspicious of researchers. Indeed, our own position as senior managers in such organisations gave us a degree of insight as to how other organisations might well view researchers sifting through their operation. It
is not unusual for health and social care organisations to view researchers as disruptive and problematic. In addition, it has often been said by senior managers working in health and social care organisations that researchers simply stir up trouble within the workforce and create frustrations that then have to be remedied and addressed after researchers have left the organisation. Furthermore, it has been said that the host organisation for the researcher rarely receives any positive or useful feedback from the work undertaken by the researchers. Armed with this knowledge and using our position as senior managers in health and social care organisations, we were able to develop what we considered to have been a successful strategy in order to gain access to health and social care organisations in order to carry out the research.

We chose to take a very professional approach to engaging the organisations and spent a great deal of time preparing our material and carefully structuring our presentation to the organisations in which we wished to carry out the research. An important aspect of our strategy was to be very clear about what the organisation would get in return for allowing us access to their staff. By doing this, we were able to enter into a trading relationship whereby in return for access to the organisation, the organisation would receive a focused report on the issues that we considered relevant to that organisation in terms of its operation. Whilst this proved to be a very successful strategy in the sense that we were able to gain access to health and social care organisations without serious difficulty, there was a down side to adopting this particular approach. Firstly, the length of time it took to engage with an organisation was considerable. It was not uncommon for us to have to attend several meetings with both senior managers and trade unions before an agreement was reached over access. Equally, our commitment to providing the organisation with a written report and presenting that report to the organisation, cost us valuable time. Another down side to the trading approach in engaging with organisations was the fact that we had to take account of the organisation's own particular agenda. This meant that we had to carefully schedule the research in order to meet the organisation's timeframe, even though on occasions this did not fit neatly with our own timeframe. Equally, our commitment to providing the report soon after we had finished collecting the data from a particular organisation put additional time
pressures on us. An unexpected aspect of this approach to engaging with organisations, was that after presenting the report to senior managers within the organisation, there were requests for us either to present the report to other parts of the organisation or indeed carry out further pieces of work within the organisation. Whilst at the time this was flattering, it did potentially pull us away from the main focus of our research. Therefore, we had to resist being seduced into acting as unpaid consultants for the organisations in which we carried out the data collection. This level of interest in the work was fairly widespread and during the course of the project, we received a number of enquiries about the nature of our work and indeed had requests to discuss carrying out similar work in organisations that we had not ourselves approached. We viewed these approaches as positive indicators that the work was indeed significant and that the questions we were posing were meaningful to the organisations that were working in the health and social care environment. We dealt with this issue by responding to all of the organisations who made contact with us and agreeing to link with them at some point in the future. With the organisations from whom we collected the data, we agreed that we would revisit them at the end of the study. However, having given this undertaking it was now becoming impossible to carry it out as all of the organisations that we researched have ceased to exist and have now become part of other organisations.

In looking back at the process of the work, an issue that we were continuously aware of during the research was the fact that we were very much reliant on research methods from the disciplines of research psychology and sociology. These disciplines did not always lend themselves to the management environment. The differences in language and interpretation often proved to be problematic in that some of the concepts around values and beliefs were based on sociological and psychological principles rather than on the way these terms were interpreted within the context of organisational management. This was exacerbated by the fact that both of us have spent the past ten years working in organisations at senior management level and our contact with academic concepts are by and large in the distant past. It is highly likely that this is in the nature of research; however, we would simply highlight this as an issue that arose for us during the course of this study. A further complication for us was the fact that relevant material on organisational culture in public sector organisations was
extremely difficult to find. Whilst there was a great deal of material relating to organisations operating in the commercial sector, this particular aspect of public sector organisational life has not been extensively researched and, therefore, relevant material was extremely limited.

Although our client perception study worked well, some of the issues and questions contained in the client perception questionnaire, were ambiguous and could have been more tightly worded. An example of this is the questions around the cost of the service. One such question was exploring the cost to individuals in terms of time and convenience rather than any financial consideration. However, this was not made particularly clear. Equally, the question concerning the timeliness of service was ambiguous.

Another aspect of this client perception study that we could view critically is the fact that we did not take into account in any quantifiable way the possible pressure on informants to be positive about the organisation. With hindsight it is understandable that informants may well have been fearful of criticising the organisation because of any negative consequences that might arise out of their criticism. We attempted to deal with this issue through being very clear with the informant about the confidential nature of the research and the fact that no individual would be identified or named. We accept that there may have been a degree of bias in the responses based on the wish by informants not to be seen as being critical of the organisation.

We see this study as being the first stage in a continuing exploration of organisational development. This continuation is viewed in two ways. Firstly as senior managers working in the public sector we would look for ways to manage the organisation better in order to meet the challenges that undoubtedly face all public sector organisations in moving forward into the twenty-first century. Equally, having ventured into the world of research, we continued to be excited by the prospect of exploring with managers and workers in the public sector, ideas about how they view the future and how their own thoughts about organisational development can help shape both the organisations and the services provided by those organisations. This must focus on identifying new skills and competencies that will be needed
to survive and go forward. This is a continuous process and solutions that suffice today will undoubtedly be redundant tomorrow.
Appendices
THE PERSONALITY OF THE ORGANISATION (HUMAN CAPITAL AUDIT)

SENIOR MANAGER: ......................... POST: .....................
DATE: ......................

1. Policy issues re: Recruitment
   How does it vary according to job level? What are the selection procedures? Do you canvas jobs, ie canvas colleagues, see students in final year. Where do you advertise? Who handles your advertising? Who interviews? What preparation, local or central involvement. What level of qualifications are apparent?

2. Induction
   How do you bring people into the organisation?
   How do you brief them?

3. Personal Performance Improvement
   Do you have it?
   Who does it?
   What's the outcome?
   What's the preparation?

4. Reward Systems
   How are your people rewarded beyond basic salary? ie, performance, "perks", cars, 'phones, trips, etc. merit schemes, acknowledgement schemes.

5. Discipline and Sanctions
   How do you deal with wayward people in the organisation?
   How do you bring people into line?

6. Training and Staff Development
How is training managed, by whom (note level of investment in manpower?) How is it programmed, who programmes the training, level of spend, level of throughput (how many people are touched in a year?) How is it evaluated?

7. **Organisation Behaviour**

Is there an organisational statement of Aim? How is that communicated, how was it formulated, what is it? - who is responsible?

Is there a desired pattern of intergroup and interpersonal behaviour within the organisation? How is this established, communicated and maintained? Is there a scheme of delegation, what are levels of responsibility and how are they determined?

8. **Quality Assurance**

What are the statements about quality? How is this measured? How is this monitored?

What guidelines are given from above? - DMG - RHA. Who is responsible?

9. **Customer Perception**

How the organisation conducts itself in its relationship with its customers. How it ensures that its workforce adheres to customer orientation. How does CR relate to QA? Who is responsible? What guidelines are given and by whom? Complaints - who monitors? What is the system? Is the system public knowledge?

10. **Other Information**
Thank you for agreeing to participate in this study. The information asked for will be handled in the strictest confidence and no information will be asked for what will in any sense identify individuals.

The purpose of this questionnaire is to enable you to express your views about the Unit in which you work as a response to the statements posed in the questionnaire.

It would be extremely helpful if you could let me know how you feel about your Unit by selecting against each statement the rating you believe most accurately reflects your feelings.

However, when you come to consider some of the statements you may feel restricted because you work in a particular part of the Unit and do not have the picture of the Unit as a whole. If this is the case, I would ask you to express a view as best as you are able.

Please read each statement carefully. Indicate your choice by encircling the appropriate rating.

