A COMPARISON OF ORGANISATIONAL CULTURE
IN TWO MENTAL HEALTH REHABILITATION FACILITIES
IN MALTA

by

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Declaration

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

I further declare that this dissertation is the result of my own independent work/investigation, except where otherwise stated. Other sources are acknowledged appropriately and a reference list is appended.

Signed: ____________________
Date: ____________________

Signed: ____________________
Mr V. Cassar
Supervisor
Date: ____________________
To my wife
Angela
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There are many persons to whom I am indebted for helping me in various ways to carry out this thesis.

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Abstract

The purpose of this study is to compare the organisational culture of two rehabilitation facilities in the Maltese mental health care sector, namely, the Half-Way House in Mount Carmel Hospital (Attard) and Villa Chelsea in Birkirkara. The main proposition in this study is that, the different levels of functioning and management effectiveness are largely a function of the different organisational culture. Culture is defined in this study as the quality of perceived values, norms, beliefs and practices shared by managers and employees.

To investigate the above, the study employed a triangulation design, comprising of both qualitative and quantitative assessment. Culture was assessed by questionnaires and observation ratings. The results were evaluated in the light of performance and attitude outcomes, as well as, management explanations on typical perceived cultural dimensions. The sample comprised all staff and management who participated in one or more assessment exercises.

Results show that while both sites are theoretically aiming in the same organisational direction, there are differences between the sites, as well as, some incompatibilities within sites. These findings are discussed with reference to practical implications emerging from the results, and are compared and contrasted with the literature review and research findings. Recommendations and limitations are also elaborated upon.
# Table of Contents

Acknowledgements iv  
Abstract vi  
Table of Contents vii  
List of Figures x  
List of Tables xi  

<table>
<thead>
<tr>
<th>CHAPTER 1 — AN OVERVIEW</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Introduction</td>
<td>1</td>
</tr>
<tr>
<td>1.2 Purpose of the Study</td>
<td>3</td>
</tr>
<tr>
<td>1.3 Contents Review</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHAPTER 2 — ‘ORGANISATION’ AND ‘ORGANISATIONAL CULTURE’</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1 Introduction</td>
<td>7</td>
</tr>
<tr>
<td>2.2 Understanding Organisations</td>
<td>7</td>
</tr>
<tr>
<td>2.2.1 Definitions of ‘Organisation’</td>
<td>8</td>
</tr>
<tr>
<td>2.3 Implications arising from these Definitions</td>
<td>9</td>
</tr>
<tr>
<td>2.4 Organisations as Complex Open Systems</td>
<td>10</td>
</tr>
<tr>
<td>2.5 Organisations as ‘metaphors’</td>
<td>14</td>
</tr>
<tr>
<td>2.6 Understanding Organisational Culture</td>
<td>15</td>
</tr>
<tr>
<td>2.6.1 Definitions of culture in organisations</td>
<td>15</td>
</tr>
<tr>
<td>2.6.2 Similarities of Organisational Culture Elements.</td>
<td>17</td>
</tr>
<tr>
<td>2.6.3 Contrast of Cultural Attributes</td>
<td>18</td>
</tr>
<tr>
<td>2.7 Summary</td>
<td>19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHAPTER 3 — ORGANISATIONAL MODELS</th>
<th>20</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Introduction</td>
<td>20</td>
</tr>
<tr>
<td>3.2 Hofstede's Model</td>
<td>22</td>
</tr>
<tr>
<td>3.3 Harrison's Model</td>
<td>24</td>
</tr>
<tr>
<td>3.4 Schein's Model</td>
<td>26</td>
</tr>
<tr>
<td>3.5 Rousseau's Culture Model</td>
<td>28</td>
</tr>
<tr>
<td>3.6 Comparison of the Four Models.</td>
<td>30</td>
</tr>
<tr>
<td>3.7 Summary</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHAPTER 4 — ORGANISATIONAL CULTURE AND WORK RELATED MANAGEMENT ASPECTS OF ORGANISATIONS</th>
<th>31</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1 Introduction</td>
<td>31</td>
</tr>
<tr>
<td>4.2 Organisational Culture and Management Related Issues</td>
<td>31</td>
</tr>
<tr>
<td>4.3 Organisational Cultural Factors and Job Satisfaction</td>
<td>33</td>
</tr>
<tr>
<td>4.4 Organisational Culture and Performance</td>
<td>34</td>
</tr>
<tr>
<td>4.5 Organisational Culture and Staff Practices</td>
<td>36</td>
</tr>
<tr>
<td>4.6 Organisation Culture and Health Care Services</td>
<td>38</td>
</tr>
<tr>
<td>4.7 The Drive towards Autonomy in Rehabilitation Care Settings</td>
<td>39</td>
</tr>
</tbody>
</table>
4.8 Research Questions 41
4.9 Summary 42

CHAPTER 5 - METHODOLOGY 43
5.1 Introduction 43
5.2 Research Settings 43
5.3 Participants
  5.3.1 The Staff at H.W.H. (M.C.H.) 44
  5.3.2 The Staff at Villa Chelsea 45
5.4 Study Design 46
5.5 Procedures and Measures
  5.5.1 Phase 1 - Questionnaire distribution 48
  5.5.2 Phase 2 - Behaviour Observation Rating Schedule (B.O.R.S.) 53
  5.5.3 Phase 3 - Collection of Specific Performance Criteria 54
  5.5.4 Phase 4 - Semi-Structured Interviews 55
  5.5.5 Phase 5 - Data analyses 56
  5.5.6 Ethical Considerations 57

CHAPTER 6 - RESULTS 58
6.1 Introduction 58
6.2 Phase 1: Results from Survey Questionnaire.
  6.2.1 Culture Dimension Results 58
  6.2.2 Job Satisfaction Dimension Results 62
6.3 Phase 2: Behaviour Observation Rating Schedule 65
6.4 Phase 3: Specific Performance Criteria
  6.4.1 Users/Full-Time Staff ratio 66
  6.4.2 Average number of users who received Residential Services per site 68
  6.4.3 Number of users for Day Facilities per site 69
  6.4.4 Discharge Rates for per site 70
  6.4.5 Cost per user for Residential Services per day per site 71
  6.4.6 Cost per user for Day Facilities per day per site 72
6.5 Phase 4: Semi-Structured Interviews
  6.5.1 Customer Service 73
  6.5.2 Quality of care: 76
  6.5.3 Concern for Staff: 77
  6.5.4 Enthusiasm of Staff: 79
  6.5.5 Degree of Formalisation (bureaucratic practices): 79
  6.5.6 Vertical relations: 80
  6.5.7 Lateral relations and communication channels: 81
  6.5.8 Mission statement and organisational goals: 83
  6.5.9 Rate of success: 83
  6.5.10 Decision-making Process: 84
  6.5.11 Outside interference in the management of the organisations: 85

CHAPTER 7 - DISCUSSION 87
7.1 Interpretation and Implications of the Results: A Holistic Perspective 87
7.2 Organisation of Chapter 87
7.3 Overall Findings 87
7.4 Performance and users' service
  7.4.1 Concern for 'Quality' 88
  7.4.2 Concern for 'Quantity' 92
  7.4.3 Customer Service 94
7.5 Organisational vision and macro processes 96
7.5.1 Vision and mission statements 96
7.5.2 Organisational systems and structures 98
7.6 Internal processes and relationships 101
7.6.1 Degree of formalisation and rate of change 102
7.6.2 New ideas 103
7.6.3 Decision-making processes and Communication 104
7.6.4 Lateral/vertical relations and co-operation 105
7.7 Human resources elements 106
7.7.1 H.R.: satisfaction and concern for employees 106
7.7.4 Management Concern for Employees and Performance Related Pay/Reward 108
7.8 Limitations 110
7.8.1 Limitations dealing with the review 110
7.8.2 Limitations dealing with the measures 110
7.8.3 Limitations dealing with procedures 113
7.9 Recommendations 114
7.9.3 Recommendations for Management of V.C. 118
7.9.4 Recommendations for Future Research 120
7.10 Conclusion 120

REFERENCES 123

APPENDICES 130

Appendix 1: Information about H.W.H. (M.C.H.) and V.C. 130
Appendix 2: Request for approval for the conduction of a Research Study at H.W.H. (M.C.H.) and V.C. 133
Appendix 3: Approval received from Dr. J. Saliba, Chairman M.C.H. Management, responsible for H.W.H. (M.C.H.) Board and Mr A Guillaumier, Chairman, Board of Governors, Richmond (Malta) Foundation responsible for Villa Chelsea. 136
Appendix 4: Acknowledgement to Dr. J. Saliba and Mr. Guillaumier. 140
Appendix 5: Demographics for both facilities 143
Appendix 6: Scale descriptions of C.C.Q. (Lite) and one example of each cultural dimension. 147
Appendix 7: Job-satisfaction sub-scales and an example of each variable. 157
Appendix 8: Copy of questionnaire administered including covering letter. 160
Appendix 9: Behaviour Observation Rating Schedule (B.O.R.S.) Forms. 165
Appendix 10: Semi-Structured Interviews Schedule. 168
Appendix 11: Referrals from and discharges. 171
Appendix 12: Stakeholders influencing H.W.H. (M.C.H.) and V.C. 173
Appendix 13: The Service Quality Model 177
Appendix 14: P.E.S.T.E.L. Analysis for H.W.H. (M.C.H.) and V.C. 179
Appendix 15: S.W.O.T. Analysis for each site. 184
Appendix 16: Mission Statement of Richmond Foundation (Malta) – V.C. 189
Appendix 17: Organisational Charts of H.W.H. (M.C.H.) and V.C. 191
Appendix 18: Similarities and Differences in culture between sites. 193
Appendix 19: Differences in Cultures in the two mental health rehabilitation facilities under study. 195
### List of Figures

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>An open system view of an organisation</td>
<td>12</td>
</tr>
<tr>
<td>2.2</td>
<td>Kotter's model of organisational dynamics</td>
<td>13</td>
</tr>
<tr>
<td>3.1</td>
<td>Manifestations of culture: From shallow to deep</td>
<td>22</td>
</tr>
<tr>
<td>3.2</td>
<td>Harrison/Handy cultural types</td>
<td>23</td>
</tr>
<tr>
<td>3.3</td>
<td>The levels of culture and their interaction</td>
<td>25</td>
</tr>
<tr>
<td>3.4</td>
<td>Culture model</td>
<td>27</td>
</tr>
<tr>
<td>5.1</td>
<td>Study design</td>
<td>48</td>
</tr>
<tr>
<td>6.1</td>
<td>Mean scores of cultural dimension per site</td>
<td>60</td>
</tr>
<tr>
<td>6.2</td>
<td>Mean raw scores for job satisfaction variables per site</td>
<td>63</td>
</tr>
<tr>
<td>6.3a</td>
<td>Users/full time staff ratio per site</td>
<td>68</td>
</tr>
<tr>
<td>6.4</td>
<td>Average number of users who received residential services per site</td>
<td>69</td>
</tr>
<tr>
<td>6.5</td>
<td>Average number of users who received day services per site</td>
<td>70</td>
</tr>
<tr>
<td>6.6</td>
<td>Percentage of users discharged from each site</td>
<td>71</td>
</tr>
<tr>
<td>6.7</td>
<td>Cost per user for residential services per day per site</td>
<td>72</td>
</tr>
<tr>
<td>6.8</td>
<td>Cost per user for day services per day per site</td>
<td>73</td>
</tr>
</tbody>
</table>
# List of Tables

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 6.1</td>
<td>Descriptive statistics for organisational cultural dimensions across sites</td>
<td>59</td>
</tr>
<tr>
<td>Table 6.2</td>
<td>Independent t-tests for significant cultural dimensions across sites</td>
<td>62</td>
</tr>
<tr>
<td>Table 6.3</td>
<td>Descriptive statistics of facets of job satisfaction across sites</td>
<td>63</td>
</tr>
<tr>
<td>Table 6.4</td>
<td>Independent t-tests for significant job satisfaction variables across sites</td>
<td>64</td>
</tr>
<tr>
<td>Table 6.5</td>
<td>Chi-square analysis for differences in observation ratings across sites</td>
<td>66</td>
</tr>
</tbody>
</table>
Chapter 1 – An Overview

1.1 Introduction

Rehabilitation units in the mental health sector have become increasingly important over the years as the concept of mental illness has changed, and the ways of containing and treating it improved. The institutions that were catering for persons with mental health problems have also changed their approach. The trend has been to move away from the seclusion of the mentally-ill patient to employing a more community-based approach whereby the person with mental health problems is encouraged to live in the community. The community is, in turn, supposed to sustain such an approach.

Such changes were enhanced when neuroleptics and other elaborate psychotropic drugs were discovered in the 1950s to treat mental illness. As the seclusion policy waned, the necessity of introducing half-way houses between the institution and the community was felt. In addition, this need for community-based mental health shelters was strengthened by Maxwell Jones’ observations of the ‘revolving door syndrome’ (as cited in Patarnello & Terpolilli, 1994). This emphasised the high relapse rates in the absence of back-up community mental health services.

The function of these half-way houses is that of providing the necessary environment through which the patient coming out of isolation, but still undergoing psychiatric
organic treatment, can be taught how to re-integrate him/herself back into society (Taylor, Lillis & LeMone, 1989).

As in the rest of the world, the mental health services in Malta have undergone rapid changes in the last few decades. During the 1960’s and 1970’s, the ‘mental hospital’ was perceived as an institution for isolating the mentally-ill persons from the rest of society (Pace, 1980). Since that time, only patients who are harmful to themselves and to others, and cannot be treated and maintained in community settings are segregated, while increased efforts are made to prevent unnecessary admissions to psychiatric hospitals or units. During the last ten years, “efforts have been directed towards viewing the patient in a social perspective and from a more holistic point of view” (Xerri, 1994, p.61). Such orientations have led to the development of treatment approaches referred to as psychosocial therapies as, for example, family and group therapies, and to care approaches like psychosocial rehabilitation (Xerri, 1995). The patient is now being viewed in the light of a person who, given the correct treatment, can live in the community. These developments culminated in the setting up of local rehabilitation facilities that serve as links between the mental health institution and the community. Their role is the re-integration of the individual into society (Galea, 1999, personal communication).

There are two such mental health rehabilitation facilities in Malta. One is the Half-way House (H.W.H.), and is government-run. It forms an integral part of Mount Carmel Hospital (M.C.H.). This is the only mental hospital in Malta and has been in existence since 1860. The other facility, Villa Chelsea (V.C.), in Birkirkara, is run by a non-profit-making organisation called the Richmond Foundation (Malta).
Internationally, the Richmond Fellowship International has been involved in the field of mental health rehabilitation in various countries for more than thirty years.

Although the two units have similar functions, their different origins alone would suggest that there could be differences in their approach and therefore in the way they carry out their tasks. Support and treatment should be very much directed by the quality of the values, norms, beliefs and behavioural practices shared by the employees in the particular rehabilitation unit. Such shared constructs denote the organisational culture. Organisational culture is part of a survival strategy and it is a powerful way by which people construct their social reality at work (De Lisi, 1990).

Two rehabilitation units can have different cultures due to different factors interacting to determine cultural patterns (Coeling & Simms, 1996). It is therefore reasonable to propose that there are cultural differences between the H.W.H. at M.C.H. and V.C. influencing the way tasks are performed and therefore what results are achieved. Differences may also account for diversity in the way outcomes are construed and perceived.

1.2 Purpose of the Study

The purpose of this study is to assess various cultural dimensions and to investigate how these relate to the level of functioning and management in the two rehabilitation facilities. Furthermore, this study assesses how people working in these two facilities give meaning to these cultural issues. The results are important as they may demonstrate any similarities and/or differences in the way employees and
management perceive and behave in their workplace and how these may explain the type of services provided in the two units. The results enable the researcher to provide insights for managers. These insights may help identify cultural and behavioural aspects that could either enhance or lessen the quality of the services provided in the two units being studied.

Such knowledge is very important from a health-management point of view. Cultural change does occur, albeit slowly, given that as a survival strategy, culture tends to be self-perpetuating and powerfully resistant to modification. Managers are expected to manage change and indeed to bring it about as they strive for better utilisation of the resources entrusted in their care. Therefore another aim of this study is to identify and examine cultural issues influencing therapeutic behaviour in order to make recommendations either for improved functioning or for the reinforcement of organisational management aspects as necessary. The National Mental Health Policy Document is also aiming at engendering a change in culture as an integral part of the Reform Strategy (Xerri, 1995).

1.3 Contents Review

This section reviews the structure and contents of the forthcoming chapters and indicates how this project will evolve. Chapter 2 focuses on the concept of ‘organisational culture’ in some detail and deals with the conceptualisation of organisations as ‘open systems’ and with the ‘culture metaphor’. The former serves as the background of this study while the latter serves as its foreground. Chapter 3 deals with typical models of Organisational Culture. This chapter includes ways of
analysing organisational culture by using specific models designed by social scientists. The main features of these different models are critically analysed and contrasted.

Chapter 4 reviews studies about the relationship between organisational culture and work-related management aspects of organisations, giving emphatic reference wherever possible to health settings. The last part of the literature review is dedicated to a discussion about the aforementioned themes, in the light of the local drive for autonomous mental health rehabilitation facilities in Malta. The Research Questions for this study are finally presented.

Chapter 5 describes the methodology employed in the design of this research and the general data collection processes. It first describes the research settings and the sample group and then delineates the instruments and the procedures used for data collection. These are followed by the presentation of ethical considerations and of data analysis. The results and the findings are outlined and illustrated by the use of graphs and figures in Chapter 6. Each research question is addressed separately. The interpretation and discussion of the findings are accounted for in Chapter 7. Despite the fact that each phase of the study design was dealt with separately in the preceding chapter, interpretations in this last chapter draw on elements from all parts of the project in a holistic fashion. Statistical descriptive inferences are made on the basis of the data collected, keeping in mind the limitations imposed by the nature of the study under consideration.
This last chapter highlights the practical implications and lessons to be drawn from the findings. The conclusion includes recommendations for developments to the management of the two mental health rehabilitation facilities under study. Potential limitations of this study and recommendations for future research are also discussed.
Chapter 2 – ‘Organisation’ and ‘Organisational Culture’

2.1 Introduction

In contemporary society, most people spend a large part of their lives in an organisation of some sort, and therefore, have gained basic experience of organisational life (Arnold, Cooper & Robertson, 1991).

This chapter first focuses on various definitions of ‘organisation’ and next draws implications on organisational life from these definitions. It then deals with the conceptualisation of organisations both as complex open systems and as metaphors. The second part of this chapter elaborates on one particular metaphor, namely ‘organisation as a culture’, and emphasises the value inherent in understanding culture in organisations with regards to assessing and exploring patterns of ‘behaviour’.

2.2 Understanding Organisations

People working in factories, offices, hospitals and other work settings are all members of organisational societies. They share basic expectations and skills that allow organisations to operate on a day-to-day basis. But what do we understand by ‘an organisation’?
2.2.1 Definitions of ‘Organisation’

There are various definitions of ‘organisation’. The author has focused particularly on the following three definitions:

Duncan (1981): “a collection of interacting and interdependent individuals who work towards common goals and whose relationships are determined according to a certain structure” (p. 5).

Griffin (1996): “a group of people working together in a structured and co-ordinated fashion to achieve a set of goals. The goals may include such things as profit, the discovery of knowledge, national defence, the co-ordination of various local charities or social satisfaction (a sorority)” (p. 4).

Morgan & Ward (1970): “Sociologists have often given examples rather than satisfactory definitions of what constitutes an organisation. But usually they emphasise that organisations are bodies, persisting over time, which are specially set up to achieve specific aims” (p. 223).
2.3 Implications arising from these Definitions

Analysis of these definitions provide us with the following implications that can be elaborated upon:

The first implication concerns ‘people’: Organisations are human creations and fundamentally they consist of people rather than buildings, equipment, etc. On the one hand, Morgan and Ward (1970) maintain that “our society has come to be called an ‘organisation society’ peopled by ‘organisation men’” (p. 222), while on the other hand, some sociologists have emphasised the extent to which organisations have come to control man, rather than the reverse (Presthus as cited in Morgan & Ward, 1970). While it is true that men do create their places of work through pre-established cognitions, thoughts and behaviour, it is also true that these beliefs become so embedded in routinised behaviour that newcomers are influenced by the ‘correct way’ of how to think and feel (Schneider, 1987).

The second implication regards ‘goals’: These definitions give emphasis to the attainment of common goals. This implies that, very often, organisations that are ineffective in achieving stated goals fall short of what is understood by an effective organisation. This can be due to at least two reasons. First, varying degrees of internal opposition may damage the attainment of these aims. Second, there is likely to be external opposition that may inhibit the success of the organisation. While it may be true that employees may have personal interests and priorities (Albanese & Van Fleet, 1985), many theorists argue that it is highly possible to integrate organisational, employees’ and social objectives. This has partly been emphasised in
McGregor’s (1960: 1990) Theory X and Theory Y. Theory X states that the organisation has to exert management by direction and control. Theory Y states that when organisational goals and staff are congruent to each other, it is more likely that performance is enhanced.

The third implication arising from these definitions is that organisations are often conceptualised as composed of formal and co-ordinated structures: Although relationships between staff are determined according to a certain formal role structure, informal or unofficial structures can be equally important as the formal organisational structure. Indeed, the informal organisation becomes very often more powerful and influential in situations where one organisational member develops a psychological or emotional dependency on another, as for example when a key decision-maker has become critically dependent on his or her subordinates (Morgan, 1986; Schein, 1988).

2.4 Organisations as Complex Open Systems

Having viewed the implications arising out of the definitions of 'organisations', the following section now deals with 'organisations' as 'open systems'.

Organisations, including rehabilitation organisations, form part of the wider, economic and social environmental entities and are hence influenced by external forces. It is therefore relevant to understand organisations from an 'open systems' approach. After having reviewed the implications arising out of the definitions of organisations, the following sections will deal with organisations as open systems.
Arnold, Cooper and Robertson, (1991) state that “the view of an organisation provided by a static organisation chart and reflected in the structural dimensions of organisations is clearly incomplete and does not provide a comprehensive picture” (p.8). In an attempt to describe organisations more adequately, many writers make use of ideas derived from systems theory and emphasise the multi-level perspective and inter-relatedness of organisational units (Cummings, 1980).

Arnold, Cooper and Robertson (1991) refer to the Open System model of organisations. An ‘open system’ in its simplest form involves an input, a transformation process and an output. This model (Figure 2.1) focuses on two levels of a successful organisation, the necessary output and the personnel relationships involved. For example, a manufacturing industry of cars would first make use of an ‘input’ of goods/material, would then involve the transformation process by utilising mass production technology, in order to create the correct output - the assembled car. Such a particular organisation (system) may also be subdivided into subsystems such as a formal system - the formal/structural aspect of the organisation, a technology or production system and a social system concerned with individual and/or groups of employees within the organisation. In turn, there will be interaction between each subsystem and the organisation with the external environment. This is one example of the open system approach.
In contrast with the 'open system' explained above, a 'closed system', does not involve inputs and outputs, and is independent of external forces. In fact, a 'closed system' is impermeable to other wider influences. However, because organisations are part of the wider social and economic fabric of the environment, and hence are influenced by other external forces, they should be conceptualised and are represented as open systems. For example, Kotter (1978), in an attempt to assist researchers better analyse and understand organisations, developed a framework for examining the major elements of organisational dynamics. This is illustrated in Figure 2.2.

Translating the open versus the closed systems' models to the settings in this research would imply that one needs to be consciously aware of the wider and external forces acting on the organisation as well as on its various sub-components.
As can be seen from this figure, an organisation is perceived to be constituted by various dimensions, some at a macro and others at a micro level that are all interrelated. For example, an organisation that introduces new technology, but has major skills deficits to use that technology, is likely to experience failure in the implementation of such a project.
2.5 Organisations as ‘metaphors’

In order to understand the nature of organisational behaviour, organisational theorists have in recent years been building on the use of ‘metaphors’.

