

AN EXPLORATORY STUDY OF THE RELATIONSHIPS AMONG HOSPITAL  
SUB-CULTURES, JOB INVOLVEMENT, UPWARD STRIVING,  
ORGANIZATIONAL COMMITMENT, AND JOB SATISFACTION

By

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### Abstract

The purpose of this exploratory study was to investigate whether there is any relationship between the strength of the culture in a hospital work group and the job involvement, upward striving, organizational commitment and job satisfaction of the employees within that work group. The conceptual framework for this study is the symbolic frame of reference for understanding organizational behaviour. The concept is described by Bolman and Deal (1984).

Two hospitals participated in the study, which provided two data sets. Subjects were employees of certain departments within each of the hospitals. Each subject completed a four-part questionnaire. The first part collected demographic data, part two contained questions on job involvement, upward striving, and organizational commitment, part three focussed on job satisfaction, and part four was the culture strength scale. The culture strength scales were developed separately at each hospital and, therefore, contained items which were relevant to a specific facility.

There were two major findings from the study. First, there is a positive relationship between job satisfaction and culture strength. Results at both hospitals were consistent in this regard. No relationships were found between job involvement, upward striving, and/or

organizational commitment with culture strength. The second finding was that at the larger hospital there was a significant difference in culture strength scores among some work units, while at the smaller hospital this was not the case. This finding supports the idea that size of an organization is a factor in the predisposition to sub-culture formation.

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## CHAPTER I

### INTRODUCTION

Bolman and Deal (1984) suggest that organizations may be studied from a variety of perspectives. In their text, *Modern Approaches to Understanding and Managing Organizations*, they provide four frameworks for the study of organizational theory.

The first theoretical frame is based on structure. This approach reflects assumptions based on rational theories of organization. The organizational chart is a key element, "created to fit an organization's environment and technology" (p. 5).

The human resources frame is constituted in the humanist movement, which followed in the wake of Taylor's scientific management principles. The focus of these theories is to find an "organizational form that will enable people to get the job done while feeling good about what they are doing" (p. 5).

The third frame described by Bolman and Deal (1984) is based on political perspectives of organization theory. Analysing organizations through this framework requires one to "view organizations as arenas of scarce resources where power and influence are constantly affecting the allocation of resources among individuals and groups" (p.5).

In contrast to the preceding frames, which assume a certain element of rationality, the symbolic frame provides a means by which to explain the "irrational". "Organizations are viewed as held together more by shared values and culture than by goals and policies. They are propelled more by rituals, ceremonies, stories, heroes, and myths than by rules, policies, and managerial authority" (p. 6).

It is the fourth, symbolic, frame, which provides the theoretical basis for this study. Ouchi and Wilkins (1985) comment that, "Few readers would disagree that the study of organizational culture has become one of the major domains of organizational research,..." (p. 457-8). This view is shared by others, among them Dandridge, Mitroff, and Joyce, (1980) and Gregory (1983). The latter illustrated the impetus to shift from more conventional theoretical frames with the following statement that the goal of much current corporate culture research is "to illustrate the impact of 'irrational' human factors on 'rational' corporate objectives" (p. 363).

The stimulus to do this study arose from a health manpower issue. Shortages in many categories of health professionals are well-known and documented. These shortages contribute to easy mobility for the worker. If it is true that strong culture increases organizational commitment, then the benefit to hospital managers of developing a strong culture may be an increase in staff tenure. Since an

informal network among health care workers communicates which work places are desirable, an increase in rate and numbers of applications for vacancies may also result.

A method for identifying strong and weak sub-cultures among the "hodge-podge" (Deal, Kennedy, and Spiegel, 1983) of hospital work groups may prove useful to those in human resource management and manpower planning positions, by providing a focus for efforts to decrease absenteeism and turnover.

Anecdotal statements such as the following are not uncommon in the popular literature on organizational culture.

A strong and appropriate institutional culture is indispensable to outstanding performance in any organization. (Deal, et al, 1983, p.21)

...cultures can generate commitment to corporate values or management philosophy so that employees feel they are working for something they believe in. (Martin & Siehl, 1983)

A strong organizational culture is capable of inspiring high levels of commitment and truly inspired behavior. (Schlesinger & Balzer, 1985)

The suggestion is that trying to achieve a strong culture is a desirable, if not vital, activity.

No reference is made to empirical studies which support these claims of a positive relationship between culture strength and commitment, performance, and/or any other job

facets, such as job satisfaction. A review of the literature turned up only two such references. Ouchi and Wilkins (1985) refer to an unpublished paper, "O'Reilly distributed questionnaires in seven high technology companies in Silicon Valley to test the association between the presence of a 'strong culture' and employee identification with the firm. He found general support" (p. 475). No description is provided to indicate how O'Reilly defined culture or how he determined that the companies surveyed had strong cultures. Gordon (1985) states that data collected by Hay Associates on over 500 companies, "...indicates that culture is real, is measurable, and bears a significant relationship to company performance" (p. 103). Once again, this study lacked any indication of how the culture strength was measured.

Hospitals, according to Deal, et al, (1983), are remarkable for their lack of strong company culture. Criteria and data upon which this pronouncement may be based are absent from the article. The authors do suggest a variety of reasons for this state of affairs, however. First, where businesses are generally able to select certain market segments as the focus of their activities, hospitals are required to provide a wide variety of services which they may or may not wish to provide. Second, hospitals are vulnerable to a much greater number of externally imposed controls than other businesses. This forces hospitals to focus outward and depletes the energy resource required to develop a strong internal identity. Third, traditional

measures of performance, such as bottom line and market share, are not satisfactory for a hospital. "The problem of articulating measures of performance acts as a barrier to building a strong cohesive culture" (p. 25). The list of barriers is lengthy. Of relevance to this paper are the ones which refer to the many sub-cultures in hospitals and the role they play in hospital performance. "Any hospital is a hodge-podge of individual departmental sub-cultures - some strong, some weak, some internally focused, some externally focused - all of which must be knit together if the hospital is to carry out its basic mission" (p. 25).

Sub-cultures may be defined or bounded in different ways. One locus of sub-culture is a horizontal slice of the organization (for example, all department managers). A second way that sub-cultures may be bounded is with a vertical slice through the organization, as with a project team in a research and development company. The last method is to define sub-cultures by department or functional unit. As hospitals have traditionally used this last method for defining work units, it is the definition which has been adopted for this study. Using a functional sub-culture boundary definition serves the dual purpose of clustering people by both the nature of the work and usually by professional affiliation.

There is a lack of empirical research to substantiate the anecdotal claims as to the benefits of having strong

cultures in an organization. Therefore, the primary aim of this thesis is to explore several questions surrounding such an investigation.

**Specifically:**

1. Do functionally defined sub-cultures show significant differences in scores on a culture strength scale?

2. For functionally defined sub-cultures, is there a relationship between culture strength scores and job involvement?

3. For functionally defined sub-cultures, is there a relationship between culture strength scores and upward striving?

4. For functionally defined sub-cultures, is there a relationship between culture strength scores and organizational commitment?

5. For functionally defined sub-cultures, is there a relationship between culture strength scores and job satisfaction?

6. Is there a relationship between age within a sub-culture and scores on the culture strength scale?

7. Is there a relationship between tenure within a sub-culture and scores on the culture strength scale?



8. Is culture strength for functionally defined sub-cultures perceived differently by those external to the group than by those who are part of the group?

The first question addresses directly the comment quoted above from Deal, et al, (1983), that hospital sub-cultures vary from strong to weak in culture strength.

Questions two through five address the issue of whether there is any correlation between certain work behaviours and culture strength. There is a great deal of literature on the subject of organizational behaviour, yet there still seems to be a lot which is unknown. Perhaps shifting the perspective from a psychophysiological (stimulus/response) to a sociocultural one will shed some new light on the area.

Studies of job behaviours such as job satisfaction, job involvement, and organizational commitment have shown relationships with both tenure and age. These relationships have been varied, but frequently are described as U-shaped, Gibson & Klein (1970). Questions six and seven deal with the relationships of age and tenure with culture strength scores.

The last question shifts the focus from the internal perspective of the groups themselves to an external perspective. How do outsiders see the group? Is the image a group has of itself the same or similar to the image an observer has?

By seeking answers to these eight questions, a start may be made toward developing a new model of organizational behaviour which goes beyond the bounds of rationality and includes the effect of an organization's culture or sub-cultures on behaviour.

As the purpose of this study was to explore the questions noted above, a quantitative instrument for measuring the relative strength of a sub-culture had to be developed. Rather than pursue the more traditional methods, such as interviews or "living in", for analysing organizational culture, the method used here was to involve two panels of "experts". One panel consisted of outsiders (people who do not work in the sub-cultures participating in the study, but who interact with those groups fairly regularly) who could provide an external perspective (EP). The second group was comprised of representatives from each of the sub-cultures being studied (providing an internal perspective - IP).

Using a modified nominal group process (Delbecq, Van de Ven, and Gustafson, 1975), each panel of experts was guided through the development of a list of items representing visible manifestations of culture in their particular organization. From this list, a "customized" culture strength scale was developed with which culture strength could be assessed, not through the eyes of the researcher, but by members of the sub-cultures.

These questions formed part of a longer questionnaire which included scales to rate job involvement, job satisfaction, upward striving, and organizational commitment. The instrument was used to gather data from a variety of sub-cultures within each of the two participating hospitals.

Culture strength data about participating departments was also collected from the external perspective group members who participated in the nominal group session.

This paper is organized in the following manner:

Chapter II provides a review of the literature. It is designed to lead the reader through an understanding of the concept of culture in its general anthropological sense, then more specifically to the application of the culture concept to organizations. A discussion of organizational sub-cultures and culture strength is next. The chapter concludes with a discussion of each of the dependent variables in the study.

Chapter III describes the methodology of the study. It includes a description of the development of the measurement scale used for ranking the relative strength of various sub-cultures. The psychometric and other properties of the instruments used to measure the dependent variables - job satisfaction, upward striving, job involvement, and organizational commitment are delineated. The statistical

tests used to manipulate the data are also discussed in this chapter.

The fourth chapter provides results of the data analysis with respect to each of the study questions. And finally, Chapter V presents discussion, conclusions, and suggestions for further research.

In summary, organizational behaviour is a very complex subject, not yet very well understood. Traditional approaches to understanding organizations and the behaviour of the people in them have focused on the assumption that human behaviour in organizations is rational. More recently attention has become focused on the symbolic perspective for understanding or interpreting behaviour in organizations. Since it is a fairly new approach, there is much to develop in terms of background knowledge and methods for study. Unsubstantiated claims have been made about the benefits of strong cultures which may be quite valid, or may be artifactual. The aim of this study is to investigate the validity of some of these claims.

## CHAPTER II

### LITERATURE REVIEW

Corporate culture, as a subject of study, has recently been gaining increased attention from both practitioners and academicians (Ouchi & Wilkins, 1985). This is obvious from the rate of proliferation of literature over the past several years. Some argue that the study of organizational culture is just another fad whose time has come (Uttal, 1983). Others (Kilmann, Saxton, Serpa, and Associates, 1985) are equally certain that the interest in corporate culture has been with us, "like an old wine in a new bottle"(p. 422), for a long time, is here to stay, and worthy of continuing attention.

The purpose of this chapter is to develop the concept of organizational culture and to provide some background about the job behaviours which comprise the dependent variables in this study. In order to achieve this, the review starts with the term 'culture', as understood by the anthropologists. Then, building on the understanding of culture, the concept of organizational culture is developed. Ways in which culture makes itself observable are also described followed by a review of many of the ways in which cultural sub-groups may be bounded. Culture also varies in its strength. The components of culture which affect strength are also discussed.

The job facets being studied for possible correlation with culture strength include job involvement, upward striving, organizational commitment, and job satisfaction. A review of the literature aimed at identifying potential relationships between each dependent variable and organizational culture is included in the last portion of the chapter.

### CULTURE

Often, culture is not clearly defined by those writing on the subject of corporate culture. Authors have a tendency to describe elements or characteristics of culture, but not to clearly define the concept. An example of this is Deal and Kennedy's (1982) reference to culture as "the way we do things around here" (p. 4), followed by a list of 5 elements of culture.

In order to clearly define organizational culture, it is first necessary to understand the meaning of the term culture. Traditionally, the study of culture has been the domain of anthropology and sociology. Cultural anthropologists have also struggled with a definition of culture. Kroeber and Kluckhohn (1952) discovered over 160 definitions of culture. Keesing and Keesing (1971) define culture as "those socially transmitted patterns for behavior characteristic of a particular social group" (p. 20). These same authors later quote a comprehensive, and perhaps slightly confusing, definition of culture from the Kroeber

and Kluckhohn (1952) work. Culture is "Patterns, explicit and implicit, of and for behavior acquired and transmitted by symbols, constituting the distinctive achievement of human groups, including their embodiments in artifacts" (p. 20). These two definitions are typical examples of the wide gamut of activity as well as complexity in the conceptual definition of culture. The complications of defining culture may help explain why authors, such as Deal and Kennedy (1982) noted above, tend to define culture by giving examples.

To further complicate the picture, one must be aware that anthropologists use the term culture in two ways. In one sense, the term is used to refer to observable behaviour and/or physical objects. The first definition above suggests this approach. Culture is also used to refer to systems of shared ideas (Keesing and Keesing, 1971), as the second, more complex definition suggests. Since ideas are invisible to observation, they are usually inferred through interpretation of the observable phenomena or artifacts, such as behaviour, language, and physical objects.

As the foregoing shows, anthropologists and sociologists define culture in many different, though overlapping, ways. With respect to organizations, as Jelinek, et al, (1983) note, "...the concept of culture in the study of organizations is not well developed" (p. 331). Sathe (1985) provides a definition which is easily

understood and captures the essence of most other definitions of organizational culture. At the same time, its anthropological roots are clear through its similarity to Kroeber and Kluckhohn's definition above. "Culture is the set of important assumptions (often unstated) that members of a community share in common" (p. 10). It is this definition of organizational culture which has been adopted for this study.

Sathe goes on to explain that "important assumptions are those that are sufficiently central to the life of the community to be of major significance" (p. 11). The components of assumptions are beliefs and values. Beliefs are grounded in actual experience or trust in the experiences of others, and values relate to ideals about how the world should work.

According to Trice & Beyer (1984), there are various interdependent entities comprising culture which influence one another to form a particular culture. Although the lists of what these entities are vary in specific content, there seems to be general agreement among authors (Trice & Beyer, 1984; Sathe, 1985; Schusky & Culbert, 1967) that culture has two basic components: 1) its substance; and 2) its forms.

Relating back to Sathe's definition, substance refers to the oft unstated shared assumptions (beliefs and values). The meaning-laden artifacts constitute the forms.



## CULTURE "ARTIFACTS"

Some authors (Trice & Beyer, 1984) consider artifacts in a narrow sense, referring to physical objects only. In this paper, the term is used in a broader sense to include any manifestations of shared values and beliefs.

Since shared assumptions (values and beliefs) are invisible and thus not readily measured or observed, the manifestations of these values and beliefs are generally relied upon for evaluating a culture. These manifestations include shared things, doings, feelings, and sayings (Sathe, 1985).

Things may include physical setting, objects, or in some cases, real or abstract representations of objects - called symbols. Trice and Beyer (1984) define symbol as "any object, act, event, quality, or relation that serves as a vehicle for conveying meaning, usually by representing another thing" (p. 655).

Dandridge, et al, (1983) state that "symbols...actively elicit the internal experience of meaning...Symbols...help to translate an unconscious or intuitively known world of feelings into the comprehensible terms of our visible reality" (p. 71).