RATINGS:

SA = STRONGLY AGREE
A = AGREE
CS = CANNOT SAY
D = DISAGREE
SD = STRONGLY DISAGREE
1. IN THIS UNIT OUR ACHIEVEMENTS ARE RECOGNISED AND WE ARE SEEN AS VALUED CONTRIBUTORS
2. IN THIS UNIT PATIENT SERVICE IS NOT CONTROLLED SOLELY BY THE LEVEL OF RESOURCES
3. IN THIS UNIT WE REGULARLY RECEIVE LETTERS OF SATISFACTION AND COMMENDATION FROM OUR PATIENTS
4. OUR MANAGERS IN THIS UNIT ARE USUALLY VERY APPROACHABLE
5. IN THIS UNIT I AM ENCOURAGED TO MAKE MY OWN DECISIONS AND TO TAKE ACTION AS I SEE FIT
6. IN THIS UNIT EMPHASIS IS PLACED ON EVERYBODY MEETING HIGH STANDARDS OF PERFORMANCE
7. IN THIS UNIT YOU ARE MORE LIKELY TO GET ATTENTION FOR A JOB WELL DONE THAN FOR MAKING MISTAKES
8. IN THIS UNIT WE RECOGNISE THAT SERVICE IMPROVEMENTS ARE DEPENDENT UPON PARTNERSHIPS WITH OUR PATIENTS
9. EMPHASIS IS PLACED ON THE QUALITY OF THE WORK OUTPUT IN THIS UNIT
10. WE HAVE TO MEET SPECIFIC STANDARDS OF QUALITY IN OUR WORK IN THIS UNIT
11. IN THIS UNIT WE ACCEPT THAT PATIENTS WILL NOT ALWAYS APPRECIATE THE DIFFICULTIES WE HAVE TO WORK WITH
12. PEOPLE IN THIS UNIT UNDERSTAND HOW THEIR WORK ACTIVITIES AFFECT MY WORK

<table>
<thead>
<tr>
<th></th>
<th>SA</th>
<th>A</th>
<th>CS</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
13. YOU KNOW WHEN YOU HAVE DONE A GOOD JOB IN THIS UNIT BECAUSE IT IS GENERALLY ACKNOWLEDGED

SA A CS D SD

14. DECISIONS IN THIS UNIT ARE GENERALLY NOT MADE ON THE BASIS OF CUSTOM AND PRACTICE

SA A CS D SD

15. THE TASKS AND ASSIGNMENTS UNDERTAKEN IN THIS UNIT ARE MADE CLEAR

SA A CS D SD

16. WE BELIEVE THAT OUR MANAGERS IN THIS UNIT DO NOT DELIBERATELY WITHHOLD INFORMATION

SA A CS D SD

17. THE STANDARD OF OUR WORK ENVIRONMENT IS GIVEN A HIGH PRIORITY BY OUR MANAGERS

SA A CS D SD

18. OUR MANAGERS IN THIS UNIT ARE REGULARLY SEEN IN AND AROUND THE WORK ENVIRONMENT

SA A CS D SD

19. WITHIN REASON WE CAN HAVE ANY EQUIPMENT WE NEED, TO HELP US DO OUR WORK

SA A CS D SD

20. THE WORK ACTIVITIES THROUGHOUT THE WHOLE UNIT ARE WELL CO-ORDINATED

SA A CS D SD

21. PEOPLE IN THIS UNIT ARE CLEAR ABOUT THE OBJECTIVES THEY ARE EXPECTED TO MEET

SA A CS D SD

22. IN THIS UNIT THERE IS APPRECIATION SHOWN FOR GOOD WORK

SA A CS D SD

23. IN THIS UNIT FINANCIAL CONSIDERATIONS ARE NOT A BARRIER TO IMPROVEMENTS IN THE WORK ENVIRONMENT

SA A CS D SD

24. PEOPLE ARE OPEN AND HONEST ABOUT THEIR FEELINGS IN THIS UNIT

SA A CS D SD
25. IN THIS UNIT WE BELIEVE THAT THE PATIENT HAS A RIGHT TO COMPLAIN ABOUT THE SERVICE AND RECEIVE CONSIDERATION AND A REASONABLE EXPLANATION

26. IN THIS UNIT WE USUALLY RECEIVE THE INFORMATION WE NEED FOR OUR WORK AT THE TIME WE WANT IT

27. PEOPLE IN THIS UNIT SEE THEMSELVES AS PART OF A TEAM

28. PEOPLE ARE VERY WILLING TO SUPPORT EACH OTHER IN THIS UNIT

29. IN THIS UNIT WE ARE NOT DEFENSIVE WHEN OUR PATIENTS CRITICISE AND COMPLAIN ABOUT OUR SERVICES

30. IN A UNIT OF THIS SIZE WE ACCEPT THAT WE RECEIVE A NUMBER OF COMPLAINTS

31. IN THIS UNIT THERE IS NO SENSE OF APATHY BECAUSE OF THE NATURE OF THE TEAM SPIRIT

32. IN THIS UNIT ATTENTION IS GIVEN TO IMPROVING THE STANDARD OF OUR WORK

33. THE EMPHASIS IN THIS UNIT IS ON GETTING RESULTS RATHER THAN WORRYING ABOUT CONTROL AND AUTHORITY

34. IN THIS UNIT PEOPLE TEND TO BE COMPATIBLE WITH EACH OTHER

35. IN THIS UNIT WE MAINTAIN A HIGH SERVICE PROFILE REGARDLESS OF ITS EFFECT UPON DEMAND

36. OUR MANAGERS IN THIS UNIT LISTEN TO WHAT WE SAY ABOUT OUR WORK ENVIRONMENT
<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>37</td>
<td>PEOPLE CAN BE RELIED UPON TO PULL THEIR WEIGHT IN THIS UNIT</td>
<td>SA A CS D SD</td>
</tr>
<tr>
<td>38</td>
<td>IN THIS UNIT WE KNOW WHAT NEEDS TO BE DONE AND WHEN IT NEEDS TO BE DONE BY</td>
<td>SA A CS D SD</td>
</tr>
<tr>
<td>39</td>
<td>I WOULD DESCRIBE THE ATMOSPHERE IN THIS UNIT AS GENERALLY WARM AND HARMONIOUS</td>
<td>SA A CS D SD</td>
</tr>
<tr>
<td>40</td>
<td>TOLERANCE IS SHOWN FOR PEOPLE WHO MAKE MISTAKES IN THIS UNIT</td>
<td>SA A CS D SD</td>
</tr>
<tr>
<td>41</td>
<td>IN THIS UNIT WE KNOW WHAT WE ARE RESPONSIBLE FOR</td>
<td>SA A CS D SD</td>
</tr>
<tr>
<td>42</td>
<td>IN THIS UNIT WE ALWAYS TAKE TIME TO EXPLAIN OUR INABILITY TO HELP</td>
<td>SA A CS D SD</td>
</tr>
<tr>
<td>43</td>
<td>THE ACTIVITIES IN THIS UNIT ARE CLEAR CUT AND WELL ORGANISED</td>
<td>SA A CS D SD</td>
</tr>
<tr>
<td>44</td>
<td>RISK TAKING AND OCCASIONALLY STEPPING OUT OF LINE DOES NOT MAKE FOR AN UNCOMFORTABLE LIFE IN THIS UNIT</td>
<td>SA A CS D SD</td>
</tr>
<tr>
<td>45</td>
<td>IN THIS UNIT MANAGERS WILL USUALLY TRY TO ACT UPON STAFF IDEAS</td>
<td>SA A CS D SD</td>
</tr>
<tr>
<td>46</td>
<td>ATTENTION IS GIVEN TO SUGGESTIONS FOR IMPROVEMENT IN THIS UNIT</td>
<td>SA A CS D SD</td>
</tr>
<tr>
<td>47</td>
<td>IN THIS UNIT YOU CAN RELY ON SUPPORT AND HELP FROM COLLEAGUES AT THE TIME WHEN IT IS NEEDED</td>
<td>SA A CS D SD</td>
</tr>
<tr>
<td>48</td>
<td>IN THIS UNIT THERE IS EMPHASIS PLACED ON IMPROVING INDIVIDUAL AND TEAM PERFORMANCE</td>
<td>SA A CS D SD</td>
</tr>
<tr>
<td>49</td>
<td>IN THIS UNIT OUR PRIORITIES ARE UNDERSTOOD BY ALL</td>
<td>SA A CS D SD</td>
</tr>
</tbody>
</table>

_4CQ7_
50. IN THIS UNIT DEALING WITH DIFFICULT PATIENTS IS ALWAYS UNDERTAKEN IN A CARING AND CONCERNED WAY.

51. IN THIS UNIT OBJECTIVES ARE SET AND ARE REGULARLY REVIEWED.

52. IN THIS UNIT WE ARE ABLE TO DO A GOOD JOB BECAUSE WE ARE GIVEN THE RIGHT TOOLS FOR THE TASK.

53. IN THIS UNIT WE ACHIEVE WHAT WE SET OUT TO DO.

54. THERE ARE VERY FEW GRIPES AND INDIVIDUAL COMPLAINTS IN THIS UNIT.

55. RECOGNITION IS GIVEN TO PEOPLE WHO WORK HARD IN THIS UNIT.

56. IN THIS UNIT MOST THINGS DO NOT HAVE TO BE APPROVED BY THOSE HIGHER UP.

57. IN THIS UNIT OUR MANAGERS ARE NOT SEEN AS POSITIONS IN THE HIERARCHY WHO SAY NO.

58. PEOPLE ARE CONSTANTLY SUPPORTED IN ORDER TO KEEP PACE WITH CHANGES IN THE UNIT.

59. IN THIS UNIT OUR TARGETS ARE REALISTIC AND ACHIEVABLE.

60. THE INFORMATION WE RECEIVE IN THIS UNIT IS ALWAYS AHEAD OF TIME.

61. IN THIS UNIT IT IS ACCEPTED THAT “THEIR” WAY IS NOT ALWAYS THE RIGHT WAY.

62. PEOPLE ARE CONCERNED ABOUT THE WELL-BEING OF OTHERS IN THIS UNIT.

OCQ7
63. IN THIS UNIT THE INFORMATION WE RECEIVE IS USUALLY ACCURATE AND RELEVANT.