One of the most influential proponents of this approach has been Morgan (1986), who stated that, “a metaphor has considerable relevance for our understanding of Organisations” (p. 112). Morgan presents organisations as complex entities. The author identified eight different ways of construing organisations: as machines, as organisms, as brains, as political systems, as psychic prisons, as flux and transformation, as instruments of domination and, finally, organisations as cultures.

The last metaphor is the most relevant to this project. The term refers to the fact that complex systems are made up of values, principles, attitudes, rituals and ways of viewing and relating to the world that are unique to it, and different from other organisations. In this respect, Morgan (1986) emphasises that “the culture metaphor points towards another means of creating organised activity: by influencing the language, norms, folklore, and other social practices that communicate the key ideologies, values, and beliefs grinding action” (pp. 134-135).

These aspects underpin the idea of managing corporate culture as the normative glue that holds the organisation together. Morgan’s metaphors for organisational life are not fixed categorical systems, because an organisation can be a mix of each of the metaphors and these combinations can change over time. Yet they are enormously helpful in understanding, diagnosing and changing organisations, especially for the
process of organisational change when it is crucial to understand the dynamics and nature of organisations.

2.6 Understanding Organisational Culture

Morgan (1986) defined an organisation as “a cultural phenomenon that varies according to a society’s stage of development” (p. 112). This clearly indicates that the concept of organisational culture is complex, because as Schein (1990) has stated, “there is little agreement on what the concept does and should mean, how it should be observed and measured …” (p.109). And therefore it is appropriate to consider other definitions and then critically compare and contrast these definitions to attempt to thoroughly understand the concept.

2.6.1 Definitions of culture in organisations

   “The pattern of behaviours and practices that a group has found over time to be the best way to work together to get the job done.” (p. 109).

   “The shared philosophies of ideologies, values, assumptions, beliefs, expectations, attitudes and norms that knit a community together. All of these interrelated psychological qualities reveal a group’s agreement, implicit and explicit, on how to approach decisions and problems … Culture is
manifested in behavioural norms, hidden assumptions and human nature, each occurring at a different level of depth” (p. 359).


“Glue that holds together an organisation through shared patterns of meaning. Three components systems, context or core values, forms (process of communication - for example, jargon) strategies to reinforce content (such as rewards and training programmes)” (pp. 52-64).


“Culture in organisations ... consists of ... deep-set beliefs about the way work should be organised, the way authority should be exercised people rewarded and people controlled” (pp. 111-114).

5. Schein, (1990):

“Organisational culture is a nebulous management concept that is hard to define but diagnosing it, is crucial to change” (p. 111).


“When we talk about culture, we are referring to the whole complex, distinctive spiritual, material, intellectual and emotional features that characterise a social group. It includes modes of life, the fundamental rights of the human being, systems of values, tradition and beliefs” (Final Report, World Congress on Cultural Policies, Paris, p. 3)
2.6.2 Similarities of Organisational Culture Elements.

There are at least three sets of common elements and shared concepts in the above definitions:

1. **Culture is a multi-level concept**: Authors or sources of definitions highlight varying aspects of culture, such as, deep set of beliefs and the way authority should be exercised, a pattern of development reflected in a society or system of values and rituals (Morgan, 1986).

2. **Culture is an attachment phenomenon**: People working and living in different settings, all belong to varying degrees of patterns of norms, values and beliefs which bind them together and which constitute their particular shared basis of social action. In all the definitions, there are common cultural elements that most evidently demonstrate this phenomenon (Schein, 1990).

3. **Culture is dependent on perceptions**: From the above definitions it is seen that the authors quoted, consider culture to be generally based on the meaning that people give to the information they gather from their surroundings. Such meanings are not individualistic, but rather shared perceptions of the environment. These beliefs are translated into values and rituals, which people hold and follow and which distinguish them from other cultures. Cultures are seen to be dynamic and to develop over time (Kilmann, Saxton & Serpa, 1985).
2.6.3 Contrast of Cultural Attributes

Contrasting cultural attributes were presented by various definitions as follows:

1. One group of definitions attached to culture in organisations focuses on structures that reflect evolving social practices and patterns of activity in organisations that influence complex interactions between people, events, situations, actions and circumstances, often affecting the entity from outside. For example, Deal and Kennedy (1992) mention the practices, procedures and policies that over-ride organisational activity. These are the lesser important features of an organisational culture. Conversely, others (e.g. Schein, 1990) attribute the nature of culture to notions of shared values, patterns of beliefs and patterns of assumptions that knit a community together. These constitute the essence of a positive organisational culture.

2. Other contrasting views were expressed by management theorists who view culture as a distinct entity with clearly defined attributes. For example, Schein (1990) refers to organisational culture as a pattern of basic assumptions that are important to diagnose. On the other hand, authors like Martin and Siehl (1983) and Schneider (1990) have construed definitions that describe transmission of one facet of cultural dimension through the use of others. This is consistent with the notion that culture is something an organisation is rather than has (Sathe, 1985).

3. The definition by Kilman, Saxton and Serpa (1985) attributes a holographic view to organisational culture in that it includes the internal commitment of a group and its perseverance to approach decisions and problems (from a macro-level). The
definition by UNESCO (1982) embraces the commitment to respect the fundamental rights of human beings together with the value systems and traditions of human beings.

2.7 Summary

As we have seen, organisations and organisational cultures are created by people over time and in turn influence the people living and working in them. It is not easy to define either concept, basically because they are multi-level concepts. Persons may support the organisation's culture, produce counter cultures or live without giving the culture much importance. In all cases, organisational culture is a strong element that can provide explanatory power in understanding organisational life. These aspects of organisational culture will be analysed in more detail in the next chapter by using specific organisational culture models.
Chapter 3 – Organisational Models

3.1 Introduction

Having defined and explored the concept of organisational culture, forms of organisational models are next analysed. Different researchers have emphasised different factors or have given different weights to the same factors. The models proposed by Hofstede (1991), Harrison (1970), Schein (1984), and Rousseau (1990) will be presented and compared. At the end of this chapter the author will compare and contrast these models.

3.2 Hofstede’s Model

Hofstede’s (1991) cultural model was designed on a national rather than on an organisational basis. It is to note, however, that an organisational culture tends to be highly influenced by the national culture.

Hofstede (1980) speaks of habits of thinking, mental models, and/or linguistic paradigms: the shared cognitive frames that guide the perceptions, thoughts, and language used by the members of a group and are taught to new members in the early socialisation process. Hofstede argues that any culture can be viewed across the following work-related value dimensions:
- **power distance**: This factor relates to the extent inequality in the distribution of power is accepted as an irreducible fact in life. This includes the way decisions are taken and by whom. It is conditioned by the extent employees accept that their boss has more power than they have.

- **individualism vs. collectivism**: This explains the degree to which people operate independently or as part of a group. This indicates whether in organisations, workers prefer to do their duties individually or in a team. It has to do with whether one’s identity is defined by personal choices and achievements or by the character of the collective groups to which one is attached on a permanent basis.

- **masculinity vs. femininity**: This shows the extent that groups exhibit masculine or feminine characteristics. It indicates whether the culture emphasises the former orientation thus favouring materialism and assertiveness, or whether it shows more interest in the quality of life, modesty and patience, which are associated with femininity. It reflects the relative emphasis on work goals (e.g. on achievement) as opposed to interpersonal harmony (getting along with the boss and others), a distinction which characterises gender differences in values across many national cultures and it can also be reflected in an organisational culture.

- **uncertainty avoidance**: This is a dimension related to how much individuals or groups are prepared to take risks. It is defined as the focus on the establishment of formal rules and the creation of stability as a way of avoiding life’s uncertainties. High uncertainty avoidance organisations assume low risk postures.
Hofstede (1990) has also developed a model (cited in Hoecklin, 1995), in which an organisation is composed of an inner layer of values that are acquired early in life (Figure 3.1).

Fig. 3.1: Manifestations of Culture: From shallow to deep (Hofstede, 1990).

Although people are not conscious of values, they may be inferred from the way in which people act, that is their practices. Values constitute the core of culture and are followed subsequently by other layers called rituals, heroes and symbols (manifestations of culture). Practices transcend all these layers.

3.3 Harrison’s Model

Harrison (1970) argues that in organisations there are deep-seated beliefs about the way work should be organised, authority should be exercised, people rewarded and controlled. He points out a number of factors, such as planning, working hours,
control within an organisation as all forming part of the culture of an organisation (Handy 1993). Harrison describes four major types of culture – power, role, task and person. These types are illustrated in Figure 3.2.

**Fig. 3.2: Harrison / Handy Cultural Types (cited in Williams, 1998, p. 23)**

**Power Culture**
- Power emanates from a single source.
- Control by edict and key personnel
- Highly dependent on trust and personal communication
- Quick to react, but fragile with growth

**Role Culture**
- A bureaucracy controlled by senior executives
- Develops functional specialisation, which is its major strength
- Very rule/procedure orientated
- Control through position and expertise power

**Task Culture**
- Power diffused
- Expert power predominant
- Matrix structures develop
- e.g. Advertising agencies

**Person Culture**
- e.g. Barristers
- Exists purely for self-interest

**Power Culture:** This depends on the degree of power centralisation, which in turn depends on trust, empathy and personal communication. Control is exercised through the selection of key individuals, who are responsible to the central figure. Individuals employed in such organisations need to be power oriented, risk taking and rate security as a minor element in their psychological contract.
**Role culture** is often called *bureaucracy* and works by logic and by rationality. The role organisation will succeed as long as it can operate in a stable environment that it controls itself and where the market is predictable. Improvements in such organisations are slow and take place by changing the management.

**Task culture** is project oriented and brings together the appropriate resources and the right people at the correct level of the organisation and then lets them go on with it. Influence is based on knowledge and technical power. It is more widely dispersed than other types of cultures and each individual tends to think that s/he has more power. It is a fast working, flexible, team culture, which works best where sensitivity to a competitive market is important. Control in these organisations is difficult and usually retained by the top management by means of allocation of projects, people and resources.

**Person culture** involves a number of persons who band together in order to achieve a common objective. The formal structure of such a culture is as minimal as possible. Influence is shared and the power base, if needed, is usually expert.

### 3.4 Schein's Model

Schein (1985) developed a model that attempted to classify in terms of importance or depth the basis of an organisational culture. The definition refers to three dimensions
that are multilayered (Figure 3.3 below). He saw the basic assumptions as representative of the deepest levels of culture, where artefacts are the most superficial.

**FIG. 3.3: THE LEVELS OF CULTURE AND THEIR INTERACTION (ADAPTED FROM SCHEIN, 1985, p. 9)**

Observable artefacts → Values → Underlying assumptions

Schein (1990) defines organisational culture as the:

"... pattern of basic assumptions which are invented, discovered or developed by a given group, that certain things in groups are shared or held in common as this group learns to cope with its problems of external adaptation and internal integration. The basic assumption is adopted when it has worked well enough to be considered valid and therefore is to be taught to new members as the correct way to perceive, think, and feel in relation to those problems". (p. 8)

Basic assumptions concern the environment, reality, human nature, human activity and human relationships. Schein (1978) refers to one category of the overt chairperson of culture as the *rules of the game*: the implicit rules for getting along in the organisation, ‘the ropes’ that a newcomer must learn to become an acceptable member, “the way we do things around here” (p. 9).
The next layer speaks of values. These embody the moral tone of the organisation, the ethical norms, what is and what is not acceptable in terms of group and individual activities. The codes that develop are subjective judgements on what is right and wrong.

The last and most superficial layer is that of the artefacts which include the physical layout of the building, dress code, the manner in which people address each other, the emotional intensity present and go as far as the archival manifestations of the company records.

Schein’s model implies that when new comers enter a new organisation, they tend to learn only what may be seen on the surface – the artefacts. According to Lewis (1988) only those who have encountered surprises and who gained permanent status will learn the group’s secrets. This is the reason why Schein (1990) proposes that in most consulting situations there is a need to have opportunities to walk around and observe what is going on. This method will allow the observer to combine some of the best elements of the clinical and the participant observer ethnographic approaches.

3.5 Rousseau’s Culture Model

Rousseau (1990), similarly to both Hofstede and Schein, speaks of culture as composed of multiple layers (Figure 3.4).
According to Rousseau (1990), there are five layers, where each outer level stems from the inner levels and develops from them. The first level is fundamental assumptions, which are unconscious. One notes that these basic assumptions colour all other factors in an organisational culture, even though they may not be well understood even by the members themselves. Such assumptions will give rise to values of the system, which in turn form the basis of behaviour.

Values, the second level, indicate the priorities assigned to certain states or outcomes, such as innovation versus predictability and risk seeking versus risk-avoidance. Finding out the values necessitates finding reliable informants who have worked within the system for a long time, because generally new members would not be conversant with all the deeper values of the organisation.
The third level, Behavioural Norms, develops from both the fundamental assumptions and the values of the individual. Behavioural norms include member beliefs regarding acceptable and unacceptable behaviours that promote mutual predictability but which may be difficult to note without direct information from members, as already pointed out previously. Behavioural patterns then stem out of the behavioural norms and is the fourth level of Rousseau's model.

The last and outer level, Material Artefacts, reflects the physical manifestations and the products of cultural activity, which might even survive after the individuals and their social unit cease to exist. Structures reflect those patterns of activity – decision making, co-ordination and communication mechanisms - that are observable to outsiders and whose functions help solve basic organisation problems such as co-ordination and adaptation.

3.6 Comparison of the Four Models.

Rousseau (1990), like Schein (1987), notes that artefacts, communicated information, observable activities and interactions form the basis of the social experience in an organisation. Schein (1984) treats culture as a set of unconscious assumptions and regards conscious expectations as artefacts. On the other hand, Cooke and Rousseau (1988) treat cultures as normative beliefs shared by members of a social unit, and define physical manifestations as artefacts. Hofstede (1991) identified ‘symbols’ as the more superficial evidence of culture, and ‘values’ as the more fundamental issues.
The author suggests that all the manifestations have an influence on practices in the work place.

All the quoted authors tend to relegate those elements which they do not consider as an important part of the set of beliefs i.e. culture, under the label of artefacts. They also tend to split the various constituents of the culture in multi-levels, of which artefacts belong to the superficial level while unconscious assumptions pertain to the most profound level. Moreover, Hofstede (1991) identified ‘values’ as pertaining to the ‘most inner’ level. Indeed, this multi-layered composition is in agreement with the emphasis in most definitions of culture.

Organisational culture is determined by the strategies and management styles adopted, and their influence on the subordinates in achieving the organisational goals. If what the top management proposes works, and continues to work, it will become a shared assumption (Hofstede, 1984). The problem arises when management attempts to change assumptions that are deeply ingrained and it becomes very difficult to change them. This may happen in organisations, which have high uncertainty avoidance and employees assume low risk postures and strive to maintain stability and meaning to the extent that they will use various defence mechanisms (such as denial and rationalisation) in order to resist change (Schein, 1992).
3.7 Summary

In this chapter, forms of organisational models, as well as the concept of organisational culture, have been explored. Models of different theorists were compared and contrasted. However, one common factor that emerged is that organisational culture is both multi-levelled and complex in nature. The next chapter will elaborate on the relationship between organisational culture and work related management aspects.
Chapter 4 – Organisational Culture and Work Related Management aspects of Organisations

4.1 Introduction

In the previous chapters organisational culture has been defined and analysed. Positive and negative implications, emanating from cultural influences have been dealt with. This chapter highlights the relationship between cultural dimensions and work related management aspects of organisations including job satisfaction, performance and practices with emphatic reference, where possible, to health care settings. The last part of this chapter reviews the above aspects in the context of the drive to give autonomy to rehabilitation facilities in Malta. The knowledge gleaned from these issues will lead to the statement of the study aims and research questions.

4.2 Organisational Culture and Management Related Issues

It is relevant to assess organisation culture as it impacts, relates or influences specific work (health care services) dimensions and practices. Studies by Hatton, Rivers, Mason, Mason, Emerson, Kiernan, Reeves and Alborz (1999) on organisational culture and staff outcomes emphasise the need for evaluating the prevalent organisational culture in services for people with mental health problems and to assess any association between organisational cultures and staff outcomes.
Authors, including Hofstede (1980; 1987) and Ratiu (1987), have shown how cultural factors influence the behaviour in organisations and have indicated the importance of cultural differences in managerial development (Hofstede, 1980). Evans, Han and Sculli (1989) and Hofstede (1980), in particular, have pointed out that managerial models developed in one culture may not easily translate to another because of the different traditions and values of the management and work force.

According to Morgan (1986), ever since the 1970s, organisations, theorists and managers became increasingly aware of the relationship between culture and management. The idea developed that an organisation is itself a cultural phenomenon that varies according to society’s stages of development and according to the society in which it exists. In fact Hofstede, Nenijen, Ohayo and Sanders (1990) have challenged ‘management experts’ who attempt to introduce ‘good management practice’ into an organisation to examine carefully the managerial techniques and models they wish to introduce, in terms of the culture of the country in which the organisation operates:

“Corporate culture influences the way that the people in the organisation behave. Thus it is crucial to organisational effectiveness. It follows, therefore, that a key task of management is to understand, monitor and actively manage the culture of the organisations” (Corporate Culture Questionnaire [C.C.Q.], SHL., 1996).

The relationship between the organisation and the environment illustrates that there is a pattern of corporate culture and subculture between and within organisations. These patterns of culture are created and maintained so that organisations are actually socially constructed realities (Morgan, 1986).
A study by Curren and Miller (1990) emphasised that a corporate culture of excellence is a major determining factor in nurse job satisfaction, productivity, job attraction and retention. Also, McClure, Poulin, Sovie and Wandelt (1983), supported this issue and further stated that a culture of excellence includes support for education, self-government and opportunities for specialised practice.

4.3 Organisational Cultural Factors and Job Satisfaction

Organisational culture dimensions are related to the treatment of staff, and staff outcomes, such as, work satisfaction (Hatton et al., 1999). Studies carried out by Blegan (1993) have revealed that cultural dimensions like ‘autonomous practices’, ‘status or value’ and ‘supportive relationship’ have been consistently described as factors influencing job satisfaction.

In a more in-depth study carried out by Kangas et al. (1999), the authors further explored differences and relationships among job satisfaction of nurses, patient satisfaction with nursing care delivery models, organisational structure and culture. One aspect of results showed that while there were no differences in nurses’ job satisfaction or patients’ satisfaction with nursing care in different organisational structures or where different nursing models were used, it was most strikingly found that a supportive environment was most important to the job satisfaction of nurses.

A report by Mitchell, Armstrong, Simpson and Lentz (1989) indicates the relationship between costs and nursing care provisions, and how the behaviour of the staff effectively affects the cost of the organisation. Moreover, the literature clearly
documents connections between hospital structures with positive organisational climates and outcomes such as job satisfaction. These positive organisational outcomes occurred in climates characterised by staff "... participation in decision making, shared values, clear policies and rules, autonomy in carrying out policies and rules, and a variety of co-ordinating mechanisms" (pp. 219-239).

### 4.4 Organisational Culture and Performance

Studies linking organisational culture and performing organisations, indicate that organisations favouring dimensions like 'autonomy', 'caring', 'innovations', perform better than other organisations (Sleutel, 2000).

According to Deal and Kennedy (1982), strong well-developed cultures are an important characteristic of organisations that have outstanding performance records. Kotter and Heskett (1992) explained that the term 'strong' cultures implies that most managers and employees share a set of consistent values and methods of doing business. In order to have a well performing organisation, a culture is needed to put emphasis on 'people' who care and who do not pre-occupy themselves with the risk of failure and where employees are given power to act and to use their judgement. According to contingency theorists cited in Morgan (1986), organisations that perform well are those with a culture that creates 'flexible authority', 'communications' and 'reward structures'. These organisation types motivate employees to satisfy their own needs through the achievement of organisational goals.
Organisational culture and performance are clearly related, although evidence regarding the exact nature of this relationship is mixed (Hofstede, Nenijen, Ohayo & Sanders 1990). Some studies indicate that the type of culture may in fact be somewhat more important than its strength. A four-year study conducted by Kotter and Heskett (1992) in a large number of organisations manifested the following relationship between culture and performance:

1. Organisation culture can have a significant effect on the economic performance of the organisation and can potentially determine the success or failure of organisations. A study about well-performing organisations (Dye, 1988) showed that some organisations continue to perform better than others not necessarily with respect to any specific criterion, e.g. least costs, but in terms of overall performance including quality timelessness, responsiveness and cost effectiveness. On the other hand, organisation cultures that exercise control over employees’ behaviour do not perform effectively.

2. Although tough to change, organisational cultures can be rendered more performance enhanced. In organisations that cultivate such a culture, employees usually hold values that drive them to always seek improvements in their organisation’s performance. When conditions change, they adjust their methods, not their values. Because of this orientation towards performance, the organisations perform well even in a changing environment.
4.5 Organisational Culture and Staff Practices

Management practices relate to the structures and systems at the workplace which in turn affect the motivation of all members of the setting (Furnham, 1997).

The concept of an appropriate climate is currently embraced as a way to perceive and understand the influence of organisational practices and procedures on the beliefs and behaviour of employees (Olson, 1998). An effective organisational culture should encourage acceptable behaviour and discourage unacceptable ones, (Hellriegel & Slocum, 1996).

Intra-organisational recommendable cultural aspects would include, for example:

1. Setting realistic, attainable, reasonable values and goals regarding employment relationships and not to promise that which cannot be realised.
2. Committing itself towards accepting legitimate employees' values and norms which are compatible with those of management.
3. Establishing facilities whereby compliments complaints and suggestions are received, acknowledged and treated.
4. Providing on-going training programmes targeted at ensuring health and safety of employees and their personal development.
5. Facilitating a mechanism to all staff for the provision of legal, ethical and procedural advice from professional staff.
At the external level, organisations should operate within the parameter of prevailing culturally accepted norms and values.

For employees to engage in desirable practices, the conditions of power, trust, inclusion, role flexibility, and inquiry must be present. Workers should have the right to receive relevant information, to be free to disagree with one another in order to increase their understanding of trust. The condition of inclusion is met when those who have a stake in the outcome of a decision (e.g. nurses, physicians, and patients) are included in the decision-making process. The condition of role flexibility implies that these stakeholders be allowed to take different positions on issues or to change their views. When employees are encouraged to ask questions and participate in decision-making and have access to the information necessary to make informed decisions, then the condition of inquiry is present.

Perceptions of an appropriate climate are formed by the relationship managers have with one another, and with clients or employees. Assessments of the relationship between the organisational culture and employee quality practices can influence the organisation to adopt particular practices and policies. Clients and employees face no restrictions in what they can communicate to the organisation's managers. They are therefore able (encouraged) to make their views known to the organisation (Schneider & Bownen, 1993). In response to signals received from customers and staff, an organisation may alter existing practices or invoke new ones.
4.6 Organisation Culture and Health Care Services

As the complexities of understanding staff performance have become more apparent, there is a growing appreciation that organisational factors can have a major impact on staff. Hence, factors like feedback on job performance, job security and organisational structures have all been implicated in important staff outcomes and work practices in residential health settings (Rose, 1975).

Results of another study by Xerri, 1995, associate inadequate work structures and practices with ineffective and inefficient quality of care. Xerri further states that bureaucratic organisation of work schedules has bizarre consequences; he stresses that the striking lack of communication, deliberation and co-ordination of work at all levels are conducive to poor performance.

On the positive side of research it is plausible to refer to the findings of the study on organisational culture and staff outcomes in services for people with intellectual disabilities by Hatton et al., (1999) wherein results that “whilst individual staff may have sets of values, the impact of such values on service users is likely to be mediated by the organisational cultures within which staff work”.
4.7 The Drive towards Autonomy in Rehabilitation Care Settings

It is appropriate that a significant part of this study review be dedicated to the contextual drive towards autonomous health settings both in the international as well as in the local context.