Daft (1983) delves deeper into the concept of symbol and suggests a dual-content framework. Symbols have an instrumental content which helps the organization do its

work by facilitating logical thinking and rational purpose. Examples of symbols high in instrumental content include receipts, achievement awards, and organization charts. The expressive content of symbols deals with meeting the emotional needs of individuals or groups. Myths, stories, and ceremonies are examples Daft gives of symbols high in expressive content. The model is two-dimensional. The suggestion being that some level of both content areas is always present in any given symbol. Daft proposed this framework in an effort to analyse how something as concrete as a receipt and as abstract as a company story or myth could be equally and unquestioningly considered as artifacts of organizational culture.

Doings include activities of the group such as rituals, rites, and ceremonies. Trice and Beyer (1984) provide the following definition of ritual. "A standardized, detailed set of techniques and behaviors that manage anxieties, but seldom produce intended, technical consequences of practical importance" (p. 655). According to Ulrich (1984) examples of company rituals "may include three-martini lunches, evaluation and reward procedures, staff meetings, paper work, farewell parties, parking allocations, and work scheduling procedures" (p. 121).

Other situations which are shared by members of a cultural group include rites and ceremonies. Trice and Beyer (1984) have developed a typology of rites in order to

facilitate use of these events as a means for understanding organizational cultures. They suggest that, by their nature, rites and ceremonials are often more public and known about in advance, thus making it easier for a researcher: a) to attend; and b) not to provoke unintended influence on the activities just by virtue of being present. Rite is defined by Trice and Beyer as "relatively elaborate, dramatic, planned sets of activities that consolidate various forms of cultural expressions into one event, which is carried out through social interactions, usually for the benefit of an audience" (p. 655). A ceremonial is defined, in the same source as "a system of several rites connected with a single occasion or event" (p. 655). The model lists six types of rites which may occur in organizations and suggests examples of both manifest and latent consequences. An adaptation of the Trice and Beyer typology with examples of manifest consequences of rites is shown in Table 1. It is anticipated that at least some of the "artifacts" identified and examined in the present study will be types of rites. Trice and Beyer's typology will be useful in clarifying the meanings of the events thus derived.

**Table I**  
**A Typology of Rites by Their Manifest, Expressive Social Consequences**

<b>TYPE OF RITES</b>	<b>EXAMPLE</b>	<b>MANIFEST, EXPRESSIVE SOCIAL CONSEQUENCES</b>
<b>rites of passage</b>	<b>induction and basic training, into the army</b>	<b>facilitate transition of persons into social roles and statuses that are new for them</b>
<b>rites of degradation</b>	<b>firing and replacing the top executive</b>	<b>dissolve social identities and their power</b>
<b>rites of enhancement</b>	<b>Mary Kay Seminars</b>	<b>enhance social identities and their power</b>
<b>rites of renewal</b>	<b>organizational development activities</b>	<b>refurbish social structures and improve their functioning</b>
<b>rites of conflict reduction</b>	<b>collective bargaining</b>	<b>reduce conflict and aggression</b>
<b>rites of integration</b>	<b>office Christmas party</b>	<b>encourage and revive common feelings that bind members together and commit them to a social system</b>

Adapted from Trice and Beyer (1984)

Feelings shared by a particular group are a natural human response to sharing beliefs and value systems in the overt manners described above. They may cover the whole gamut of human emotion and are likely to surface when the group's values are either challenged (threatened) or rewarded (reinforced).

Sayings include a variety of verbal communication activities. The following list, with definitions, from Trice and Beyer (1984, p. 655), is quite complete.

**Myth** - A dramatic narrative of imagined events, usually used to explain origins or transformations of something. Also, an unquestioned belief about the practical benefits of certain techniques and behaviors that is not supported by demonstrated facts.

**Saga** - An historical narrative describing the unique accomplishments of a group and its leaders - usually in heroic terms.

**Legend** - A handed-down narrative of some wonderful event that is based in history but has been embellished with fictional details.

**Story** - A narrative based on true events - often a combination of truth and fiction.

**Folktale** - A completely fictional narrative.

**Language** - A particular form or manner in which members of a group use vocal sounds and written signs to convey meanings to each other.

The purpose of this paper is not to analyze, and type-label a hospital culture, but to measure (relative) strength of culture among various functional groups. The method this study uses to derive a "strength characteristic" is dependent upon identifying artifacts and eliciting their manifest and latent meanings. It is, therefore, necessary to have an understanding of the modes through which culture is displayed and the concept of sub-culture within an organization.

## SUB-CULTURES

Initially "corporate culture" was described as a singular phenomenon, unique to an entire corporation. As mentioned earlier, Deal, et al (1983) and Smith (1984) write that hospitals, with a few exceptions, are not noted for their strong cultures. They suggest that professional and departmental subcultures compete with the organization as a whole for the workers' loyalty. The organizational structure itself may set up competing sub-cultures for example, the matrix reporting structure which has become quite popular, especially in settings committed to multidisciplinary treatment teams. Individuals working in such a situation usually are expected to exhibit loyalties to three groups - the functional department, the "program team," and the profession. More recently, Schein (1985), Louis (1985) and Davis (1985) give support to the hypothesis that subcultures exist in organizations.

The notion that organizations, unless very small, exhibit a variety of cultures, is fairly readily accepted. Definition of the loci and bounds of internal cultures is more difficult. It is likely that any one individual in an organization will be involved in several sub-cultures. Since this study is using hospital sub-cultures as units for data collection, a rationale for bounding hospital sub-cultures must be defined.

Louis (1985) suggests five "loci" for cultural sub-groups within an organization. The first of these is the management group at the top of the organization. Second is a vertical slice of the company or hospital, such as psychiatric services, which would include a variety of professional staff within a defined hierarchy. A horizontal slice of the organization is the third potential locus for sub-group alliances. For example, middle managers or department heads may comprise a particular hierarchical sub-group. A fourth locus is the more traditional functional unit or hospital department. Finally, Louis suggests that "any group, regardless of whether members come from the same or different formal organizational units" (p. 79) may develop a unique culture. The example the author gives for this group is people who get together every week to play bridge at lunch. External to the organization are other potential cultural influences which may include ethnic groups, professional affiliations or unions, to name a few.

Schein (1985) identifies some of the cohesive elements which provide the foundation from which a culture grows and strengthens. He states that a stable group membership and a history of joint problem-solving are contributory elements to cultural groups forming along the lines of "function, geography, rank, project teams, and so forth" (p. 26).

Other authors (Nordstrom & Allen, 1987, and Schein, 1984) include the taking in of new members and passing the

culture along to the next generation as two other elements of equal relevance with stable membership and shared history of joint problem-solving.

And, finally, Sathe's (1985) contribution to the definition of sub-cultures is the following. "Any definable set of people in the organization who come from the same national, regional, ethnic, religious, professional, or occupational cultures, and who have had enough of a shared history in working out solutions to the problems of external adaptation and internal integration, may develop a distinctive sub-culture" (p. 23).

Hospitals' organizational structures have traditionally been drawn along functional lines. The outcome of this type of structure is the grouping of people of like professional or occupational focus. Characteristically, the members of a functional division work in geographic proximity. In British Columbia these groups will also often share a common union affiliation. And further, as Schein (1985) notes, the opportunity is thus created for comparing and contrasting one's own group with other groups. "In other words, intergroup comparison, competition, and/or conflicts helps to build and maintain intragroup culture" (p. 39).

#### CULTURE STRENGTH

The strength of a culture or sub-culture as described by Sathe (1985) depends on three features, thickness, extent



of sharing, and clarity of ordering. Sathe defines thickness as "the number of important shared assumptions" (p. 15) and equates increasing layers of thickness with stronger culture. The extent to which the beliefs and values of the group are shared varies directly with the strength of the culture also. Similarly, when the relative importance of shared beliefs and values is clear, the culture is stronger. In summary, Sathe states, "The stronger cultures are thicker, more widely shared, and more clearly ordered and consequently have a more profound influence on organizational behavior" (p. 15). The mechanisms of influence, or specific organizational behaviours, are not described in any of the literature reviewed for this thesis. An attempt to discover whether culture strength affects all organizational behaviours equally or only selected facets, is the main aim of this study.

To this end, four of these organizational behaviours have been selected as dependent variables (culture strength being the independent variable) for this study. They are organizational commitment, job satisfaction, job involvement, and upward striving.

In particular, organizational commitment is most often mentioned (Peters and Waterman, 1982; Deal and Kennedy, 1983) as a benefit derived from a strong culture.

## ORGANIZATIONAL COMMITMENT

Organizational commitment is a construct which has been widely researched in recent years. Becker (1960) suggests that organizational commitment is achieved by making side bets (having something at stake) and/or by accruing investments which make it difficult to leave. Results from a study involving school teachers and nurses by Hrebiniak and Alutto (1985) support Becker's suggestion.

A number of studies investigate antecedents of organizational commitment. Mowday, Steers, & Porter (1979), in their report on the development of the Organizational Commitment Questionnaire (OCQ) used in this study, note the variety of definitions which have been put forth for organizational commitment. Some of the definitions are behavioural (Grusky, 1966; Wiener, 1982) and others are attitudinal (Zahra, 1987; Sheldon, 1971) in their focus.

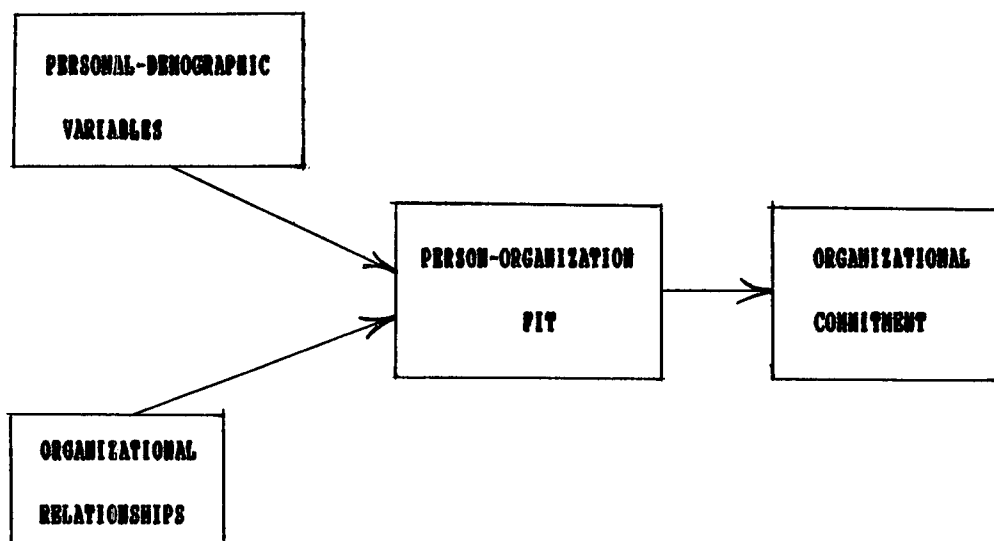
The attitudinal definitions generally incorporate some sort of statement about values and normative expectations. For example, Mowday, Steers, & Porter (1979) define organizational commitment as "the relative strength of an individual's identification with and involvement in a particular organization" (p. 226). They go on to state that organizational commitment has "at least three related factors: (1) a strong belief in and acceptance of the organization's goals and values; (2) a willingness to exert considerable effort on behalf of the organization; and (3) a

strong desire to maintain membership in the organization" (p. 226).

Wiener and Gechman (1977) describe commitment behaviours as "...socially accepted behaviours that exceed formal and/or normative expectations relevant to the object of commitment" (p. 48). Wiener, (1982) in a later article, provides the following definition. "Organizational commitment is viewed as the totality of internalized normative pressures to act in a way that meets organizational goals and interests" (p. 421). Zahra views organizational commitment as "...a complex social exchange process, the purpose of which is to enhance the match between the goals and values of the individual and those of the organization. He goes on to identify the first of three components of organizational commitment as a "...value commitment which refers to the identification with the organization and/or work" (p. 189). As values and beliefs are the foundation of organizational culture, it may be that organizational sub-cultures provide the building blocks for organizational commitment.

Luthans, Baack, and Taylor (1987) note that the variables involved in these studies fall into three classifications: a) personal-demographic variables, b) organizational relationships, and c) person-organization fit, which he describes as the interaction between personal and organizational variables. Wiener (1982) suggests very

similar categories of antecedent variables. Luthans, et al, (1987) propose a model (Figure 1) which describes how these variables relate to one another and act as antecedents to organizational commitment. His study describes a test of the proposed model. The results of the study support the model.



(Figure 1. A proposed model of the antecedents of organizational commitment, adapted from Luthans, et al (1987))

The specific personal-demographic variables which are used vary from study to study, but in some studies include personal values. If one assumes that organizational relationships are based on organizational values, then the person-organization fit box in the model represents the process described by Zahra (1987), of matching individual and organizational goals and values. The organizational relationships box then, must include those behaviours and activities which represent the organization's values. Since these values are expressed through cultural "artifacts", the

organizational cultures and sub-cultures, may be expected to exert their influence at this level in Luthans, et al's, model. Thus a relationship would be expected between organizational culture and organizational commitment, but with some mediation by the person-organization fit process.

Zahra (1985), in a study investigating determinants of organizational commitment in a health care setting, found that job satisfaction and the need for achievement were significantly related to predicting organizational commitment.

#### JOB SATISFACTION

A thorough review of job satisfaction literature and theories is beyond the scope of this thesis. However, as it is one of the dependent variables in this study, a brief discussion of job satisfaction and the potential for correlation with culture strength follows.

In 1943, A. H. Maslow published an article in Psychological Review, entitled, "A Theory of Human Motivation." In this work, Maslow identified a group of human needs and arranged them in a hierarchy, postulating that man cannot be concerned with higher order needs until his lower order needs are fulfilled. From lowest to highest the categories of needs are: 1) basic physiological needs; 2) safety and security needs; 3) social (affection) needs; 4) esteem needs; and 5) self-actualization needs (Gruneberg, 1979, p. 10)

It is now commonly believed that job satisfaction is derived through fulfillment of needs (Gruneberg, 1979). In fact, Maslow was not attempting to explain job satisfaction with this theory, but organizational researchers have chosen to use his theory in this way.

Among these theorists is F. Herzberg whose famous two-factor theory (Herzberg, et al, 1959) used Maslow's needs hierarchy as a basis for investigation. Herzberg's results led him to conclude that job satisfaction and job dissatisfaction are not one continuum, but two distinct entities (factors) which he labelled hygiene factors (the definition of which includes the lower order needs from Maslow's hierarchy) and motivators (mostly higher order needs). Presence of hygiene factors, such as pay or job security, does not necessarily result in job satisfaction, but absence of hygiene factors results in job dissatisfaction. Conversely, absence of motivators does not result in job dissatisfaction, but rather a lack of job satisfaction.

Controversy about Herzberg's theory focuses on his technique and/or the conclusions he drew from the results. Nevertheless, the theory continues to be studied today.

While the above two theories focus on content of job satisfaction, there are other theories which focus on the process of interaction between variables related to job satisfaction. "Process theorists see job satisfaction as

being determined, not only by the nature of the job and its context, but by the needs, values and expectations that individuals have in relation to their job" (Gruneberg, 1979, p. 19).

Gruneberg (1979) describes expectancy/equity theories as processes through which individuals relate to the job from an individual frame of reference. Such personal frames of reference are based on individual values and beliefs. Expectancy theory focusses on individual need fulfillment. It attempts to include various parameters of need fulfillment including: (a) the relative importance of various needs to any one individual; (b) how much the need is wanted; and (c) how much OF the need is wanted.

Equity theories suggest that individuals use a peer (or referent) group for judging the degree to which they (the employees) are being treated equitably. It is through the reference group that the individual determines what is reasonable to "expect from his job in terms of reward, and what is reasonable to give in terms of effort" (Gruneberg, 1979, p.31). In other words, job satisfaction is based on socially derived expectations, groups norms. These norms are the product of the group's shared values and beliefs, or culture. Based on this theory, a strong relationship may be expected between job satisfaction and sub-culture strength scores.