64. NEW IDEAS THAT PEOPLE COME UP WITH IN THIS UNIT ARE EXAMINED AND RARELY REJECTED.

65. IN THIS UNIT THERE IS NOT A GREAT DEAL OF EMPHASIS ON DOING THINGS EXACTLY THE WAY YOU ARE TOLD.
In order to understand a little more about the range of people who are answering the questions and to make sure that we have a wide selection of opinion, we need the following information. We would like to emphasise again that this information cannot identify single individuals.

Can you please complete the boxes below:

66. JOB TITLE

67. STRATIFICATION CODE
   (Office Use Only)

68. LOCATION/UNIT

69. AGE
   Under 25
   25-34
   35-44
   45-54
   55-65

70. AGE
   Male
   Female

71. EDUCATION
   Secondary
   Higher

72. ARE YOU QUALIFIED
   Yes
   No

73. HOW LONG QUALIFIED
   0-2
   3-5
   6-10
   10+

IF YES TO QUALIFICATION QUESTION:

74. IS QUALIFICATION RECOGNISED BY EMPLOYER
   YES
   NO

75. IS THIS QUALIFICATION NECESSARY FOR THE POST?
   YES
   NO

OCQ7
THANK YOU ONCE AGAIN FOR YOUR COOPERATION.
**Factor Analysis of Self-Completion Questionnaires**

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item</th>
<th>Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>LEA1:</td>
<td>Our managers in this organisation are usually very approachable.</td>
<td>.655</td>
</tr>
<tr>
<td>LEA4:</td>
<td>In this organisation managers will usually try to act upon staff ideas.</td>
<td>.652</td>
</tr>
<tr>
<td>ENV4:</td>
<td>Our managers in this organisation listen to what we say about our work environment.</td>
<td>.652</td>
</tr>
<tr>
<td>ENT4:</td>
<td>Attention is given to suggestions for improvement in this organisation.</td>
<td>.618</td>
</tr>
<tr>
<td>REL1:</td>
<td>People are open and honest about their feelings in this organisation.</td>
<td>.665</td>
</tr>
<tr>
<td>REL3:</td>
<td>In this organisation people tend to be compatible with each other.</td>
<td>.660</td>
</tr>
<tr>
<td>WKP2:</td>
<td>In this organisation there is no sense of apathy because of the nature of the team spirit.</td>
<td>.651</td>
</tr>
<tr>
<td>WKP3:</td>
<td>People can be relied upon to pull their weight in this organisation.</td>
<td>.631</td>
</tr>
<tr>
<td>Item No.</td>
<td>Item</td>
<td>Factors</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>STA1:</td>
<td>In this organisation emphasis is placed on everybody meeting high standards of performance.</td>
<td>.676   .221 .000 .108</td>
</tr>
<tr>
<td>STA2:</td>
<td>We have to meet specific standards of quality in our work in this organisation.</td>
<td>.649   .152 .101 .282</td>
</tr>
<tr>
<td>ACT1:</td>
<td>In this organisation we know what needs to be done and when it needs to be done by.</td>
<td>.684   .000 .000</td>
</tr>
<tr>
<td>DIR3:</td>
<td>In this organisation we know what we are responsible for.</td>
<td>.604   .000 .000</td>
</tr>
<tr>
<td>ENV2:</td>
<td>Within reason we can have any equipment we need to help us do our work.</td>
<td>.696   .000</td>
</tr>
<tr>
<td>ENV3:</td>
<td>In this organisation financial considerations are not a barrier to improvements in the work environment</td>
<td>.673   .248</td>
</tr>
<tr>
<td>ENV5:</td>
<td>In this organisation we are able to do a good job because we are given the right tools for the task</td>
<td>.671   .142</td>
</tr>
<tr>
<td>Item No.</td>
<td>Item</td>
<td>Factors</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td></td>
<td><strong>REC3:</strong> You know when you have done a good job in this organisation because it is generally acknowledged.</td>
<td>.504</td>
</tr>
<tr>
<td></td>
<td><strong>REC4:</strong> In this organisation there is appreciation shown for good work</td>
<td>.501</td>
</tr>
<tr>
<td></td>
<td><strong>ACT5:</strong> In this organisation our targets are realistic and achievable.</td>
<td>.377</td>
</tr>
<tr>
<td></td>
<td><strong>INFO2:</strong> The work activities throughout the whole organisation are well coordinated.</td>
<td>.265</td>
</tr>
</tbody>
</table>
APPENDIX 3

Instrument 3

INTERVIEW DISCUSSION WITH STAFF
THROUGH THE LINE MANAGEMENT STRUCTURE

PURPOSE: To identify beliefs that generate the culture

Date ................................................. Post .........................................................

Name .............................................. Age Band ........................................

Experience ...................................... years

Sex .................................................... 35 - 44  45 - 54  55 - 65

Mood

| Anxious | Relaxed | Withdrawn | Forthcoming |

About the Individual Perception of the Organisation

1. - Did you know anything about the organisation before you joined? (Philosophy)

2. - Why are you doing your current job? (close to home)
   - Would you choose the same organisation again if given the chance? (current satisfaction)
   - If no, why not?
3. - How do you feel about your job?

   enjoy very much
   enjoy your job
   get very little enjoyment
   get no enjoyment

4. - What does it mean to be a member of this organisation?

5. - What sort of people do well in this organisation?
Note: reassure interviewee of confidentiality

Individual's Perception of Reports - identified by name in interview

These discussion themes will operate in both directions within the organisation, i.e., each individual will focus upon their immediate line reports, above and below.

<table>
<thead>
<tr>
<th>Above</th>
<th>Below</th>
</tr>
</thead>
</table>

1. **How would you describe your manager's ability to handle information in his decision making?**
   1. How does your manager get to the heart of the problem?
   2. How broad or wide is your manager in his/her thinking?
   3. How much does your manager share his/her thought process with you?
   4. How successful do you think the solutions/outcomes are?

2. **How good is your manager at making decisions?**
   1. Is your manager easily influenced away from the decision he/she has made?
   2. How quickly are decisions taken?
   3. How involved are his/her people in the decision-making process?
   4. How are decisions made and communicated?

3. **How good is your manager at achieving what he/she sets to do?**
   1. How are decisions implemented?
2. How does the manager persuade others that his decisions are right?
3. How do you know the decisions are right?

4. What sort of image does your manager project?

   DRESS: In your view does your manager dress appropriately?
   Do you think that says anything about your manager? Why

   LANGUAGE: Are you comfortable with the way your manager speaks to you and other people?
   Is it important? Why?

   ATTITUDE: How would you describe your manager's attitude to you and your colleagues? Is his attitude important to you? Why?
   How do you know what his attitude is?

   BEHAVIOUR: How are people treated by your manager?
   Are you satisfied/comfortable with his behaviour? Why?

5. To what extent does your manager use his job to enhance his personal development?

   EDUCATION: How educated is your manager?
   What sort of skills does he/she possess?
   Is he/she well read?
   Are the above items important? Why?

   APPLIED: How does your manager use his experience?
   EXPERIENCE
Is your manager's experience obvious?
If so, in what way? Why?

SELF: AWARENESS
Does your manager encourage personal feedback?
How is this received?
Are you comfortable in giving him/her feedback?
Why?

OPEN TO: CHANGE
Is your manager flexible?
Does he/she encourage new ideas?
Have you discussed your ideas with him/her?
How has your manager changed in the past year?

6. **How well does your manager use personal contacts outside the team to develop the service?**

   1. How good is your manager at taking up other agencies ideas?
   2. How good is your manager at bringing together other agencies or parts of your organisation?
   3. How do you think your manager is regarded by other agencies and other parts of your organisation?

7. **How well does your manager handle individuals as a team?**

   1. Does your manager generate a sense of purpose in the team?
   If he does - how is this achieved?
   2. How does your manager establish credibility within the team?
   3. How does the manager ensure that the team is organised?
8. **How well does your manager handle individuals either inside or outside the team.**

1. How understanding is your manager in his dealings with you on work issues?
2. Does your manager make clear his expectations of you? How does he/she do this?
3. Have you confidence in your manager on work-related issues?
4. Is your manager able to motivate you in the more difficult or mundane areas of your work?

9. **How well does your manager communicate?**

1. How good is your manager at making his wishes known either in
   
<table>
<thead>
<tr>
<th>v.good</th>
<th>v.bad</th>
</tr>
</thead>
<tbody>
<tr>
<td>written form</td>
<td>5</td>
</tr>
<tr>
<td>verbal form</td>
<td>5</td>
</tr>
<tr>
<td>non verbal</td>
<td>5</td>
</tr>
</tbody>
</table>

2. How good is your manager at establishing a relationship with you? How would you describe the relationship you have with your manager?