A report of a Symposium on Productive Management by the Auditor General of Health Services in Canada (Dye, 1988), attributed the positive performance of caring institutions to the authority, responsibility and autonomy perceived by carers representing their organisations.

Blegen (1993) and Johnson (1999) found that the most desirable organisational structures and cultures for staff nurses and head nurses were those that supported autonomous decision-making by staff themselves. For nurse managers too, decentralisation had a positive effect on perceived autonomy and organisational commitment (Acorn, Ratner & Crawford, 1997).

Grissum and Spengler (1976) stated that quality nursing care is not likely to occur throughout the health care industry as long as nurses remain powerless to control their own practice. Nursing practice is comprised of three domains representing delegated, interdependent and independent components. In this respect, the general rule is that delegated duties based on physician orders and the integration of activities within the interdisciplinary team are carried out.
The local contextual drive towards autonomy backdates to the late 1990's when Maltese care providers participated in various fora organised with the aim of reforming the health sector. Participants – doctors, nurses, paramedics, etc. – were asked to identify in order of priority what organisational aspects needed to be reformed. Staff present ranked autonomy to manage staff needs without political and the Health Division's influences or orders as the higher priority need. In the same context of the reform, while referring to mental health services offered in rehabilitation and other settings as custodial and ineffective, Xerri (1995) recommended an autonomous approach to be embarked upon so as to empower such facilities to manage their own affairs without interference.

Reference is once more made to the Report on the National Policy on Mental Health Service in Malta by Xerri (1995) and to other related literature. The author made various references to the need for autonomy to health care services particularly in the mental health area. Xerri (1995) first delineated the following deficiencies in this context in:

1. that modern management structures were absent so resulting in the lack of autonomy, accountability or responsibility for resource utilisation, performance outcomes and quality of care,
2. that the psychiatric hospital had little autonomy in the field of human resource management and in the daily development policy.

After that, the report by Xerri (1995) proposed to Government "to embark on a modern scientific approach which contemplated a clearly defined management
structure encompassing legislative and financial autonomy together with efficient and effective human resources” (p. 39). The report further recommended that the hospital should be completely autonomous and explained that “autonomous management implies responsibility and accountability” (p. 39). The report also proposes that rehabilitation community based facilities should be moved away from the continued domination of the institution of the service (p. 24).

Professional nursing staff that will continue to practise nursing within health institutions of the future will definitely require an equality of educational preparation in order that they may function as full participants within the multi-disciplinary team. With this idea, it becomes apparent that there is a compelling need for nursing leaders to define the domain of autonomous practice based on nursing research and science, to clearly articulate these parameters, and ultimately, to promote a workplace in which independent nursing practice can be realised (Ferguson & Parè, 1996). This study and the results that emerge from it should be appreciated in the context of further need for local health organisational autonomy.

### 4.8 Research Questions

In the light of this extensive review, the following research questions for this study are being put forward. These include:

1a. What cultural dimensions predominate in each of the two facilities?

1b. Are there any similarities or differences? To what extent?

2a. What job satisfaction dimensions predominates in each of the two facilities?
2b. Are there any similarities or differences? To what extent?

3. Are behavioural practices in the two facilities different?

4. Do the two units show different results on specific criteria (e.g. discharge rates, costs per client)?

5. Does management confirm employee’s perception of the respective organizational culture?

4.9 Summary

This chapter reviewed studies that linked the relationship of organisational culture and work-related aspects. Where possible, reference was made to studies in the health sector. Furthermore, it was emphasised that such a review should be understood in the light of current local drive for autonomy in mental health rehabilitation facilities. The Research Questions for this study were finally presented. The methods that will be used to address these research questions will be outlined in the next chapter.
Chapter 5 – Methodology

5.1 Introduction

The aim of this chapter is to present the methodology employed in the design of this research study and the general data collection process. This chapter indicates the research settings and describes the participants, the rationale of the research design, the measures and procedures used in the collection of the data and finally concludes with an indication of methods used for data analysis.

5.2 Research Settings

The research sites chosen for this study are the H.W.H. at M.C.H. in representing the government-run organisation, and V.C. representing the non-government mental health rehabilitation facility in Birkirkara (B’Kara) (for further information refer to Appendix 1). These two mental health rehabilitation facilities appear to allow themselves to maximise comparability and to allow access to a wide range of behavioural perspectives. The H.W.H. (M.C.H.) offers rehabilitative facilities for thirty-five residents and for an average of ten day-users. The organisational structure is hierarchical. It receives its funds from the budget allocated through M.C.H., upon whose management it is dependent. V.C. caters for twelve residents and for twelve day-users. It has a comparative flat organisational structure. It receives 75% of its funding from the Department of Social Welfare, while the rest are collected through
fund raising activities. V.C. is managed by an autonomous, though appointed, Board of Governors.

Once these settings were earmarked and approved for this study, letters were sent to the respective directors at each facility (Appendix 2). These letters contained information about the subject and the main objectives of this comparative study, the reason why each site was being chosen, the research methods and time schedules which were to be employed as well as the envisaged benefits relating to health management issues. Approval from the respective directors to involve the respective facilities during the study was sought (refer to Appendix 3). Following these requests, written agreements on original letterheads from each participating institution were received (refer to Appendix 4).

5.3 Participants

The population for the study was intended to be all the staff from both facilities. All the staff of H.W.H. (M.C.H.) (N = 21) and those of V.C. (N = 8) took part in the study. The next subsection will describe the participants in H.W.H. (M.C.H.) whereas the following one will give an account of the sample type at V.C.

5.3.1 The Staff at H.W.H. (M.C.H.)

All the staff working at the H.W.H. (M.C.H.) (N = 21) participated in the study. Five out of 21 participants were aged between 41 and 61 years. Their average tenure at the
H.W.H. was 3.51 years (SD = 3.07), with a range between four months and twelve years. Since the mean tenure was significantly skewed ($z = 2.97, p < 0.05$), the median tenure was therefore calculated and this was measured to be 2.6 years. 10 of the participants were male. The participants’ levels of education were as follows: one had primary level of education, twelve had secondary level of education and eight had tertiary level of education. Of all the multi-disciplinary team members of the H.W.H., only two had received training on rehabilitation.

All the participants took part in both the quantitative and observation phases of the study. One of them, the Assistant Nursing Officer also took part in the semi-structured interviews held later on in the study. The Chief Consultant Psychiatrist and the Manager of this rehabilitation facility also participated in these interviews. (Refer to Appendix 10).

5.3.2 The Staff at Villa Chelsea

The eight participants at V.C. were aged between 21 and 30 years old. Their average tenure at Villa Chelsea was 1.6 years (SD = 1.34 years), with a range between three months and four years. Out of the eight subjects, six were females. All the respondents had tertiary education and six of them had received special training on rehabilitation.

These eight subjects took part in both the quantitative and observation phases of the study. One of them, the Deputy Manager also took part in the in-depth interviews held later in the study. The Chairman of the Board of Governors and the Manager of this
facility also participated during the in-depth interviews but are not described as part of
the participants for the main part of the study (Refer to Appendix 5).

5.4 Study Design

In order to achieve the objectives of this study, the researcher employed a
triangulation design. Richardson (1996) defines triangulation as “the findings
obtained from quantitative and qualitative techniques that are used to check each other
on the basis that they are likely to involve different sorts of threats to validity”
(p.167).

Organisational culture was assessed using two formats: quantitative and qualitative
approaches. Schneider (1990) debates upon which is the ideal research method in
assessing organisational culture. Proposers of qualitative method designs, like
Schein, have argued that “Quantitative assessment of culture was considered as
controversial and its usage conducted through surveys was unethical in that it reflects
conceptual categories, not the respondent’s own, presuming unwarranted
generalisability” (Schein, 1984; 1986, p. 161). Similarly it has been argued in other
studies that since culture reflects a social construction of reality unique to members of
a social unit, this uniqueness makes it impossible for standardised measures to tap
cultural processes. On the other hand, Tucker, McCoy and Evans (1988) affirm that
“There are good reasons to survey organisations with an objective questionnaire… as
evidenced by the qualitative processes used in developing the survey instrument
reported on…”, (p. 5).
In a debate on the role of quantitative and qualitative methods in organisational culture's research, Pondy and Rousseau (1980) recommended combinations of public and private methods. For example, the use of standardised performance programmes that are observable by others and replicable across subjects, sights and data (public) can be combined with the use of data collections that are researcher specific, less standardised and less constrained (Private) for data collection and analysis. These two methods create opportunities to synthesise the strength of both quantitative and qualitative methodologies.

The present study included a survey questionnaire (phase 1) (refer to Appendices 6, 7 and 8), non-participant observations of critical behaviours (phase 2). In addition, the findings that emerged from these 2 phases were cross-examined with additional data about job satisfaction, performance criteria (phase 3) and in-depth interviews with management members from both sites (phase 4).

The various procedural phases are illustrated diagrammatically in Figure 5.1.
Figure 5.1: Study Design

Phase 1:
Administration of survey questionnaire about organisational cultural dimensions and job satisfaction

Phase 2:
Development of an observation schedule of critical behaviours

Phase 3:
Performance criteria from document reviews and activities

Phase 4:
In-depth interviews with senior officials of respective units to cross validate employee and observer perception

Phase 5:
Analysis, comparison and validation with the previous data

5.5 Procedures and Measures

Since there were different phases in the study and each phase incorporated different measures and respective procedures, these are being described separately.

5.5.1 Phase 1 - Questionnaire distribution

Organisational cultural analysis involved in this study was based on the administration of a questionnaire in English (described below) that was composed of 3 Sections, that is, Section A, Section B and Section C, and a covering letter
addressed to all those to whom the questionnaire was distributed. (Refer to Appendix 8).

5.5.1.1 Section A

In Section A, respondents were asked to indicate demographic data including: Gender (Male / Female); Staff age brackets (21 - 30 years, 31 - 40 years and 51 - 60 years); Number of years employed at the H.W.H. and V.C.; Level of academic education (Primary / Secondary / Tertiary); Special training in rehabilitation (Yes / No). Such data were required as they could explain typical cultural profiles obtained later on (Refer to Appendix 5).

Section B and C comprised two validated questionnaires (Appendix 8) that is the Corporate Culture Questionnaire [Lite] (C.C.Q.) (Saville and Holdsworth, 1996) and a cross-measure of Job Satisfaction from the Occupational Stress Indicator (O.S.I.) (Cooper, Sloan and Williams, 1988). A separate description of these two measures follows (refer to Appendices 6 and 7).

5.5.1.2 Section B

The Corporate Culture Questionnaire [Lite] (C.C.Q.) (Appendix 6) has been designed on the understanding that an organisation's culture influences the way people in the organisation behave and, hence, is crucial to organisational effectiveness. It is an appropriate tool for managers to assess current cultural dimensions.
The C.C.Q. comprises of 23 cultural dimensional scales. Of these, 5 dimensions were considered irrelevant for this study and were left out. These included: the Use of New Equipment; the Commercial Orientation; the Concern for Equal Opportunities; the Environmental Concern and the Concern for Safety. The author felt that these areas were not directly related to a rehabilitation facility and also to the aim and scope of the research.

The remaining 18 C.C.Q. dimensions were used. The latter are presented together with their respective definition and an example item (Appendix 6). Each dimension comprises of three items, each of which is scored on a five-point Likert type interval scale as follows: 1 = 'Strongly disagree'; 2 = 'Disagree'; 3 = 'Unsure or not applicable'; 4 = 'Agree' and 5 = 'Strongly agree'.

Respective dimension items were added to yield a global dimension score. Thus each dimension had a possible range between 3 and 15. Higher scores reflected a higher perception of the specific culture dimension.

5.5.1.3 Section C

Job Satisfaction is one of the six questionnaires comprising the Occupational Stress Indicator (O.S.I.) (Cooper, Sloan & Williams, 1988) (Appendix 7).

This particular questionnaire is concerned with the extent to which one feels satisfied or dissatisfied with one's job. Five satisfaction sub-scales were chosen to establish 'How employees feel about their job'. These were: 'Satisfaction in achievement';
'Satisfaction with the job itself'; 'Satisfaction with organisational design'; 'Satisfaction with organisational process' and 'Satisfaction with personal relationships'.

Due to length limits, these sub-scales are presented in Appendix 7, together with their respective definitions and an example item.

All job satisfaction sub-scales were scored on a Likert scale having six levels ranging from: 1 = very much dissatisfaction; 2 = much dissatisfaction; 3 = some dissatisfaction; 4 = some satisfaction; 5 = much satisfaction and 6 = very much satisfaction. The item scores for any one sub-scale were added to yield a global job satisfaction score on the particular sub-scale. Although internal reliability could not be assessed in this case due to the small sample size, Cooper et al. (1988) noted that Cronbach's alpha for all five sub-scales were as follows:

Satisfaction with achievement, value and growth: alpha 0.77
Satisfaction with job itself: alpha 0.60
Satisfaction with organisation design and structure: alpha 0.64
Satisfaction with organisational processes: alpha 0.61
Satisfaction with personal relations: alpha 0.60

5.5.1.4 Pilot Study

A pilot study of the final version of each of these questionnaires was undertaken. Five copies were distributed to different professionals to assess their readability and
easiness of comprehension. No substantial modifications that could affect the final version were proposed. However, a few explanations were made to a few terms to avoid ambiguity and to render them more understandable, as for example, inserting the words ‘new ideas’ next to ‘innovations’.

5.5.1.5 Ethical issues

At the first stage, permission to administer the questionnaires in both settings was sought (Appendix 2). Participants were informed by means of a covering letter (Appendix 8) that the filling of the questionnaire was completely voluntary and that no one would be penalised if anyone chose not to comply. Respondents were assured that their identity would not be revealed at any time and that confidentiality of data acquired as well as of the individual results of the research was guaranteed and protected. Participants were given the opportunity to ask questions and clarifying matters before consenting to participate in this study. In order to avoid as much as possible any ‘rater bias’, an independent research assistant distributed and collected the questionnaires in the two settings within a set time frame. This measure was important because the researcher happens to be directly responsible for the management of the H.W.H. and could influence the response quality, amongst other considerations.

All staff filled and returned the questionnaires. The data were inserted into the Statistical Package for the Social Sciences (SPSS) Version 9 prior to analysis. (For details refer to the end of this chapter).
5.5.2 Phase 2 - Behaviour Observation Rating Schedule (B.O.R.S.)

The B.O.R.S. was used to assess staff behaviours at the work place with regards to the dimensions of the C.C.Q.

Items of dimensions from the Corporate Culture Questionnaire [Lite] (C.C.Q.), which were potentially observable, were selected to constitute the critical Behaviour Observation Rating Schedule (B.O.R.S.) (refer to Appendix 9).

Following that, chosen items were separated and two different parallel forms were drawn up. These forms were handed to two independent raters who were requested to place the items in culture dimension categories according to the raters' own interpretation. The inter-rater reliability coefficient (Kappa) was 100%, thus showing that both raters were in agreement with the a priori culture dimension items.

One independent research assistant was asked to spend four one-day sessions, two days at each of the research settings. A one-week time interval was set between each visit. The rater was further asked to score the observation anchors of the B.O.R.S. on a Likert-type measure similar to the response scale used in the C.C.Q. In order to prevent recall biases, scores were allotted immediately after each observation and the filled observation sheets were sealed. The assistant researcher's rating consistency was checked. It varied between 55% for H.W.H. and 61% for V.C.

The data from the B.O.R.S. were analysed and cross-examined with data from the questionnaire. The two sets of data were compared and contrasted to identify
significant and specific major themes. The data from the questionnaires and the B.O.R.S. were used to construct the management Semi-Structured Interview Schedule (Appendix 10).

5.5.3 Phase 3 – Collection of Specific Performance Criteria

In order to complement and cross validate any relevant findings from the two methodologies conducted before, further objective information about critical issues were collected and analysed. Critical performance indicators for both sites during the years 1997, 1998, and 1999 included: cost per user sleeping-in per night; cost per user on day basis per day; number of users to full-time staff ratio; number of admissions and discharges to community settings per year (see Appendix 11); average number of users who received day services per site and average number of users who received residential services per site per year.

When collecting critical performance indicators, difficulties were encountered because the same data required could not be obtained from both sites, as for example number of clients receiving home support per year from both facilities and were therefore excluded. Thus only comparable data were specifically used in the study to permit 'like-with-like' comparisons.
5.5.4 Phase 4 - Semi-Structured Interviews

On the basis of the pattern of culture scores obtained in phases 1 and 2, semi-structured questions – open or closed – were constructed. The purpose of these interviews was to cross-validate patterns and themes obtained from employees in the first two phases.

Themes in the interview included questions about quality of care, customer service, concern for staff career development, degree of formalisation and bureaucracy, vertical and lateral relations, co-operation, effective decision-making process and satisfaction in achievement.

The semi-structured interviews were conducted by ‘an independent’ researcher to key informants. The trainee researcher had all the semi-structured questions prepared in English and Maltese so as to allow the interviewee to choose to answer freely. However, the views and arguments of the interviewees were all transcribed in English. The trainee researcher merely asked the questions and recorded the answers. The Directors, the Managers and the Deputy/Assistant Managers of each respective facility under study gave consent to be interviewed informally and separately and accepted also to have their views registered on a tape recorder. Later, these transcripts were printed, separated according to the research site and read thoroughly. Due to length, synthesis of the most important arguments/views is being presented as elicited from the transcripts. Comparisons and interpretations of differences regarding dimensions across sites and across positions in each facility were made and will be reported below.
5.5.5 Phase 5 - Data analyses

The analyses employed in this research for each phase included:

- Results of questionnaires emerging from the S.P.S.S. included descriptive statistics and univariate comparisons using independent t-tests.

- Observable item scores defining each cultural dimension were added for timing 1 and 2 for each respective site. The inter-site global scores were subjected to a chi-square Goodness-of-fit test. Where no statistical significance result emerged, possibly due to small sample size, a decision was arbitrarily taken to emphasise only inter-site observable cultural dimensions that equalled or exceeded three points.

- Semi-structured interviews: transcripts were analysed using thematic content analysis and specific scripts were compared and contrasted with the above data. Such results of interviews with the units' top and middle management produce information about practices, policies, philosophies, values and beliefs characterising each unit. These will help counter-validate previously collected data.

- Performance Criteria: Units related to each of the performance criteria for the two sites, as for example, costs per user and discharge rates, were plotted on time graphs to enable visual comparisons. These criteria aided to validate previous results.
5.5.6 Ethical Considerations

A trainee researcher conducted the interviews, questionnaires and observation studies. This was because of the author’s sensitive position in the study that might have negatively affected the general research process. However, the role of this trainee was limited only to distribute and collect questionnaires that had already been prepared and piloted for validity by the researcher, as well as to ask already constructed semi-structured questions, and rate observations as instructed. The researcher monitored the research assistant throughout all the study.

The covering letter forwarded to the participants clearly indicated that confidentiality would be maintained at all times and that no results would be disclosed to any person without the specific approval of the particular individual involved.
Chapter 6 - Results

6.1 Introduction

This chapter presents the results of the study and will report the results according to particular research questions in chronological format.

6.2 Phase 1: Results from Survey Questionnaire.

6.2.1 Culture Dimension Results

During this phase four research questions were addressed, two for culture dimensions and two for job satisfaction. The two for cultural dimensions were:

What cultural dimensions predominate in each of the two facilities?

Are there any similarities or differences? To what extent?

In order to evaluate the first research question, descriptive statistics were used to generate mean cultural dimensions for each site. These are shown in Table 6.1 and graphically in Figure 6.1.
Table 6.1: Descriptive statistics for Organisational Cultural Dimensions across sites

<table>
<thead>
<tr>
<th>Organisational Cultural Dimensions</th>
<th>Site 1 — H.W.H. (M.C.H.)</th>
<th>Site 2 — V.C.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Std. Dev.</td>
</tr>
<tr>
<td>Quantity</td>
<td>10.6</td>
<td>2.1</td>
</tr>
<tr>
<td>Quality</td>
<td>9.1</td>
<td>2.4</td>
</tr>
<tr>
<td>New ideas</td>
<td>10.9</td>
<td>2.4</td>
</tr>
<tr>
<td>Customer service</td>
<td>9.4</td>
<td>2.0</td>
</tr>
<tr>
<td>Concern for employees</td>
<td>9.3</td>
<td>2.5</td>
</tr>
<tr>
<td>Enthusiasm of staff</td>
<td>9.9</td>
<td>2.6</td>
</tr>
<tr>
<td>Career development</td>
<td>9.9</td>
<td>2.5</td>
</tr>
<tr>
<td>Performance related pay</td>
<td>8.0</td>
<td>2.3</td>
</tr>
<tr>
<td>Degree of formalisation</td>
<td>9.7</td>
<td>2.2</td>
</tr>
<tr>
<td>Decision making influence</td>
<td>9.0</td>
<td>2.2</td>
</tr>
<tr>
<td>Decision making</td>
<td>10.0</td>
<td>1.7</td>
</tr>
<tr>
<td>effectiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Concern for long-term</td>
<td>9.9</td>
<td>2.0</td>
</tr>
<tr>
<td>Rate of change</td>
<td>8.4</td>
<td>2.2</td>
</tr>
<tr>
<td>Vertical relations</td>
<td>8.9</td>
<td>2.0</td>
</tr>
<tr>
<td>Lateral relations</td>
<td>8.0</td>
<td>2.5</td>
</tr>
<tr>
<td>Cooperation</td>
<td>9.7</td>
<td>2.9</td>
</tr>
<tr>
<td>Communication</td>
<td>9.7</td>
<td>1.3</td>
</tr>
<tr>
<td>Organisational goals</td>
<td>9.5</td>
<td>2.0</td>
</tr>
</tbody>
</table>

1. N for Site 1 is 21 and N for Site 2 is 8
2. Possible range for all dimensions is between 3 and 15
3. Ranking is from highest (1) to lowest

**Note:** (a) Skewness was not significant in all cases.
Fig 6.1 Mean scores of Cultural Dimensions per site

Cultural Dimensions

- Quantity
- Quality
- New Ideas
- Customer Service
- Enthusiasm of Staff
- Performance related Pay
- Degree of Formalisation
- Decision making Influence
- Decision making effective
- Concern for Longterm
- Rate of Change
- Vertical Relations
- Lateral Relations
- Cooperation
- Information
- Organisational Goals
Rank scores were given to the dimension means, such that higher ranking scores reflect a lower perception of a specific dimension compared to the other remaining dimension. From this table, it can be deduced that while in the case of H.W.H. (M.C.H.), participants scored highly on ‘New Ideas’ ($M=10.9, \text{ ranking}=1$). V.C. participants scored highly on ‘Cooperation’ ($M=12.6, \text{ ranking}=1$) and exhibited tied rankings on ‘Quantity’, ‘Quality’ and ‘Decision Making’.

In order to examine the significance of the differential magnitude for the same dimension across each site, independent t-tests were performed. Significant differences are shown in Table 6.2.

As can be seen, there were major differences between the two sites on some cultural dimensions. V.C. yielded significantly higher mean scores than H.W.H. (M.C.H.) on the following dimensions: Quality ($t$-value=2.98, $p<0.006$), Customer service ($t$-value=2.55, $p<0.017$), Decision making effectiveness ($t$-value=2.87, $p<0.008$), Lateral relations ($t$-value=4.23, $p<0.000$), Cooperation ($t$-value=2.71, $p<0.011$) and Organisational goals ($t$-value=1.51, $p<0.039$).
Table 6.2: Independent t-tests for significant Cultural Dimensions across sites.