In 1969, E. A. Locke published a paper intended to provide a more conceptual approach to the study of job satisfaction. According to Locke (1969), "Job satisfaction and job dissatisfaction are...complex emotional reactions to the job" (p. 314). In order to build the conceptual approach, Locke begins with a fundamental discussion of human emotions. Stating that "emotions are the product of value judgments" (p. 315), he goes on to explain:

"Man's most basic emotions are those of pleasure and displeasure...Pleasure is the consequence of (perceived) value achievement ... Displeasure ... proceeds from the (perceived) negation or destruction of one's values" (p. 316).

Having established an understanding of the intertwining of human values and emotional reactions, Locke then puts forth definitions of job satisfaction and job dissatisfaction.

"Job satisfaction is the pleasurable emotional state resulting from the appraisal of one's job as achieving or facilitating the achievement of one's job values. Job dissatisfaction is the unpleasurable emotional state resulting from the appraisal of one's job as frustrating or blocking the attainment of one's job values or as entailing disvalues. Job satisfaction and dissatisfaction are a function of the perceived relationship between what one wants from one's job and what one perceives it as offering or entailing" (p. 316).

Locke's comments also suggest a strong relationship between job satisfaction and culture strength.



Many studies have been done on job satisfaction. Of particular interest to the subject of this paper is a series of five studies done by Mobley and Locke (1970). Their purpose was to show that a link exists between 1) an individuals' values and the relative importance of each value, and 2) job aspect satisfaction or dissatisfaction. Four of the five studies focused on testing one hypothesis - "that value attainment and value frustration would produce more satisfaction and dissatisfaction, respectively, when the value was more important than when it was less important" (p. 463). The other hypothesis, tested by the fifth study, was "that overall variability in satisfaction with a job aspect would be proportional to the importance of that aspect" (p. 463). The findings of the studies supported the respective hypotheses.

Since values are a key element of culture, the findings of Mobley and Locke's study suggest that job satisfaction is an appropriate variable to include in this investigation. The perspective in this case being slightly different, because the perspective would be that of whether the extent of shared group values is reflected in individual job satisfaction. The study of job satisfaction is often combined with a similar, but distinct, concept - job involvement.

## JOB INVOLVEMENT

Lodahl and Kejner (1965) first defined job involvement as "the degree to which a person is identified psychologically with his work, or the importance of work in his total self-image" (p. 24). In 1977 Rabinowitz and Hall reviewed the literature on job involvement. In 11 references cited, they found 11 different definitions of job involvement. Although these authors conclude that Lodahl and Kejner's (1965) definition contains the essence of all those which followed, they also state, "It is clear that there is a great deal of conceptual confusion and proliferation of terms in our theorizing about the construct labelled job involvement" (p. 267).

Baba (1979), following an extensive review (27 references) of definitions of job involvement also concludes that Lodahl and Kejner's definition continues to be the common thread in any of the other definitions. Stated another way, "job involvement is the internalization of values about the goodness of work or the importance of work in the worth of the person, and perhaps it thus measures the ease with which the person can be further socialized by an organization" (Lodahl and Kejner, 1965, p. 24).

As the socialization of an individual to an organization or work group includes the learning of the work group culture, one would expect that organizational groups with strong (broadly shared) cultures would be comprised of

individuals whose value systems have become congruent. Where these value systems include a high importance of work to an individual's worth, high job involvement can be expected as a result.

In previous (unpublished) research, using data obtained from women in precision electronics assembly work, Lodahl (cited in Lodahl and Kejner, 1965) found that job involvement is related to team involvement, product knowledge, and time on the job. The opportunity for developing shared values and assumptions is increased by both teamwork and longevity of the group. Thus, the correlation with team involvement and time on the job, reinforces the premise that stronger cultures are likely to influence level of job involvement.

In the same study, job satisfaction was found to be independent of job involvement. It appears that while job involvement and job satisfaction share many common determinants, they are, in fact, distinct concepts (Lodahl and Kejner, 1965). Job involvement appears to be fairly stable over time, not easily affected by environmental changes in the job. It is important to note, also, that an individual can be highly job involved, but not experience job satisfaction. When a job involved person perceives that his self worth is being negatively affected by the job, he may experience anger and frustration rather than satisfaction. Job involvement seems to be primarily a

function of the individual's value system and would thus be less likely to show a relationship with culture strength scores.

#### UPWARD STRIVING

The Protestant Ethic is a collection of basic values and beliefs which form part of the North American culture. Its influence on the work force is through teaching young members of society that work should be one's central life interest. Thus continually seeking a higher level job is a logical outgrowth of the value system of society as a whole not the values of the organization.

Wollack, Goodale, Wijting, and Smith (1971) define upward striving (a subscale of The Survey of Work Values (SWV)) as "the desire to seek continually a higher level job and a better standard of living" (p. 332). Reference to this variable has not been found in any published studies, other than the one cited here, which is a description of the development of the scale. Upward striving is an aspect of the Protestant Ethic and symbolizes man's industriousness. Since this variable deals more with societal values than organizational values, and if organizational culture is in fact different from societal culture, then no particular relationship would be expected between upward striving and culture strength scores.

## SUMMARY

Culture is a concept adopted by students of organizational behaviour from cultural anthropologists. The study of organizational culture is a relatively new field and definition of the term is still unclear. Most of the definitions which are suggested imply that organizational culture has something to do with shared assumptions and/or values. Sathe's (1985) definition that "Culture is the set of important assumptions (often unstated) that members of a community share in common" (p. 10), seems to incorporate most of the elements expressed by other authors when defining culture.

Because culture is composed of (unstated, invisible) assumptions, in order to study culture, one must identify visible expressions of shared assumptions. There are a variety of media through which culture can be expressed. These include physical artifacts, shared behaviours and activities, shared feelings, and special language such as slogans and mottoes, or unique vocabulary, such as medical terminology.

In larger organizations, pockets of culture tend to develop, referred to in this paper as sub-cultures. These sub-groups may exhibit strong cultures, weak cultures, or somewhere in between. There are generally three determinants of strength of culture in any given group. These components are how many varied shared assumptions there are, how widely

they are shared by the group, and how clear it is which assumptions take precedence over others.

The relationship of four dependent variables with culture strength scores is being investigated in this study. Organizational commitment, job satisfaction, job involvement, and upward striving have all been found to be related to each other in various, but differing ways. Because there is not a clear model of the relationships among all these variables, this study must be defined as exploratory.

The methodology used to investigate the relationships between the variables mentioned above is described in Chapter III.

## CHAPTER III

### METHODOLOGY

Organizational culture researchers have generally adopted techniques used by anthropologists for studying culture in a society. Pelto (1970) lists 10 different tools used for studying culture.

One tool commonly used by organizational culture researchers (Peters & Waterman, 1982; Deal & Kennedy, 1982; and Kilmann, et al, 1985) is interviewing key informants. These may be senior executives, company heroes, or those persons in organizations who tend to attract information. Another fairly frequently used approach is the participant-observer method - where the researcher actually "lives in" to experience the organization first hand. While anthropologists may collect and study life histories of individuals as yet another means of learning about a culture, organizational culture researchers look through annual reports, minutes of meetings, and other such indicators of an organization's history.

Other anthropological techniques which have been employed from time to time in organizational culture research are structured interviews, questionnaires, ratings and rankings, semantic differential techniques, projective techniques, and other psychological research instruments.

This study uses a combination of approaches. The group process, described later, employed to develop the scale for measuring culture strength, incorporates use of key informants, the structured interview, and rating and ranking. The primary tool for data collection, however, is a questionnaire.

This chapter describes the methodology in detail, including:

- sample selection
- derivation of the culture strength scale
- instruments used to collect data on the dependent variables
- methods used for data analysis.

#### SAMPLE

As this investigation is exploratory, rather than hypothesis-testing, random sample selection technique was not employed.

In order to recruit hospitals for participation, an introductory letter and information package was sent to the presidents of several local hospitals. The letter outlined exactly what the hospitals' involvement and commitment would be should they agree to participate. The information package



included samples of all letters, forms, and questionnaires used in the study. (See Appendices A and B)

Two hospitals agreed to participate. Vancouver General Hospital is a large 1,000 bed teaching hospital with approximately 4,500 employees. The other, Lions Gate Hospital, is a 400 bed community hospital, with approximately 2,000 employees.

The total selection process was multi-tiered. Once hospitals agreed to participate, the second task was to recruit sub-culture groups or units<sup>1</sup> within those hospitals, to participate in the over-all study. The third task was to recruit individuals to participate in one of two group sessions used to create the culture strength measurement scale. The next two sections discuss these recruitment methods.

#### RECRUITMENT OF UNITS

At each study hospital the researcher was assigned to a contact person. Through this individual, contact was made with vice presidents and through them arrangements were made to discuss the study with department heads and head nurses.

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<sup>1</sup>N.B. Applying the term "group" to both the culture scale development sessions as well as to sub-cultures or work groups becomes both cumbersome and confusing, therefore, the term "units(s)" will henceforth be used to denote sub-culture groups such as departments or nursing units.

Prior to these meetings, each vice president was sent a letter of introduction (Appendix A) and an information package (Appendix B) which was also used as an introduction for department heads and head nurses.

The goals in speaking to the vice presidents, prior to contacting department heads, were to:

1. Enlist their support for the project, and
2. Draw on their knowledge of the departments to estimate a potential for variety in the scores on the culture strength scale.

Vice presidents were asked to keep certain criteria in mind when suggesting units which might be approached and asked to participate. Specific criteria identified as being known to affect culture strength in a work group include having (or not having) strong leadership, average length of tenure (turnover rate), close geographical proximity of the work group members when performing their duties, and similarity of employee backgrounds and values within a work group.

For statistical purposes units with less than 10 employees were not invited to participate in the study.

Following meetings with the vice presidents, contact was made with the respective department heads/head nurses. The information package was sent to each and a meeting was

arranged to answer questions, explain the study, and inquire whether they felt that their units would be able to participate. Every effort was made to ensure that the agreement was voluntary. All forms and letters were worded in accordance with both the UBC Ethics Committee and the hospital's review committee standards.

The initial expectation was that the same units from each of the two hospitals would be recruited to participate. As it turned out, this was not possible. The decision about unit participation was left with each unit head, who judged whether or not staffing patterns and/or workloads made it possible to send someone to a culture strength scale development session. The decision, once made, had to be respected in respect of participation being voluntary.

The self-selected sample, who responded to the questionnaire, was ultimately drawn from all regular full-time and part-time (not casual) employees working in units whose department head or head nurse agreed to participate in the study. At VGH, a total of nine units participated. Six units participated in the study at LGH.

#### SELECTION OF INDIVIDUALS FOR NOMINAL GROUP SESSIONS

Once participating units were identified, the process advanced to recruiting individuals. They were required for participation in one of two different group sessions which were convened, at separate times, for each hospital (four

sessions in total). One group (at each hospital) was comprised of individuals from the participating units, who met specified criteria (noted below). As the individuals in these groups worked within the participating units, they are referred to throughout the remainder of this paper as the internal perspective (IP) group. Nine members, one from each of the nine units, attended the VGH IP group and at the LGH IP group six areas were represented.

The other group (at each hospital) consisted of individuals external to the experimental units, but who interact regularly with the units. This group will henceforth be referred to as the external perspective (EP) group. While exact composition of the EP groups was different at the two hospitals, some group members at each hospital came from such departments as, education services, labour relations, personnel, plant services, quality assurance, and one or two others. Selection of these participants was according to the same criteria as for the IP participants. At VGH four of the six individuals were invited to participate directly by the researcher, upon receiving recommendation and/or permission from the individual's immediate supervisor. The other two were selected by their supervisor, following consultation with the researcher. At LGH one individual was recruited directly by the researcher, the other three were selected by their supervisor, also in consultation with the researcher.

The rationale for having both internal and external perspectives is expressed by Van Maanen & Barley (1985) who state that "members of a sub-culture approach not only their work, but also those who witness their work, in mannered ways. Sub-cultures provide their members with a characteristic style" (p. 50). Gregory (1983) stresses the importance of considering both external and "native view" perspectives. " 'Native' is a technical term anthropologists use to refer to their research subjects. The rationale for studying native views comes from the belief that meanings are linked to behavior, and those who take this perspective define culture as a system of meanings" (p. 363). Since organizational culture is seen as a system of shared assumptions which are made manifest through behaviour and other symbolic activities, it is important to understand that this symbolism may vary in its interpretation according to whether the one doing the interpreting is an outsider or an insider. Because external and internal perspectives may vary, both of these views (EP and IP) were represented during the derivation of the culture strength scale, and in the questionnaire feedback.

#### Internal Perception Group Member Selection

Once a unit agreed to participate, department heads or head nurses were asked to request a volunteer to participate in the group session. Information describing how the session would be conducted was provided. Department heads/head

nurses were given the following criteria and definition for use when asking for volunteers.

### 1. Criteria

a. Nominees shall be people who are currently full-time employees who have worked in this department (not necessarily position) for at least three full years.

b. The nominee shall be someone who normally interacts on a regular basis (one or more times a day) with staff from a variety of other departments throughout the hospital.

c. The nominee shall have a good command of the English language.

### 2. Definition

For purposes of this study the term hospital shall mean only the acute care (not long term care) section of the facility.

The department head/head nurse decided how to recruit someone from their unit.

### External Perception Group

The same criteria were applied for recruiting volunteers to participate in the external perception group as for the IP group. Request was usually made directly by

the researcher to the individual in question for this group, since they frequently were one-of-a-kind positions. Where appropriate, the department head was contacted as above. At Vancouver General, a total of six people comprised the EP group. There were four EP group members at Lions Gate Hospital.

#### CONDUCT OF THE GROUP SESSION

Nominal group technique (NGT) is a structured group session which follows the process summarized (by the authors) below (Delbecq, et al, 1975). This technique was first used in 1969. Its particular advantages are that it assures a balanced participation by all group members and it incorporates voting techniques designed to facilitate group decision-making.

##### NGT steps:

- "1) Silent generation of ideas in writing
- 2) Round-robin feedback from group members to record each idea in a terse phrase on a flip chart
- 3) Discussion of each recorded idea for clarification and evaluation

4) Individual voting on priority ideas with the group decision being mathematically derived through rank-ordering or rating" (p. 8)

In each case, the EP group was conducted prior to the IP group. The sessions began with a review of the study purpose, an introduction to organizational culture, and an explanation of the specific task at hand. Participants were given a handout with examples of culture "artifacts" (see Table II). It was felt that it was easiest to get an explanation across of what constitutes culture, cultural symbolism, or cultural events by demonstration, so a list was drawn up from which the group was instructed to work. Providing this list also ensured that each group started from the same baseline. The list is shown in Table II.

Table II

Examples of Items Which Could be on the List of Cultural Artifacts

Shared Doings

1. Ceremonies

- recognition of retirement
  - recognition of promotion
  - recognition of family event, e.g. birth, engagement, marriage, etc.
  - recognition of leaving, due to leaving town (spouse transferred), or accepting a new job elsewhere
- (con't.)



(continued from page 46)

## 2. Rituals

- nodding a greeting to all whom you pass in corridors vs. ignoring others
- regular staff meetings
- keeping workload statistics
- sitting only with your co-workers for breaks and meals
- orientation sessions
- awards
- performance appraisals

## 3. Other

- after-hours socializing, e.g. a department baseball team, or volleyball team, or going to employee fitness as a group

## Shared Things

1. work spaces
2. offices or desks
3. equipment
4. logos or department T-shirts, buttons, or pins
5. heroes
6. trophies (serious or funny) and other awards
7. other symbols

## Shared Sayings

1. having a common "jargon" or unique language
2. having a slogan or motto
3. myths, stories, or sagas (con't.)