3. How does your manager behave towards you in the following terms:

<table>
<thead>
<tr>
<th>v.good</th>
<th>v.bad</th>
</tr>
</thead>
<tbody>
<tr>
<td>patience</td>
<td>5</td>
</tr>
<tr>
<td>confidence</td>
<td>5</td>
</tr>
<tr>
<td>approachability</td>
<td>5</td>
</tr>
</tbody>
</table>
CUSTOMER PERCEPTION SURVEY

MOBILE

ORGANISATION ............................................

LOCATION .............................................

DATE .............................................

AGE RANGE

Under 25 │ 25 - 34 │
35 - 44 │ 45 - 54 │ 55 - 65 │
65 - 74 │ 75 - 84 │ Over 85 │

Client known

Client not known

CRSCMP91
CUSTOMER PERCEPTION SURVEY

1. TIMELINESS OF SERVICE DELIVERY

TIME

1) Did you receive the help when you needed it. | YES C.S. NO
2) If not, were alternatives offered. | YES C.S. NO
3) Did the time you were offered help fit with your personal circumstances (your timetable and family commitments.) | YES C.S. NO
4) Was the length of time you waited reasonable. | YES C.S. NO
5) If you waited longer than was reasonable, was an explanation given. | YES C.S. NO

2. RELIABILITY OF INFORMATION

RELINFO

1) Did you receive verbal/written information. | YES C.S. NO
2) Was the information given to you accurate, as far as you can say. | YES C.S. NO
3) Was the information easy to understand. | YES C.S. NO
4) Was the information you were given by the staff reliable. | YES C.S. NO
### 3. COST OF THE HELP

**COST**

1) Is the cost of the help you require important to you. | YES | C.S. | NO
2) Is there a personal cost to you in receiving this help. | NO | C.S. | YES
3) Do you mind paying for the help | YES | C.S. | NO
4) Did you get value for money (in your opinion). | YES | C.S. | NO
5) Was the cost of the help explained to you. | YES | C.S. | NO

### 4. CLARITY OF INFORMATION

**CLARINFO**

1) Did anyone ask if you understood the information you were given. | YES | C.S. | NO
2) Do you understand what has been said to you. | NO | C.S. | YES
3) Could you explain the information to someone else. | YES | C.S. | NO
4) Were you able to ask what you wanted. | YES | C.S. | NO
5) Was the information given to you in an unhurried manner. | YES | C.S. | NO
6) Have you been told how long the helping service will last. | YES | C.S. | NO
5. CONVENIENCE/ACCESS AND LOCATION OF SERVICE

CONLOC

1) Did you have to travel far to get here. NO C.S. YES
2) Do you regard this service point to be accessible. YES C.S. NO
3) Did you see the people you wanted to. YES C.S. NO
4) Are the times when the help is available convenient to you. YES C.S. NO
5) Did you encounter any difficulties in entering the building/facility. NO C.S. YES

6. COURTESY, RESPONSIVENESS AND CUSTOMER AWARENESS

COURTESY

1) Were you well received at reception. YES C.S. NO
2) Were you treated like an individual. YES C.S. NO
3) Did people take notice of how you felt when they were dealing with you. YES C.S. NO
4) Were your views and opinions considered important by those dealing with you. YES C.S. NO
5) Were people polite to you during your visit. YES C.S. NO
6) Was the help given appropriate to your needs. YES C.S. NO
7. IMAGE OF ORGANISATION

IMAGE

1) Does this service have a good reputation. | YES C.S. NO
2) Did you know anything about this service before you came. | YES C.S. NO
3) Does the image of this service give you confidence in the help they provide. | YES C.S. NO
4) Did you trust the people providing the help. | YES C.S. NO
5) Would you tell your friends to come to this service. | YES C.S. NO
6) Would you come back to this service again for help. | YES C.S. NO
8. ACCURACY

ACCURACY

1) a. Do you believe that the information you were given about the help you will receive is accurate. YES C.S. NO

2) b. How do you know this.

............................................................
............................................................
............................................................
............................................................
............................................................
............................................................

9. What would you change to improve the way in which this organisation offered you help.

............................................................
............................................................
............................................................
............................................................
............................................................
............................................................
### Appendix 4.1

#### Factor Analysis of Client Perception Study - Mobile

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item</th>
<th>Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>RELINFO. 2</td>
<td>Was the information given to you accurate as far as you can say.</td>
<td>.853</td>
</tr>
<tr>
<td>RELINFO. 3</td>
<td>Was the information easy to understand.</td>
<td>.845</td>
</tr>
<tr>
<td>RELINFO. 4</td>
<td>Was the information you were given by staff reliable.</td>
<td>.851</td>
</tr>
<tr>
<td>RELINFO. 1</td>
<td>Did you receive written information</td>
<td>.609</td>
</tr>
<tr>
<td>CONLOC. 2</td>
<td>Do you regard this service point as accessible.</td>
<td>.406</td>
</tr>
<tr>
<td>COURT. 1</td>
<td>Were you well received at reception.</td>
<td>.404</td>
</tr>
<tr>
<td>COURT. 2</td>
<td>Were you treated like an individual.</td>
<td>.401</td>
</tr>
<tr>
<td>TIME. 2</td>
<td>Did you receive the help when you needed it and were alternatives offered.</td>
<td></td>
</tr>
<tr>
<td>TIME. 4</td>
<td>Was the length of time you waited reasonable.</td>
<td></td>
</tr>
<tr>
<td>COST 5</td>
<td>Was the cost of the help explained to you.</td>
<td></td>
</tr>
<tr>
<td>IMAGE 2</td>
<td>Did you know anything about the service before you came.</td>
<td></td>
</tr>
</tbody>
</table>
## Factor Analysis of Customer Perception Study - Mobile

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item</th>
<th>Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>RELINFO. 2</td>
<td>Was the information given to you accurate as far as you can say.</td>
<td>.853</td>
</tr>
<tr>
<td>RELINFO. 3</td>
<td>Was the information easy to understand.</td>
<td>.845</td>
</tr>
<tr>
<td>RELINFO. 4</td>
<td>Was the information you were given by staff reliable.</td>
<td>.851</td>
</tr>
<tr>
<td>RELINFO. 1</td>
<td>Did you receive written information</td>
<td>.609</td>
</tr>
<tr>
<td>CONLOC. 2</td>
<td>Do you regard this service point as accessible.</td>
<td></td>
</tr>
<tr>
<td>COURT. 1</td>
<td>Were you well received at reception.</td>
<td></td>
</tr>
<tr>
<td>COURT. 2</td>
<td>Were you treated like an individual.</td>
<td></td>
</tr>
<tr>
<td>TIME. 2</td>
<td>Did you receive the help when you needed it and were alternatives offered.</td>
<td></td>
</tr>
<tr>
<td>TIME. 4</td>
<td>Was the length of time you waited reasonable.</td>
<td></td>
</tr>
<tr>
<td>COST 5</td>
<td>Was the cost of the help explained to you.</td>
<td></td>
</tr>
<tr>
<td>IMAGE 2</td>
<td>Did you know anything about the service before you came.</td>
<td></td>
</tr>
</tbody>
</table>
## CUSTOMER PERCEPTION SURVEY

### NON-MOBILE

<table>
<thead>
<tr>
<th>ORGANISATION</th>
<th>LOCATION</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Location</td>
<td>Date</td>
</tr>
<tr>
<td>Female</td>
<td>Location</td>
<td>Date</td>
</tr>
</tbody>
</table>

### AGE RANGE

<table>
<thead>
<tr>
<th>Under 25</th>
<th>25 - 34</th>
</tr>
</thead>
<tbody>
<tr>
<td>35 - 44</td>
<td>45 - 54</td>
</tr>
<tr>
<td>65 - 74</td>
<td>75 - 84</td>
</tr>
<tr>
<td></td>
<td>Over 85</td>
</tr>
</tbody>
</table>

CRSCMP91
## 1. PHYSICAL ENVIRONMENT

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>C.S.</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Do you share a room.</td>
<td>NO</td>
<td>C.S.</td>
<td>YES</td>
</tr>
<tr>
<td>2) Is your room comfortable</td>
<td>YES</td>
<td>C.S.</td>
<td>NO</td>
</tr>
<tr>
<td>3) Is your bed and bedding comfortable</td>
<td>YES</td>
<td>C.S.</td>
<td>NO</td>
</tr>
<tr>
<td>4) Is the place quiet at night</td>
<td>YES</td>
<td>C.S.</td>
<td>NO</td>
</tr>
<tr>
<td>5) Is the temperature as you like it</td>
<td>YES</td>
<td>C.S.</td>
<td>NO</td>
</tr>
<tr>
<td>6) Do you have enough privacy in the unit/home</td>
<td>YES</td>
<td>C.S.</td>
<td>NO</td>
</tr>
</tbody>
</table>