<table>
<thead>
<tr>
<th>Organisational Cultural Dimensions</th>
<th>H.W.H. (M.C.H.) Mean</th>
<th>V.C. Mean</th>
<th>t value</th>
<th>df</th>
<th>Sig. *</th>
<th>Direction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantity</td>
<td>11.9</td>
<td>10.6</td>
<td>1.65</td>
<td>1.27</td>
<td>n.s.</td>
<td>V.C.&gt;H.W.H</td>
</tr>
<tr>
<td>Quality</td>
<td>9.1</td>
<td>11.9</td>
<td>2.98</td>
<td>1.27</td>
<td>0.006</td>
<td>V.C.&gt;H.W.H</td>
</tr>
<tr>
<td>New ideas</td>
<td>10.9</td>
<td>9.0</td>
<td>1.99</td>
<td>1.27</td>
<td>n.s.</td>
<td>V.C.&gt;H.W.H</td>
</tr>
<tr>
<td>Customer service</td>
<td>9.4</td>
<td>11.5</td>
<td>2.55</td>
<td>1.27</td>
<td>0.017</td>
<td>V.C.&gt;H.W.H</td>
</tr>
<tr>
<td>Concern for staff</td>
<td>9.3</td>
<td>10.0</td>
<td>0.75</td>
<td>1.27</td>
<td>n.s.</td>
<td>V.C.&gt;H.W.H</td>
</tr>
<tr>
<td>Enthusiasm</td>
<td>9.9</td>
<td>10.4</td>
<td>0.46</td>
<td>1.27</td>
<td>n.s.</td>
<td>V.C.&gt;H.W.H</td>
</tr>
<tr>
<td>Career development</td>
<td>9.9</td>
<td>9.8</td>
<td>0.12</td>
<td>1.27</td>
<td>n.s.</td>
<td>V.C.&gt;H.W.H</td>
</tr>
<tr>
<td>Performance related pay</td>
<td>8.0</td>
<td>6.9</td>
<td>1.20</td>
<td>1.27</td>
<td>n.s.</td>
<td>V.C.&gt;H.W.H</td>
</tr>
<tr>
<td>Degree of formalisation</td>
<td>9.7</td>
<td>10.6</td>
<td>1.02</td>
<td>1.27</td>
<td>n.s.</td>
<td>V.C.&gt;H.W.H</td>
</tr>
<tr>
<td>Decision making influence</td>
<td>9.0</td>
<td>9.0</td>
<td>0.05</td>
<td>1.27</td>
<td>n.s.</td>
<td>V.C.&gt;H.W.H</td>
</tr>
<tr>
<td>Decision making effectiveness</td>
<td>10.0</td>
<td>11.9</td>
<td>2.87</td>
<td>1.27</td>
<td>0.008</td>
<td>V.C.&gt;H.W.H</td>
</tr>
<tr>
<td>Concern for long-term</td>
<td>9.9</td>
<td>11.3</td>
<td>1.86</td>
<td>1.27</td>
<td>n.s.</td>
<td>V.C.&gt;H.W.H</td>
</tr>
<tr>
<td>Rate of change</td>
<td>8.4</td>
<td>8.8</td>
<td>0.41</td>
<td>1.27</td>
<td>n.s.</td>
<td>V.C.&gt;H.W.H</td>
</tr>
<tr>
<td>Vertical relations</td>
<td>8.9</td>
<td>10.4</td>
<td>1.68</td>
<td>1.27</td>
<td>n.s.</td>
<td>V.C.&gt;H.W.H</td>
</tr>
<tr>
<td>Lateral relations</td>
<td>8.0</td>
<td>12.0</td>
<td>4.23</td>
<td>1.27</td>
<td>0.000</td>
<td>V.C.&gt;H.W.H</td>
</tr>
<tr>
<td>Cooperation</td>
<td>9.7</td>
<td>12.6</td>
<td>2.71</td>
<td>1.27</td>
<td>0.011</td>
<td>V.C.&gt;H.W.H</td>
</tr>
<tr>
<td>Communication</td>
<td>9.7</td>
<td>10.8</td>
<td>1.49</td>
<td>1.27</td>
<td>n.s.</td>
<td>V.C.&gt;H.W.H</td>
</tr>
<tr>
<td>Organisational goals</td>
<td>9.5</td>
<td>10.6</td>
<td>1.51</td>
<td>1.27</td>
<td>0.039</td>
<td>V.C.&gt;H.W.H</td>
</tr>
</tbody>
</table>

6.2.2 Job Satisfaction Dimension Results

The two questions for job satisfaction that were addressed included:

What job satisfaction dimension predominates in each of the two sites?

Are there any similarities or differences? To what extent?

In order to evaluate this part of the research question, descriptive statistics were used to generate job satisfaction dimensional means for each site. These are shown in Table 6.3 and graphically in Figure 6.2.
Table 6.3: Descriptive statistics of facets of Job Satisfaction across sites

<table>
<thead>
<tr>
<th>Variables.</th>
<th>Site 1—H.W.H. (M.C.H.)</th>
<th></th>
<th></th>
<th>Site 2—V.C.</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean^2</td>
<td>Std.</td>
<td>Ranking^3</td>
<td>Mean^2</td>
<td>Std.</td>
<td>Ranking^3</td>
</tr>
<tr>
<td>Satisfaction with achievement</td>
<td>18.5</td>
<td>3.8</td>
<td>1</td>
<td>14.9</td>
<td>3.1</td>
<td>2</td>
</tr>
<tr>
<td>Satisfaction with job itself</td>
<td>15.0</td>
<td>2.9</td>
<td>2</td>
<td>12.9</td>
<td>2.2</td>
<td>3</td>
</tr>
<tr>
<td>Satisfaction with organisational design</td>
<td>15.0</td>
<td>3.4</td>
<td>2</td>
<td>16.1</td>
<td>1.6</td>
<td>1</td>
</tr>
<tr>
<td>Satisfaction with organisational processes</td>
<td>13.3</td>
<td>3.2</td>
<td>4</td>
<td>12.9</td>
<td>2.5</td>
<td>3</td>
</tr>
<tr>
<td>Satisfaction with personal relationships</td>
<td>9.7</td>
<td>1.9</td>
<td>5</td>
<td>10.8</td>
<td>2.1</td>
<td>5</td>
</tr>
</tbody>
</table>

1 N for Site 1 is 21 and N for Site 2 is 8.
2 Possible range for all dimensions is between 3 and 15.
3 Ranking is from highest (1) to lowest

Note (a) Skewness was not significant in all cases, therefore, there is normal distribution.

![Fig. 6.2: Mean raw scores for Job Satisfaction variables per site](image)

![Job Satisfaction Variables](image)
From Table 6.2, it can be observed that while in the case of H.W.H. (M.C.H.) participants scored highly on 'Satisfaction in achievement' (M= 18.5), at V.C. participants scored highly on 'Satisfaction with organisation design' (M=16.1).

In order to examine the significance of the differential magnitude for the same variable across each site, independent t-tests were performed. Significant differences are shown in Table 6.4.

Table 6.4: Independent t-tests for significant Job Satisfaction Variables across sites.

<table>
<thead>
<tr>
<th>Variables</th>
<th>H.W.H. (M.C.H.) Mean *</th>
<th>V.C. Mean *</th>
<th>t value</th>
<th>df</th>
<th>Sig.</th>
<th>Direction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction with achievement</td>
<td>18.5</td>
<td>14.9</td>
<td>2.39</td>
<td>1.27</td>
<td>0.024</td>
<td>H.W.H.&gt;V.C.</td>
</tr>
<tr>
<td>Satisfaction with job itself</td>
<td>14.9</td>
<td>12.9</td>
<td>1.84</td>
<td>1.27</td>
<td>n.s</td>
<td></td>
</tr>
<tr>
<td>Satisfaction with organisational design</td>
<td>14.9</td>
<td>16.1</td>
<td>0.94</td>
<td>1.27</td>
<td>n.s</td>
<td></td>
</tr>
<tr>
<td>Satisfaction with organisational processes</td>
<td>13.3</td>
<td>12.9</td>
<td>0.33</td>
<td>1.27</td>
<td>n.s</td>
<td></td>
</tr>
<tr>
<td>Satisfaction personal relationships</td>
<td>9.7</td>
<td>10.8</td>
<td>1.26</td>
<td>1.27</td>
<td>n.s</td>
<td></td>
</tr>
</tbody>
</table>

As can be observed, there is one significant difference between the two sites. Participants at H.W.H. (M.C.H.) yielded a higher mean on ‘Satisfaction in achievement’ (t-value=2.39, p<0.024) than participants at V.C.
6.3 Phase 2: Behaviour Observation Rating Schedule

This phase addressed the research question:

Are behaviour practices in the two facilities different?

Observable items from the C.C.Q. (Lite) were used to construct a Behaviour Observation Rating Schedule (B.O.R.S.). The trainee researcher rated each item twice during two different visits at each site. Items from the two timings for any cultural dimension were added to yield a global score.

In order to assess proportional differences across sites, a chi-square analysis was employed for pair-wise observation scores across each dimension. Results are shown in Table 6.5.

There were no significant differences for any of the dimensions. However, the observation ratings of the two sites under consideration reveal that there were five dimensions which, at face value, though not yielding statistically significant results, show that there are marked differences in the behaviour ratings observed.

These dimensions present ‘3’ or more raw scores that would suggest pertinent differences between H.W.H. (M.C.H.) and V.C. Those dimensions that have higher scores in H.W.H. (M.C.H.) are Quality (M1 - M2 = 3), Degree of formalisation (M1 - M2 = 6), and Vertical relations (M1 - M2 = 4), whilst, Customer service (M2 - M1 = 5) and Career development (M2 - M1 = 5) scored a higher rating in V.C.
Table 6.5: Chi-square analyses for differences in Observation Ratings across sites

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Ratings H.W.H (M.C.H.)</th>
<th>Ratings V.C.</th>
<th>$\chi^2$ value</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantity</td>
<td>9</td>
<td>11</td>
<td>0.20</td>
<td>n.s.</td>
</tr>
<tr>
<td>Quality</td>
<td>19</td>
<td>16</td>
<td>0.48</td>
<td>n.s.</td>
</tr>
<tr>
<td>New ideas</td>
<td>6</td>
<td>8</td>
<td>0.28</td>
<td>n.s.</td>
</tr>
<tr>
<td>Customer service</td>
<td>11</td>
<td>16</td>
<td>0.92</td>
<td>n.s.</td>
</tr>
<tr>
<td>Job involvement</td>
<td>6</td>
<td>7</td>
<td>0.07</td>
<td>n.s.</td>
</tr>
<tr>
<td>Career development</td>
<td>4</td>
<td>9</td>
<td>0.96</td>
<td>n.s.</td>
</tr>
<tr>
<td>Degree of formalisation</td>
<td>14</td>
<td>8</td>
<td>1.63</td>
<td>n.s.</td>
</tr>
<tr>
<td>Decision making effectiveness</td>
<td>3</td>
<td>4</td>
<td>0.14</td>
<td>n.s.</td>
</tr>
<tr>
<td>Vertical relations</td>
<td>12</td>
<td>8</td>
<td>0.14</td>
<td>n.s.</td>
</tr>
<tr>
<td>Horizontal relations</td>
<td>9</td>
<td>8</td>
<td>0.58</td>
<td>n.s.</td>
</tr>
<tr>
<td>Co-operation</td>
<td>8</td>
<td>8</td>
<td>0.25</td>
<td>n.s.</td>
</tr>
<tr>
<td>Communication</td>
<td>8</td>
<td>8</td>
<td>0.25</td>
<td>n.s.</td>
</tr>
</tbody>
</table>

6.4 Phase 3: Specific Performance Criteria

The research question that will be dealt with during this phase is:

Do the two units show different results on specific criteria?

For the purpose of this study, six performance criteria were compiled. Each performance indicator for each site was compared for three respective years, that is, 1997, 1998, and 1999.

One has to note, that the average facilities for Day and Residential Services vary for each site. The H.W.H. (M.C.H.) caters for a maximum of 35 residents and for an average of 10 day users. The full-time staff at this facility has varied from 9 in 1997 and 10 in 1998 and 1999. At V.C. the available facilities cater for a maximum of 12
residents and an average of 12 day users. Full-time staff at this site was 6 in 1997 and 1998 and 8 in 1999.

The discrepancy in the overall number of users reflects a situation where certain clients would have been referred to either site but would not qualify either as a day user or a resident (e.g. user referred for counselling/support only).

As a note of clarification, at the H.W.H. (M.C.H.) the bed capacity is almost three times as that of V.C.

6.4.1 Users/Full-Time Staff ratio

The first performance criterion (Figure 6.3) illustrates the number of full-time staff delivering rehabilitation care services as a ratio to the number of users who received such care at each setting.

“Users” refer to the total number of persons who have approached or who have been referred by ancillary agencies and other professionals to both facilities. “Staff” refers to full-time employees at each facility, excluding trainees and other professionals who attend the facilities for few hours a week.
The figure above indicates the users/staff ratio of both facilities. Results show that the users/staff ratio of Villa Chelsea is higher than the users/staff ratio of H.W.H. (M.C.H.) for years 1998 and 1999, but not for 1997. In 1998, the number of users for both facilities was almost the same.

### 6.4.2 Average number of users who received Residential Services per site

A comparison between the average number of users who received residential services at H.W.H. (M.C.H.) and V.C. is illustrated in Figure 6.4. One has to note that the number of beds available at the H.W.H. (M.C.H.) is more than that at Villa Chelsea.

“Residents” represents those users who have been making use of both day and night services in both sites.
For 1997 the number of residents at H.W.H. (M.C.H.) was double that at V.C. During the 1998, the situation reflected a decrease at H.W.H. (M.C.H.) compared to the number of residents at V.C. In 1999, the number of residents in both facilities balanced out.

6.4.3 Number of users for Day Facilities per site

Another criterion related to the services offered in the rehabilitation units is indicated in Figure 6.5.
“Day users” represents those clients who have been making use of day services but would not sleep over in either site.

![Fig 6.5 Number of users who received Day Services per site](image)

Certainly, the number of day users varies per day, per site. However, in 1997 the number of users at H.W.H. (M.C.H.) was half that of V.C. In 1998 the number of users at H.W.H. (M.C.H.) almost doubled, compared to V.C. and in 1999 the situation of average day users balanced out for both sites.

### 6.4.4 Discharge Rates for per site

The next performance criterion is projected by the presentation of the discharge rates per each facility for each year 1997, 1998, and 1999, as shown in Figure 6.6 below.
Percentage conversions for the number of users discharged from both facilities shows that in 1997 the discharge rate at H.W.H. was 41%, while, at V.C. this was at 50%. In 1998 at H.W.H. 53% were discharged and 33% were discharged from V.C. Finally, in 1999 at H.W.H. the discharge rate was 39% and 21% at V.C.

6.4.5 Cost per user for Residential Services per day per site

Another significant measure indicating organisational performance is illustrated by means of Figure 6.7. The latter graphically shows the difference of costs incurred by each site for average residential services offered per year 1997, 1998, and 1999. Comparison of costs per day per site lends itself for analysis of the respective management in each site.
At H.W.H. (M.C.H.) the average cost for each resident is significantly higher and on the increase for the years in question than at V.C.

### 6.4.6 Cost per user for Day Facilities per day per site

An analogous performance criterion affecting the quality of care and the management climate is the depicting of each unit’s costs per user for day facilities. This measure is graphically illustrated in Figure 6.8.
The average cost per user, per day, at H.W.H. (M.C.H.) increased from Lm23.60 in 1997 to Lm30.60 in 1999. While, at V.C. the average cost remained constant for 1997 and 1998 (Lm4.39) and increased to Lm5.35 in 1999.

### 6.5 Phase 4: Semi-Structured Interviews

This stage of the study addressed the research questions:

Does management of each rehabilitation facility confirm employee’s perceptions of the respective organisational culture?

What follows are the salient excerpts from the semi-structured interviews with key persons from both facilities. These brief accounts seem to represent the major perceptions of high officials of the cultural aspects related to performance in the
respective sites. Only dimensions that revealed an inter-site significant difference from the CCQ were chosen for the semi-structured interviews.

Appendix 10 illustrates the list of questions used for this semi-structured interview. The following tabulates the results from these interviews according to the chosen dimensions:

6.5.1 Customer Service

While answering an open-ended question about customer service at each site, all respondents generally expressed that clients are treated adequately, as has been stated by the assistant Manager of H.W.H. (M.C.H.)

"Clients, here, are treated much more than adequately".

However, while answering to such a question, each respondent's reply reflected his/her perceived notion of satisfactory customer service. For example, the Chairman of Board of Governors, responsible for Villa Chelsea, himself a businessman by profession attributed good customer service to treatment delivered in a

"... a beautiful home situated within the community not isolated from the people".
On the other hand, the Consultant Psychiatrist, responsible for the H.W.H. (M.C.H.), reflected his role as a psychiatrist when he delineated two needs that have to be satisfied, that is,

“... patients are treated very well from a basic needs perspective while from a skills and specific activities' perspective, services are lacking a little”.

Another medical issue elicited from the latter's answer is that he referred to users receiving rehabilitation care services as patients, emphasising that

“... residents here are unlike clients because they cannot choose otherwise”,

alleging that they were bound to stay at the H.W.H. (M.C.H.) and that they cannot opt to ask for discharge. Relating to customer service at the H.W.H., the Manager stated that:

'Ve are not giving the necessary skills training and that we need to create programmes to train clients for independent living.'

On the other side, both the Manager and Deputy Manager of V.C. confirmed that users there receive adequate treatment from the programmes. The Manager stated that: “the programmes still have to be continuously reviewed”, the Deputy claimed that users are learning skills to enable them to be able to live independently.
6.5.2 Quality of care

Quality of care was addressed by the respondents in relation to the type of services provided, like therapy which is task- or person- oriented, and in respect of the factors that contribute towards the delivery of good service. Person-oriented types of service address the needs of the user as a person, while task-oriented therapy entails concentrating training on identified deficiencies in the skills of the person.

Generally speaking, all the answers were positive. The Chairman of the Board of Governors of Villa Chelsea, however, stated: “I am not involved directly in care delivery”. However, he acknowledged that he had not received any negative feedback. Nevertheless, at least three out of the remaining five respondents expressed that though the quality was good on the whole, on certain aspects, the expectation of staff for quality of care was counter-productive. The Manager at Villa Chelsea claimed that:

“... the presence of highly motivated staff could at times be counter-productive because their expectations of the users can be very high”.

The other three officials from the H.W.H. (M.C.H.) all opined that users undergoing rehabilitative treatment at the H.W.H. are receiving all services free of charge, that is, free medication, food, clothes, etc., is counter-productive. The Consultant of H.W.H. (M.C.H.) stated: "when users return to the community, they find it difficult to start paying for the majority of services they receive". The Manager of H.W.H. (M.C.H.) added that:
“Quite often, the untrained staff wash the patients and choose clothes for users to wear. Staff do not realise that this is counter-effective”.

Regarding factors that qualify for *good quality of care*, respondents from V.C. included young, motivated staff committed to help users, good staff-user ratio and staff support dynamics. Respondents from both facilities confirmed that care programmes are both task and person-oriented. The Consultant Psychiatrist of H.W.H. (M.C.H.) claimed that:

“First we address the needs of the person, then we concentrate on particular tasks required by particular users and train such users accordingly”.

### 6.5.3 Concern for Staff

Whilst addressing this dimension, one Official from H.W.H. (M.C.H.) expressed that: "vacancies for career development exist for all disciplines, for example, a Staff Nurse can become a Nursing Officer". However promotions to staff are not awarded directly from the organisation but from the Health Division. On the other hand, the Chairman and the other respondents of Villa Chelsea admitted that:

“for the moment, there are no vacancies for promotions as the organisation is in its infancy".
While referring to staff developing at H.W.H. (M.C.H.) respondents expressed different views. While the consultant argued that there is investment in terms of staff development, the other two respondents denied that there is a fixed system of training opportunities, especially for nurses. Furthermore, the consultant opined that:

"First of all, even though the courses are available at H.W.H. (M.C.H.), those not motivated do not participate, or if they attend for courses, little progress is observed".

Moreover, the consultant continued that: “staff is posted at H.W.H. (M.C.H.) not because they are motivated to help rehabilitate the users, but for political reasons, especially after each election”. This was supported by the Ombudsman Report (p. 9).

With regards to staff development opportunities, all respondents from V.C. expressed that the organisation organises courses for staff. They offer training related to management problems, for coping with (d)i)stress and on family therapy. The top managers highlighted their support for staff development and for investment in staff. Moreover, the middle manager stated:

“The agency is not the type that enrolls you and leaves you at that. In-service training programmes are organised from time to time for staff. The Foundation emphasises a lot on the work environment for staff”. 
6.5.4 Enthusiasm of Staff

With reference to this dimension, both directors are almost in agreement. At H.W.H. (M.C.H.), there is mixed feeling about enthusiasm of staff. Some of them are very motivated, committed and participate whole-heartedly with tasks assigned, whilst others are indifferent to the job and completely alienated. Most of the staff is over 50 years old and lack enthusiasm. Besides, they are used to giving custodial care and are not effective.

At V.C., the chairman stated that:

“staff are fresh and enthusiastic. They are freshly graduated from university and are motivated to put into practice what they have studied”.

Moreover, according to the Manager of V.C.: “staff at V.C. are still between the age of 20-30 years and the fact that they are over-enthusiastic can at times prove to be counter-productive because their expectations of the users can be very high”.

6.5.5 Degree of Formalisation (bureaucratic practices)

The H.W.H. is still an annex of Mount Carmel Hospital and is still dependent on the bureaucratic practices of the hospital. According to the consultant, “even when there are refurbishment needs at H.W.H., I have to ask permission to the Hospital Management Board and follow the bureaucratic procedures”. Furthermore, one respondent added that:
"For an organisation of a simple outing for users, I have to inform in writing the departmental nursing manager to do a request for arrangements for transport, to have this request endorsed by the hospital administrator for the utilisation of overtime if the outing is after working duties, etc... I see a lot of hassle that can be avoided if I receive petty cash monthly and if I am left responsible for the management of the Half-Way House. There would not be a need to prepare a month in advance because of bureaucracy".

Conversely, the Deputy Manager V.C. stated that:

"at least, we don't suffer from this sickness. The organisational structure is very simple and very flat, ... when necessary, everyone can reach either myself or the manager very quickly without the need to pass from one board to another".

### 6.5.6 Vertical relations

Both the respondents of H.W.H. and V.C. agreed that, on the whole, there are good relations between staff and management. In fact, they organise social events between them and users, as for example, to celebrate birthdays. The Consultant of H.W.H. (M.C.H.) opined that: "differences in opinion are present everywhere are present everywhere, ... but when there is friction or any spark, I am the one responsible to control and manage the situation". Moreover, one other respondent from H.W.H. (M.C.H.) added that:

"No one dares challenging the consultant - everyone says a lot and complains behind his back but then very little is changed".
Respondents from V.C. accept the fact that there could be different views and frustrations expressed from staff and management. Different opinions from the staff are expected and tolerated, but there were no major divergence of opinions between the Board and the Manager - views are tackled and there are very good relations between them. The Chairman, stated that:

"There are very good relations between us – myself and the Board, and the Board and the Manager, … none of the staff has every approached me to report any problems".

At V.C., there exists an open way of communication between the Manager down to the staff. The middle management, being between the top management and the staff (down), serves as a: “buffer between the two levels, even if the organisational structure is flat”.  

6.5.7 Lateral relations and communication channels

Respondents from H.W.H. (M.C.H.) claimed that: “there are bad interdisciplinary relations and that the communication channels need improvement”. The social workers and occupational therapists are the dominant disciplines. The reason expressed was the difference in salaries as nurses earn more since they are paid for working nights and Sundays, while the other disciplines work only office hours. One official stated that:
"Such bad interdisciplinary relations are negatively affecting users’ care. Such antagonism and rivalry sometimes hinders the decision-taking process related to the rehabilitation of users. If everyone (staff) realises that we are in this (H.W.H.) together and the patients need all our services, life could be better at the H.W.H”.

but then added, “It is no bed of roses here”.