(continued from page 47)

Shared Feelings

1. respect for immediate supervisor (or lack thereof)
2. attitudes about sick time or overtime or continuing education
3. attitudes about professional societies
4. attitudes about other work groups within the hospital

When the group had no further questions regarding clarification of the task, and working definitions of organizational culture, they were then instructed to silently go through the list presented to them, identify which items might apply specifically to their hospital, to eliminate any items which had no relationship to their hospital and to add any items which they felt belonged on the list. The group was given 30 minutes for this silent activity.

The next step was the round robin feedback. Members were instructed to select one item (at a time) from the list and share it with the group. There was no discussion at this point, simply sharing items from the lists until all the members ideas were exhausted. This exercise took approximately 45 minutes.

The third step of the nominal group process was to discuss each recorded idea for clarification and evaluation. This was done and all of the ideas were clarified to the satisfaction of the group members.

Step four was modified so that EP group members simply affirmed that the items generated were valid ones for inclusion in the final instrument.

The internal perception group session was conducted in exactly the same fashion as for the external perception group, with the following two exceptions. In addition to the handout materials given to the first group, the IP group also received a copy of the list which was derived by the EP group. Their instructions were to go through the list derived by the EP group and to identify which items should remain or be deleted, and to add any other items which they felt were relevant for the list. The IP group also had the list of examples which the EP group worked from, to use as reference should they choose to do so. Again the group was given 30 minutes for this activity.

As before, the next two steps were round robin feedback followed by discussion and clarification of the items. A number of items were added to the original list generated by the EP group.

Finally, although the items were not rated and ranked, items now were voted on by the IP group to affirm whether or not any items should be dropped from the list as being inapplicable to all of the nine units. The group decided that some of the items were different expressions of the same thing and combined them into one item. Two items were struck from the list. The end result at the completion of

the second group session was a consensus that all the items on the list were events which occurred in one place or another around the hospital and should remain. Two similar sessions were held at Lions Gate Hospital, using the same procedure and same handouts. Although they all started with the same information, the lists generated at the two hospitals were different. Lions Gate, the smaller hospital, had a longer final list than VGH, the larger hospital.

The outcome of the group sessions were lists of 30 and 44 cultural elements from the larger and smaller hospitals respectively. Tables III and IV are the complete lists.

Table III

Culture "Artifacts" List from VGH Groups

ITEMS

1. Retirement, leaving, promotion, birth, marriage, etc., parties
2. "Theme" weeks and open houses
3. Need to know what is going on in rest of hospital - day to day
4. Baseball/volleyball/golf/fundraising events
5. Special event dinners, e.g. Christmas
6. Sharing-food events for no particular reason, e.g. pot-luck lunch, plate of cookies for coffee
7. Meetings (pertinent or not; frequency)
8. Jargon
9. Seminars, continuing education (con't.)

(continued from page 50)

10. Performance appraisals
  11. Group "cliquiness"; need to be seen as the "hub" of the wheel
  12. Maintaining a common sense of purpose, "why we are here"
  13. The "VGH" feeling
  14. Staff dissension
  15. Shared work spaces and equipment
  16. Safety at the work site/shared risk
  17. Frustration with slow rate of change
  18. Orientation sessions - hospital and departmental
  19. Intra- and inter-departmental newsletters
  20. Work group, professional, or union pins, buttons, ties etc.
  21. Service awards
  22. Attending employee fitness centre
  23. Shared sense of lack of control due to outside work group influences
  24. Social hierarchy
  25. Stories, e.g. around the 1977 time
  26. Lack of communication about major issues and projects
  27. Lack of celebration of hospital successes
  28. Keeping workload statistics
  29. "Tunnel" culture
  30. Uniforms, colour-coded ID tags, name pins, titles
-

Table IV

Culture "Artifacts" List from LGH GroupsITEMS

## 1. Ceremonies for:

academic achievement  
 clinical achievement  
 retirement  
 employee recognition luncheon (10, 15, etc., years)  
 buying property (house, car)  
 birthdays  
 secretaries week  
 Christmas lunch/dinner/party  
 hospital wine and cheese party  
 hospital picnic/sports day

## 2. Rituals

humor (gags, pranks)  
 co-workers sitting together in cafeteria  
 using only one cafeteria  
 open house/theme weeks  
 departmental fundraisers (e.g. bake sale)  
 volunteer recognition week  
 greetings in corridors  
 ritualized criticism of supervisors and each other  
 The Garage Sale  
 regular staff meetings  
 the golf tournament  
 presentation for non-participation (con't.)

(continued from page 52)

participation on committees

orientation - hospital and departmental

employee of the month

performance appraisals

workload statistics

expectation of community participation

expected to participate in continuing education

### 3. Other shared doings

baseball teams- interhospital league

union membership

sharing expertise

helping each other outside of work

spontaneous pub nights

occasional pot luck dinner

shared personal experiences

### 4. Shared feelings

attitudes of one department about another

sharing the sense of the primary importance of patient  
care

respect for supervisor

public display of appreciation expressed by others

feelings about sharing the "air"

hospital employee identity, as separate from outsiders

stratification boundaries

sense of rights vs. privileges

shared feelings about other institutions and agencies

competitiveness/achievement/pride (con't.)

(continued from page 53)

5. Shared things

mission statement

philosophy

goals and objectives

uniforms - for identity

sharing equipment and spaces

departmental medical record is kept

the computer

departmental newsletter

cards for birthdays or sickness

6. Shared sayings

unique jargon in each department

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The researcher then took the lists and created statements which formed Part 4 of the questionnaire (Appendix B) given to members of participating units. The participants (IP) were asked to respond on a seven point scale (from strongly agree (7) to strongly disagree (1)) how much they agreed or disagreed with each statement with respect to their unit. The response option for "does not apply" (rated 0) was provided in order not to penalize any group not ascribing to all the elements listed.

The EP group of participants also received sets of these questions, a set contained one culture strength rating scale referring to each participating unit. The instructions were to respond to the set of statements for each of the six



or nine units. One copy of each set (VGH and LGH) is in Appendix C.

Parts 1, 2, and 3 of the data collection instrument are described below.

## THE MEASURES

### PART 1

Demographic data were collected with single items for respondents' sex, age, number of years of formal education, length of tenure with this hospital and with this work group.

### Part 2

A six item short form of the Job Involvement Questionnaire (Lodahl and Kejner, 1965) was used to measure job involvement. This instrument has a reliability of .72 to .89. The short form corrected split half correlation is .73. The authors summarize their validity studies by saying "the scale discriminates among groups and has plausible correlations with other variables" (p. 32).

In a study of factors affecting job involvement of middle managers, Schwyhart and Smith (1972) found an internal consistency for Lodahl and Kejner's 1965 scale of an odd-even split-half reliability corrected by the Spearman-Brown formula to be .80. This study involved 149 white collar male subjects under the age of 40, all of whom

worked for one company but in various branches across the United States. For replication a second study was done with 58 subjects from 4 other companies. The specific type of company was not mentioned in the report. In 1969, Goodman, Furcon, and Rose, in an "Examination of some measures of creative ability by the multitrait-multimethod matrix" found that in using job involvement as a control measure for their study, only this particular measure and one other exhibited substantial convergent and discriminant validity. Their sample consisted of 68 employees in a government research laboratory.

Upward Striving is a subscale of The Bowling Green University Survey of Work Values (SWV) (Wollack, et al, 1971). Nine items were used from this scale. The survey is intended to measure a worker's "attitudes toward work in general, rather than his feelings about a specific job" (p. 331). Thus it should be clear that upward striving is a construct which is more general in nature, identifying general attitudes toward work, as opposed to job satisfaction which is a specific attitude about one's own current job. All of the subscales in the Survey of Work Values are based on the concept of man's industriousness which as the authors note, "represent the most critical aspect of the Protestant Ethic" (p. 331). Most of the subscales in the SWV questionnaire fit into one of two dimensions, intrinsic or extrinsic. There are two, however,

which are thought to be of a mixed character, one of these is the variable called Upward Striving, used in this study.

This scale was initially tested in a glass manufacturing company across seven different occupational groups. These included management, supervision, professional, technicians, clerical, skilled trades, and semi-skilled and unskilled workers. The instrument has an adequate internal consistency of .59 and a test - re-test reliability of .76. The authors feel that the internal reliability is acceptable because of the "range of scale values...and small number of items" (p.336) per subscale.

In a further study, described in the same article, to determine whether the subscales could discriminate between different groups of workers, the scales were given to five further occupational groups ranging from unskilled employees through to professionals. The results did show that there were discriminant functions in this Survey.

Four questions from the Organizational Commitment Questionnaire (Mowday, et al, 1974) were included as the final portion of Part 2 of the total questionnaire. The Organizational Commitment Questionnaire has been widely used since its development and has an internal consistency reliability range from .82 to .93, with a median of .90. Test - re-test reliability ranges from .53 to .75. It has been found to have adequate convergent validity, in one example ranging from .63 to .74. The correlation for this

example was with Sources of Organizational Attachment Questionnaire. Norms are provided for both males and females. The short (four item) form of this questionnaire was used.

### Part 3

The Job Descriptive Index (Kendall, Smith, Hulin, and Locke, 1963) in its entirety was used to measure job satisfaction. This is another well documented questionnaire instrument, consistently having an alpha coefficient in the range of .80 or better. This instrument has 5 subscales: work, co-workers, supervision, pay, and promotions, all elements which are thought to contribute to job satisfaction.

In describing a number of tools available to measure job satisfaction, Gruneberg (1979) states, "...despite the diversity of measures, one measure, the Cornell Job Descriptive Index (JDI), is regarded by many workers as the most carefully developed instrument for measuring job satisfaction" (p. 3).

In summary, the sample population was not selected through random sampling technique. Group session participants were recruited and questionnaire respondents were self-selected. Two hospitals provided the two populations from which the samples were drawn. The data gathering instrument was a four-part questionnaire,

comprised of demographic information, job involvement, upward striving, organizational commitment, and job satisfaction scales and a culture strength scale. The latter was developed with representatives from the respondent population using a modified nominal group technique.

#### DATA ANALYSES

When the questionnaires were returned, the data was prepared for analysis. The study questions required one of two techniques - testing for association or for differences.

The analyses were done using SPSS\* (1983). Generally, results have only been reported when statistical significance levels are at 0.05 or less and/or, in the case of tests of association, the absolute r-value was greater than 0.5.

To investigate whether there is a difference in culture strength scores among different work groups, The SPSS:X one-way analysis of variance test was used. For tests of association, Pearson's product-moment test of correlation was used.

## CHAPTER IV

### RESULTS

The primary focus of this study was to investigate whether any relationship exists between the strength of an organizational sub-culture and an employee's sense of organizational commitment, job satisfaction, job involvement and upward striving. To this end, data were collected and analysed according to the procedure described in Chapter III. The results of the data analysis for the two hospitals is presented in this chapter. Since "customized" culture strength scales were used to collect the culture strength data, no comparison can be made between the results from VGH and the results from LGH.

For each hospital the discussion follows the same format. First a description of the sample characteristics is provided; next, reliability scores for the culture strength questionnaire are given; and finally, a discussion of the results as they relate to each of the of the study questions posed in Chapter I is presented.

#### VANCOUVER GENERAL HOSPITAL

##### Characteristics of the sample

##### Response Rate

Based on figures given by the heads of the nine participating units, 627 questionnaires were distributed to their employees. One hundred and twenty five were returned

yielding a response rate of 20%. Rates varied among units from a low of 10% to a high of 33%.

The breakdown of return rates by unit is presented in Table V. The highest rate of return was from Social Work with 33%. Biomedical Engineering and Medical Records were close behind with 31% and 30% return rates respectively.

TABLE V

Questionnaire Response Rate

UNIT	DISTRIBUTED (n)	RETURNED (n)	PERCENT RESPONSE
TOTAL	627	125	20%
1. STORES	51	5	10%
2. ACCOUNTING	37	6	15%
3. SOCIAL WORK	30	10	33%
4. X-RAY	135	35	26%
5. FOOD SERVICES	230	30	13%
6. PHARMACY	55	14	25%
7. BIOMED. ENG.	35	11	31%
8. MED. REC.	30	9	30%
9. NSG. UNIT	24	5	21%

Demographics

Information was collected on a number of demographic variables. These include length of tenure within the hospital and within the particular unit of current

employment. Respondent's years of formal education, age, and sex were also requested. The distributions of these characteristics throughout the sample are discussed in the next sections of this chapter.

Hospital Tenure. The data on hospital tenure are grouped into four categories. The first of these is employees who have been employed at VGH for 2 years or less. The second group spans 3 to 7 years of employment at VGH, group three spans 8 to 15 years, and those with 16 years or over comprise the fourth group.

Of the 125 respondents, 40% are in the 8 to 15 year tenure category. The next largest group is the 3 to 7 year group with 26%. Third is the 0 to 2 years group with 17%, and 16 years and over has 14%. Considering that the average adult may be employed from age 18 to 65, a total of 47 years, and that 84% of the employees have only been at VGH one third of that time, it would seem that the employee sample is somewhat transient. In fact 44% percent of the respondents have only been employed at VGH for 7 years or less.

Two people did not respond to this item. A breakdown by units is displayed in Table VI.



TABLE VI

Distribution of Years of Hospital Tenure

UNIT	(n)	C A T E G O R I E S			
		0-2	3-7	8-15	16+
		%	%	%	%
1. STORES	5		20	60	20
2. ACCOUNTING	6		17	17	68
3. SOCIAL WORK	10	20	30	40	
4. X-RAY	35	9	20	43	29
5. FOOD SVC.	30	20	10	63	7
6. PHARMACY	14	21	64	14	
7. BIOMED. ENG.	11	30	30	30	
8. MED. REC.	9	22	33	33	11
9. NSG. UNIT	5	40	60		
TOTAL GROUP	125	18	26	40	14

Unit Tenure. The unit tenure categories are identical to the hospital tenure ones and general distribution among the 125 respondents is as follows. Thirty-three percent of the respondents are represented in the 3 to 7 year category. Another third are represented in the 8 to 15 year group (34%). The 0 to 2 year category has 25% of the total and 7% have been with their respective units for 16 or more years. Fifty-eight per cent of the respondents have been in their respective work units for 7 years or less, suggesting some degree of internal transience as well.

Again two people did not respond. For a unit by unit analysis, refer to Table VII.

TABLE VII

Distribution of Unit Tenure in Years

UNIT	(n)	C A T E G O R I E S			
		0-2	3-7	8-15	16+
		%	%	%	%
1. STORES	5		80	20	
2. ACCOUNTING	6		33	33	33
3. SOCIAL WORK	10	30	20	40	
4. X-RAY	35	20	29	34	17
5. FOOD SVC.	30	20	23	53	3
6. PHARMACY	14	29	57	14	
7. BIOMED. ENG.	11	40	30	20	
8. MED. REC.	9	22	44	33	
9. NSG. UNIT	5	80	20		
TOTAL GROUP	125	25	33	34	7

Years of Formal Education. The years of formal education are grouped into three categories, less than 12 years, 12 to 15 years, and greater than 15 years.

Of the 125, 6 (4.8%) did not respond. In the less than 12 year category there are only 3.2% (or four individuals). The 12 to 15 year category has 44%, and the over 15 years category has 48%. In other words, 44% have completed high school and may have some level of post high school training while nearly half have university education or beyond. The

results are not surprising given the requirements of the jobs involved. A unit by unit distribution is presented in Table VIII.