## 2. PERSONAL HYGIENE

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>C.S.</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Are there enough toilets</td>
<td>YES</td>
<td>C.S.</td>
<td>NO</td>
</tr>
<tr>
<td>2) Are there enough wash basins</td>
<td>YES</td>
<td>C.S.</td>
<td>NO</td>
</tr>
<tr>
<td>3) Are there enough bathrooms</td>
<td>YES</td>
<td>C.S.</td>
<td>NO</td>
</tr>
<tr>
<td>4) Are they clean - bathrooms</td>
<td>YES</td>
<td>C.S.</td>
<td>NO</td>
</tr>
<tr>
<td>5) Are they clean - wash basins</td>
<td>YES</td>
<td>C.S.</td>
<td>NO</td>
</tr>
<tr>
<td>6) Are they clean - toilets</td>
<td>YES</td>
<td>C.S.</td>
<td>NO</td>
</tr>
<tr>
<td>7) Do bathrooms afford enough privacy</td>
<td>YES</td>
<td>C.S.</td>
<td>NO</td>
</tr>
<tr>
<td>8) Do washbasins afford enough privacy</td>
<td>YES</td>
<td>C.S.</td>
<td>NO</td>
</tr>
<tr>
<td>9) Do toilets afford enough privacy</td>
<td>YES</td>
<td>C.S.</td>
<td>NO</td>
</tr>
<tr>
<td>10) Is the overall unit/home kept clean</td>
<td>YES</td>
<td>C.S.</td>
<td>NO</td>
</tr>
<tr>
<td>11) Is bathing time restricted</td>
<td>NO</td>
<td>C.S.</td>
<td>YES</td>
</tr>
<tr>
<td>12) Do you receive help with personal care in a dignified way</td>
<td>YES</td>
<td>C.S.</td>
<td>NO</td>
</tr>
<tr>
<td>13) Are the laundry arrangements satisfactory</td>
<td>YES</td>
<td>C.S.</td>
<td>NO</td>
</tr>
</tbody>
</table>
### 3. CATERING ARRANGEMENTS

**CATER**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Are the meals satisfactory - breakfast</td>
<td>YES</td>
<td>C.S.</td>
</tr>
<tr>
<td>2) Are the meals satisfactory - dinner/lunch</td>
<td>YES</td>
<td>C.S.</td>
</tr>
<tr>
<td>3) Are the meals satisfactory - tea</td>
<td>YES</td>
<td>C.S.</td>
</tr>
<tr>
<td>4) Are the meals satisfactory - supper</td>
<td>YES</td>
<td>C.S.</td>
</tr>
<tr>
<td>5) Do you have enough choice of dishes</td>
<td>YES</td>
<td>C.S.</td>
</tr>
<tr>
<td>6) Is your food served as you would like it</td>
<td>YES</td>
<td>C.S.</td>
</tr>
<tr>
<td>7) Do you receive the right amount of food served</td>
<td>YES</td>
<td>C.S.</td>
</tr>
</tbody>
</table>

### 4. AMENITIES

**AMENITY**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Are the visiting arrangements suitable</td>
<td>YES</td>
<td>C.S.</td>
</tr>
<tr>
<td>2) Is the time at which you are woken suitable to you</td>
<td>YES</td>
<td>C.S.</td>
</tr>
<tr>
<td>3) Is 'lights out' time suitable to you</td>
<td>YES</td>
<td>C.S.</td>
</tr>
<tr>
<td>4) Can you rest undisturbed during the day</td>
<td>YES</td>
<td>C.S.</td>
</tr>
<tr>
<td>5) Are there enough books, games, handwork, provided</td>
<td>YES</td>
<td>C.S.</td>
</tr>
<tr>
<td>6) Is the radio satisfactory</td>
<td>YES</td>
<td>C.S.</td>
</tr>
<tr>
<td>7) Is the TV satisfactory</td>
<td>YES</td>
<td>C.S.</td>
</tr>
<tr>
<td>8) Are lounges and quiet areas comfortable and spacious</td>
<td>YES</td>
<td>C.S.</td>
</tr>
<tr>
<td>9) Is a selection of newspapers regularly available</td>
<td>YES</td>
<td>C.S.</td>
</tr>
<tr>
<td>10) Are you able to come and go as you please</td>
<td>YES</td>
<td>C.S.</td>
</tr>
<tr>
<td>11) Is help available to escort you when you go out</td>
<td>YES</td>
<td>C.S.</td>
</tr>
<tr>
<td>12) Is this a happy place</td>
<td>YES</td>
<td>C.S.</td>
</tr>
</tbody>
</table>
5. RELATIONSHIPS

RELATION

1) Do the doctors/GPs take good care of you
   YES C.S. NO
2) When you are ill are you told enough about your illness and your treatment
   YES C.S. NO
3) Do the staff take good care of you
   YES C.S. NO
4) Do they tell you enough about what is happening to you
   YES C.S. NO
5) Do they respond quickly when you need them
   YES C.S. NO
6) Do you look after your own finances
   YES C.S. NO
7) Does anyone else help you - (eg volunteers/chaplain)
   YES C.S. NO
8) Do you have enough say in what you do
   YES C.S. NO
9) Is it easy to make friends with other people here
   YES C.S. NO
10) Do staff address you in the way in which you want to be addressed
    YES C.S. NO
11) Do you feel you are treated like an individual
    YES C.S. NO

6. COST OF THE HELP

COST

1) Is the cost of the help you require important to you
   YES C.S. NO
2) Is there a personal cost to you in receiving this help
   YES C.S. NO
3) Do you mind paying for the help
   YES C.S. NO
4) Do you get value for money (in your opinion)
   YES C.S. NO
5) Is the cost of the help explained to you
   YES C.S. NO
### 7. IMAGE OF ORGANISATION

**IMAGE**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Does this home/unit have a good reputation</td>
<td>YES C.S. NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) Did you know anything about this home/unit before you came</td>
<td>YES C.S. NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Does the image of this home/unit give you confidence in the help they provide</td>
<td>YES C.S. NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Do you trust the people providing the help</td>
<td>YES C.S. NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Would you tell your friends to come to this organisation</td>
<td>YES C.S. NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Would you come back to this home/unit again for help</td>
<td>YES C.S. NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) Do you like your stay here apart from the discomfort of illness or being away from home</td>
<td>YES C.S. NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9) What would you change to improve things here</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 5.1

Factor Analysis of Customer Perception Study - Non-Mobile

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item</th>
<th>Factors 1</th>
<th>Factors 2</th>
<th>Factors 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYG. 4</td>
<td>Are the bathrooms clean.</td>
<td>.891</td>
<td>.100</td>
<td>.076</td>
</tr>
<tr>
<td>HYG. 5</td>
<td>Are the washbasins clean.</td>
<td>.729</td>
<td>.197</td>
<td>.056</td>
</tr>
<tr>
<td>HYG.10</td>
<td>Is the overall unit/home kept clean.</td>
<td>.612</td>
<td>.167</td>
<td>.043</td>
</tr>
<tr>
<td>ENV.2</td>
<td>Is your room comfortable.</td>
<td>.600</td>
<td>.014</td>
<td>.021</td>
</tr>
<tr>
<td>ENV.3</td>
<td>Is your bed and bedding comfortable.</td>
<td>.567</td>
<td>.187</td>
<td>.106</td>
</tr>
<tr>
<td>ENV.4</td>
<td>Is the place quiet at night.</td>
<td>.542</td>
<td>.037</td>
<td>.139</td>
</tr>
<tr>
<td>AMN.11</td>
<td>Is help available when you go out</td>
<td>.721</td>
<td>.197</td>
<td></td>
</tr>
<tr>
<td>AMN. 5</td>
<td>Are there enough books, games, handicrafts.</td>
<td>.694</td>
<td>.104</td>
<td></td>
</tr>
<tr>
<td>AMN. 7</td>
<td>Is TV satisfactory.</td>
<td>.601</td>
<td>.121</td>
<td></td>
</tr>
<tr>
<td>CAT. 4</td>
<td>Are meals satisfactory.</td>
<td>.501</td>
<td>.037</td>
<td></td>
</tr>
<tr>
<td>CAT. 5</td>
<td>Do you have enough choices of dishes.</td>
<td>.478</td>
<td>.211</td>
<td></td>
</tr>
<tr>
<td>CAT. 6</td>
<td>Is your food served as you would like it.</td>
<td>.452</td>
<td>.041</td>
<td></td>
</tr>
<tr>
<td>Item No.</td>
<td>Item</td>
<td>Factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------------------</td>
<td>---------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REL. 11</td>
<td>Do you feel treated like an individual.</td>
<td>.697</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REL. 3</td>
<td>Do the staff take good care of you.</td>
<td>.674</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REL. 4</td>
<td>Do they tell you enough about what is happening to you?</td>
<td>.621</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REL. 9</td>
<td>Is it easy to make friends with other people here.</td>
<td>.533</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IMAGE 3</td>
<td>Does the manager of the home give you confidence in the help provided.</td>
<td>.521</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IMAGE 4</td>
<td>Do you trust the people providing help.</td>
<td>.496</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IMAGE 5</td>
<td>Would you tell your friends to come to this organisation.</td>
<td>.494</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IMAGE 6</td>
<td>Would you come back to this home/unit again for help.</td>
<td>.403</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 6

Analysis of each factor used in the Organisation Climate Questionnaire showing the mean score of each organisation's workforce.