At V.C. lateral relations and co-operation look better, but one official admits that:

‘Staff seem happy, but what appears to be and what actually is, sometimes can be two different things. There is always room for improvement. Despite the difficult duties of staff, they look happy and employees share with management the pride of the results that we achieve together. From staff interviews and reports at Villa Chelsea, the board receives occasionally negative comments, which are readily addressed.’

While referring to communication channels at Villa Chelsea, one respondent claimed that since the organisational structure is simple and flat, everyone could reach each other with management very quickly. The same respondent referred to the philosophy at Villa Chelsea regarding interpersonal relationships among staff. The official reported that:

“Where the problems arise, we try to resolve them immediately. Our philosophy is to help and not damage each other. Being a small number of staff working together, I feel I can immediately tackle any friction and intervene very quickly”.

Finally, another official from Villa Chelsea referred to the organisational culture regarding lateral relations and stated that:
“There are staff who really co-operate with each other, a few prefer to work on their own whilst others want to disrupt each-others’ work”.

6.5.8 Mission statement and organisational goals

The main official from H.W.H. confirmed that there is no Mission Statement and written organisational goals. It was stated that

“A mission statement that was being designed ended in a staff drawer. The main objectives we have over here are that we try to regain the skills lost (by users) to go back to the community or at least move to V.C.”.

On the other hand, all officials from V.C. stated that Mission Statement (refer to Appendix 16) and Aims and Objectives are present, exhibited and all staff know about them. Management expects staff to adhere to them. These are also published in the journal entitled ‘Richmond News’, which is issued every three months by the Organisation. The mission is:

“to serve the Maltese community as a leader in the provision of community rehabilitation and support services for persons with mental health difficulties and to work towards their integration into society”.

6.5.9 Rate of success

In this regards, the Consultant of H.W.H. (M.C.H.) feels proud and satisfied with the number of discharged users who are still in the community with no serious relapses,
except coming for some form of (regular) basis for some treatment. However, he expressed:

"a sense of preoccupation in terms of the number of patients who are institutionalised for a number of years with little improvement".

He noted the limitations of human resources, housing and care workers who would hinder the provision of required services for patients and the necessary support to patients' families. Besides, the Manager of H.W.H. (M.C.H.) claimed that there is no shortage of staff, but added that the problem is the lack of staff co-operation and rigidity to adhere to job description and task-oriented type of treatment.

Similarly, the Manager of V.C. expressed:

"we are happy with that (success rate), but obviously we want to improve. One of the obstacles has been problem of housing. We have carried out research on the outcome of our services and the results are very promising".

6.5.10 Decision-making Process

At H.W.H. (M.C.H.), care-plans are discussed and agreed upon by users, staff (multidisciplinary team) and Consultant during ward rounds (weekly). Yet, presently users are not given the chance to be involved in decisions regarding policies and protocols for H.W.H. (M.C.H.) due to increased work-load, lack of time and staff available at the H.W.H. The Consultant of H.W.H. (M.C.H.) stated that:
“Sometimes it takes about an hour for all of us to contribute about a case and to reach some form of consensus. On other occasions I would have to make the final decision when consensus is not reached. I try to listen to everyone and try to get everyone involved in the decision”.

At V.C., staff and clients and their relatives, discuss together care plans of users and the policies regulating the management of the facility. According to the Deputy Manager: “users themselves are involved a lot even when recruiting new staff and accepting new members”. Everyone has a say.

### 6.5.11 Outside interference in the management of the organisations

During the interviews with personnel from H.W.H. (M.C.H.), a recurring theme emerged related to outside interferences to the management. All respondents from this site claimed that there is outside interference affecting the management. One respondent further opined that over the years there were staff who used to work diligently because they side with the government in power, whilst others would perform negatively to put bad light on the ‘party’ in power. At the end, the Consultant stated that:

“all this interference, even in staff posted at H.W.H., is to the detriment of the users”.

85
In this regard, all respondents from V.C. denied having any outside (political) interference from which ever government was in power. The Chairman stated that:

"Till today we have full autonomy in the management of Villa Chelsea".

The interpretation and discussion for these results will be carried out in the following chapter.
Chapter 7 – Discussion

7.1 Interpretation and Implications of the Results: A Holistic Perspective

This section will attempt to integrate and converge the findings from the four assessment techniques employed in this study. While the previous chapter has reported findings separately in accordance with their respective research question, this chapter will discuss results in an integrative and holistic fashion.

7.2 Organisation of Chapter

This section commences with an overall view of the findings. It then considers four separate, but not mutually exclusive, subsections. The first subsection deals with issues related with the performance of care-providers and the users' services. The second focuses on matters related to internal processes and relations. The third considers elements of human resources for the two mental health rehabilitation facilities. The last subsection deals with the macro-level processes and organisational vision and values.

7.3 Overall Findings

Differences have been found between the two mental health facilities. H.W.H. (M.C.H.) reported better on ‘Satisfaction with achievement’, ‘Job itself’ and with ‘Organisational processes’, while V.C. has better quality cultural dimensions than
H.W.H. (M.C.H.). As can be observed from the Corporate Culture Questionnaire (C.C.Q.) (Figure 6.1), V.C. scored higher on most of the dimensions.

With regards to performance criteria, the major difference observed is that, primarily, H.W.H. (M.C.H.) caters for substantially more residents than V.C., while at the same time, costs per user per day and residential services, are considerably higher.

In the H.W.H. (M.C.H.) despite the buildings being outdated (Xerri, 1995), the presence of a multi-disciplinary team approach is more pronounced. Furthermore, the staff at this site, has also proved to be more innovative, ranking first on ‘New ideas’. Thus, this research has shown that in general, staff at H.W.H. (M.C.H.), are more satisfied with the corporate culture at work. On the other hand, from an aesthetic point of view of home décor and interior design, the environment at V.C. is more attractive and pleasant. The staff is younger and more academically trained, and there is better customer service with regard to a more caring approach and a better follow-up system. V.C. staff reported better on ‘Co-operation’ proving to be more cohesive.

Comparing the perceptions of top management with staff, at H.W.H. (M.C.H.) there is more perceptual congruency. While the perceptions of top management and staff at V.C. appear to be different.

7.4 Performance and users’ service

The relevant cultural dimensions covered in this subsection include concerns for ‘quality’, ‘quantity’ and ‘customer service’.
7.4.1 Concern for ‘Quality’

In these last years the ‘quality’ of mental health care service in Malta has become an issue of national importance (refer to National Policy on Mental Health Service, 1995). Camilleri and O’Callaghan (1998) further stated that despite the abundance of literature related to quality health care services, there has been little comparison of service quality as provided by related (in the type of service product offered) yet independent (in terms of this administration) organisations. The following results obtained from this study and the relevant discussion pertaining to this cultural dimension may fill an existent information gap in this regard in relation to rehabilitation mental health care.

‘Quality’ of services was reported lower for H.W.H. (M.C.H.) then for V.C. One possible explanation can be attributed to the more traditionally archaic, custodial care approach of nurses, who are the main component of the staff at H.W.H. (M.C.H.) as compared to the independent fostering attitudes of V.C. Besides, as the demographic data reveal, at H.W.H. (M.C.H.), only two out of twenty-one staff members have received special training on rehabilitation. Furthermore, the organisational systems are operating without sufficient feedback, arrangements that would catch a quality-control problem earlier in time (Xerri, 1995). Moreover, the facility provides only sporadic training opportunities, as reported by the top management itself.

However, the picture was reversed in the observation results. There can be various reasons for this. It is to be noted, first of all, that the trainee researcher gave greater
emphasis to a professional holistic approach given by the multi-disciplinary team members, as an indicator of ‘quality’, which is better at H.W.H. (M.C.H.). As a result of this approach adopted by the trainee researcher, since there are no occupational therapists and no professionally trained psychologists on site, at V.C. this aspect was rated lower. But, the observer commented more positively on the ‘quality of care’ at V.C. with regards to the rapport and caring relationship between the users and staff.

Explanations for the low ranking of ‘quality of care’ at H.W.H. (M.C.H.) and the high ranking at V.C. were corroborated both by the Consultant Psychiatrist as well as the Manager at V.C. during their semi-structured interviews. The Consultant Psychiatrist stated that in certain aspects, the type of rehabilitation programme received by users is counter-productive since they are not adequately trained to survive an independent living in the community. Such a view was also backed by the Ombudsman Report (1998). At V.C., the Manager attributed the good quality of care to the type of staff employed and also to the fact that the staff-users ratio for 1999 was higher when compared to H.W.H. (M.C.H.).

In general terms, the concept of ‘quality’ in health care has developed from a purely technical approach to a multi-faceted issue (Donabedian, 1987), which now attempts to satisfy the needs, interests and demands of three principal interest groups namely the health care professionals (providers), the managers of health care organisations and users (Ovretveit, 1992). The interests of these stakeholders, of both the H.W.H. (M.C.H.) and V.C. (refer to Appendix 12) have already been proposed in the approved National Policy On Mental Health Service (Xerri, 1995) by the introduction of efficient hospital management within the health sector, the conversion of the
custodial approach into a more personalised service to clients, and to appropriate provision of on-going training of staff. These measures have been in the process of implementation in the two mental health facilities under study, since that report. The implementation of such measures has been even more accelerated following reports on the visit to Malta by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment (C.P.T., 1995), the Ombudsman’s report on the Treatment of Mental Patients (1998), and other articles on the media which have all fuelled a strong public debate on the mental health care services provision. The main emphasis has always been the concern for the “quality” of services provided in the various health care facilities in Malta (Camilleri & O’Callaghan, 1998).

Each staff group has its own specific opinions on the definition, perception, auditing and ways of improving staff performance and ‘quality’ of health care services. Evidence for these subjective perceptions of both health care managers and providers have already been put forward during the mentioned interviews. The perception of the concept of ‘quality’ by users can probably be deduced by the fact that certain institutionalised users at the H.W.H. (M.C.H.) would interpret good ‘quality’ of care only if staff wash them, give them food and clothes and make their beds. Other users who are eager to be re-integrated into the community would consider the provision of a washing machine to wash his/her clothes (as recommended the Ombudsman, 1998) as a symbol of good ‘quality’ of care.
7.4.2 Concern for ‘Quantity’

Another related cultural dimension is ‘Quantity of Services’. Results obtained from the questionnaires and through observation on perceived ‘work quantity’ were similar in H.W.H. (M.C.H.) and V.C. In the case of V.C., these results would seem anomalous, given that this facility caters only for a comparatively small number of users. Data collated from performance criteria show full-time staff/users ratio for H.W.H. (M.C.H.) and V.C. was similar in 1997 and 1998 and only marginally different in 1999.

Comparisons across sites yield some very interesting findings in so far as performance of staff is concerned. For example, the discharge rate (refer to Figure 6.6) for H.W.H. (M.C.H.) has been considerably higher in 1998 and 1999 than for V.C., despite the fact that the users/full-time staff ratio at V.C. is lower (three users for one full-time staff) than H.W.H. (M.C.H.) (four users for one full-time staff). One would expect that, this being the case, the workload at V.C. should be lighter. One possible reason why this is not so, is because, for example, the counselling services are provided as an integral part of the overall service which may not be the case at H.W.H. (M.C.H.). This may reflect the higher expectations of V.C. staff from the organisation’s management. Such a view has been particularly backed by the Deputy Manager’s statement at V.C. that staff is expected to provide for independent living skills to users and also the necessary support and counselling.

This point leads on to evaluate the levels of expectations for the facilities under investigation. The situation at the H.W.H. (M.C.H.) is completely different, reflecting
more commentary compatibility between staff perceptions and management expectations. Therefore, the gap that is created between the expectations of management and perception of staff is practically insignificant, and therefore, levels of job satisfaction at the H.W.H. (M.C.H.) are ranked higher (refer to Figure 6.2).

Conversely, as a result of the marketing strategies (refer to Appendix 15) adopted by the management of V.C., it can be presumed that expectations of management are set high, in contrast to the low profile and low expectations projected at the H.W.H. (M.C.H.). Findings illustrate a mismatch between the staff perceptions of the current situation at V.C. and the expectations set by the top management. While top management perceives that the staff is enthusiastic, the staff ranked this cultural dimension (Enthusiasm) only in the 11th position out of 18 dimensions. This may indicate that although the top management of V.C. is not aware of the real perceptions of their subordinate staff, but rather assume that they have similar perceptions like the staff. This situation may be potentially dangerous if carried to extremes. According to Hatton et al. (1999), mismatches between staff perceptions of the real and ideal organisational culture are associated with a range of negative outcomes such as stress, sickness and staff turnover. Subordinate staff may be using upward strategies – ingratiating, going along with the suggestions of top management - and concurrently strengthening their own relationships as a measure to counter stress (Farmer, Maslyn, Fedor & Goodman, 1997).

Another possible reason why the discharge rate was lower at V.C. could be that the H.W.H. (M.C.H.) has an extra outlet to refer patients, namely to V.C., whereas, the latter does not have such an opportunity; in this regard, the Consultant Psychiatrist
expressed his satisfaction. Concurrently, he also expressed concern that because of lack of key workers some essential work is not being performed. Because of problems in the interdisciplinary relations, members of the multi-disciplinary team tend to slack from their work and expect others to carry out tasks on the grounds of better salaries. Such a situation renders the ‘quantity’ of work more voluminous on certain staff because of unprofessional attitudes by others. In V.C. each member of staff is a key worker.

However, another explanation for the perceived ‘quantity’ of work could be that, because of custodial nursing practices, some nurses at the H.W.H. (M.C.H.) are taking upon themselves tasks which should not be part of their duties in a rehabilitation environment, such as bathing of patients, bed making, and choosing clothes. That these chores should be performed by staff is indeed antagonistic to the ethos of rehabilitation (Xerri, 1995), where it is sacrosanct that activities of daily living should be taught to, not done for, clients. The most natural explanation for this is that this is what nurses are accustomed to do at M.C.H. from whose cultures H.W.H. (M.C.H.) draws its own values and attitudes. Nurses are not recruited to H.W.H. (M.C.H.) because of their appropriate attitudes.

7.4.3 Customer Service

From the results concerning this cultural dimension, it appears that ‘customer service’ at H.W.H. (M.C.H.) is not perceived as good as at V.C. In the questionnaire, this dimension ranked sixth at V.C. and only eleventh at H.W.H. (M.C.H.). Besides, the observer commented and emphasised about the efficient services delivered by staff at
V.C. This perception of the observer was backed by the manager stating satisfaction with the success rate of integrating users in community settings.

However, on observing the higher percentage rate of discharges to users/staff ratio, it is plausible to think that perhaps staff at the H.W.H. (M.C.H.) is not adequately appreciative to this reality. One would expect a better percentage of discharge rates at V.C. considering that 75% of the staff there have undergone special training on rehabilitation, as compared to the 10.5% of trained staff at the H.W.H. (M.C.H.).

There are two explanatory alternatives. It is either that though V.C. radiates an image of professionalism, there are possible difficulties at the human resources level. Or else that patients at H.W.H. (M.C.H.) are discharged arbitrarily. It may appear that the former is the more appropriate as will be discussed in the next subsections. In addition customer services at the H.W.H. (M.C.H.) should be better if one considers that the average cost per user at this unit has always been higher, than at Villa Chelsea (refer to Figures 6.7 and 6.8). This however might be explained by the culture in government-run institutions which seem to be less cost conscious. Already in the National Health Policy Document entitled Health Vision 2000, (Xerri, 1994) emphasis was made on the introduction of a cost-conscious management culture to counter the prevailing ineffective and inefficient culture in government-run institutions where the management of financial resources and quality standards were involved.

Later on in 1995, it has been specifically spelt out in the National Policy on Mental Health Service (1995), that a separate budget for Mental Health Services had been allocated. Quite recently Mount Carmel Hospital has been given financial autonomy
and accountability. The hospital budget is categorised under a cost-centre system, whereby each ward is now considered as a 'cost centre' and the respective nurse manager is, henceforth, accountable for both the provision of the various customers' services as well as for cost-effectiveness. The current instilled culture is characterised by decentralised accountable management and value for money issues – better quality with less cost. This is in line with the Public Service Reform Commission Report (1989) which states:

"Quite simply, managers are those who assume responsibility for the performance of a unit, system, etc. This does not mean only Ministers or Heads of Departments. In many ways, leadership is the most important management skill for a public service in crisis and when undergoing change" (p. 55).

Whilst, users do not pay directly in the two mental health facilities, it is worth analysing what is happening in the open market (Public Service Reform Commission Report, 1989, article, 9).

7.5 Organisational vision and macro processes

This subsection treats the perception and presence of organisational strategic goals and includes vision and mission statements and organisational systems and structures.

7.5.1 Vision and mission statements

Current and future innovative organisational objectives and personalised care services (targeted at satisfying users' changing needs) at the two mental health facilities are all
embodied in a mission and vision statement. This, along a unique system of shared values, norms and set-up, directs the ‘rules’ by which the H.W.H. (M.C.H.) and V.C. will strive to achieve committed goals. In both sites under study, ‘organisational goals’ ranked middle of the list in the questionnaire.

At the H.W.H. (M.C.H.) the mission statement was never completed, and at present, “... has been put away in some drawer”. This reference to such a document may be considered to be a casual remark (personal communication with Dr J. Vella Baldacchino, 5th June, 1999). However, although there does not appear to be an explicit mission statement, staff acknowledges that the ultimate organisational goals of the facility, towards rehabilitating and re-integrating patients who are adequately trained and skilled in the community, are treated as common knowledge, but its values, philosophy and vision, are dealt with subjectively. Further evidence from one of the respondents shows that any mission statement should be discussed at the grassroots levels with all the staff, because they are the ones who have to sustain it and to feel that they own it (Makin, Cooper & Cox, 1996). Moreover, management affirmed that what is most important is that the guiding principle and the supplementary shared values are at the heart of all the staff, as referred to in the espoused values by Deal and Kennedy (1982). All this presents a clear contrast with the state of affairs at V.C. (refer to Appendix 16).

Conversely, V.C. has a formal written ‘mission statement’ which is strongly suggested by the management and is available for all the staff to refer to when necessary. From the results, the picture at V.C. reflects some significant inconsistency with regards to this dimension. Considering that the top management
has shown intense concern to present and make readily accessible this document (manual), one would have expected the staff of V.C. to rank it higher than at H.W.H. (M.C.H.) for organisational ‘vision’ and ‘goals’.

Possible explanations for this are that the mentioned manual available at V.C., which includes the philosophy, the values, ethos and mission designed by the Richmond Foundation, is not completely adopted and adhered to by the staff at this site. This reflects that the mission, vision and values present at V.C. (micro level) do not specifically and entirely match with those of the mother culture of the Richmond Foundation at the macro level. The ‘decision making influence’ perceived by the young staff at V.C. tends to be low, making it difficult to own, in an appropriate way, the organisational goals.

The state of affairs can be better understood when one refers to the Culture Models by Rousseau (1990) and Schein (1985: 1992). In these two particular models, it is stated that the outer visible aspect of an organisational culture (artefacts) are a reflection and originate from the fundamental assumptions. However, due to the variety of internal or external contingencies, this connection may be lost.

7.5.2 Organisational systems and structures

As discussed earlier, ineffective organisations may fall short of attaining organisational goals for two reasons, namely either because of varying degrees of internal opposition damaging the attainment of these aims, or because of the likelihood of external opposition (Albanese & Van Fleet, 1985) (refer to Appendix
The likelihood of integrating organisational employees and social objectives has been underpinned (McGregor, 1960:1990). A study by Bond and Fiedler (1998) highlights the link between traditional bureaucratic systems as, for example, the H.W.H. (M.C.H.) with internal opposition. Organisational goals and shared philosophies and values in an organisation are much influenced by what Arnold, Robertson and Cooper (1991) refer to as an open system in which there are complex links between factors such as organisation structure, technology, environment and the individuals and groups who work within and outside the organisation. In a 'closed system' an organisation is static and impermeable to external influences, in which case the organisational goals are not affected by external factors.

In order to understand better these interactions, one must refer to an organisational structure illustrated by what is known as the organisational hierarchy, as represented by the organisational chart (Arnold, Robertson & Cooper, 1991). Organisational charts do not simply illustrate the structure, but they portrait the chain of commands, channels of communication and the bureaucratic way decisions are taken depending on the level of the person within the hierarchy. The organisational charts of H.W.H. (M.C.H.) and V.C. depict two different structures (refer to Appendix 17). The former describes a 'hierarchical' structure and the latter a 'rather flat' structure, though both organisations are multi-levelled. The H.W.H. (M.C.H.) is a typical example of a more complex organisation, while V.C. is rather simple in organisational design. Unexpectedly, findings from the C.C.Q. indicate that staff at H.W.H. (M.C.H.) and V.C. ranked similar for 'degree of formalisation' and 'decision-making influence'. One would expect that with such a rather comparatively flat organisational structure at V.C., staff perceived both of these dimensions higher when compared to the much
more complex organisational structure at H.W.H. (M.C.H.). On the other hand, rankings for 'Job Satisfaction' with organisational design was ranked first at V.C., which reflects the positive perception of staff working within such an organisational structure. Consistent with Harrison's (1970) model of culture types, both facilities should fall somewhere between a role and task culture. However, from an assessment of the results, one can find ample evidence to argue that while H.W.H. (M.C.H.) is more of a role culture, V.C. is more predominant of a power culture.

When studying the concept of multi-level organisations (refer Appendix 18), similarities or differences of organisational culture elements for the facilities under study are highlighted. Staff and other stakeholders of these two facilities (refer to Appendix 12), belong and relate to the respective organisation patterns of norms, values, beliefs and practices. The latter bind them together at different degrees and constitute their particular shared basis of social action. This has been referred to as the attachment phenomenon of organisations. Given that organisational culture is based on meaning that stakeholders of V.C. and H.W.H. (M.C.H.) give to the information they gather from surroundings, as a result, such meanings become shared perceptions of the working environment (refer to Appendix 19). These are dynamic and develop over time, typical to the open system theory (Cassar, 1999).

According to the Multi Company Paradigm (Schein, 1997, p. 45), there are two relevant views to the paradoxical situation at Villa Chelsea. These are:
a) We are one family (Richmond Foundation) and take care of each other (V.C.), but a family (Richmond Foundation) is a hierarchy, and children (V.C.'s staff) have to comply.

b) Individual and organisational autonomy are the key to success so long as one (V.C.'s staff) stays closely linked to one's "parents" (Richmond Foundation).

According to the example of the Multi Company Paradigm (Schein, 1997), V.C.'s staff have to abide by the mission statement set by Richmond Foundation. The management of this organisation should render it more acceptable, and gain its approval by V.C. staff. Considering the above, problems with cultural attitudes and organisational norms can arise in view of the fact, that while staff at H.W.H. (M.C.H.), because of longer average tenure in this site, could be more used to accept long established practices and orders from superiors, staff at V.C. are comparatively younger, and perhaps not readily accepting previously established norms and regulations.

7.6 Internal processes and relationships

The relevant dimensions covered in this section are issues of degree of 'formalisation', 'rate of change', 'new ideas' (innovation), 'decision-making processes', 'co-operation', 'communication', and 'vertical and lateral relations'.
7.6.1 Degree of formalisation and rate of change

The ‘degree of formalisation’ was ranked 7th at H.W.H. (M.C.H.) and 9th at V.C. while the ‘rate of change’ ranked very low on both sites on the questionnaire, that is, 16th and 17th respectively. The ranking of ‘formalisation’ at H.W.H. (M.C.H.) was also corroborated by the Officials in the semi-structured interviews and, as already stated in Chapter 6, due to the existing bureaucracy, such result is explanatory. Considering the rather flat structure at V.C. and following views by respondents, a better ranking on the questionnaire would perhaps have been expected. However there was no significant difference across sites.