TABLE VIII

Years of Formal Education

DEPARTMENT	(n)	C A T E G O R I E S		
		<12 YR.	12-15 YR.	OVER 15 YR.
TOTAL <sup>2</sup>	125	3.2%	44%	48%
1. STORES	5	20%	80%	
2. ACCOUNTING	6	16.7%	66.7%	16.7%
3. SOCIAL WORK	10	10%	20%	60%
4. X-RAY	35		68.6%	25.7%
5. FOOD SERVICES	30	3.3%	20%	70%
6. PHARMACY	14		7.1%	85.7%
7. BIOMED. ENG.	11		50%	50%
8. MED. REC.	9		66.7%	33.3%
9. WEST 6A	5		40%	60%

Age. The mean age of the respondents at VGH is 32.5 years with a range from 20 to 63 years. The standard deviation is 12.5 years. Nine people chose not to respond to this item. The mean age is a bit older than might be expected when 44% have less than 7 years tenure, even when provision is made for extended time spent in education.

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<sup>2</sup>Percentages do not add up to 100 because some individuals did not respond.

Sex Distribution. The male/female distribution of the 125 respondents is about 1 male to every 3 females, 23.2% men and 75.2% women. Table IX shows the detailed distribution by units. Because males represent nearly 25% of the sample, and men and women may have different attitudes toward work and the work environment, most of the remaining analyses were done separately for males and females.

TABLE IX

Sex Distribution by Units

UNIT		MALES	FEMALES
TOTAL	125	23.2%	75.2%
STORES	5	60%	40%
ACCOUNTING	6	16.7%	83.3%
SOCIAL WORK	10	20%	70% (1 did not respond)
X-RAY	35	31.4%	68.6%
FOOD SERVICES	30	3.3%	96.7%
PHARMACY	14	28.6%	71.4%
BIOMED. ENG.	11	60%	40%
MED. REC.	9		100%
WEST 6A	5		80% (1 did not respond)

In summary, the sample is "youngish" (not yet middle aged), 75% female, somewhat transient, and relatively well educated.

Due to the low response rate, the age, hospital tenure and sex distribution of the sample were compared to those of the population (n=627). The ages of the population were provided by Vancouver General Hospital in 5 year incremental categories. The mean age category was the 31 to 35 year old group. The sample mean of 32.5 falls within this range, so the sample is comparable on this variable. The sex distribution for the population is 21% male and 79% female, also very similar to the sample group (23% male, 75% female, and 2% did not respond). There is some difference in the population tenure and the sample tenure. The largest group in the population is the 0 to 2 year category, where for the sample it falls in the 8 to 15 year category. There are 33% of the population in the 0 to 2 year category, 25% in the 3 to 7 year category, 27% in the 8 to 15 year category, and 15% in the 16 years and over category. Thus there are more responses from the longer tenured employees.

#### The Culture Strength Scale

Before performing analyses related to the questions posed in the introduction, the culture strength scale itself was analysed for reliability. Cronbach's (1951) alpha coefficient of reliability was 0.87 and the Guttman (1945) split-half reliability coefficient was 0.82. Thus the scale demonstrates good internal reliability.

## The Study Questions

### Study Question #1. Culture Strength Scores

#1. Do functionally defined sub-groups show significant differences in scores on the culture strength scale?

The one-way analysis of variance procedure (SPSS, 1983) was used to determine whether there were any differences in the scores among the 9 participating units. The result was an F-ratio of 4.10 and a significant F probability of 0.000. Further analysis using the Tukey(b) (1977) procedure identified which of the units contributed to the differences. Mean scores for units 4, 5, 6, and 7 all differed from mean scores for unit 2. In addition, the unit 6 mean score differed from units 3 and 8. As can be seen from Table X, units 2, 3, and 8 have the lowest 3 mean scores. Units 1, 4, 5, 7, and 9 are in the mid-range, while the mean score for unit 6 is considerably greater than the others.

Based on these results, the 9 units were collapsed into 3 categories for all the remaining analyses. Category one was comprised of units 2, 3, and 8 and labelled weak sub-culture units. Units 1, 4, 5, 7, and 9 were categorized as moderate sub-culture units, and unit 6 was relabelled as a strong sub-culture unit. Table X summarizes this restructuring.

TABLE X

Combined sub-culture units based on sub-culture scale score

UNIT	(n)	MEAN SCORE	DIFFERENT FROM	NEW UNIT NAMES
2. Accounting	6	71	-	Weak
8. Med. Rec.	9	94	-	Sub-culture
3. Social Work	10	101	-	Unit
9. Nsg. Unit	5	109	-	
1. Stores	5	111	-	Moderate
4. X-ray	35	113	2	Sub-culture
5. Food Svc.	30	114	2	Unit
7. Biomed. Eng.	11	116	2	
6. Pharmacy	14	137	2,3,8	Strong Sub- culture Unit

The results of the analysis of variance show that there are significant differences between some of the groups, but not all of them. The fact that differences exist at all supports Schein (1985), Louis (1985), and Davis (1985) hypothesis that within any organization there are a variety of sub-cultures and that cultural strength does differ.

Analyses of the remaining questions were done for the entire group of respondents (n=125) without differentiating sub-cultures, and by the three newly created sub-culture groups. Within those groups, results for both males and females were calculated. Pearson's product moment (two-tailed) was used as the test of association. Results are

noted only if the  $r$ -value of the Pearson's product-moment is greater than or equal to .50 and/or  $p$  is less than .05.

### Study Question #2      Job Involvement

2. For functionally defined sub-groups, is there a relationship between culture strength scores and job involvement?

The results show no correlation between culture strength and job involvement for the group as a whole. The group  $r$ -value is .12, with  $p=0.171$ . Among the sub-groups, there was a relationship between culture strength and job satisfaction for the three males in the weak sub-culture unit ( $r=-.72$ ,  $p=0.484$ ). The negative sign suggests that as unit culture gets stronger, job involvement decreases.

This may represent a situation where the group's congruent value system includes placing a low value on the importance of work to an individual's worth. If this value is generally shared by the work unit, then it is strongly grounded as part of the culture and thus would produce a negative association. However, the small sample means that any interpretation must be made with great caution.

### Study Question #3.      Upward Striving

3. For functionally defined sub-groups, is there a relationship between culture strength scores and upward striving?



Upward striving is a measure of one's attitude toward work in general, not one's specific job. Once again, the overall group results showed no relationship of upward striving with culture strength scores ( $r = -.07$ ,  $p = 0.411$ ). As in the preceding question results, the three males in the weak sub-culture unit show a very high negative correlation,  $r = -.95$ , which is not statistically significant ( $p = 0.206$ ). Again, a possible explanation for the negative relationship is if the individual's share a negative belief about work needing to be one's central life interest.

#### Study Question #4. Organizational Commitment

4. For functionally defined sub-groups, is there a relationship between culture strength scores and organizational commitment?

For this question also, the results show no significant correlation between organizational commitment and culture strength for the total group analysis ( $r = .11$ ,  $p = 0.232$ ). For the third time, only the males in the weak sub-culture units show any relationship between organizational commitment and culture strength scores. The  $r$ -value for organizational commitment was  $-.84$ ,  $p = 0.362$ .

Given the small size of the sample (three men), and that only this group showed an absolute  $r$  value greater than 0.5, and  $p$  is not significant, it is reasonable to conclude

that no apparent relationship exists between culture strength and any of these three job facets.

Overall these findings do not support the statements of Peters and Waterman (1982) and Deal and Kennedy (1983) that increasing culture strength increases organizational commitment. However, the small cultural unit sample sizes do not allow definitive conclusions to be drawn.

#### Study Question #5. Job Satisfaction

5. For functionally defined sub-groups, is there a relationship between culture strength scores and job satisfaction?

Analysis of the relationship of culture strength scores with job satisfaction is a more complex issue than the three preceding variables. The JDI measures five different elements of job satisfaction which produces five subscale scores. It is not meaningful to add these scores together to achieve an overall job satisfaction rating because the elements are so different. Thus separate correlations were performed for each of the five subscales - satisfaction with the work itself (work), satisfaction with supervision (supv), satisfaction with co-workers (co-work), satisfaction with pay (pay), and satisfaction with opportunity for promotion (promo).

Results for the group as a whole for this question shows four of the five subscales with significant p-values,

but only for the women ( $n=94$ ). The results for each of the variables are: satisfaction with the work itself,  $r=.32$ ,  $p=0.002$ ; satisfaction with supervision,  $r=.36$ ,  $p=0.000$ ; satisfaction with co-workers,  $r=.37$ ,  $p=0.000$ ; satisfaction with pay,  $r=.10$ ,  $p=0.347$ ; satisfaction with opportunity for promotion,  $r=.32$ ,  $p=0.002$ . The only subscale item not showing any association is satisfaction with pay. This may be due to the fact that pay is dictated by collective agreements.

For the three males in the weak sub-culture units, a very strong, positive association occurs between culture strength score and satisfaction with co-workers ( $r=.93$ ,  $p=0.232$ ). Satisfaction with opportunity for promotion yields an  $r$ -value of .60 and  $p=0.591$ . As before, this small sample dictates caution when interpreting this result.

None of the values for the females (21 cases) in this group meet the  $r$ -values greater than 0.50 and/or  $p$  less than 0.05 criteria.

In the moderate culture units, the males (21 cases) show a significant relationship with satisfaction with the work itself ( $r=.61$ ,  $p=0.002$ ), satisfaction with co-workers ( $r=.42$ ,  $p=0.028$ ), and satisfaction with pay ( $r=.38$ ,  $p=0.045$ ). While the  $r$ -values are moderate to low moderate, the significance is quite high (see Table XI).

For women (63 cases) in this group, two of the same variables appear as for the men, satisfaction with the work itself ( $r=.40$   $p=0.001$ ) and satisfaction with co-workers ( $r=.40$ ,  $p=0.001$ ). Two other variables also show statistical significance, satisfaction with supervision ( $r=.46$ ,  $p=0.000$ ) and satisfaction with opportunity for promotion ( $r=.32$ ,  $p=0.005$ ). In spite of the strong significance, the relationships ( $r$ -values) are in the low moderate range. Satisfaction with pay is not related to culture strength score for the women in this group.

In the strong sub-culture unit, satisfaction with pay ( $r=.78$ ,  $p=ns$ ) and satisfaction with co-workers ( $r=.99$ ,  $p=0.005$ ) show up again for the males ( $n=4$ ) as well as satisfaction with supervision, which has a very strong, but negative association ( $r=-.99$ ,  $p=0.007$ ). The sample size of this group again gives cause for caution in interpretation.

For women in the strong sub-culture unit, the only variable associated with culture strength score is satisfaction with opportunity for promotion ( $r=.64$ ,  $p=0.023$ ). This is a less significant, but stronger, association than for the women in the moderate sub-culture unit.

This question, then, is answered in the affirmative. There are positive relationships between culture strength and various aspects of job satisfaction for the group as a whole and for each of the sub-groups. For men, satisfaction

with co-workers showed up in each of the 3 sub-groups. Satisfaction with co-workers also is a factor for females in the moderate culture group. For women, satisfaction with opportunity for promotion is the only variable which occurs more than once.

Study Question # 6                      Age

6. Is there a relationship between age within a sub-group and scores on the culture strength scale?

For the general group analysis, there was no relationship between culture strength scores and age ( $r=.04$ ,  $p=0.659$ ). Although there appears to be a very strong relationship between age and culture strength scores for males in the weak sub-culture units, the sample size of only three men makes it very likely that the result is spurious. Curiously the direction of the result is negative ( $r=-1.00$ ,  $p=0.005$ ).

None of the other sub-groups demonstrated any relationship between age and culture strength.

Study Question # 7                      Unit Tenure

7. Is there a relationship between unit tenure within a sub-group and scores on the culture strength scale?

The analysis showed no relationship between culture strength scores and unit tenure ( $r=-.06$ ,  $p=0.512$ ). Unit tenure shows up in two places in the results. First men in

the weak sub-culture units have a very strong, but negative association ( $r=-.96$ ,  $p=0.184$ ) with unit tenure. Second, men in the strong sub-culture unit also show a relationship, but a much more moderate and positive one ( $r=.62$ ,  $p=0.388$ ). Both of these groups are very small samples, and once again a spurious relationship must be suspected.

The relationships of age and tenure with other work variables have been found to be U-shaped by other researchers. It is reasonable to consider that this may also be the case in this study, thereby explaining the lack of linear relationship.

TABLE XI

Job Facet Associations With Sub-culture Strength

UNIT	VARIABLE	R-VALUE	P-VALUE
<b>GROUP RESULTS (n=125)</b>			
Males	--	--	-
(n=29)			
Females	work itself	.32	0.002
(n=94)	supervision	.36	0.000
	co-workers	.37	0.000
	promotion	.32	0.002
<b>WEAK (n=24)</b>			
Males	job involvement	-.72	0.484
(n=3)	upward striving	-.95	0.206
	organizational commitment	-.84	0.362
	co-workers	.93	0.232
	promotion	.60	0.591
	age	-1.00	0.005
	unit tenure	-.96	0.184
Females	-	-	-
<b>MODERATE (n=84)</b>			
Males	work itself	.61	0.002
(n=21)	co-workers	.42	0.028
	pay	.38	0.045
Females	work itself	.40	0.001
(n=63)	supervision	.46	0.000
	co-workers	.40	0.001
	promotion	.32	0.005
(con't.)			

(continued from page 77)

UNIT	VARIABLE	R-VALUE	P-VALUE
<b>STRONG (n=14)</b>			
<b>Males (n=4)</b>	supervision	-.99	0.007
	co-workers	.99	0.005
	pay	.77	0.226
	unit tenure	.61	0.388
<b>Females (n=10)</b>	promotion	.64	0.023

**Study Question # 8. External vs. Internal Perspective**

8. Is culture strength for functionally defined sub-groups perceived differently by those external to the group than by those who are part of the group?

The last question to be addressed in this analysis is whether the sub-cultures are perceived differently by those who are external to the unit than those who are part of the group. Although six people participated in the EP group session, only three returned their sets of culture strength questionnaires, for a 50% response rate, and a very small sample. For this reason, rather than do statistical analysis, the mean scores for the two groups are listed in Table XII.

There does not appear to be any particular pattern to the pairs of scores. Both sets are in the same range, but do not rank the units in the same order. The mean EP score is slightly higher than the mean IP score. The findings in this case appear to be inconclusive.



TABLE XII

Culture Strength Scores, Internal versus External Perspectives

Dept.	# of Cases	I.P.Mean Score	E.P.Mean Score	Rank	
				IP	EP
Stores	5	110.8	104.7	5	8
Acct.	6	71.2	107.0	9	7
Soc. Wk.	10	100.6	120.0	7	1
X-ray	35	113.2	104.3	4	9
Fd. Svc .	30	114.5	115.0	3	4
Pharm.	14	137.4	111.0	1	5
Biomed.	10	116.2	118.5	2	3
Med. Rec.	9	94.2	120.0	8	1
West 6A	5	108.6	109.7	6	6

# LIONS GATE HOSPITAL

## Characteristics of the Sample

### Response Rate

The number of questionnaires distributed at Lions Gate Hospital (LGH) was based on figures given by the heads of the 6 participating units. A total of 229 questionnaires were distributed and 67 were returned for a return rate of 30%.

The breakdown of return rates by unit is shown in Table XIII. Returns range from a maximum of 60% to a minimum of 16%.

TABLE XIII

### Questionnaire Response Rate

UNIT	DISTRIBUTED (n)	RETURNED (n)	PERCENT RESPONSE
TOTAL	229	67	30%
10. LAB.	65	17	26%
11. 4 EAST	24	12	50%
12. X-RAY	50	17	34%
13. FD. SVC.	70	11	16%
14. SOC. WORK	10	6	60%
15. STORES	10	4	40%

The characteristics of the sample population are described in the next section.

## Demographics

Exactly the same demographic data was collected for this group as for the VGH group.

Hospital Tenure. The tenure categories are the same as previously noted for VGH. Of the 67 respondents, 34% are in each of the two middle tenure groups, 3 to 7 years and 8 to 15 years. The 0 to 2 years group has 18%, and 16 years and over has 13%. A breakdown by units is displayed in Table XIV.