This Appendix is intended to give an overview of the data collected through the Organisational Climate Questionnaire applied within the six organisations, A to F, which are the subject of this study.

It offers a general comparative analysis of the responses made by the workforce sampled within each organisation and is a combination of each of the five work categories; Auxiliary, Administration, Care, Professional and Management.

The data is in the form of a bar chart. Each of the six bar charts are based on the six factors identified through the application of a factor analysis. These factors are: enabling management style, team work, explicit standards, clarity of task, work environment and recognition.

The six organisations are identified on the X-axis and the Y-axis shows the mean score by each of the six organisations.

The mean score found at the top of each of the bars represents the mean score for the factor by the total population of the sample within each of the six organisations.
Mean of Factors 1-6 by Organisation

**_bar chart f1**
Mean of factor 1 by organisation
Enabling management style

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>3.6</td>
</tr>
<tr>
<td>b</td>
<td>3.5</td>
</tr>
<tr>
<td>c</td>
<td>3.7</td>
</tr>
<tr>
<td>d</td>
<td>3.4</td>
</tr>
<tr>
<td>e</td>
<td>3.6</td>
</tr>
<tr>
<td>f</td>
<td>3.4</td>
</tr>
</tbody>
</table>

Std dev = .81

**_bar chart f2**
Mean of factor 2 by organisation
Team work

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>3.1</td>
</tr>
<tr>
<td>b</td>
<td>3.2</td>
</tr>
<tr>
<td>c</td>
<td>3.4</td>
</tr>
<tr>
<td>d</td>
<td>3.3</td>
</tr>
<tr>
<td>e</td>
<td>3.5</td>
</tr>
<tr>
<td>f</td>
<td>3.3</td>
</tr>
</tbody>
</table>

Std dev = .76

**_bar chart f3**
Mean of factor 3 by organisation
Explicit standards

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>3.8</td>
</tr>
<tr>
<td>b</td>
<td>3.7</td>
</tr>
<tr>
<td>c</td>
<td>3.8</td>
</tr>
<tr>
<td>d</td>
<td>3.7</td>
</tr>
<tr>
<td>e</td>
<td>3.8</td>
</tr>
<tr>
<td>f</td>
<td>3.8</td>
</tr>
</tbody>
</table>

Std dev = .85
bar chart f4
mean of factor 4 by organisation
clarity of task

bar chart f5
mean of factor 5 by organisation
work environment

bar chart f6
mean of factor 6 by organisation
recognition
Analysis of each factor used in the Organisation Climate Questionnaire showing the mean score of each category by organisation.

This Appendix expands on the information found in Appendix 6 and provides information on how each of the five work categories - Auxiliary, Administration, Care, Professional and Management responded to statements put to them in the Organisational Climate Questionnaire. Their response is organised according to the six factors arising from the factor analysis. The bar charts represent a comparison between Organisations A to F and, therefore, the data enables a comparison to be made of each of the same categories responses across each of the organisations.

Each bar chart follows the same format. The narrative at the top identifies the category and the factor. The X-axis shows the six organisations and the Y-axis shows the mean score by each of the six organisations.
Mean of Factors 1-6 by Organisation by the Five Work Categories

Bar chart 7 category auxiliary
mean of factor 1 by organisation
enabling management style

Bar chart 8 category auxiliary
mean of factor 2 by organisation
team work

Bar chart 9 category auxiliary
mean of factor 3 by organisation
explicit standards
bar chart 16 category administration
mean of factor 4 by organisation
darity of task

bar chart 17 category administration
mean of factor 5 by organisation
work environment

bar chart 18 category administration
mean of factor 6 by organisation
recognition
Bar chart 22 category care
Mean of factor 4 by organisation
Clarity of task

Bar chart 23 category care
Mean of factor 5 by organisation
Work environment

Bar chart 24 category care
Mean of factor 6 by organisation
Recognition
Bar chart 31: Category management mean of factor 1 by organisation

Bar chart 32: Category management mean of factor 2 by organisation

Bar chart 33: Category management mean of factor 3 by organisation
Analysis of each factor used in the Organisation Climate Questionnaire showing mean score by Organisation and categories.

This Appendix expands further the data collected by the Organisational Climate Questionnaire and is in six sections.

8.1 Organisation A
8.2 Organisation B
8.3 Organisation C
8.4 Organisation D
8.5 Organisation E
8.6 Organisation F

Each section represents a more detailed analysis of each of the subject organisations, A to F.

Each subject organisation is sub-divided by the five work categories - Auxiliary, Administration, Care, Professional and Management and the responses of each of the categories are presented by the six factors arising from the factor analysis, each forms the main body of the Analysis in Chapter 3.
The Analysis in this Appendix is based on a histogram. Each histogram identifies the organisation by a letter preceded by a number which identifies the histogram. The category and the factor which the histogram relates, is also identified.

The histogram demonstrates a distribution curve and the standard deviation. The X-axis scores the perception of respondents based on a Likert scale of 1 - 5, 5 being the highest. The Y-axis records frequency.
Appendix 8.1 - Organisation A

**Histogram A1**

Category: Auxiliary

Factor 1: Enabling Management Style

- Std. Dev = .98
- Mean = 3.6
- N = 12.00

**Histogram A2**

Category: Auxiliary

Factor 2: Teamwork

- Std. Dev = .65
- Mean = 3.6
- N = 12.00

**Histogram A3**

Category: Auxiliary

Factor 3: Explicit Standards

- Std. Dev = .78
- Mean = 3.7
- N = 12.00
Histogram a4
Category auxiliary
Factor 4 clarity or task

Histogram a5
Category auxiliary
Factor 5 work environment

Histogram a6
Category auxiliary
Factor 6 recognition
histogram a13
category care
factor 1 enabling management style

Std. Dev = .71
Mean = 3.7
N = 20.00

histogram a14
category care
factor 2 teamwork

Std. Dev = .89
Mean = 3.0
N = 20.00

histogram a15
category care
factor 3 explicit standards

Std. Dev = .93
Mean = 4.0
N = 20.00
Histogram c25
Category Management
Factor 1: Enabling Management Style

Histogram c26
Category Management
Factor 2: Teamwork

Histogram c27
Category Management
Factor 3: Explicit Standards
histogram a28
category management
factor 4 clarity of task

Std. Dev = .93
Mean = 3.5
N = 8.00

histogram a29
category management
factor 5 work environment

Std. Dev = .93
Mean = 2.8
N = 8.00

histogram a30
category management
factor 6 recognition

Std. Dev = .86
Mean = 2.8
N = 6.00
Appendix 8.2 - Organisation B

**Histogram b1**
Category: Auxilliary
Factor 1: Enabling Management Style

- Std. Dev = .40
- Mean = 3.9
- N = 11.00

**Histogram b2**
Category: Auxilliary
Factor 2: Teamwork

- Std. Dev = .53
- Mean = 3.5
- N = 10.00

**Histogram b3**
Category: Auxilliary
Factor 3: Explicit Standards

- Std. Dev = .55
- Mean = 3.1
- N = 11.00
histogram b7
category administration
factor 1 enabling management style

histogram b8
category administration
factor 2 teamwork

histogram b9
category administration
factor 3 explicit standards
histogram b13
category care
factor 1 enabling management style

histogram b14
category care
factor 2 teamwork

histogram b15
category care
factor 3 explicit standards

Std. Dev = .79
Mean = 3.7
N = 28.00

Std. Dev = .77
Mean = 3.3
N = 30.00

Std. Dev = .83
Mean = 3.8
N = 30.00
Histogram b16
Category: Care
Factor 4: Clarity of task

Histogram b17
Category: Care
Factor 5: Work environment

Histogram b18
Category: Care
Factor 6: Recognition
Histogram b19
Category: Professional
Factor 1: Enabling management style

Histogram b20
Category: Professional
Factor 2: Teamwork

Histogram 21
Category: Professional
Factor 3: Explicit standards
histogram b22
category professional
factor 4 clarity of task

Std Dev = .85
Mean = 3.2
N = 16.00

histogram b23
category professional
factor 5 work environment

Std Dev = .75
Mean = 1.9
N = 15.00

histogram b24
category professional
factor 6 recognition

Std Dev = .40
Mean = 2.6
N = 15.00
histogram b25
category management
factor 1 enabling management style