As already indicated, the H.W.H. (M.C.H.) is more bureaucratic and traditional and has more endurable embedded norms, values, practices, etc. (Schein 1992) than V.C. which is a comparatively new organisation (established in 1995). In this regard, it is more difficult to effect changes in internal processes at H.W.H. (M.C.H.) than at V.C.. A study by Bond and Fiedler (1998) assesses the dimensional effects of changing organisational culture in a long-term health care facility and their findings indicate that traditional bureaucratic systems in health care, as in other sectors, tend to foster internal structures and processes, which are rigid and resistant to change. This applies significantly to H.W.H. (M.C.H.), which is more influenced by the slowly changing environmental elements. On the other hand, it could be argued that V.C. may be described as an organisation less exposed to bureaucratic health care regulations. It may be argued that it assumes that it must symbiotically accept its niche and, therefore, has more difficulty in adapting (Schein, 1992) to change internal processes and relationships.
To corroborate further, results of the cultural dimensions have confirmed that the ‘rate of change’ at H.W.H. (M.C.H.) and V.C. is very slow and things tend to follow rigid and inflexible organisational processes. Such a reality could hinder the drive for the much desired autonomy and decentralisation of services within mental health rehabilitation centres. However, it could be that, once again, the young, academically trained staff have higher expectations of change and are disappointed when these are not met, even though the ‘rate of change’ is higher than at H.W.H. (M.C.H.).

7.6.2 New ideas

New ideas was ranked first at the H.W.H. (M.C.H.) but ranked extremely low (15th) at V.C. in the questionnaire. The observer, on the other hand, rated new ideas sixth at H.W.H. (M.C.H.) and 8th for V.C.

Such rankings seem contradictory especially when referring to previous studies, as for example Warr (1996), which indicate that employees who are relatively young tend to be more innovative. Considering that staff at H.W.H. (M.C.H.) and at V.C. are 73% and 100%, respectively, are less than forty years, seems not to be an explanatory variable for this difference in rankings. Furthermore, Arnold (1990) and Hall (1971) argue that work experiences of younger employees can have wide-long lasting effects and are linked with a sense of competence normally achieved by social support. Hence, a plausible explanation for the difference may be attributed to the perceived management style by staff, who may feel they are not being given enough opportunities to take risks in being innovative (Wagner, 1981).
7.6.3 Decision-making processes and Communication

With regards to the cultural dimension of ‘decision making effectiveness’, which overall ranked very high (third) for both H.W.H. (M.C.H.) and V.C. on the questionnaire, it seems that the employees perceive that their respective organisation takes the best decision possible. This result has also been confirmed by the Observer who rated it third for H.W.H. (M.C.H.) and fourth at V.C. During the interviews, respondents stated that usually decisions are taken following discussions.

‘Communication’ in both facilities did not obtain a very high ranking (ranked middle of the list in both sides). It can be argued that in a flat organisational structure like that of V.C., communication channels are normally expected to be more effective since there is a smaller gap between the top management and the workforce than exists at more hierarchical organisational structure found at H.W.H. (M.C.H.). The introduction and/or improvement of top-down and bottom-up communication channels in both facilities would help staff and management to keep abreast of what is going on in either of the two organisations. Besides, staff would feel more informed and involved in decisions taken by the management, hence management can rely more on the workers’ participation. This is conducive to increased organisational performance and to better health care service delivery. This is also in line with results of studies by theorists and Morgan (1986) which indicate better performing organisations that facilitate communication.
7.6.4 Lateral/vertical relations and co-operation

From the findings, the scores for these cultural dimensions differed drastically for H.W.H. (M.C.H.) and V.C. ‘Vertical relations’ ranked 15th at H.W.H. (M.C.H.) and 11th at V.C., while ‘lateral relations’ ranked 17th and 2nd respectively. Also, the Observer rated vertical relations 12th at H.W.H. (M.C.H.), thus reflecting that the Consultant Psychiatrist is the person responsible for most of the decisions taken concerning the treatment programmes and administration of the facility. The Consultant Psychiatrist himself stated in the semi-structured interviews, that when consensus is not reached, he would take decisions himself. With reference to ‘lateral relations’ within the same site, the findings reveal that there are intra- and interdisciplinary conflict and antagonism amongst the team members from the various professions. This can be the result of influences on certain staff members by the mother institutions. This is why it may be considered to have a separate half-way house located and managed independently away from M.C.H.

Results from the C.C.Q. reveal that the staff at H.W.H. (M.C.H.) scored moderately (7th) for the cultural dimension of ‘Co-operation’, which shows that they are moderately co-operative with each other, but experience occasional bouts of interpersonal conflicts, which support such a state of affairs.

Staff at V.C. ranked low (11th) on ‘vertical relations’. This continues to supplement plausible arguments for the mismatch between the set expectations from management and the ability of the staff to maintain and reach the required levels of expectations. In addition, the high ranking on ‘lateral relationships’ on the questionnaire can be
explained as an attempt on behalf of the staff at V.C. to compensate for the perceived dissatisfaction by staff of perhaps not being able to achieve the management expectations. They strive to maintain very good interpersonal relations amongst each other and also trying to solve matters through dialogue and avoid unnecessary distress within the team at this site. This further substantiates the high-ranking scores obtained for the cultural dimension of the C.C.Q. for 'co-operation'.

7.7 Human resources elements

Human resources management (H.R.M.) is the set of organisational activities directed at attracting, developing and training an effective workforce. “Human resource management takes place within a complex and ever-changing environment context” (Griffen, 1996, p.382).

This sub-section assesses the following cultural dimensions: ‘enthusiasm’, ‘career development’ and ‘management concern for employees (performance related pay/rewards)’.

7.7.1 H.R.: satisfaction and concern for employees

Overall results on these dimensions show significant anomalies in ranking across both sites. Dimensions including ‘enthusiasm of staff’, ‘career development’ and ‘concern for long term planning’ ranked higher at H.W.H. (M.C.H.) than at V.C. while rankings of ‘concern for employees’ and ‘performance related pay’ were similar on
both sites. While the latter ranked last, the former ranked penultimate on the list on both sides.

7.7.2 Enthusiasm of Staff

One possible explanation for the high ranking of ‘enthusiasm’ in the questionnaire at the H.W.H. (M.C.H.) (fourth), can possibly emanate from the fact that though there is a percentage of staff (nurses) who still use the custodial approach, the remaining majority of staff are freshly qualified and have the expertise and motivation to excel in professionalism. The latter are enthusiastic about their work and counteract the performance of other staff. Staff ranked at second place ‘satisfaction with job itself’, which means that staff at H.W.H. (M.C.H.) are quite happy as it has emerged during the interviews.

At V.C. management expressed their high opinions of staff ‘enthusiasm’ and attributed that the fact that they are freshly qualified and still young is conducive to the good quality of care at V.C. However, ‘enthusiasm’ of staff ranked low on this dimension (11th), while it ranked third on the facet of job ‘satisfaction with job itself’. This lack of congruency between management and staff perception can influence negatively job performance and staff satisfaction (Hatton et al., 1999). Furthermore, this state of affairs could instigate staff to hide personal discontent and conversely resort to upward influence tactics of assertiveness, coalition, upward appeal, and ingratiation (Farmer, Fedor, Maslyn & Goodman, 1997). Such negative tactics are likely to be used in flat organisations managed by leaders who exert expert power.
(Baldacchino, 2000; Zammit, 2000) and where the point of reference for who is ‘management’ is less vague (Baldacchino, 2000, personal communication).

### 7.7.3 Career Development

The H.W.H. (M.C.H.) staff perceive they have more chances for promotions and advancements and also for staff development training programmes, like computer courses, conferencing, stress management programmes, rehabilitative orientation sessions during ward rounds, etc. This can be a possible interpretation to the high ranking for ‘career development’ at this site. This state of affairs was confirmed during the semi-structured interviews and also through the B.O.R.S. exercise. ‘Job satisfaction with involvement and growth’ was also scored higher at this site.

On the other hand, the low ranking by staff at V.C., can possibly be due to the fact that since this site is a non-government organisation (N.G.O.), staff working there do not have the possibility for promotion and can also possibly perceive that they cannot participate in courses offered for public service staff. However, career development was rated high by the observer as the latter has put emphasis on the training opportunities offered by the V.C. organisation itself.

### 7.7.4 Management Concern for Employees and Performance Related Pay/Reward

Another cultural dimension, which is not given appropriate consideration across the two sites, is performance-related pay/reward. In fact, this has been ranked last in
both facilities. However, all employees expect to get credits when earned and to receive due recognition for their achievements. Satisfaction with achievement ranked first at H.W.H. (M.C.H.) and second at V.C. Well managed organisational cultures can communicate to staff that outstanding performance is valued and rewarded (Morgan 1986) in terms of pay, promotions or performance certificates (Griffin, 1996) especially in sites like V.C. where for the moment there are no vacancies for promotions. When organisations introduce performance-related pay/rewards, management should be on the look out to stop any negative uncompetitive effects on other employees. In this regard the organisation has to define “a reward or punishment and the manner in which they are administered. The shared assumption concerning this issue constitutes some of the most important elements of a culture in a new organisation” (Schein, 1997, pp. 85-86)

Considering that poor human resource management can result in less performance by staff and in extra overtime utilisation, extra training, and extra costs, the management of H.W.H. (M.C.H.) and V.C. should pay great attention to the selection, recruitment and proper deployment of staff. In this regard, at V.C. it is important that management recruit staff that really fits the organisational culture there as far as applying a priori knowledge of the system. While at H.W.H. (M.C.H.), deployment of staff for political reasons (as reported by the Ombudsman Report, 1998) can involve the organisation in extra costs (for example, for training) and poor health care service delivery. In addition, reviewing the costs per user per day/night for both facilities has shown that the costs are significantly higher at H.W.H. (M.C.H.).
7.8 Limitations

Like every other study, this research has its own limitations which must be pointed out to all those who may peruse it. Its effectiveness will be maximised only if its aim, scope and findings are kept in proper perspective. The author attempted to compensate for all the deficiencies noted, although with varying degrees of success. For the sake of simplicity this section is sub-divided into three categories, namely, limitations dealing with the review, limitations dealing with the measures and limitations dealing with the procedures.

7.8.1 Limitations dealing with the review

- Research about organisational culture in Maltese organisations, which could have provided vital background information, is virtually non-existent, although a very small number of landmark studies have been carried out. The abundance of literature in this field so far as the situation in other countries is concerned was only of limited use, because of the close connection between organisational and national culture.

7.8.2 Limitations dealing with the measures

- The questionnaire was very long, and this actually bothered some respondents to the effect that they may have answered mechanically rather than thoughtfully. Paradoxically, another limitation was the decision to omit some cultural
dimensions on the questionnaire, which at face value seemed to be of no direct relevance. Future researchers may improve similar studies by first conducting unstructured interviews or focus groups with specific target groups.

- The organisational culture measure used in the study (that is the C.C.Q. Lite) was not designed specifically for mental health rehabilitation services. It was therefore restrictive in certain dimensions such as Leisure and Rest aspect and contained only a priori established culture dimensions.

- In addition some of the used measures tended to have low psychometric properties. For example, the alpha levels of certain scales of the questionnaire were either non-existent, like the Corporate Culture Questionnaire (C.C.Q.) or low, like in the Job Satisfaction sub-scales. Alpha levels should stand at least at 0.7, but in the study they were at 0.5 and 0.6.

- Moreover, because of the small sample size of both facilities, it is possible that certain associations failed to prove statistically significant. A larger sample might have increased the chances of dimensions revealing significant differences. On the other hand, the size of the sample was necessarily small, given that only two mental health rehabilitation facilities exist in Malta.

- The collection of data related to performance criteria was at times limited due to the fact that records at the facilities under study are not kept uniformly. For example, at H.W.H. (M.C.H.) records regarding day patients are not kept, while it was not possible to obtain the number of actual discharges to the Community from
V.C. Therefore the comparison of service criteria and performance criteria could not be done.

- The Behaviour Observations Rating Scale (B.O.R.S.), was designed specifically for this study. Therefore one cannot state that this instrument is scientifically validated. However it should be pointed out that its purpose was to cross-validate and reinforce data collected from the culture questionnaire (Pondy & Rousseau, 1980). Moreover, only two observation sessions were held in each facility, probably insufficient for a thorough exercise in a non-participative design. The workers observed were not necessarily representative of the total population under study. It was possible to observe only those staff members who happened to be on duty at that particular time. Numbers of staff observed varied according to work schedules during these 4 sessions. This could have given a distorted picture of the reality under study. Moreover the score magnitude for the intra-site ratings used was arbitrary and might have led to incorrect interpretations. In future research, a more scientific rationale may have to be adopted. In this particular study, this magnitude difference was merely employed to emphasise a possible rating difference.

- The interview transcripts were not member-validated (Smith, 1996) due to time restrictions. This could have enabled participants to check or comment upon the interpretation. However, it must be emphasised that while member validation can play a useful role in research, it should not be perceived as problem-free.
7.8.3 Limitations dealing with procedures

- Due to the author's position at work, nursing manager at M.C.H., and therefore directly responsible for the nursing input in one of the facilities under study, bias cannot be ruled out. Moreover, respondents to the questionnaires and the senior staff interviewed may have felt uncomfortable knowing that the researcher was their superior and colleague. In order to minimise bias and to allay staff's discomfort, an independent researcher trainee was appointed to distribute and collect the questionnaires and to record the delivery of the semi-structured interviews. However, bias could still creep in during the discussion and interpretation of the findings.

- The fact that some participants were subjected to fill questionnaires and then be observed while carrying out their duties might have given rise to 'observer contamination'. A possible way to counter balance this effect might have been to employ a different observer.

- In addition, certain events may have had a bearing on the cultural organisational climate at H.W.H. (M.C.H.), which may have, in turn, affected responses and behaviour observed at certain stages of the research period. At the time the observation sessions were carried out at the H.W.H. (M.C.H.), a few staff members were probably anxious about a possible transfer to other wards and pending industrial actions. At V.C., when the questionnaires were being administered (the author came to know a few months later), there had been an attempt to change the management structure. This could have influenced the
interactions of staff. Thus anxiety may have affected negatively the work-performance of all staff at both sites. With hindsight, another questionnaire should perhaps have been administered and an observation exercise should have been conducted after matters have settled down and the results compared. In this context, Kirk-Smith and Mc Kenna (1998) stated that "the various questions asked may change in relevance from pre- to post- intervention" (pp. 203-211). However, since triangulation was used to cross-validate results together, the final findings should prove to be more reliable than they would otherwise have been (Richardson, 1996).

7.9 Recommendations

On the basis of findings in the study, the following recommendations and remedies are proposed. For the sake of clarity the author first starts with overall recommendations for both facilities then moves on to recommendations for H.W.H. (M.C.H.) and finally proceeds with recommendations for V.C.

7.9.1 Overall recommendations

- Given the inconsistencies between staff and management at both facilities, management should ensure greater organisational cultural fit between staff and management, otherwise both facilities will continue to face problems. Management must anticipate on the expectations and perceptions of health personnel. This is in line with the service quality model (Speller & Ghobadian, 1993; O'Connor, Shewchuk & Carney, 1994) (Appendix 13). Organisational
cultural congruency can be achieved through more regular management-staff encounters at various levels, thereby, staff would learn better what is expected of them, while management would show its readiness to share ideas and suggestions before taking decisions affecting the functioning of both facilities. As a result of this measure, staff would feel more at ease, while management would avoid future organisational cultural mismatch.

- To further resolve the organisational mismatch, better bottom-up and two-way communication strategies need to be established in both facilities. It becomes clear that congruency in perception is the one most important factor in organisational culture. This is translated in the different sets of priorities found in the two structures (Kennerley, 1992).

- Management at both facilities should strive to maintain the ethos of each facility that is community oriented. Management thus, should attempt to reintegrate users into the community in the appropriate time-span, educate the public and promote mental health with the aim of reducing the stigma attached to mental illness and the rehabilitation process of the mentally ill citizen.

- More investment in staff working in these facilities should be the concern of the management of both organisations. This can take the form of the provision or improvement of special training in mental rehabilitation, especially oriented towards community reintegration of users, counselling, relaxation therapy and general life-skills.
• Both organisations should introduce, as an integral part of the organisations’ culture mechanisms, reward staff for outstanding performance. Rewards could translate into a variety of forms including: promotions to a higher rank, a reward can be translated into a more important job assignment, public recognition in the organisation’s newsletter, monetary rewards such as bonuses or raise in salary, and symbolic non-monetary rewards, such as certificates for remarkable performance and achievement.

• In order to combat intra- and inter-disciplinary conflicts and antagonism amongst the team members of the different disciplines, more group dynamic sessions are recommended to serve as cathartic means for staff to voice their differences and also try to solve conflicts through dialogue and avoid unnecessary distress within the teams.


• To promote a more cost-conscious culture within the facility and the development of new financing methods and controls. This should include the improvement of cost-effective standards and better allocation of resources categorised under a cost-centre system (recently introduced at M.C.H. the mother – culture), with the respective unit’s manager accountable for the management of funds.

• The H.W.H. (M.C.H.) management should be vested with the authority and autonomy to manage its financial and human resources. Effective human resource
management at this facility must incorporate both the setting-up and enforcement of disciplinary policies, the assigning of promotions, the necessary provision for staff development, as well as, the power to hire and fire staff thus, doing away with the bane of political transfers. Fixed trained staff should be deployed and managed autonomously at the H.W.H.

- H.W.H. (M.C.H.) staff also needs to be given further training in the art of rehabilitation. A great part of this training should emphasise personal development rather than academic training. This development would help the employee to move from a custodial approach, endemic to the M.C.H. culture, to a re-integrative psycho-social approach.

- Participation in decision-making, as a result of much desired decentralisation, related to the management of this site and the empowerment of staff should be a major factor in improving staff motivation and the eradication of ineffective and stifling bureaucratic processes.

- Effective human resource management must ensure that the sole criteria for the selection, recruitment and posting of staff to this facility should be set on the attitudes and aptitudes of prospective candidates to the organisational mission and goals.

- Employees need to be aware of, embrace and implement the facility’s mission statement. The author feels that management should go so far and to involve the staff in either designing the mission statement and/or reviewing it at least on a
yearly basis. This would ensure that all staff would have at some point in time been involved with the actual creation of the statement, ensuring its ownership.

- H.W.H. is directly influenced by the all-permeating mother-culture of M.C.H. It would appear inevitable that if real cultural change at the H.W.H. is to take place, the cultural umbilical chord between HWH and MCH will have to be severed. For a new culture to take root physical detachment from MCH may also be essential: thus it is recommended that the HWH be situated in another location as well as being managed separately.

- Change in work practices and procedures need to be implemented in order to improve better rehabilitation services. Treatment programmes should become more person-oriented rather than task-oriented. In this way the needs of the users feature better as this kind of treatment facilitates the re-integration process into the community. Top management should adopt the proper measures to counteract any resistance to change by involving staff at the facility.

### 7.9.3 Recommendations for Management of V.C.

- It is recommended that management should decrease the mismatch between the management perceived ideal and the actual organisational culture as experienced by the staff. This could be carried out primarily through an attempt by management to assimilate staff perceptions and to share the organisational culture with all members of staff. Moreover, more frequent visits to the facility and more hands-on experience by management, is recommendable. Staff would definitely
benefit from the introduction of, or more in-depth discussions on topics such as stress management, job expectations, self-management skills, as well as interpersonal skills, group dynamics and teamwork to help them manage the gap between expectations and perceptions.

- Job stability gives the staff the possibility of being more adventurous in working for change, since risk taking can be approached in a more conducive environment because jobs would be secure. It is strongly recommended that the empowerment of staff should be given priority together with more free-hand in decision-making rendering the staff at V.C. more ready to take risks, feel more adventurous and ultimately, feel more satisfied. This would reflect a more relaxed management style towards improving vertical relations.

- When V.C. needs to recruit new staff, adverts should reflect the real organisational culture and the organisational expectations. During the selection period prospective candidates should be informed about the overall organisational vision and culture. Furthermore, when staff is being selected management has to ascertain that the potential candidates match the organisational culture. When appointed, staff should be indoctrinated during the induction period and management should ensure that the appropriate culture and priorities are thoroughly understood and met. It would be beneficial if during the probation period the recruit is assigned a mentor who would help him/her make the necessary adjustments for a better fit.
7.9.4 Recommendations for Future Research

Finally, it is to note that the assumption that the organisational culture of M.C.H. influences that of H.W.H. very heavily could perhaps have been tested. Constraints of time and other resources precluded the author from doing so. Future qualitative and quantitative research studies could examine more closely the connection between the above-mentioned assumption.

7.10 Conclusion

In this study, the researcher attempted to assess the organisational culture of the only two rehabilitation mental health facilities in Malta. This was carried out because of the conviction that organisational culture may influence both the services given to the users and also the work practices, job satisfaction and ultimately, the quality of life of staff. Culture is important in every managerial decision taken.

Culture change is very often difficult to manage, because culture is embedded in the minds of the members of the organisation (Hofstede 1980). Changing mentalities has never been an easy task. Changing practices – the more superficial aspects of culture is not enough. The focus of all change management should be the people involved, because they are the ones who will ultimately determine whether goals and objectives will be achieved.
The findings of this study show clearly that although the two mental health rehabilitation facilities have the similar macro organisational goals, there are considerable differences between them on various levels. These differences can be attributable to the different cultures, which prevail within each organisation. However, within one facility not all individuals share the organisational culture.

The findings should assist Health Service Managers to become aware of the need to focus on organisational cultures in such a way as to enhance practice and therefore to bring about better results. The action required can of course range from taking initial drastic measures which will result in upheavals - such as that which would be undoubtedly provoked if the recommendation to relocate the H.W.H. (M.C.H.) were to be taken up - to a more nurturing approach which will help positive practice to flourish further. A knowledge of understanding of organisational culture would certainly convince management practitioners to opt for the latter.

Finally, it is felt appropriate, that in line with the drive for autonomy and decentralisation of the mental health services in Malta,

(i) to emphasise the recommendations made by the Health Vision 2000 (Xerri, 1994) and the National Policy on Mental Health Services (Xerri, 1995) towards decreasing the dependency of the Central Health Division,

(ii) to embark more on a scientific approach which contemplates a clearly defined management structure for health care facilities encompassing legislative,
financial and management autonomy (Xerri, 1995), that will render more cost effective and cost efficient responsible and accountable management.

Such a modern approach would continue to encompass the devolution of action programmes and areas of care like the mental health rehabilitation care area to the voluntary organisations, like Richmond Foundation (Malta), provided that they can run such services on a professional basis. Central Government will provide financial support for services rendered provided that the quite recently established procedures regulating non-Government Organisation, – Government Co-operation Agreements - are followed in the interest of all stakeholders (Xerri, 1995). Needless to say, such a recommendation can be perfectly productive as far as one acknowledges the institutional culture in which they shall be implemented.
References


Appendix 1

Information about H.W.H. (M.C.H.) and V.C.
Background information to Half Way House

Address: Mount Carmel Hospital
Attard

Tel: 4390-4505; 415183

Executing agency: Psychiatric Services, Department of Institutional Health,
Health Division, Ministry of Health, Care of the Elderly and
Family Welfare.

Contact: Hear of Psychiatry

Services: Independent and life coping skills

For whom: Mentally-ill persons who are being assisted to move back into
the community

Admission criteria: Persons of whose care plan involves re-integration in the
community

Referral procedure: From Psychiatrists, doctors and social workers at Mount
Carmel Hospital

Capacity: 35

Stay: Up to a few months

Fee: None

Source: Directory of Residential Facilities (Macelli, 1997).
Background information to Villa Chelsea

Address: Old Church Street
B’Kara BKR 10

Tel: 488062; Fax: 491040

Executing agency: Richmond Fellowship of Malta Foundation, Villa Chelsea,
Old Church Street, B’Kara Tel: 491048; 491040;
Fax: 491040

Contact: Ms Doris Gauci, Manager

Services: Half-way house; independent living skills training; individual
counselling; group therapy; rehabilitation programmes.