TABLE XIV

### Distribution of Years of Hospital Tenure

UNIT	(n)	C A T E G O R I E S			
		0-2	3-7	8-15	16+
		%	%	%	%
LABORATORY	17	6	29	47	18
NSG. UNIT	12	25	25	50	-
X-RAY	17	29	41	12	18
FOOD SVC.	11	27	36	27	9
SOCIAL WORK	6	-	50	33	17
STORES	4	-	25	50	25
TOTAL GROUP	67	18	34	34	13

Unit Tenure. Again, the unit tenure categories are identical to the hospital tenure ones and general distribution among the 67 respondents is as follows. The largest group is the 0 to 2 year category with 36%. This suggests a moderate degree of internal transience. The 3 to

7 year category is next with 30%. The 8 to 15 year category has 24% and 10% have been with their respective units for 16 or more years. For a unit by unit analysis, refer to Table XV.

TABLE XV

Distribution of Years of Unit Tenure

UNIT	(n)	C A T E G O R I E S			
		0-2	3-7	8-15	16+
		%	%	%	%
LABORATORY	17	35	6	41	18
NSG. UNIT	12	50	33	17	-
X-RAY	17	41	41	12	6
FOOD SVC.	11	27	36	27	9
SOCIAL WORK	6	-	50	33	17
STORES	5	50	25	25	-
TOTAL GROUP	67	36	30	24	10

Years of Formal Education. Although one person did not respond to this question, the 66 remaining have all completed grade 12. Over one third have completed more than 15 years of formal education. In the 12 to 15 year category there are 56.7%, and 41.8% in the over 15 years category. This result is to be expected, since 4 of the 6 units require post high school education to qualify. The unit by unit responses are presented in Table XVI.

TABLE XVI

Years of Formal Education

UNIT	(n)	C A T E G O R I E S	
		12-15 YR.	OVER 15 YR.
TOTAL	67	56.7%	41.8%
10. LABORATORY	17	70.6%	29.4%
11. 4 EAST	12	66.7%	33.3%
12. X-RAY	17	47.1%	47.1%
13. FOOD SERVICES	11	54.5%	45.5%
14. SOCIAL WORK	6		100%
15. STORES	5	100%	

Age. The age of the respondents at LGH is very similar to the group at VGH with the mean age being 33.4 years, as compared to 32.5 years at VGH. The ages ranged from 18 to 63 years. The standard deviation is 13.3 years.

Sex. The male/female distribution of the 67 respondents at LGH is 6% men (n=4) and 92.5% women (n=62). One individual did not respond to this item. Table XVII shows the details.

TABLE XVII

Sex Distribution by Units

UNIT	(n)	MALES	FEMALES
TOTAL	67	6%	92.5%
10. LABORATORY	17	5.9%	94.1%
11. 4 EAST	12		91.7% (1 did not respond)
12. X-RAY	17	11.8%	88.2%
13. FOOD SERVICES	11		100%
14. SOCIAL WORK	6		100%
15. STORES	4	25%	75%

Because there was such a small proportion of males among the respondents, analyses were not broken down by sex.

In summary, this group of respondents are mostly young adults (mean age 33.4) who show similar tendencies to transience as their counterparts at VGH. The group is mostly female and very well educated.

Since the response rate was so low, these demographics were compared to the population from which the sample was drawn (n=229). The variables which were available for comparison were age, sex distribution, and hospital tenure.

The mean age of the population is 36.5 years, which is comparable to the sample mean of 33.4 years. The male/female distribution for the population is 14% male and 86% female, showing that there is slightly greater response from the females in the population. The tenure results show that the

population as a whole is distributed among groups two and three (3-7 years and 8-15 years) with 30% and 32% respectively, similar to the sample results. The 0-2 year category represents 31% of the population, compared to 18% of the sample. The 16 years and over category has only 7%, compared to 13% of the sample. So there is some under-representation from the low tenure group and greater representation from the high tenure group. A similar effect to that which was noted in the VGH results.

### The Culture Strength Scale

The internal reliability of the culture strength scale was tested using Cronbach's (1951) alpha and Guttman's (1945) split-half reliability coefficients. The coefficient alpha for the scale was 0.9150 and the split-half coefficient was 0.8348. The scale exhibits good internal reliability and exhibits high comparability with the VGH study.

### The Study Questions

#### Study Question #1. Culture Strength Scores

1. Do functionally defined sub-groups show significant differences in scores on the culture strength scale?

Is there a significant difference in culture strength scores among the 6 participating units? The one-way analysis of variance produced an F-ratio of 1.6331 and an F-

probability of 0.165. No statistically significant difference is detectable. There is, however, quite a variation in the mean scores, from a low of 136.8 to a high of 196.2. (These raw scores should not be compared to the VGH scores because the LGH scale had 14 more items than the VGH scale.) Standard deviations are quite large and some sample sizes are quite small. Both of these factors contribute to the lack of statistically significant differences in the scores. Table XVIII provides details by unit for number of cases, mean scores, and standard deviations.

As a result of this finding, analysis of the relationships between culture strength score and job involvement, upward striving, organizational commitment, job satisfaction, age, and unit tenure was done for the group as a whole. The units were not collapsed into smaller groups as was done with VGH, because the large standard deviations preclude clear definition of combinations. However, because there was a fair bit of variability in the culture strength scores, individual tests of association were performed for each of the 6 units.



TABLE XVIII

Mean Culture Scale Scores for LGH Units

UNIT	n	MEAN	S.D.
10	17	166.1	51.2
11	12	136.8	73.8
12	17	169.9	18.6
13	11	167.1	26.1
14	6	196.2	26.2
15	4	158.0	23.4

Lions Gate Hospital is considerably smaller than VGH with respect to number of total employees and the geographic space within which the employees work. Size and geography are both factors which contribute to organizational culture differentiation among work groups. The fact that LGH demonstrates no significant differences among the units surveyed supports this idea. In a smaller organization there are less likely to be cultural sub-groups forming which overshadow the effects of the organization as a whole.

Since the results of this analysis suggest that all the units are quantitatively similar in their culture strength scores, this study may not be taken to support Schein (1985), Louis (1985), and Davis' (1985) hypotheses that sub-cultures exist in organizations.

### Study Question #2.      Job Involvement

2. For functionally defined sub-groups, is there a relationship between culture strength scores and job involvement?

The analysis for the group as a whole shows no particular relationship between job involvement and culture strength scores ( $r=.19$ ,  $p=0.123$ ). However, when the sub-groups are analysed, unit 14 exhibits a moderate, but significant relationship ( $r=.54$ ,  $p=0.270$ ) for job involvement. This is a small unit, which had a good response rate, but still only a total "n" of 6. The small sample probably affects the results, but it should also be noted that this group (social work) probably tend to be involved with their work just by the nature of the work.

### Study Question #3.      Upward Striving

3. For functionally defined sub-groups, is there a relationship between culture strength scores and upward striving?

The group as a whole shows a moderate, but quite significant ( $r=.35$ ,  $p=0.004$ ) relationship between culture strength and upward striving. For the sub-group analysis, again only one unit (11) shows any relationship. It is quite a strong one, however ( $r=.83$ ,  $p=0.001$ ).

#### Study Question #4. Organizational Commitment

4. For functionally defined sub-groups, is there a relationship between culture strength scores and organizational commitment?

The strongest association for the group as whole analysis,  $r=.62$ ,  $p=0.000$  is between culture strength and organizational commitment.

Four of the six sub-culture units show a relationship with organizational commitment. Two of these, units 11 and 12 have strong associations, with respective  $r$ -values of .90 and .85. The  $p$ -values for both are  $p=0.000$ . Moderate association is noted for unit 14 ( $r=.58$ ,  $p=0.113$ ) and unit 15 ( $r=.70$ ,  $p=0.152$ ). Neither of these values is statistically significant.

This finding certainly supports the anecdotal observations of Peters and Waterman (1982) and Deal, et al (1983) that stronger organizational cultures produce stronger organizational commitment.

#### Study Question #5. Job Satisfaction

5. For functionally defined sub-groups, is there a relationship between culture strength scores and job satisfaction?

Job satisfaction relationships were analysed for each of the 5 subscales.

While all of the 5 subscales are included in the significant relationships for the group analysis, three, satisfaction with the work itself ( $r=.57$ ,  $p=0.002$ ), satisfaction with supervision ( $r=.55$ ,  $p=0.000$ ), and satisfaction with co-workers ( $r=.50$ ,  $p=0.000$ ), have stronger relationships than satisfaction with pay ( $r=.28$ ,  $p=0.010$ ) and satisfaction with opportunity for promotion ( $r=.36$ ,  $p=0.001$ ). Satisfaction with pay has the weakest association of all, but this may be a result of the fact that pay is dictated by the collective agreements. To some extent, opportunity for promotion is also governed by the collective agreements.

When the sub-culture unit figures are analysed, four units show statistically significant associations with the satisfaction with the work itself subscale. Two of these relationships are strong, unit 11 ( $r=.88$ ,  $p=0.000$ ) and unit 14 ( $r=.86$ ,  $p=0.013$ ). The other two are moderate, unit 12 ( $r=.57$ ,  $p=0.008$ ) and unit 13 ( $r=.53$ ,  $p=0.045$ ).

Three of the four units mentioned above also show relationships with satisfaction with supervision. These include unit 11 ( $r=.72$ ,  $p=0.004$ ), unit 12 ( $r=.45$ ,  $p=0.033$ ), and unit 13 ( $r=.63$ ,  $p=0.019$ ). Unit 10 also has a moderate association ( $r=.75$ ) which is statistically significant ( $p=0.000$ ).

There are moderate associations for satisfaction with co-workers in unit 11 ( $r=.78$ ,  $p=0.001$ ), and unit 12 ( $r=.48$ ,  $p=0.026$ ).

Satisfaction with pay and satisfaction with opportunity for promotion are relationships shared by units 11 and 15. Unit 11 has an  $r$  of .53 and  $p$  of 0.039 for satisfaction with pay while  $r=.65$  and  $p=0.011$  for satisfaction with opportunity for promotion. Unit 15 has a moderate, negative association for satisfaction with pay ( $r=-.59$ ,  $p=0.205$ ) and a moderate, positive association with satisfaction with opportunity for promotion ( $r=.59$ ,  $p=0.204$ ).

These results do support the Peters and Waterman (1982) and Deal, et al (1983) assertion that strong cultures result in greater job satisfaction. It seems, however, that only certain aspects of job satisfaction are related in any meaningful way with culture strength. Specifically those aspects which are not dictated by collective agreements.

#### Study Question #6. \_\_\_\_\_ Age

6. Is there a relationship between age within a subgroup and scores on the culture strength scale?

Unit 13 is the only group which showed an association between culture strength score and age. Though only moderate in strength, it is statistically significant. The  $r$ -value is .59 and  $p=0.027$ . There was no relationship between these two variables for the group as a whole ( $r=.06$ ,  $p=0.648$ ).

Study Question #7. Unit Tenure

7. Is there a relationship between unit tenure within a sub-group and scores on the culture strength scale?

Again, the group as a whole showed no significant relationship between tenure and culture strength scores ( $r=.13$ ,  $p=0.307$ ). As with age, unit 13 is the only group which showed an association between culture strength score and unit tenure. For this variable the  $r$ -value is  $r=.69$  and the significance level is  $p=0.009$ .

All of the results discussed above are summarized in Table XIX.

TABLE XIX

Job Facet Associations with Sub-Culture Strength

UNIT	VARIABLE	r-value	p-value
<u>GROUP RESULTS (n=67)</u>			
	upward striving	.35	0.002
	organizational commitment	.62	0.000
	satisfaction with the work itself	.57	0.000
	satisfaction with supervision	.55	0.000
	satisfaction with co-workers	.50	0.000
	satisfaction with pay	.28	0.010
	satisfaction with opportunity for promotion	.36	0.001
<u>LABORATORY (n=17)</u>			
	satisfaction with supervision	.75	0.000
<u>NSG. UNIT (n=12)</u>			
	upward striving	.83	0.000
	organizational commitment	.90	0.000
	satisfaction with the work itself	.88	0.000
	satisfaction with supervision	.72	0.004
	satisfaction with co-workers	.78	0.001
	satisfaction with pay	.53	0.039
	satisfaction with opportunity for promotion	.65	0.011
<u>X-RAY (n=17)</u>			
	satisfaction with the work itself	.57	0.008
	satisfaction with supervision	.45	0.033
	satisfaction with co-workers	.48	0.026
(con't.)			

(continued from page 93)

UNIT	VARIABLE	r-value	p-value
FOOD SVC. (n=11)			
	organizational commitment	.85	0.000
	satisfaction with the work itself	.53	0.045
	satisfaction with supervision	.62	0.019
	age	.59	0.027
	unit tenure	.69	0.009
SOCIAL WORK (n=6)			
	job involvement	.54	0.135
	organizational commitment	.58	0.113
	satisfaction with the work itself	.86	0.013
STORES (n=5)			
	organizational commitment	.70	0.152
	satisfaction with pay	-.59	0.205
	satisfaction with opportunity for promotion	.59	0.204

**Study Question #8. External versus Internal Perspective**

8. Is culture strength for functionally defined sub-groups perceived differently by those external to the group than by those who are part of the group?

The question is whether those who are familiar with, but external to the units, rated the units differently on the culture strength scale than those who work within the units. Four people participated in the EP group, as noted in Chapter III. These same four were given a set of culture strength scale questionnaires. The set contained one scale for each of the 6 units. Three of the four sets were



returned, for a 75% response rate. Since there were only 3 cases, statistical analysis is not meaningful, therefore mean scores and standard deviations for IP and EP groups are presented in Table XX. There were 44 questions with a maximum possible score of 7 for any one item, giving a maximum total score possible of 308.

In every case the EP group gave much higher scores than the IP groups gave themselves. Ranking of the 6 units is quite different in each case. The only agreement is the position of unit 15, ranked 6th. Ranks for units 10 and 12 are reversed. Unit 13 is close - 4 on the IP side, 5 on the EP side. Units 11 and 14 show great discrepancies in the ranking. While no comment can be made about the accuracy of the ratings, it does appear that in this setting, unlike the larger VGH setting, the units are viewed differently from within than from without. This finding supports Gregory's (1983) and Van Maanen & Barley's (1985) observations about characteristic styles exhibited by sub-cultures and the different interpretations which may be deduced by those external to the group.

TABLE XX

Culture Strength Scores, Internal versus External Perspective

Unit	# of Cases	I.P.Mean Score	E.P.Mean Score	Rank	
				IP	EP
Lab.	16	176.5	232.5	2	3
4 East	10	164.2	243.0	5	1
X-ray	17	169.9	239.7	3	2
Fd. Svc.	11	167.1	226.7	4	5
Soc. Wk.	6	196.2	229.0	1	4
Stores	4	158.0	205.3	6	6

## SUMMARY

The main aim of this study was to investigate potential relationships of various job facets with sub-cultures and their culture strength in hospitals. The study was conducted at two hospitals. Eight questions were posed and the results for each hospital recorded.

Study Question #1. Do functionally defined sub-groups show significant differences in scores on the culture strength scale?

At VGH significant ( $p < .05$ ) differences in some of the culture strength scores were found. At LGH no significant difference was apparent.

Study Question #2. For functionally defined sub-groups, is there a relationship between culture strength scores and job involvement?

An inverse relationship was found with a small ( $n=3$ ) sub-group at VGH. The relationship was not statistically significant. Similarly at Lions Gate, one sub-group had a moderate, positive relationship which also was not significant.

**Study Question #3. For functionally defined sub-groups, is there a relationship between culture strength scores and upward striving?**

At VGH the same small sub-groups as above showed a non-significant negative relationship with upward striving. At LGH, upward striving was significant ( $r=.35$ ,  $p=.002$ ) for the group as a whole and for one sub-group ( $r=.83$ ,  $p=.000$ ).