Std. Dev = 0.60
Mean = 3.5
N = 12.00

histogram b26
category management
factor 2 team work

Std. Dev = 0.98
Mean = 3.2
N = 12.00

histogram b27
category management
factor 3 explicit standards

Std. Dev = 0.54
Mean = 4.3
N = 12.00
Histogram b28
Category: Management
Factor 4: Duality of Task

- Frequency distribution
- Mean: 3.5
- Std. Dev: 1.12
- N: 12.00

Histogram b29
Category: Management
Factor 5: Work Environment

- Frequency distribution
- Mean: 2.0
- Std. Dev: 0.82
- N: 12.00

Histogram b30
Category: Management
Factor 6: Recognition

- Frequency distribution
- Mean: 3.3
- Std. Dev: 0.76
- N: 12.00
Appendix 8.3 - Organisation C

Histogram C1
Category: Auxiliary
Factor 1: Enabling management style

- Std Dev = 0.92
- Mean = 4.0
- N = 8.00

Histogram C2
Category: Auxiliary
Factor 2: Teamwork

- Std Dev = 0.53
- Mean = 3.6
- N = 8.00

Histogram C3
Category: Auxiliary
Factor 3: Explicit standards

- Std Dev = 0.44
- Mean = 3.9
- N = 8.00
Histogram C4
Category Auxiliary
Factor 4 Clarity of Task

Histogram C5
Category Auxiliary
Factor 5 Work Environment

Histogram C6
Category Auxiliary
Factor 6 Recognition
histogram c7
category administration
factor 1 enabling management style

Std Dev = .65
Mean = 3.6
N = 6.00

histogram c8
category administration
factor 2 teamwork

Std Dev = .53
Mean = 3.2
N = 6.00

histogram c9
category administration
factor 3 explicit standards

Std Dev = .38
Mean = 4.1
N = 6.00
histogram c13
category care
factor 1 enabling management style

histogram c14
category care
factor 2 teamwork

histogram c15
category care
factor 3 explicit standards
histogram c16
category care
factor 4 clarity of task

Std Dev = .69  
Mean = 4.0  
N = 32.00

histogram c17
category care
factor 5 work environment

Std Dev = .84  
Mean = 2.9  
N = 32.00

histogram c18
category care
factor 6 recognition

Std Dev = .60  
Mean = 3.4  
N = 31.00
histogram c19
category professional

factor 1 enabling management style

Std Dev = .77
Mean = 3.3
N = 9.00

histogram c20
category professional

factor 2 teamwork

Std Dev = .72
Mean = 3.3
N = 9.00

histogram c21
category professional

factor 3 explicit standards

Std Dev = .83
Mean = 3.5
N = 9.00
histogram c22
category professional
factor 4 clarity of task

histogram c23
category professional
factor 5 work environment

histogram c24
category professional
factor 6 recognition
Appendix 8.4 - Organisation D

Histogram d1
Category: auxiliary
Factor 1: enabling management style

Histogram d2
Category: auxiliary
Factor 2: teamwork

Histogram d3
Category: auxiliary
Factor 3: explicit standards
histogram d10
category administration
factor 4 clarity of task

std. dev. = .57
mean = 4.0
n = 14.00

histogram d11
category administration
factor 5 work environment

std. dev. = .90
mean = 2.3
n = 14.00

histogram d12
category administration
factor 6 recognition

std. dev. = .69
mean = 3.1
n = 14.00
histogram d13
category care
factor 1 enabling management style

Std. Dev = .72
Mean = 3.6
N = 17.00

histogram d14
category care
factor 2 teamwork

Std. Dev = .98
Mean = 3.4
N = 17.00

histogram d15
category care
factor 3 explicit standards

Std. Dev = 1.36
Mean = 3.7
N = 17.00
Histogram d16
Category: Care
Factor: 4 Clarity of task

Histogram d17
Category: Care
Factor: 5 Work environment

Histogram d18
Category: Care
Factor: 6 Recognition

Std. Dev = .85
Mean = 3.7
N = 17.00

Std. Dev = 1.01
Mean = 3.4
N = 17.00

Std. Dev = .78
Mean = 3.3
N = 15.00

Scope of perception

Frequency

2.5 3.0 3.5 4.0 4.5 5.0

1.0 1.5 2.0 2.5 3.0 3.5 4.0 4.5 5.0

2.0 3.0 4.0 5.0

Histogram d19
Category: Professional
Factor 1: Enabling Management Style

Histogram d20
Category: Professional
Factor 2: Team Work

Histogram d21
Category: Professional
Factor 4: Explicit Standards
histogram d28
category management
factor 4 clarity of task

histogram d29
category management
factor 5 work environment

histogram d30
category management
factor 6 recognition
Appendix 8.5 - Organisation E

**Histogram e1**

Category: auxillary

Factor 1: enabling management style

Mean = 5.0

N = 1.00

**Histogram e2**

Category: auxillary

Factor 2: teamwork

Mean = 4.0

N = 1.00

**Histogram e3**

Category: auxillary

Factor 3: explicit standards

Mean = 4.0

N = 1.00
histogram e4
category auxiliary
factor 4 clarity of task

histogram e5
category auxiliary
factor 5 work environment

histogram e6
category auxiliary
factor 6 recognition

Std. Dev =
Mean = 5.0
N = 1.00

Std. Dev =
Mean = 3.0
N = 1.00
histogram e7
category administration
factor 1 enabling management style

Std Dev = .48
Mean = 3.6
N = 16.00

histogram e8
category administration
factor 2 teamwork

Std Dev = .69
Mean = 3.6
N = 16.00

histogram e9
category administration
factor 3 explicit standards

Std Dev = 1.11
Mean = 3.7
N = 16.00
histogram e10
category administration
factor 4 clarity of task

histogram e11
category administration
factor 5 work environment

histogram e12
category administration
factor 6 recognition
Category Management

Factor 1: Enduring Management Style
- Std. Dev = .68
- Mean = 3.4
- N = 6.00

Factor 2: Teamwork
- Std. Dev = .54
- Mean = 3.4
- N = 6.00

Factor 3: Explicit Standards
- Std. Dev = .77
- Mean = 3.5
- N = 6.00
histogram e22
category management
factor 4 d 0 t of task

histogram e23
category management
factor 5 w 0 m 0 n 0 r n 0 n 0

histogram e24
category management
factor 6 r 0 c 0 t 0 i 0 n

Appendix 8.6 - Organisation F

Histogram f1
Category: Auxiliary
Factor 1: Enabling Management Style

Histogram f2
Category: Auxiliary
Factor 2: Teamwork

Histogram f3
Category: Auxiliary
Factor 3: Explicit Standards
histogram f4
category auxiliary
factor 4 clarity of task

 Std. Dev = .52
 Mean = 4.0
 N = 24.00

histogram f5
category auxiliary
factor 5 work environment

 Std. Dev = .92
 Mean = 3.2
 N = 24.00

histogram f6
category auxiliary
factor 6 recognition

 Std. Dev = .72
 Mean = 2.8
 N = 24.00
histogram f10
category administration
factor 4 clarity of task

histogram f11
category administration
factor 5 work environment

histogram f12
category administration
factor 6 recognition
Histogram f13
Category: Care
Factor 1: Enabling Management Style

- Std. Dev = 1.18
- Mean = 3.6
- N = 28.00

Histogram f14
Category: Care
Factor 2: Team Work

- Std. Dev = 1.05
- Mean = 3.6
- N = 28.00

Histogram f15
Category: Care
Factor 3: Explicit Standards

- Std. Dev = 0.75
- Mean = 4.3
- N = 29.00
histogram f16
category care
factor 4 clarity of task

Std. Dev = .60
Mean = 4.1
N = 29.00

histogram f17
category care
factor 5 work environment

Std. Dev = .81
Mean = 2.7
N = 29.00

histogram f18
category care
factor 4 recognition

Std. Dev = 1.06
Mean = 3.3
N = 29.00
Histogram f19
Category: Professional
Factor 1: Enabling Management Style

Histogram f20
Category: Professional
Factor 2: Teamwork

Histogram f21
Category: Professional
Factor 3: Explicit Standards
histogram f22
category professional
factor 4 clarity of task

histogram f23
category professional
factor 5 work environment

histogram f24
category professional
factor 6 recognition

Std Dev = .63
Mean = 2.7
N = 38.00

Std Dev = .76
Mean = 2.9
N = 38.00
Histogram f25
Category management
Factor 1: Enabling management style

Histogram f26
Category management
Factor 2: Team work

Histogram f27
Category management
Factor 3: Explicit standards

Std Dev = .71
Mean = 3.5
N = 22.00

Std Dev = .62
Mean = 3.2
N = 23.00

Std Dev = .91
Mean = 3.6
N = 23.00
histogram f28
Category: management
Factor 4: clarity of task

frequency

Std. Dev = .86
Mean = 3.5
N = 23.00

histogram f29
Category: management
Factor 5: work environment

frequency

Std. Dev = .66
Mean = 2.6
N = 23.00

histogram f30
Category: management
Factor 6: recognition

frequency

Std. Dev = .62
Mean = 3.2
N = 22.00
APPENDIX 9

Analysis of each factor used in the Client Perception Studies showing the mean score of clients' responses who were interviewed within each of the six organisations.