For whom: Mentally-ill persons of both sexes above the age of 18 who
need not be admitted to the Psychiatric Hospital

Admission criteria: Persons of both sexes between the age of 18-60 suffering
from neurosis, psychoses and personality disorders. Not
accepted are mentally ill persons who are critically ill, violent,
or too unlikely to co-operate, and substance abusers.

Referral procedure: Normally from the Psychiatrists and Social Workers based at
the Qormi Health Centre working within the mental Health
Reform Pilot Area.

Capacity: 12

Stay: Up to 12 months

Fee: None

Source: Directory of Residential Facilities (Macelli, 1997).
Appendix 2

Request for approval for the conduction of a

Research Study at H.W.H. (M.C.H.) AND V.C.
Bel Fior  
Mediatrix Place  
Zabbar ZBR 02  
5th June, 1999

Dear Dr Saliba,

As you are aware, I am presently reading for the Masters Degree in Health Services Management.

In part fulfilment of this course, I shall conduct a research study on a health related management issue. I have chosen to undertake an Organisation Cross Culture Comparison - a comparative analysis of the two facilities, namely Villa Chelsea and the Half-way House at Mount Carmel Hospital.

The main objective is to assess the magnitude of treatment effects on key outcomes, and to identify the organisational culture factors that might contribute to these outcomes in the two facilities. The result will be made available and will consequently be of benefit to the Hospital in that it will assist you in looking out for what changes may be needed to improve the services as well as what should be retained.

This study requires the use of research methods such as:

1. semi-structured interviews with the Consultant Psychiatrist responsible for the Half-way House, the Manager and Assistant Manager of the Half-way House;
2. Structured questionnaires, administered by assistant researcher to all staff at Half-way House;
3. Participant observation by assistant researcher of staff in their normal work environment;
4. Collection of quantitative data on the activities and programmes' outcomes in the two Half-way Houses, such as by the review of official statistics and other documentation.

Confidentiality and anonymity will at all times be assured.

I am kindly requesting your permission as Director of Psychiatry to undertake this comparative study involving Half-way House, Mount Carmel Hospital. The above research exercise will take place between November 1999 and January 2000.

I am informed that your written permission is required for submission to my Course Co-ordinator, Dr. Natasha Azzopardi Muscat, together with the first draft of my research proposal. These are due to be handed over on the 23rd June, 1999. Your favourable consideration to this matter at your earliest convenience is highly appreciated. I will be ready to clarify any query. My home telephone number is 691978 and my e-mail address is: jonborg@global.net.mt.

Thank you and regards,

Joseph Borg  
Student - Health Services Management M.Sc. Course
Mr Anthony Guillaumier  
Chairman – Board of Governors  
Richmond Fellowship of Malta Foundation  
Villa Chelsea  
Old Church Street, Birkirkara

Dear Mr. Guillaumier

As you are aware, I am presently reading for the Masters Degree in Health Services Management.

In part fulfilment of this course, I shall conduct a research study on a health related management issue. I have chosen to undertake an Organisation Cross Culture Comparison – a comparative analysis of the two facilities, namely Villa Chelsea and the Half-way House at Mount Carmel Hospital.

The main objective is to assess the magnitude of treatment effects on key outcomes, and to identify the organisational culture factors that might contribute to these outcomes in the two facilities. The result will be made available and will consequently be of benefit to the Hospital in that it will assist you in looking out for what changes may be needed to improve the services as well as what should be retained.

This study requires the use of research methods such as:
5. semi-structured interviews with you as Chairman of the Board of Governors and with the Manager of Villa Chelsea;
6. structured questionnaires, administered by assistant researcher to all staff at Villa Chelsea;
7. participant observation by assistant researcher of staff in their normal work environment;
8. collection of quantitative data on the activities and programmes’ outcomes in the two Half-way Houses, such as by the review of official statistics and other documentation;

Confidentiality and anonymity will at all times be assured.

I am kindly requesting your permission as Chairman to undertake this comparative study involving Villa Chelsea. The above research exercise will take place between November 1999 and January 2000.

I am informed that your written permission is required for submission to my Course Co-ordinator, Dr. Natasha Azzopardi Muscat, together with the first draft of my research proposal. These are due to be handed over on the 23rd June, 1999. Your favourable consideration to this matter at your earliest convenience is highly appreciated. I will be ready to clarify any query. My home telephone number is 691978 and my e-mail address is: jonborg@global.net.mt.

Thank you and regards

Joseph Borg  
Student – Health Services Management M.Sc. Course
Appendix 3

Approval received from Dr. J. Saliba, Chairman, M.C.H.
Management Board responsible for H.W.H. (M.C.H.) and
Mr A. Guilaumier, Chairman Board of Governors,
Richmond Foundation (Malta) responsible for Villa Chelsea
9 June 1999

Dr Natasha Azzopardi Muscat
Course Co-Ordinator

Dear Dr Azzopardi Muscat,

Re: Organisation Cross Culture Comparison - a comparative analysis of the two Half-Way Houses, namely Villa Chelsea and the HWH at Mount Carmel Hospital

I refer to Mr Joe Borg's request to carry out the above study in support of his Masters Degree in Health Services Management.

I would like to support him in this project which I think would be useful both for his personal advancement and because the information coming out of this study could be useful to Health Service planning.

Kindest regards.

Yours sincerely,

[Signature]

DR JOSEPH R SALIBA
Director of Psychiatry
16th June 1999

Mr Joe Borg
Bel Fior
Mediatrix Place
Zabbar ZBR 02

Dear Mr. Borg

Thank you for your letter of 8th June and for considering our organisation a good candidate for your research.

I am pleased to inform you that Richmond Foundation accepts that you undertake your comparative research study by involving Villa Chelsea.

I am sure that your study will prove to be valid to us in the understanding of our cultural strengths and weaknesses.

The Board looks forward to receiving a copy of your results when they are available.

Sincerely

A.E. Guillaumier
14th December 1999.

Mr. Joseph Borg
Belfior
Mediatrix Place
Zabbar ZBR 02.

Dear Mr. Borg,

Re: Approval For The Conduction Of A Research Study In Mental Health Rehabilitation.

Thank you for your letter of the 8th December 1999.

Richmond Foundation is honoured that you have chosen Villa Chelsea as your subject of study.

I would like to wish you every success and look forward to receiving a copy of the results.

Regards,

A.E. Guillaumier
Chairman.
Appendix 4

Acknowledgement to Dr. J. Saliba and Mr Guillaumier
Dr J Saliba  
Director of Psychiatry  
Mount Carmel Hospital  
Attard, BZN 09  

13th September 1999  

Dear Dr Saliba  

Approval for the conduction of a research study  
in the mental health rehabilitation area  

Your approval to conduct a survey study entitled ‘A Comparison of Organisational Culture in two mental health rehabilitation facilities in Malta’ has been greatly appreciated. It is now possible to enclose a draft copy of the Research Proposal for this study for your perusal.

It is hoped that this Proposal would be approved by the Board of Studies by October, 31st 1999. The survey will, then, be undertaken against a planned time-table and it is envisaged that it will be finalised by August, 2000.

Upon completion, a copy of the results will be made available to you. In order to secure confidentiality, eventual results of the research will only be available to participants upon request.

Best regards and thanks.

JOSEPH C. BORG  
Student – Health Service Management MSc. Course
Mr. Guillaumier
Chairman – Board of Governors
Richmond Fellowship of Malta Foundation
Villa Chelsea
Old Church Street, Birkirkara

13th September 1999

Dear Mr. Guillaumier

Approval for the conduction of a research study
in the mental health rehabilitation area

Your approval to conduct a survey study entitled ‘A Comparison of Organisational Culture in two mental health rehabilitation facilities in Malta’ has been greatly appreciated. It is now possible to enclose a draft copy of the Research Proposal for this study for your perusal.

It is hoped that this Proposal would be approved by October, 31st 1999. The survey will, then, be undertaken against a planned time-table and it is envisaged that it will be finalised by August, 2000.

Upon completion, a copy of the results will be made available to you. In order to secure confidentiality, eventual results of the research will only be available to participants upon request.

Best regards and thanks.

JOSEPH BORG
Student – Health Service Management MSc. Course
Appendix 5

Demographics for both facilities
Demographic data for whole sample

<table>
<thead>
<tr>
<th>Demographic Data</th>
<th>H.W.H. (M.C.H.)</th>
<th>V.C.</th>
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<tbody>
<tr>
<td>Gender:</td>
<td></td>
<td></td>
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<tr>
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</tr>
<tr>
<td>Females</td>
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<td>6</td>
</tr>
<tr>
<td>Age:</td>
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</tr>
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<tr>
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<tr>
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<td>6</td>
</tr>
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<td>2</td>
</tr>
<tr>
<td>Average Tenure</td>
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<td>1.6 years</td>
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</table>
Gender of Participants

Fig 6.2.1 Gender of participants per site

<table>
<thead>
<tr>
<th>Gender</th>
<th>Raw Score</th>
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</thead>
<tbody>
<tr>
<td>Males</td>
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</tr>
<tr>
<td>Females</td>
<td>11</td>
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</tbody>
</table>

Age Bracket

Fig 6.2.2 Age bracket of participants per site

<table>
<thead>
<tr>
<th>Age</th>
<th>Raw Score</th>
<th>H.W.H.</th>
<th>V.C.</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-30</td>
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</tr>
<tr>
<td>31-40</td>
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<tr>
<td>51-60</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Level of Academic Education

Fig 6.2.3 Level of academic education of participants per site

Special Training on Rehabilitation

Special training on rehabilitation undertaken by participants per site
Appendix 6

Scale description of C.C.Q. (Lite) and one example of each cultural dimension
C.C.Q. (Lite)

The performance domain

Concern for quantity

In organisations scoring highly on this scale there is a strong emphasis on the amount of work done. Productivity is likely to be a key issue, and people are expected to carry heavy work loads. Organisations with extremely high levels of concern for quantity may find the quality of work may suffer and/or that this extreme emphasis on industriousness produces resentment from the workforce. In low scoring organisations, targets or output levels may take second place to other priorities, such as restricting the market availability of a product or service, or adherence to safety standards.

Example item: In my organisation people generally have a heavy work load.

Concern for quality

High scoring organisations have a strong commitment to the achievement of high standards. A thorough, meticulous, precise and accurate approach to work is valued. Organisations with cultures reflecting extremely high levels of concern for quality may find that there is an associated cost in terms of the amount of work done or in failing to meet deadlines. Alternatively, overemphasis on quality may degenerate into obsessional myopic perfectionism. Low scores on this scale may indicate that attention to detail in the delivery of products or services is not valued, and that quality awareness is below that in other organisations.

Example item: Quality is taken seriously in my organisation.
Encouragement of creativity

The dimension concerns the extent of encouragement and support given to employees for the development and exploration of new ideas. Organisations scoring highly on this dimension place a strong value on innovation in working practices, products or services. There may sometimes be a certain degree of antipathy towards traditional practices. Extremely high levels of creativity may be associated with levels of risk that exceed those acceptable in other organisations. Organisations with low scores on this scale do not value innovation, and probably do not provide support for ingenuity and originality. Indeed, the development of new ideas may be actively discouraged. Alternatively the operating environment may be such that high levels of employee creativity would not necessarily be advantageous or progressive.

Example item: Innovation is encouraged at all levels.

The decision-making domain

Degree of formalisation

High scoring organisations are likely to be very bureaucratic and structured with clear sets of rules and regulations. In extremely high scoring organisations a surfeit of formalisation may lead to inflexibility and inefficiency: the degree of conformity required may stifle individualism to an excessive degree. Low scores on this scale may indicate a lack of structure and rules such that people are unclear what is expected of them. Alternately, low scores may reflect a positive emphasis on procedural flexibility and individual adaptability to meet the needs of a situation.

Example item: People stick rigidly to the rules.
**Employee influence on decisions**

Organisations scoring highly on this dimension are those in which employees have considerable autonomy and discretion in decision-making. Management in high scoring organisations encourages employees to work independently without close supervision, authority and responsibility may be highly devolved and employees actively participate in decisions about tasks or projects. Extremely high scores on this scale may be associated with disorder and disorganisation resulting from an absence of central control, guidance and co-ordination. In low scoring organisations, decision making is highly centralised and handled directly, without widespread participation.

Example item: Employees have a lot of freedom in deciding how to do their job.

**Decision-making effectiveness**

The scale describes the extent to which routine decisions are made effectively and efficiently. In high scoring organisations, appropriate decisions (either rational or intuitive) are made with due speed rather than delayed. The outcomes of decision-making are likely to be of high quality. People ensure that before making a decision they have ascertained the necessary facts and information and/or have consulted appropriately to gather views and opinions from relevant personnel. In low scoring organisations, decision quality is likely to be poor with little consultation and/or characterised by excessive caution, inconsistency or delay.

Example item: Decision-making quality is high.
**Concern for the longer term**

This scale assesses the organisation's commitment to planning ahead. High scores indicate a positive commitment to anticipating future demands, constraints and possibilities. People look beyond the immediate future in formulating decisions, in order to balance long term requirements with short-term needs. Forecasting may be regarded as a key activity throughout the organisation and longer-term thinking is explicitly valued. In organisations with extremely high scores, there may be an excessive focus on strategic issues to the detriment of immediate operational realities. Low scoring organisations tend to be reactive in style, concerned with the 'here and now' and immediate 'fire fighting'. The short-term emphasis in low scoring organisations may have adverse impact in the longer term.

Example item: Decisions are made with the long term in mind.

**Rate of change**

The scale concerns the pace of change in the organisation. High scores indicate in organisation where things are changing very rapidly. Restructuring and reorganisation may be common. Whilst this may be an appropriate response to a dynamic, rapidly changing external environment or marketplace, extremely high scores could be associated with the risk of producing confusion, inefficiency and demoralisation amongst employees; very rapid change is not always appropriate. Low scores on this scale point to an organisational environment where change is the exception rather than the rule. There may be a reluctance to embrace new methods or approaches and resistance to the introduction of improved systems or structures.

Example item: There is a high rate of change in the way we work.
The human resources domain

Concern for employees

In high scoring organisations, the employer is seen as considerate and employees feel that management is concerned about employees’ welfare, and there is support for people when they have problems. Organisations which score extremely highly may find that this aspect of their culture interferes with their effectiveness, either through an excessive focus on human-centred aspects of decisions or through an organisational reluctance to confront difficult human resource decisions. Employees may sometimes feel ‘smothered’ by the high scoring organisation. Low scores indicate that employees are viewed as ‘cogs in the machine’, rather than as individuals to be valued in their own right.

Example item: Career development is treated seriously.

Job involvement

People feel enthusiastic about their jobs and are motivated to work well in organisations which score highly on this scale. They strive to improve their work and want to perform at their best. Because they actively enjoy their work, finding it interesting or stimulating, people are willing to make special efforts in their jobs. Extremely high scores may indicate that routine or boring tasks are sometimes overlooked. Low scores may be indicative of poorly motivated staff, who find their work unrewarding and who are reluctant to invest extra energy in carrying out their job.

Example item: People are enthusiastic about their jobs.
Concern for career development

This scale concerns the extent of an organisation's commitment to the training and development of its employees. In high scoring organisations, this commitment is substantial, training is highly valued and career development within the organisation is treated seriously. Organisations with extremely high scores may fail to recruit appropriate skills from outside, or may provide excessive training beyond that which is required for effective performance. Alternatively, they may increase employee expectations beyond their capacity to meet them. Low scoring organisations invest little in training, and their employees may feel that career paths or opportunities for progression are poorly defined.

Example item: Career development is treated seriously

Emphasis on performance related rewards

In high scoring organisations, people receive recognition for their achievements and high levels of performance are rewarded in terms of pay or promotions. The organisation is genuinely meritocratic. Organisations with extremely high scores might have difficulties in establishing targets which are perceived as fair and in accurately assessing individual performance. Some individuals in those organisations may feel that their effort is not appropriately rewarded, since there is an over-emphasis on results/outputs and insufficient regard for effort/input, in low scoring organisations, good performers could feel frustrated or resentful that their rewards are undifferentiated from poorer performers.
The relationships domain

Vertical relations between groups

The scale concerns the quality of relationship between different hierarchic levels in an organisation. Organisations with high scores are likely to have good relationships between management and other staff. There are relatively few destructive conflicts, and there is less likely to be hostility or suspicion between management and other staff than in most organisations. Extremely high scores in some cases may be a manifestation of conflict avoidance or suppression. In low scoring organisations, conflict is endemic with relationships between management and other groups being marked by damaging discord and antagonism.

Example item: There are many conflicts between management and other staff.

Lateral relations between groups

This scale concerns the quality or relationships between groups (rather than individuals) at the same level of an organisation. In high scoring organisations, section or departments co-operate rather than compete with each other. Potential inter-divisional conflict or rivalry is addressed, and departments collaborate effectively together towards the achievement of the organisation's goals. Organisations with extremely high scores should bear in mind that some controlled intergroup competition may enhance organisational effectiveness. In low scoring organisations there is likely to be a harmful sense of hostility between groups or sections. People will often be destructively critical of other departments, and blame them for deficiencies within the organisation.
Example item: Work groups are often in conflict with each other.

**Interpersonal co-operation**

This scale covers the effectiveness with which individual employees work together. In high score organisations, individuals work together constructively. Conflicts are resolved without great difficulty and interpersonal relations are relatively harmonious. At an extreme, this type of work environment may limit organisational effectiveness by minimising productive debate and the free expression of ideas and opinions. Low scoring organisations have little interpersonal co-operation, and work requiring collaboration between individuals may be ineffectively performed.

**Communication effectiveness**

This dimension covers both vertical and horizontal communications. People ensure that others are kept up to date and information is widely shared. Channels of communication are open, clear and direct, and the information provided is relevant, specific and timely. Extremely high scores may be associated with information overload, and/or inadequate attention to other organisational priorities. Low scores on this scale may reflect either deliberate withholding of information or merely inadequacy in this regard. In both cases, the consequences are likely to be demoralisation, mistrust and reduced operational effectiveness.

Example item: Information is widely shared.

**Awareness of organisational goals**

In high scoring organisations the key objectives and strategic goals have been well disseminated. The main commercial issues facing the organisation have been clearly
described and there is a widely understood vision of the future. People are aware of the organisation's top priority goals and its overarching 'mission'. (Note that a stated recognition of those goals is not necessarily accompanied by action directed to their achievement) Extremely high scores may sometimes be associated with an excessive concern for expressions of mission to the detriment of more immediate organisational concerns. Low scoring organisations have failed to create an awareness of the key strategic and commercial issues facing them. One consequence of this may be inadequate co-ordination of effort within a 'rudderless' organisation.

Example item: People are clear about the organisation's top-priority goals.
Appendix 7

Job-satisfaction sub-scales and an example of each variable
Five subscales measure different crucial aspects of work as follows:

i) *Satisfaction with achievement, value and growth:* This subscale represents a major component of job satisfaction that might be expected in a managerial group. It concerns how the individual perceives their current scope for advancement. Closely related to these aspects of work are perceptions of value in terms of income and praise of effort. Whether the job is seen as 'challenging skills' is also important.

*Ex. Item:* The scope your job provides to help you achieve your aspirations and ambitions.

ii) *Satisfaction with the job itself:* Clearly, the nature of managerial work is wide and varied so the scope of this subscale is limitless. Whilst the subscale explicitly mentions the type and scope of job tasks etc., these are intended to be metaphors. In other words, when individuals express satisfaction or dissatisfaction with their job, they mean simply the 'type of work'. The items contributing to this subscale provide a break in such circular explanations.

*Ex. Item:* The actual job itself.

iii) *Satisfaction with organisational design and structure:* The nature of managerial work is such that the nature of the organisation and its characteristics have particular importance. This subscale measures several important structural aspects of organisations.

*Ex. Item:* The design or shape of your organisation's structure.

iv) *Satisfaction with organisational processes:* The background rationale for this subscale is similar to the previous one. The emphasis here, however, is not on design and structural characteristics, but rather on internal processes.
Ex. Item: The psychological ‘feel’ or climate that dominates your organisation.

v) Satisfaction with personal relationships: Although this subscale contains three quite diverse items they all have a high interpersonal content. The feel or 'climate' of a company is something transmitted by people, as is the image a company projects. The nature of managerial work demands a high degree of contact with people, so the quality of relationships is relevant.

Ex. Item: The relationships you have with other people at work.
Appendix 8

Copy of questionnaire administered, including covering letter
Dear Sir/Madam

Presently a research study is being undertaken to compare the organisational culture in two mental health rehabilitation facilities in Malta. The respective management of these facilities has consented to such a survey study.

For this purpose you are being invited to fill this anonymous questionnaire. This should not take you more than fifteen minutes to complete. The questionnaire has three sections. Section A asks you to fill in demographic details. Section B and C require that you reflect on your current job experience in the respective rehabilitation facility and please respond using the appropriate scales. The researcher will help you if you have any difficulties. You may be asked to assist in further study of emerging cultural issues if required. Participation in this study is completely voluntary and you will not be penalised if you choose not to comply. Confidentiality of matters discussed and data acquired is guaranteed and protected.

Your participation is highly appreciated since the opinion of the staff working in these two facilities may be considered as the best source of information for understanding organisational culture.

Whilst thanking you for your co-operation, you are kindly asked to fill the attached consent form.

Mr. Andrew Triganza Scott
Trainee Researcher
Section A

Please fill in as appropriate

1. Gender: Male 1 Female 2

2. Age: 21–30 yrs 1 31–40 yrs 2 41–50 yrs 3 51–60 yrs 4

3. Number of years employed in the Half-Way House ___ years

4. Level of academic education: Primary Level 1 Secondary Level 2 Tertiary Level 3

5. Do you have special training on rehabilitation Yes 1 No 2
   If yes, duration of training ____ months/years

Section B

The following items describe possible scenarios of the present workplace, i.e. the Half-Way House. Please indicate your agreement using the scale below. Ensure to answer all questions but do your utmost to avoid ‘Unsure/NA’. In case of difficulty, do not hesitate to ask the researcher.

Please make your choice by circling the appropriate number using the following scale:


In my (organisation) ‘work place’ ...