**Study Question #4. For functionally defined sub-groups, is there a relationship between culture strength scores and organizational commitment?**

Again the same VGH sub-groups demonstrated a non-significant negative relationship with organizational commitment. LGH findings revealed statistically significant relationships between organizational commitment and culture strength for the group as a whole and for 4 of the 6 sub-groups. Two of the four sub-group results were statistically significant, two were not.

**Study Question #5. For functionally defined sub-groups, is there a relationship between culture strength scores and job satisfaction?**

At both VGH and LGH, the five subscales of the JDI showed a variety of relationships with culture strength overall and throughout all the sub-groups in the analysis. At VGH satisfaction with co-workers consistently shows up for the whole group and for every sub-group.

The findings at LGH show satisfaction with the work itself as the most consistent entity. It is present with statistical significance for the group and sub-groups analyses, except for one sub-group.

Study Question #6. Is there a relationship between age within a sub-group and scores on the culture strength scale?

Overall, there was no relationship between age and culture strength scores for either VGH or LGH. One sub-group at each hospital, however, does show a relationship between culture strength and age. At VGH the result is negative and very strong ( $r=-1.00$ ) and probably spurious. At LGH the relationship is moderate, positive, and statistically significant.

Study Question #7. Is there a relationship between unit tenure within a sub-group and scores on the culture strength scale?

The same two units which show culture strength/age relationships have similar results for unit tenure. As with the age variable, the overall results for each hospital show no relationship between tenure and culture strength scores.

Study Question #8. Is culture strength for functionally defined sub-groups perceived differently by those external to the group than by those who are part of the group?

There is no apparent difference in the EP/IP scores at VGH. At LGH, the EP scores are consistently higher than the IP ones, but do not result in the same culture strength ranking. There does seem to be a difference at LGH.

A discussion of findings, implications, conclusions, and limitations of the study are subjects of the next chapter.

## CHAPTER V

### DISCUSSION AND CONCLUSIONS

The specific findings of this study have been presented in detail in Chapter IV. The purpose of this chapter is to discuss the implications of the results as they relate to organizational culture theory, to identify the limitations of the study, and to draw some conclusions.

#### IMPLICATIONS

The results of investigation for question #1, do sub-cultures differ in their culture strength scores, was mixed. At VGH, there was a difference, at LGH there was not.

One reason for this mixed result may be a function of differences in size of the two organizations. Schein (1985), Louis (1985), and Davis(1985) all suggest that except for the very small, any organization is likely to have a variety of sub-cultures. Lions Gate has about one-half the number of employees that VGH has, making it small by comparison, but still a fair-sized organization.

It is possible, however, that the size difference does allow the over-arching organizational culture at LGH to exert a mediating influence over all the work units, thereby creating greater homogeneity of values.

Another explanation relates to the specific units which participated at each hospital. The moderate culture strength

units group at VGH was comprised of stores, x-ray, food services, biomedical engineering, and one nursing unit. Four of these units (biomedical engineering excepted) are the same as the units which participated at LGH. One of the remaining 2 units of the LGH sample, the laboratory, had no counterpart at VGH. The other unit, social work, at VGH was in the weak culture strength units group. At LGH, social work had the highest culture strength score. This explanation, thus, is not as satisfactory as the first.

The implication of this result, therefore, is that further development of organizational culture theory needs to take into account the interaction between organizational culture and sub-cultures (Schein, 1984; Van Maanen and Barley, 1985).

The second question investigated whether there was a relationship between culture strength and job involvement. This study found no statistically significant relationship. This is not the result expected, based on work by Lodahl and Kejner (1965) who postulate that job involvement may be a measure of, "...the ease with which the person can be further socialized by an organization" (Lodahl and Kejner, 1965, p. 24). It is through cultural mechanisms that an individual becomes socialized to an organization. The findings of this study do not show that altering either job involvement or culture strength will affect the other. Lodahl and Kejner's definition of job involvement implies

that it comes from an individual's personal value system, involving self-worth, not from the organization's value system. The researcher's argument that job involvement is a personal value not an organizational value is supported by the findings.

Question #3 which inquired whether a relationship existed between culture strength and upward striving, produced similar results to question #2. The overall results for both VGH and LGH produced no evidence of a relationship between upward striving and culture strength scores. One sub-group, at LGH, did show a statistically significant relationship between culture strength and upward striving. Upward striving was found to be of mixed intrinsic and extrinsic character by Wollack, et al (1971). Although it's definition, like job involvement, suggests it is a personal value, apparently because it is of mixed character it may be more subject to the influence of organization values.

Relationships between culture strength and organizational commitment is the focus of question #4. The larger hospital, VGH, showed no relationship, but LGH, the smaller hospital did, very definitely. One possible explanation for this result is that VGH is not perceived by its employees to have an organizational culture. In fact, comments to that effect were made to the researcher during the preliminary stages of the data collection process.



Perhaps there is a "critical size" beyond which unit commitment is a more appropriate concept than organizational commitment. Organizational commitment may need to be generated indirectly in large organizations via commitment to the work unit. If such a critical size exists, the implication of this finding is that the two hospitals lie one on either side of the line. As with question #1, the implication of this finding is that the interaction between organizational culture and sub-cultures should be investigated through further research.

The results from question #5 suggest two things. First, job satisfaction in general and culture strength clearly are related. The direction of the effect is not known and cannot be inferred from this study. The second observation is that satisfaction with the work itself and satisfaction with co-workers have more consistent relationships with culture strength than the other 3 elements of job satisfaction. This finding suggests that current activities in the field of organizational behaviour, in particular job enrichment and culture analysis and change, are appropriate methods for increasing organizational commitment. Job enrichment activities focus on changing the nature of the work itself to make it a more satisfying experience for the employee. Culture analysis and change activities focus on employee attitudes toward each other, the company, and the customer.

These findings also support the researcher's prediction that there would be a relationship between job satisfaction and culture strength scores. Without co-workers there can be no culture, thus the link between satisfaction with co-workers and culture strength seems inevitable.

Questions #6 and #7 regarding relationships between culture strength and age and between culture strength and unit tenure show no relationship at VGH or at LGH, with the exception of one sub-group. Other organizational research (Gibson and Klein, 1970) using age and unit tenure as dependent variables found a U-shaped rather than linear relationship. Gibson and Klein (1970) note that other studies which they reviewed did not separate age and tenure when doing analyses. When Gibson and Klein did their analyses, they did separate the calculations for age from tenure. This resulted in a more linear result, but with the slopes in opposing directions. They suggested that superimposing the two curves results in the U-shaped function reported by previous researchers.

Results for the last question, about differences in culture strength perception between insiders and outsiders are inconclusive. At both hospitals the number of EP group responses was too small to perform any statistical analysis. An examination of the raw data did not produce any meaningful pattern.

## LIMITATIONS AND GENERALIZABILITY

Limitations with respect to this study include:

1. The selection of hospitals was not done using a random sampling technique. The hospitals were specifically recruited in an effort to ensure a reasonably large employee sample within each subunit.

2. One hospital was a large, complex urban hospital, the other a medium sized community hospital. Comparison of results or generalization to smaller or rural hospitals may, therefore, be questionable.

3. Since the survey was conducted at one point in time, some caution must be applied when drawing conclusions. Organizations are dynamic, as are the people who work in them, and changes over time will not be apparent from this study.

4. The sample of employees within each unit was voluntary, thus some self-selection bias may have occurred which may, in turn, have affected the results in an unknown way.

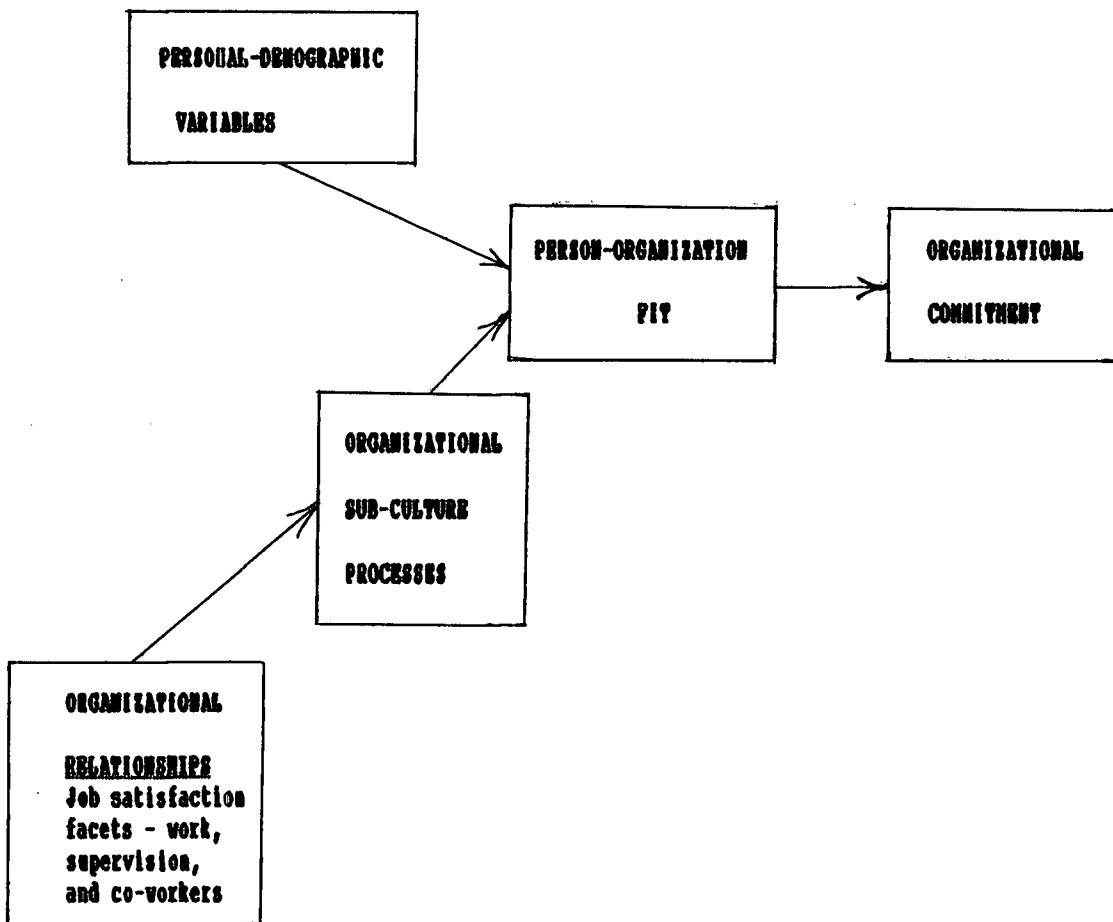
5. Low response rates and unexpected small sample sizes also affect the potential for sampling bias of the results. Interpretations must be guarded and not generalized to other hospitals or organizations.

## CONCLUSIONS

Two main conclusions can be drawn from the results of this thesis. The first is that culture strength seems to be consistently and closely related to aspects of job satisfaction. Previous research has shown positive correlations between job satisfaction and organizational commitment (Wiener and Gechman, 1977 and Zahra, 1985). The findings of this study seem to suggest that sub-culture strength may, indeed, affect organizational commitment, through the relationship with job satisfaction, as was indicated in the LGH analysis.

The model developed by Luthans, et al (1987), lends itself to modification to include this possibility. Luthans does not define the concept of organizational relationships expressed in the model, but rather operationalizes it using leadership behaviour. The interactions of an individual with the work itself, with co-workers and with the supervisor may also be considered an operationalization of the organizational relationship construct and fitted into the Luthans model at that point.

The actions of organizational cultures and sub-cultures are seen to be processes of socialization, which suggest that their influence is that of an intervening variable between organizational relationships and person-organization fit. The revised model is shown in Figure 2.



(Figure 2. A modified model of the antecedents of organizational commitment - adapted from Luthans, et al (1987))

The second conclusion which may be drawn from this study is that a dynamic interaction probably exists between the over-arching organizational culture and existing sub-cultures. The degree of influence which the parent organization exerts over the smaller parts may be affected by a "critical size" similar to the critical mass theory of the physical sciences.

These conclusions raise several interesting questions for future research. The first being, is culture strength an

intervening variable rather than the independent variable it is usually defined to be? If so, how does it influence the person-organization fit, is organizational commitment the outcome? With respect to organizational size, is there a critical size which mediates the relationship between the organization and its sub-cultures?

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**APPENDIX A**

**LETTERS AND FORMS**

## ORGANIZATIONAL CULTURE STUDY

April 26, 1988

Dear Department Head/Head Nurse:

I am a graduate student at UBC, in my final year of the M.Sc. Health Services Planning and Administration program. As an area of study, I am particularly interested in how organizations function.

The purpose of this study is to explore whether there is any relationship between the unwritten and unspoken rules of hospital work groups (often called the culture, or "the way we do things around here") and various job aspects such as job satisfaction and organizational commitment. Knowing more about these relationships (if there are any) can help managers to be better leaders and help administrators have a better understanding of how their decisions and actions may affect employees, and vice versa.

In order to develop a scale for measuring the strength of "the way we do things around here" by work groups, I need your help in recruiting one individual from your work group who would be able and willing to participate in a two hour group session. The time of this session is yet to be determined, but it will probably be either 1300 to 1500, or 1400 to 1600, on a week day.

I will be contacting you in the next few days for an appointment to come and discuss the study and answer any questions you may have. If at all possible, I would like to meet the person who has agreed to participate when I come as well. They will need to sign a consent to participate, a copy of which is attached.

Following is the list of criteria which should be kept in mind when suggesting an individual to represent your area:

### Criteria

1. Nominees shall be people who are currently full-time employees in your department/work group, and who have been employed full-time in this department/work group (not necessarily this position) for at least three full years.

2. The nominee should be someone who normally interacts on a regular basis (one or more times a day) with staff from a variety of other departments throughout the hospital.

3. The nominee should have a good command of the English language.

## ORGANIZATIONAL CULTURE STUDY

April 26, 1988

Dear Nominee,

I am a graduate student at UBC, in my final year of the M.Sc. Health Services Planning and Administration program. As an area of study, I am particularly interested in how organizations function.

### About the study

The purpose of this study is to explore whether there is any relationship between the unwritten and unspoken rules of hospital work groups (often called culture, or "the way we do things around here") and various job aspects such as job satisfaction and organizational commitment. Knowing more about these relationships (if there are any) can help managers to be better leaders and help administrators have a better understanding of how their decisions and actions may affect employees, and vice versa.

In order to develop a scale for measuring the strength of "the way we do things around here" by work groups, I need help in recruiting one individual from your work group who would be able and willing to participate in a two hour group session. Your department head/head nurse has suggested that you might be willing to participate. The time of this session is yet to be determined, but it will probably be either 1300 to 1500, or 1400 to 1600, on a week day.

I will be contacting you shortly, through your department head/head nurse to discuss the study and answer any questions you may have. An explanation of the process involved is attached to this letter.

Participation is voluntary. If you are willing to participate in the 2 hour group session, please read and sign the agreement below.

## NOMINAL GROUP PROCESS

The nominal group methodology is a well-accepted technique devised to facilitate overcoming barriers for groups who need to define problems and explore solutions. It was first used in 1969. The nominal group technique (NGT) is also described as a strategy for generating ideas. The process is described step-by-step in, *Group Techniques for Program Planning: A Guide to Nominal Group and Delphi Processes* by A. L. Delbecq, A. H. Van de Ven and D. H. Gustafson (1975).<sup>1</sup>

For purposes of this study two different groups will be convened (at separate times). One group will be comprised of individuals, who meet specified criteria, nominated by department heads of the participating sub-units. It is anticipated that there will be one representative from each sub-unit for a total of 10 people. The second group will be comprised of 5 individuals, external to the experimental sub-units, but who interact regularly with members of the sub-units, e.g. education services, labour relations, personnel. Each group will be led through the same procedure, but the perspectives of the groups will be different. The first group will have an internal perspective, the second an external perspective.