This appendix is in six sections:

9.1 Organisation A
9.2 Organisation B
9.3 Organisation C
9.4 Organisation D
9.5 Organisation E
9.6 Organisation F

Each subject organisation is sub-divided into Service Units, for example, Home for Elderly People, Day Centre, Out Patients Clinic.

The responses of clients within the Service Units are presented by the three factors arising from the factor analysis and contributes to the main analysis found in Chapter 3.

The factors used are different depending on the classification of the unit of service as either mobile or non mobile. These terms have been used to denote the type of client and are explained in the methodology chapter 2.

The factors used for mobile are:
- Service Information
- User friendliness
- Customer responsive
The factors used for non-mobile are:

- Care environment
- Customer responsive
- User friendliness

The difference between the two groups is based on whether a client is resident in a unit or lives in the community and attends an office or day centre for a service.

Each histogram identifies the organisation by a letter preceded by letters CS and a number which identifies the histogram. The service unit and the factor to which the histogram relates, is also identified.

The histogram demonstrates a distribution curve and standard deviation on the X-axis and scores the perception of respondents based on a Likert scale 1-5, 5 being the highest. The Y-axis records frequency.
Appendix 9.1 - Organisation A

histogram acs1
home for elderly people 1
factor 1 care environment

histogram acs2
home for elderly people 1
factor 2 customer response

histogram acs3
home for elderly people 1
factor 3 user friendliness

1.69 1.75 1.81

1.63 1.69 1.75 1.81 1.88 1.94 2.00

1.56 1.63 1.69 1.75 1.81 1.88 1.94 1.98 2.00

<table>
<thead>
<tr>
<th>scope of perception</th>
<th>1.69</th>
<th>1.75</th>
<th>1.81</th>
<th>1.88</th>
<th>1.94</th>
<th>2.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Std. Dev.</td>
<td>.09</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>1.95</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>12.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>scope of perception</th>
<th>1.63</th>
<th>1.69</th>
<th>1.75</th>
<th>1.81</th>
<th>1.88</th>
<th>2.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Std. Dev.</td>
<td>.13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>1.87</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>12.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>scope of perception</th>
<th>1.56</th>
<th>1.63</th>
<th>1.69</th>
<th>1.75</th>
<th>1.81</th>
<th>1.88</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Std. Dev.</td>
<td>.11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>1.80</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>11.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
histogram acs4
home for elderly people 2
factor 1 care environment

histogram acs5
home for elderly people 2
factor 2 customer response

histogram acs6
home for elderly people 2
factor 3 user friendliness
histogram acs7
family centre
factor 1 service information

histogram acs8
family centre
factor 2 user friendliness

histogram acs9
family centre
factor 3 customer responsive
histogram acs10
mental health centre
factor 1 service information

histogram acs11
mental health centre
factor 2 friendliness

histogram acs12
mental health centre
factor 3 customer responsive
Appendix 9.2 - Organisation B

histogram bcs1
pld group homes
factor 1 care environment

histogram bcs2
pld group homes
factor 2 customer response

histogram bcs3
pld group homes
factor 3 user friendliness
histogram bcs4
home for elderly people
factor 1 care environment

histogram bcs5
home for elderly people
factor 2 customer response

histogram bcs6
home for elderly people
factor 3 user friendliness
histogram bcs7
mental health centre
factor 1 service information

Mean = 1.88
N  s  10.00

histogram bcs8
mental health centre
factor 2 user friendliness

Mean = 1.90
N  s  10.00

histogram bcs9
mental health centre
factor 3 customer responsive

Mean = 1.60
N  s  10.00
Appendix 9.3 - Organisation C

histogram ccs1
home for elderly people 1
factor 1 care environment

histogram ccs2
home for elderly people 1
factor 2 customer response

histogram ccs3
home for elderly people 1
factor 3 user friendliness
histogram ccs4
home for elderly people 2
factor 1 care environment

histogram ccs5
home for elderly people 2
factor 2 customer response

histogram ccs6
home for elderly people 2
factor 3 user friendliness
factor 1 service information

histogram ccs7
mental health centre

factor 2 user friendliness

histogram ccs8
mental health centre

factor 3 customer responsive

histogram ccs9
mental health centre
histogram ccs10
fieldwork team
factor 1 service information

Mean = 1.92
N  = 16.00

histogram ccs11
fieldwork team
factor 2 user friendliness

Std. Dev = 0.00
Note: 2.00
N = 17.00

histogram ccs12
fieldwork team
factor 3 customer responsive

Std. Dev = 0.48
Note: 1.12
N = 5.00
Appendix 9.4 - Organisation D

Histogram dcs1
Hospital pld unit 1
Factor 1 Care Environment

Histogram dcs2
Hospital pld unit 1
Factor 2 Customer Response

Histogram dcs3
Hospital pld unit 1
Factor 3 User Friendliness
histogram dcs4
hospital pld unit 2
factor 1 care environment

histogram dcs5
hospital pld unit 2
factor 2 customer response

histogram dcs6
hospital pld unit 2
factor 3 user friendliness
histogram dcs7
hospital medical beds
factor 1 care environment

1.38 1.50 1.63 1.75 1.88 2.00

scope of perception

Dev = .13
Mean = 1.76
n = 7.00

histogram dcs8
hospital medical beds
factor 2 customer response

1.56 1.63 1.69 1.75 1.81

scope of perception

Dev = .13
Mean = 1.76
n = 7.00

histogram dcs9
hospital medical beds
factor 3 user friendliness

Dev = .10
Mean = 1.80
n = 6.00
histogram dcs10
hospital cc beds
factor 1 care environment

histogram dcs11
hospital cc beds
factor 2 customer response

histogram dcs12
hospital cc beds
factor 3 user friendliness
Appendix 9.5 - Organisation E

histogram ecs1
ent out patients
factor 1 service information

histogram ecs2
ent out patients
factor 2 user friendliness

histogram ecs3
ent out patients
factor 3 customer responsive
histogram ecs4
baby clinic
factor 1 service information
scope of perception

histogram ecs5
baby clinic
factor 2 user friendliness
scope of perception

- ECS 6 - Insufficient data to create histogram
histogram ecs7
medical out patients
factor 1 service information

histogram ecs8
medical out patients
factor 2 user friendliness

histogram ecs9
medical out patients
factor 3 customer responsive
histogram ecs10
ulcer clinic
factor 1 service information

histogram ecs11
ulcer clinic
factor 2 user friendliness

histogram ecs12
ulcer clinic
factor 3 customer responsive
Appendix 9.6 - Organisation F

**Factor 1: Care Environment**

- **Histogram FCS1**
- Hospital Rehab 1
- Mean = 1.87
- Std. Dev = .30
- N = 5.00

**Factor 2: Customer Response**

- **Histogram FCS2**
- Hospital Rehab 1
- Mean = 1.78
- Std. Dev = .31
- N = 5.00

**Factor 3: User Friendliness**

- **Histogram FCS3**
- Hospital Rehab 1
- Mean = 1.44
- Std. Dev = .51
- N = 5.00
histogram fcs4
hospital rehab 2
factor 1 care environment

histogram fcs5
hospital rehab 2
factor 2 customer response

histogram fcs6
hospital rehab 2
factor 3 user friendliness
histogram fcs10
long stay 1
factor 1 care environment

histogram fcs11
long stay 1
factor 2 customer response

histogram fcs12
long stay 1
factor 3 user friendliness
histogram fcs13
long stay 2
factor 1 care environment

histogram fcs14
long stay 2
factor 2 customer response

histogram fcs15
long stay 2
factor 3 user friendliness
histogram fcs16

Group Home

Factor 1: Care Environment

- Std. Dev = 0.09
- Mean = 1.94
- N = 6.00

histogram fcs17

Group Home

Factor 2: Customer Response

- Std. Dev = 0.14
- Mean = 1.93
- N = 6.00

histogram fcs18

Group Home

Factor 3: User Friendliness

- Std. Dev = 0.11
- Mean = 1.88
- N = 6.00
histogram fcs19  
mh day centre  
factor 1 service information

histogram fcs20  
mh day centre  
factor 2 user friendliness

histogram fcs21  
mh day centre  
factor 3 customer responsive
MATERIAL REDACTED AT REQUEST OF UNIVERSITY
Bibliography
Bibliography


National Health Service and Community Care Act 1990. London: HMSO.