1. Staff generally have a heavy work load 1 2 3 4 5
2. Staff pay close attention to all the details in order to get the job right 1 2 3 4 5
3. Innovation is encouraged at all levels 1 2 3 4 5
4. Customer service is treated more seriously than in most organisations 1 2 3 4 5
5. Staff work for a considerate employer 1 2 3 4 5
6. Staff are enthusiastic about their job 1 2 3 4 5
7. Career development is treated seriously 1 2 3 4 5
8. Staff are paid for the level of their performance, not merely for being at work 1 2 3 4 5
9. Staff stick rigidly to the rules 1 2 3 4 5
10. Employees have a lot of freedom in deciding how to do their job 1 2 3 4 5
11. Decision-making quality is high 1 2 3 4 5
12. Decisions are made with the long term in mind 1 2 3 4 5
13. There is a high rate of change in the way staff works 1 2 3 4 5
14. There are many conflicts between management and other staff 1 2 3 4 5
15 Work groups are often in conflict with each other 1 2 3 4 5
16 Staff work together in a positive way 1 2 3 4 5
17 Information is widely shared 1 2 3 4 5
18 Staff are clear about the organisation's top-priority goals 1 2 3 4 5
19 Staff show a clear commitment to excellence 1 2 3 4 5
20 There is a strong emphasis on the amount of work staff do 1 2 3 4 5
21 There is frequent encouragement for employees to produce new ideas 1 2 3 4 5
22 There is great emphasis on learning what clients want 1 2 3 4 5
23 Staff always strive to improve their work 1 2 3 4 5
24 Management supports staff when they have problems 1 2 3 4 5
25 Training arrangements are very good 1 2 3 4 5
26 Employees are rewarded if they produce exceptionally good work 1 2 3 4 5
27 Management permits other staff to make their own decisions 1 2 3 4 5
28 Procedures are extremely bureaucratic 1 2 3 4 5
29 Decision-making properly balances the long term with the short term 1 2 3 4 5
30 Staff make sure they get the facts before making a decision 1 2 3 4 5
31 Things are changing extremely rapidly 1 2 3 4 5
32 Groups or sections are hostile towards each other 1 2 3 4 5
33 Management and other employees are hostile towards each other 1 2 3 4 5
34 Staff place a high value on working well together 1 2 3 4 5
35 Management has communicated a vision of the future 1 2 3 4 5
36 Staff make sure others are informed 1 2 3 4 5
37 Much weight is placed on quantity of work 1 2 3 4 5
38 Quality is taken especially seriously 1 2 3 4 5
39 New ideas are encouraged 1 2 3 4 5
40 There are very high standards of customer service 1 2 3 4 5
41 Employees' welfare is treated seriously 1 2 3 4 5
42 Employees actively enjoy their work 1 2 3 4 5
43 Training is highly valued 1 2 3 4 5
44 Staff are recognised for their achievements 1 2 3 4 5
45 There are rules for everything 1 2 3 4 5
46 Managers encourage their subordinates to make their own decisions 1 2 3 4 5
47 Managers are effective decision-making 1 2 3 4 5
48 Long-term thinking is highly valued 1 2 3 4 5
49 Old methods are being replaced very quickly 1 2 3 4 5
50 Relations between management and other work groups are poor 1 2 3 4 5
51 Sections or departments often have trouble in working together 1 2 3 4 5
52 Staff are effective in working together 1 2 3 4 5
53 Staff are adequately informed about what is happening in other departments 1 2 3 4 5
54 The commercial issues facing us have been well described to everyone 1 2 3 4 5

Section C

This section is concerned with the extent to which you feel satisfied or dissatisfied with your job. Try not to be put off by any other reactions you may have – simply rate the items against satisfaction/dissatisfaction scale by circling the number of your answer on the scale shown:

6. Very much satisfaction
4. Some satisfaction
2. Much dissatisfaction
5. Much satisfaction
3. Some dissatisfaction
1. Very much dissatisfaction
1. Communication and the way information flows around your work place 6 5 4 3 2 1
2. The relationship you have with other staff at work 6 5 4 3 2 1
3. The feeling you have about the way you and your efforts are valued 6 5 4 3 2 1
4. The actual job itself 6 5 4 3 2 1
5. The degree to which you feel ‘motivated’ by your job 6 5 4 3 2 1
6. Current career opportunities 6 5 4 3 2 1
7. The level of job security in your present job 6 5 4 3 2 1
8. The extent to which you may identify with the public image or goals of your organisation 6 5 4 3 2 1
9. The style of supervision that your superiors use 6 5 4 3 2 1
10. The way changes and innovations are implemented 6 5 4 3 2 1
11. The kind of work that you are required to perform 6 5 4 3 2 1
12. The degree to which you feel that you can personally develop or grow in your job 6 5 4 3 2 1
13. The way in which conflicts are resolved at your workplace 6 5 4 3 2 1
14. The scope your job provides to help you achieve your aspirations and ambitions 6 5 4 3 2 1
15. The amount of participation which you are given in important decision-making 6 5 4 3 2 1
16. The degree to which your job taps the range of skills which you feel you possess 6 5 4 3 2 1
17. The amount of flexibility and freedom you feel you have in your job 6 5 4 3 2 1
18. The psychological ‘feel’ or climate that dominates your workplace 6 5 4 3 2 1
19. Your level of salary relative to your experience 6 5 4 3 2 1
20. The design or shape of your organisation’s structure 6 5 4 3 2 1
21. The amount of work you are given to do whether too much or too little 6 5 4 3 2 1
22. The degree to which you feel extended in hour job 6 5 4 3 2 1

Thank you very much for your participation. Please ask the researcher if you would like a summary of the results when this project is finalised.
Appendix 9

Behaviour Observation Rating Schedule (B.O.R.S.) Forms
**Behaviour – Observation Criteria**

Dear ___________________

Please find below lists of Behaviour Observation criteria and relative statements that will be used during my research study.

Kindly indicate which criteria is most fitting to the various statements.

e.g.  
**Statement**  
Staff are enthusiastic and seem to enjoy their work  
**B-O Criteria**  
Job Involvement

**Behaviour-Observation criteria**

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</thead>
<tbody>
<tr>
<td>3. New Ideas</td>
<td>7. Degree of formalization</td>
<td>11. Staff cooperation</td>
</tr>
</tbody>
</table>

**Statements**

<table>
<thead>
<tr>
<th>Management at this site does its utmost to excel in the quality of work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff at this site (workplace) seem to be highly trained</td>
</tr>
<tr>
<td>High standards of Customer Service prevail at this site (workplace)</td>
</tr>
<tr>
<td>Staff are often in conflict with each other at this site (workplace)</td>
</tr>
<tr>
<td>Staff at this site (workplace) tend to work together</td>
</tr>
<tr>
<td>Management at this site emphasizes quantity of work</td>
</tr>
<tr>
<td>Staff at this site (workplace) often make everyday decisions without resorting to management</td>
</tr>
<tr>
<td>Staff tend to communicate information at this site</td>
</tr>
<tr>
<td>There is a high quantity of work at this site (workplace)</td>
</tr>
<tr>
<td>Staff relations are poor at this site (workplace)</td>
</tr>
<tr>
<td>Supervisor/staff relations are poor at this site (workplace)</td>
</tr>
<tr>
<td>Using new ideas at this site is allowed (permitted)</td>
</tr>
<tr>
<td>There is a high sense of bureaucracy at this site (workplace)</td>
</tr>
<tr>
<td>Staff are enthusiastic and seem to enjoy work</td>
</tr>
<tr>
<td>Customer service is important at this site</td>
</tr>
<tr>
<td>Management and staff are often in conflict with each other</td>
</tr>
<tr>
<td>Staff at this site (workplace) do their utmost to excel at their work</td>
</tr>
<tr>
<td>Too many rules are prevalent at this site (workplace)</td>
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</table>
**Behaviour – Observation Criteria**

1 = strongly disagree  
2 = disagree  
3 = not observed/unsure  
4 = agree  
5 = strongly agree

<table>
<thead>
<tr>
<th>Behaviour – Observation Criteria</th>
<th>1 - 5</th>
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<tbody>
<tr>
<td>Management at this site does its utmost to excel in the quality of work</td>
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<tr>
<td>Staff at this site (workplace) seem to be highly trained</td>
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<td>Staff at this site (workplace) do their utmost to excel at their work</td>
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<td>Too many rules are prevalent at this site (workplace)</td>
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Date of observation ______________________

Site ____________________________

Duration at site _____________

No. of staff present during observation period _____

Thank you, Joseph Borg (Researcher)  
28th December, 1999
Appendix 10

Semi-Structured Interview Schedule
Semi structural questions to Officials at Villa Chelsea

Tahseb li l-klienti huma moqdija tajjeb?
Do you think the clients are treated adequately?

Il-kwalita ta’kura hi sodisfacenti?
How do you see/qualify the type of treatment the clients are receiving?

Ghaliex tahseb li hawn kura ta’ kwalita tajba? X’inhuma l-fatturi?
What are the factors contributing to the good quality of care?

L-istaff ghandhom opportunitajiet biex jizviluppaw ghal xi ‘promotions’?
Do the staff members have any opportunities to grow within the organisation?

L-istaff ghandu bzonn ta’ hafna permessi mill-management biex jaghmel xoglu?
What type of bureaucracy exists within the organisation?

X’tip ta’ relazzjonijiet tezisti bejn l-istaff u l-management?
How would you describe the relations between management and staff?

L-istaff kif jidhru? Kuntenti?
How do you see the staff? Do they seem happy here?

Go Villa Chelsea hawn ‘Mission Statement’?
Is there a mission statement here at Villa Chelsea?

Kif inhi r-rata ta’ success ta’ Villa Chelsea? Kemm jigu rihabilitati klijenti minn hemm?
What is the success rate of your programmes at Villa Chelsea?

Hemm xi ndhiljew xi sistemi ta’ kif tinpjegaw lin-nies?
Are there any particular systems or methods of hiring new staff? Do you encounter interference?

Il-klijenti ghandhom mezz ta’ kif iresqu xi lmenti?
Do the clients at Villa Chelsea have a system to sound their complaints?

Semi structural questions to Officials at Half-way House (M.C.H.)

Bhala l-konsulent tal-Half way House, tahseb li l-klijenti huma moqdija tajjeb?
As the medical consultant of the Half-way House, do you think the clients are treated adequately?

It-tip ta’ kura li qed tinghata hi ta’ kwalita xierqa?
How do you rate the quality of care at this facility?

Dan l-istaff ghandu xi tip ta’ training?
Do staff members have accessibility for staff training?
Bhala terapija hija 'person' jew 'task-oriented'?
How would you characterise the type of therapy that the residents receive? Is it person or task oriented?

Tahseb l-istaff ghandhom xi opportunitajiet biex ittejbu l-karriera taghhom?
Do the staff in this facility have any opportunity to grow in their career?

Hawn xi form ta’ investiment fl-istaff hawnhekk?
Is there any structured form of investment in the staff of this facility?

Il-promotions kif isiru hawnhekk?
How are promotions given here?

Jezisti x’indhil politiku fit-tmexxija hawn?
Are there political interferences in the management here?

Tara li hawn burokrazija stretta biex titwettaq xi tip ta’hidma?
How would you describe the bureaucratic practices in this facility?

Kif inhuma r-relazzjonijiet ta’bejn l-istaff u l-management?
How would you describe the relations between staff and management?

Tahseb l-istaff huma kuntenti bil-mod kif qed jinqdew il-klijenti?
Do you think the staff are happy with the quality of treatment that the clients are receiving in the Half Way House?

Hemm xi forma ta’ “mission statement” fil-Half Way House?
Is there a mission statement at the Half Way House?

Sodisfatt bin-numru ta’ successi?
Are you satisfied with the success rate of residents moving into the community?

Tahseb li l-process ta’ kif jittiehdu d-decizzjonijiet huwa elaborat hawn?
How would you describe the decision-making process in this rehabilitation facility?

Fil-Half Way House kif inhuma r-relazzjonijiet bejn l-istaff?
How do you describe the staff relations here?

Jidhirlek li n-numru ta’ residenti hu adekwat meta relatat mar-rizorsi li hawn?
Do you feel that the residents : staff/ratio is adequate enough?
Appendix 11

Referrals from and discharges to
Referrals from and Discharges to Half-way House (M.C.H.) and Villa Chelsea

Referrals from Rehabilitation Department Wards (M.C.H.) ➔ H.W.H.
Referrals from H.W.H. (M.C.H.) ➔ Villa Chelsea
Referrals from Pilot Area/ Homes

Discharges home or other facilities in community ➔ from H.W.H./ Villa Chelsea
Transferred back to other wards at Mount Carmel Hospital ➔

Referrals from Pilot Area, N.G.O.s and Homes
N.G.O.s and Homes

Mount Carmel Hospital Wards and Departments
Rehabilitation Department Wards

H.W.H.

To Homes/ Community Facilities
Appendix 12

Stakeholders influencing H.W.H. (M.C.H.) and V.C.
Stakeholders Influencing Villa Chelsea/ H.W.H. (M.C.H.)

Stakeholders grouped in seven categories as seen in adjacent appendix:

i. Users/ Carers' Representatives
ii. Institutional: Respective M.C.H. Management/ Board of Directors
iii. Public Policy/ Societal Interests
iv. Community: Media, Catholic Church
v. Union/ Staff Associations
vi. Outside Malta influences
vii. Others: Students/ Volunteers/ University/ Care Agencies
<table>
<thead>
<tr>
<th>STAKEHOLDER</th>
<th>H.W.H. (M.C.H.)</th>
<th>VILLA CHELSEA</th>
<th>OTHERS</th>
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<tbody>
<tr>
<td><strong>Institutional</strong></td>
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<td>Ministry of Health</td>
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<td>Department of Health</td>
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<td>Ministry of Social Policy</td>
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<td>National Commission for Mental Health</td>
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<td>National Commission for Persons with a Disability</td>
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<td>Hospital Management Board</td>
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<tr>
<td>Board of Directors, Richmond Foundation (Malta)</td>
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<td><strong>Community</strong></td>
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<td>Parish Church</td>
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<td>Parliamentary Representatives</td>
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<td>National Community</td>
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<td>Volunteers</td>
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<td>Neighbours</td>
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<td><strong>User/Carer Representatives</strong></td>
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<td>Users of the Services</td>
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<td>Relatives/Informal carers</td>
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<td>National Mental Health Federation</td>
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<td>Richmond Foundation</td>
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<td>Friends of Attard Hospital (Mount Carmel Hospital)</td>
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<td>Thursday Club (Caritas)</td>
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<td>Mental Health Association</td>
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<td>(Formerly Schizophrenia Association)</td>
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<td>Private Psychiatrists</td>
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<td>Other Physicians (Medical Officers MCH)</td>
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<td>Health Centres</td>
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<td>Other hospitals</td>
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<td>Clinics</td>
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<td><strong>Unions/Staff Associations</strong></td>
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<td>Malta Association of Psychiatrists</td>
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<td>Medical Association of Malta</td>
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<td>Malta Union of Nurses &amp; Midwives</td>
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<td>General Workers Union</td>
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<td>UHM</td>
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<td>Social Work Association</td>
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<td>Association of Occupational Therapists</td>
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<tr>
<td>Association for Professional Psychologists</td>
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APPENDIX

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<th>Chamber of Pharmacists</th>
<th>Hospital Staff</th>
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<td>Non Governmental Agencies</td>
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<tr>
<td>University of Malta (Students)</td>
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<tr>
<td>Foreign Influences (Richmond Foundation)</td>
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Expectations

The Expectation of the major Stakeholders were identified as follows:

The Ministry of Health and Department of Health wants to develop community services, concentrate the hospital within a risk free strategy and at value for money.

The unions particularly those representing care staff are concerned that any retrenchment might adversely affect jobs.

The medical staff (Malta Association of Psychiatrists and Medical Association of Malta) are a powerful interest group and wish to see reform but there are concerns that their own position would not be threatened.

Groups representing users of services and their families have a great interest in improving services but have little real power.
Appendix 13

The Service Quality Model
Figure 2 - The Service Quality Model
(Adapted from: Speller & Ghobadian, 1993; O'Connor, Shewchuk, & Carney, 1994)
Appendix 14

P.E.S.T.E.L. Analysis for H.W.H. (M.C.H.) AND V.C.

**Political:**

1. There is political commitment to establish community facilities (e.g. homes).
2. Less interference in Administration and management, even regarding postings of staff.
3. There is a drive to employ more care-workers.
4. Management is not yet empowered to ‘hire and fire’ staff.
5. Attempts exist to decentralise from the Health Division and to move towards autonomy.

**Economical:**

1. Receives no direct financial support, (financial support is through Mount Carmel Hospital autonomous budget). Halfway House takes its share as a part of a whole Mount Carmel Hospital institution.
2. Clients at Halfway House receive financial benefits.
3. Attempts are arduous to increase efficiency and decrease costs (to do more with less money).

**Environmental:**

1. Halfway House forms part of ‘outdated’ Mount Carmel Hospital, away from the community neighbourhood.
2. It is not ‘inside’ the grounds of Mount Carmel Hospital. It is an annex to it.
3. Public transport is available, but clients have extreme difficulty to cross over the main road to catch a bus.
4. H.W.H. is refurbished from time to time.

Social:
1. Not well known to the Maltese public. It is still associated with Mount Carmel Hospital, which is still highly stigmatised.
2. In industry employers feel reluctant to employ clients from Halfway House with regulations similar to Mount Carmel Hospital (time to commence and finish work, e.g. a client working during night time in a hotel might create a problem).
3. Users feel very privileged while at H.W.H. They receive more personalised care.

Legal:
1. Legal status of compulsory detained users is very discouraging because of outdated mental health act.
2. Clients not 'strict' to adhere to M.C.H. regulations. They can come late after work following permission.
3. Staff are allowed not to adhere to protocols applying to the other staff at M.C.H. e.g. allowed to wear casual clothing.

Technical:
1. Lack of facilities – tools, library and books
2. Computers and I.T. equipment are being procured lately.
Pestel Analysis - Villa Chelsea

**Political:**

1. No inside interference. Completely autonomous from Government run Health Division. Management can hire and fire staff.
2. Acknowledgement for accomplishments by Minister of Health, Minister of Social Policy etc.
3. Visits by Political Ministers, President of the Republic, Archbishop and other V.I.Ps. are common.

**Environmental:**

1. Situated in B’Kara, it is a refurbished villa and amongst residents and its existence is now ‘accepted’ by neighbours.
2. Public transport is easily available and is within short distance from Villa Chelsea.
3. Very well marketed. Image of Villa Chelsea is high by the Maltese.
4. Successes are much publicised. Villa Chelsea is a media friendly facility.
5. Employers feel more ‘pushed’ to help clients resident at Villa Chelsea than those at H.W.H. (M.C.H.).

**Legal**

1. Legal standing of clients is positive (Profs. A. Galea) because clients are in a facility run by an Non-Government Organisation, with substantial assistance from Government Legal Status is not infringed on because it does not form part of a psychiatric hospital or a Government department.
2. Clients can leave and return back with less restrictions.

_Social_

1. Presidential Patronage to the Richmond Foundation.

2. Image of public is high because Villa Chelsea is more marketing on T.V. and Media. Visits of Prime Minister, President, Archbishop are televised, so these enhance the image.

_Technical_

1. Tools, refrigerators, cookers, ironing, technical tools are available

2. Skills to manage their own money, open bank accounts.

_Economical_

1. Financial Support for existence about Lm130,000 per year (directly). Direct share from Budget of Ministry of Social Affairs.
Appendix 15

S.W.O.T. Analysis for each site

**Strengths**

1. Effective rehabilitation programmes and other social activities are organised by staff themselves, by consultants and with Villa Chelsea staff.


3. Staff are allowed not to adhere to protocols applying to the other staff, e.g. not allowed to wear hospital uniforms.

4. Social Workers, Occupational Therapists, Psychologists and Care-workers together with Nurses assist clients to find jobs and accommodation in community settings.

**Weakness**

1. H.W.H. is part of a Mount Carmel ‘Regime’.

2. Bad media publicity.

3. Low profile of Nurse Manager and other Multi-Disciplinary Team Members.

4. Very poor interdisciplinary relations, too many ‘bosses’.

5. Management structure is hierarchical and vertical.

6. Staff still managed by Mount Carmel Hospital Management Board and Health Division.

7. Staff recruitment, posting and firing, are still the prerogatives of the Division of Health.
Opportunity

1. Staff training programmes available together with staff of Villa Chelsea and at times, designed specifically for H.W.H. staff themselves by professionals from outside the facilities, or during seminars organised by Consultant with multi disciplinary team members.

2. New protocols have been designed to facilitate the rehabilitation aspects of care.

3. H.W.H. has been established as a cost centre facility.

Threat to offer proper treatment

1. H.W.H. cannot ‘refuse’ clients referred from other wards and ‘Villa Chelsea’, even if number of clients is very high (over-numbered).

2. Possible openings of half-way house in the community settings in Malta.
S.W.O.T. Analysis – Villa Chelsea

Strengths

1. Manager is more influential. Very good marketer.
2. Staff are tertiary/academically trained.
3. Management more professional
4. Management structure more flat.
6. Villa Chelsea can refuse ‘referred clients’ if there are no vacancies.
7. Programmes are oriented towards psycho-social needs. Organised either with staff at H.W.H. (M.C.H.) or for staff at Villa Chelsea only.
8. Management can hire and fire staff. Management is autonomous when selecting and recruiting staff. There are no outside interferences.

Weakness

1. Staff lack training in health care.
2. Staff lack practical rehabilitation experience.
3. Centralised management system.

Opportunity

1. Can refer back to M.C.H. if they are not adaptable for rehabilitation programmes or refuse treatment.
2. External training programmes (not on direct mental health practices) are available.
**Threats**

1. Multi-disciplinary Team has not yet been established. There are lack of Occupational Therapists, Social Workers, Psychiatric Nurses, and Psychiatrist to offer a holistic approach.

2. More community facilities are badly needed to avoid blocking or referring rehabilitated users back to M.C.H.
Appendix 16

Mission statement of Richmond Foundation (Malta) – V.C.
The mission of Richmond Foundation is to serve the Maltese community as a leader in the provision of community rehabilitation and support services for persons with mental health difficulties and to work towards their integration into society.

Should you require any assistance or further information about our services, please do not hesitate to contact us and we will respond as quickly as possible.

VILLA CHELSEA, 16 OLD CHurch STREET, B'KARA, MALTA
TEL: (+356) 440456, 488062  FAX: (+356) 491040

A PROJECT OF
RICHMOND FOUNDATION
MALTA

Mental Health Care Group Work and Home Support
Appendix 17

Organisation charts of H.W.H. (M.C.H.) and V.C.
Organization chart of Villa Chelsea

Board of Directors

Manager

Deputy Manager

Staff 1  Staff 2  Staff 3  Staff 4  Staff 5  Staff 6  Staff 7

Organization Chart of Mount Carmel

Minister of Health

Director General

MCH Ministry Management Team

Projects Manager

Manager Nurses

Dept. Nurse Manager

Nurse Manager (HWH)

Nurse Shift A  Nurse Shift B  Nurse Shift C  Nurse Shift D  Nurse Shift E

Director of Psychiatry

Cons. Psychiatrist

Head Multi Disc. Team (Rehab. Dept.)

Cons. Psychiatrist

Social Worker

Occupational Therapist

Medical Officer

Psychologist
Appendix 18

Similarities and Differences in culture between sites
Similarities and differences in Culture between H.W.H. (M.C.H.) and V.C.

Similarities between the two mental health rehabilitation care services:
1. Both services (H.W.H. and Villa Chelsea) receive the majority of their funding from the Government.
2. Both are in the (Re)habilitation in the mental health field.
3. Both assist people with psycho-social problems.
4. Both staff groups have had some similar training programmes by Prof. M. O. Callagham and others.
5. Both have similar aims: To assist in the re-integration of users in community settings.

Differences between the two mental health rehabilitation care services:
1. H.W.H. receives all funds required from the Budget assigned to Mount Carmel Hospital while Villa Chelsea receives 75% of the required funds from the Department of Social Policy and collects the remaining 25% from fund-raising activities.
2. Villa Chelsea has been autonomous and maintained its status from Health Division and Public Policy and is in the open-market of health care system. H.W.H. (M.C.H.) still relies inherently on the suprastructure of M.C.H. and the Ministry/Division of Health.
3. H.W.H. rehabilitative services are still influenced by the ‘medical’ orientation while Villa Chelsea is more oriented towards the psycho-social aspect of care.
4. Quality of Life of Users differ:
   4.1. Level of Social Interaction at H.W.H. is satisfactory.
   Level of Social Interaction at Villa Chelsea is more predominant.
   4.2. Level of work-orientation at H.W.H. is demanding.
   Level of work-orientation at Villa Chelsea is given more emphasis.
Appendix 19

Differences in Cultures in the two mental health rehabilitation facilities under study
Differences in Cultures in two mental health rehabilitation facilities in Malta
Villa Chelsea and H.W.H. (M.C.H.)

Institutional-Oriented Culture (part of M.C.H.)
- Influenced by Cultures of Ministry/Division of Health
- Influenced by Rules and Regulations of Public Services
- Influenced by Maltese National Culture

Community-Oriented Culture
- Influenced by Richmond (Malta) Foundation
- Influenced by Non-Government Organisational Culture
- Influenced by Private Sector (Health Care Services)
- Influenced by our National Culture and Richmond Fellowship International Global Review