The sessions are structured and will follow the NGT process as summarized by the authors (Delbecq, AL, Van de Ven, AH, and Gustafson, DH, 1975). The steps noted below will be preceded by an introduction to organizational culture and an explanation of the task.

### NGT steps:

- "1) Silent generation of ideas in writing
- 2) Round-robin feedback from group members to record each idea in a terse phrase on a flip chart
- 3) Discussion of each recorded idea for clarification and evaluation
- 4) Individual voting on priority ideas with the group decision being mathematically derived through rank-ordering or rating" (p. 8)

The outcome of the group sessions will be a list of approximately 9 to 12 cultural elements which the group

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<sup>1</sup>Delbecq, AL, Van de Ven, AH, and Gustafson, DH, *Group techniques for program planning: a guide to nominal group and delphi processes*, Glenview, Ill., Scott, Foresman and Co., 1975.

feels pertains to (or has meaning for) any or all of the sub-units. This exercise will be performed separately by the external and internal groups, resulting in two lists.

#### LIST NUMBER 1

Culture Elements List (example only, exact content of this list will be determined by the group process)

1. wears uniforms
2. jargon unique to this department
3. rituals (such as birthday parties, or farewell dinners)
- : etc.

:  
:  
:

\*\*\*\*\*

Following completion of the list, the group will be asked to identify, as best they can, the primary meaning or significance of each of the items or events listed. From this list of events and meanings, a questionnaire will be developed for circulation to members of the participating departments, along with the questionnaire on demographic data, organizational commitment, upward striving, job involvement, and job satisfaction.

For the external perception group, a questionnaire will be derived from the list of meaningful activities and artifacts as above, but will be circulated only to the group participants.

#### Meaning of cultural elements (EXAMPLE ONLY)

<u>ELEMENT</u>	<u>MEANING</u>
1. wears uniforms	status symbol
2. has unique jargon	creates group identity
3. rituals (a specific type will be listed)	recognition
*****	



**APPENDIX B****INTERNAL PERSPECTIVE QUESTIONNAIRES**

## ORGANIZATIONAL CULTURE QUESTIONNAIRE

### Agreement to participate in the study

Your completed questionnaire signifies that you have agreed to participate in this study. You have read the cover letter and understand that participation is voluntary, that you may choose to leave any of the questions unanswered, and that the results will be kept confidential.

### PART 1

#### BACKGROUND INFORMATION

The following questions are to provide me with a general idea of the backgrounds of people participating in this study. Please complete them by providing the information requested.

1. The name of the department in which you work is:

---

2. The number of years you have worked at this hospital is:

---

3. The number of years you have worked in this department is:

---

4. The total number of years of formal education you have had is: \_\_\_\_\_

5. Your age is: \_\_\_\_\_ years

6. Your sex is    M    F  
                    (circle one)

Please continue on to Parts 2, 3, and 4 on the next pages.

## PART 2

## QUESTIONS ABOUT YOUR FEELINGS TOWARDS WORK AND YOUR JOB

The following section contains a number of statements concerning your feelings about work and your job. Please check the response ranging from "Strongly Agree" to "Strongly Disagree" which comes closest to your reaction to each of the following statements. There are no right or wrong answers. Please be sure to provide a response to each statement.

	STRONGLY AGREE			STRONGLY DISAGREE			
	7	6	5	4	3	2	1
1. The major satisfaction in my life comes from my job.							
2. The most important things that happen to me involve my job.							
3. I live, eat, and breathe my job.							
4. I am very much involved personally in my work.							
5. I'm really a perfectionist about my work.							
6. Most things in life are more important than work.							
7. Even if a person has a good job, he/she should always be looking for a better job.							
8. In choosing a job, a person ought to consider his/her chances for advancement as well as other factors.							
9. A person should always be thinking about pulling him/herself up in the world and should work hard with the hope of being promoted to a higher-level job.							
10. If a person likes his/her job, he/she should be satisfied with it and should not push for a promotion to another job.							
11. The trouble with too many people is that when they find a job in which they are interested, they don't try to get a better job.							
12. A worker who turns down a promotion is probably making a mistake.							
13. A promotion to a higher-level job usually means more worries and should be avoided for that reason.							
14. A well-paying job that offers little opportunity for advancement is not a good job for me.							
15. A worker is better off if he/she is satisfied with his/her job and is not concerned about being promoted to another job.							
16. I don't mind putting in extra time if the hospital needs me to.							
17. I am willing to work extra hard at my job in order to help this hospital to be successful.							
18. I really care about the fate of the hospital.							
19. It bothers me very much to be absent from work.							

### PART 3

Now I would like to ask you some specific questions about particular aspects of your *present* job. Specifically, I would like you to indicate whether or not each of the adjectives shown describe your job. So, for each aspect of your job mentioned (the work itself, the pay, etc.) please write a "Y" or an "N" in the space beside each adjective to indicate "yes" or "no", whether you think the adjective describes your present job. Please be sure to place a "Y" or an "N" beside each adjective under each aspect of your job. If you cannot decide, place a question mark (?) beside the item in doubt.

#### WORK

- \_\_\_\_\_ Fascinating
- \_\_\_\_\_ Routine
- \_\_\_\_\_ Satisfying
- \_\_\_\_\_ Boring
- \_\_\_\_\_ Good
- \_\_\_\_\_ Creative
- \_\_\_\_\_ Respected
- \_\_\_\_\_ Hot
- \_\_\_\_\_ Pleasant
- \_\_\_\_\_ Useful
- \_\_\_\_\_ Tiresome
- \_\_\_\_\_ Healthful
- \_\_\_\_\_ Challenging
- \_\_\_\_\_ On your feet
- \_\_\_\_\_ Frustrating
- \_\_\_\_\_ Simple
- \_\_\_\_\_ Endless
- \_\_\_\_\_ Gives sense of accomplishment

#### CO-WORKERS

- \_\_\_\_\_ Stimulating
- \_\_\_\_\_ Boring
- \_\_\_\_\_ Slow
- \_\_\_\_\_ Ambitious
- \_\_\_\_\_ Stupid
- \_\_\_\_\_ Responsible
- \_\_\_\_\_ Fast
- \_\_\_\_\_ Intelligent
- \_\_\_\_\_ Easy to make enemies
- \_\_\_\_\_ Talk too much
- \_\_\_\_\_ Smart
- \_\_\_\_\_ Lazy
- \_\_\_\_\_ Unpleasant
- \_\_\_\_\_ No privacy
- \_\_\_\_\_ Active
- \_\_\_\_\_ Narrow interests
- \_\_\_\_\_ Loyal
- \_\_\_\_\_ Hard to meet

#### SUPERVISION

- \_\_\_\_\_ Asks my advice
- \_\_\_\_\_ Hard to please
- \_\_\_\_\_ Impolite
- \_\_\_\_\_ Praises good work
- \_\_\_\_\_ Tactful
- \_\_\_\_\_ Influential
- \_\_\_\_\_ Up-to-date
- \_\_\_\_\_ Doesn't supervise enough
- \_\_\_\_\_ Quick tempered
- \_\_\_\_\_ Tells me where I stand
- \_\_\_\_\_ Annoying
- \_\_\_\_\_ Stubborn
- \_\_\_\_\_ Knows job well
- \_\_\_\_\_ Bad
- \_\_\_\_\_ Intelligent
- \_\_\_\_\_ Leaves me on my own
- \_\_\_\_\_ Lazy
- \_\_\_\_\_ Around when needed

#### PAY

- \_\_\_\_\_ Income adequate for normal expenses
- \_\_\_\_\_ Satisfactory profit sharing
- \_\_\_\_\_ Barely live on income
- \_\_\_\_\_ Bad
- \_\_\_\_\_ Income provides luxuries
- \_\_\_\_\_ Insecure
- \_\_\_\_\_ Less than I deserve
- \_\_\_\_\_ Highly paid
- \_\_\_\_\_ Underpaid

#### PROMOTIONS

- \_\_\_\_\_ Good opportunity for advancement
- \_\_\_\_\_ Opportunity somewhat limited
- \_\_\_\_\_ Promotion on ability
- \_\_\_\_\_ Dead-end job
- \_\_\_\_\_ Good chance for promotion
- \_\_\_\_\_ Unfair promotion policy
- \_\_\_\_\_ Infrequent promotions
- \_\_\_\_\_ Regular promotions
- \_\_\_\_\_ Fairly good chance for promotion

### PART 4

Part 4 contains a number of statements about activities, sayings, feelings, and things which you and your work group (department) may share. Please check the response ranging from "Strongly Agree" to "Strongly Disagree" which comes closest to your reaction to each of the following statements. There are no right or wrong answers. Please be sure to provide a response to each statement.

	STRONGLY AGREE				STRONGLY DISAGREE				DOESN'T APPLY
	7	6	5	4	3	2	1	0	
1. We have a lot of department meetings.									
2. We often use our own jargon when speaking with each other.									
3. Our department puts out its own informational newsletter.									
4. Our department has a clear cut hierarchy.									
5. One way we communicate with each other informally is with skit nights.									
6. We usually consider events like promotion, retirement, engagement, marriage, etc., a reason for some sort of celebration.									
7. We usually hold an open house or theme "week" once a year or so.									
8. Individual performance appraisals are given every year.									
9. There is frequently an air of dissension by staff in our department.									
10. People in our department are often seen wearing professional, or union or other pins or badges on their uniforms.									
11. Job titles are important to most people in our department.									
12. Our team leader takes us out to lunch occasionally as a form of recognition.									
13. We enjoy having special social events together, such as a Christmas party or dinner, etc.									
14. Most people in our department like to know about what is going on in the rest of the hospital.									
15. Our department usually has a team of some sort in action, either volleyball, baseball, or other.									
16. The main purpose of meetings in our department is to maintain a sense of being a group because our work keeps us spread out.									
17. People sometimes bring a plate of goodies for us to share, for no particular reason.									
18. We have certain stories in our department which we like to tell.									

## PART 4 (continued)

	STRONGLY AGREE				STRONGLY DISAGREE			DOESN'T APPLY
	7	6	5	4	3	2	1	0
19. Most people in our department wear their own name pin in addition to the one provided by VGH.								
20. We often play pranks and jokes on one another.								
21. The department has a thorough orientation for new employees, in addition to the VGH orientation.								
22. Periodic skit nights let us share an evening of fun together.								
23. The shift work we do interferes with our sense of belonging with the rest of the group.								
24. We all have a common sense of purpose for being here.								
25. We all share the "VGH" feeling.								
26. We all share a sense of frustration about sharing work spaces and/or equipment.								
27. We all share the same attitude about workload statistics.								
28. We all share a concern for our own and our workmates safety at work.								
29. We often feel powerless to deal with situations, due to the presence of external influences beyond our control.								
30. We all agree that it is important to attend seminars and continuing education sessions whenever possible.								

## ORGANIZATIONAL CULTURE QUESTIONNAIRE

### Agreement to participate in the study

Your completed questionnaire signifies that you have agreed to participate in this study. You have read the cover letter and understand that participation is voluntary, that you may choose to leave any of the questions unanswered, and that the results will be kept confidential.

### PART 1

#### BACKGROUND INFORMATION

The following questions are to provide me with a general idea of the backgrounds of people participating in this study. Please complete them by providing the information requested.

1. The name of the department in which you work is:

---

2. The number of years you have worked at this hospital is:

---

3. The number of years you have worked in this department is:

---

4. The total number of years of formal education you have had is: \_\_\_\_\_

5. Your age is: \_\_\_\_\_ years

6. Your sex is    M    F  
                            (circle one)

Please continue on to Parts 2, 3, and 4 on the next pages.

## PART 2

## QUESTIONS ABOUT YOUR FEELINGS TOWARDS WORK AND YOUR JOB

The following section contains a number of statements concerning your feelings about work and your job. Please check the response ranging from "Strongly Agree" to "Strongly Disagree" which comes closest to your reaction to each of the following statements. There are no right or wrong answers. Please be sure to provide a response to each statement.

	STRONGLY AGREE			STRONGLY DISAGREE			
	7	6	5	4	3	2	1
1. The major satisfaction in my life comes from my job.							
2. The most important things that happen to me involve my job.							
3. I live, eat, and breathe my job.							
4. I am very much involved personally in my work.							
5. I'm really a perfectionist about my work.							
6. Most things in life are more important than work.							
7. Even if a person has a good job, he/she should always be looking for a better job.							
8. In choosing a job, a person ought to consider his/her chances for advancement as well as other factors.							
9. A person should always be thinking about pulling him/herself up in the world and should work hard with the hope of being promoted to a higher-level job.							
10. If a person likes his/her job, he/she should be satisfied with it and should not push for a promotion to another job.							
11. The trouble with too many people is that when they find a job in which they are interested, they don't try to get a better job.							
12. A worker who turns down a promotion is probably making a mistake.							
13. A promotion to a higher-level job usually means more worries and should be avoided for that reason.							
14. A well-paying job that offers little opportunity for advancement is not a good job for me.							
15. A worker is better off if he/she is satisfied with his/her job and is not concerned about being promoted to another job.							
16. I don't mind putting in extra time if the hospital needs me to.							
17. I am willing to work extra hard at my job in order to help this hospital to be successful.							
18. I really care about the fate of the hospital.							
19. It bothers me very much to be absent from work.							



## PART 3

Now I would like to ask you some specific questions about particular aspects of your *present* job. Specifically, I would like you to indicate whether or not each of the adjectives shown describe your job. So, for each aspect of your job mentioned (the work itself, the pay, etc.) please write a "Y" or an "N" in the space beside each adjective to indicate "yes" or "no", whether you think the adjective describes your present job. Please be sure to place a "Y" or an "N" beside each adjective under each aspect of your job. If you cannot decide, place a question mark (?) beside the item in doubt.

WORK

- \_\_\_\_\_ Fascinating
- \_\_\_\_\_ Routine
- \_\_\_\_\_ Satisfying
- \_\_\_\_\_ Boring
- \_\_\_\_\_ Good
- \_\_\_\_\_ Creative
- \_\_\_\_\_ Respected
- \_\_\_\_\_ Hot
- \_\_\_\_\_ Pleasant
- \_\_\_\_\_ Useful
- \_\_\_\_\_ Tiresome
- \_\_\_\_\_ Healthful
- \_\_\_\_\_ Challenging
- \_\_\_\_\_ On your feet
- \_\_\_\_\_ Frustrating
- \_\_\_\_\_ Simple
- \_\_\_\_\_ Endless
- \_\_\_\_\_ Gives sense of accomplishment

CO-WORKERS

- \_\_\_\_\_ Stimulating
- \_\_\_\_\_ Boring
- \_\_\_\_\_ Slow
- \_\_\_\_\_ Ambitious
- \_\_\_\_\_ Stupid
- \_\_\_\_\_ Responsible
- \_\_\_\_\_ Fast
- \_\_\_\_\_ Intelligent
- \_\_\_\_\_ Easy to make enemies
- \_\_\_\_\_ Talk too much
- \_\_\_\_\_ Smart
- \_\_\_\_\_ Lazy
- \_\_\_\_\_ Unpleasant
- \_\_\_\_\_ No privacy
- \_\_\_\_\_ Active
- \_\_\_\_\_ Narrow interests
- \_\_\_\_\_ Loyal
- \_\_\_\_\_ Hard to meet

SUPERVISION

- \_\_\_\_\_ Asks my advice
- \_\_\_\_\_ Hard to please
- \_\_\_\_\_ Impolite
- \_\_\_\_\_ Praises good work
- \_\_\_\_\_ Tactful
- \_\_\_\_\_ Influential
- \_\_\_\_\_ Up-to-date
- \_\_\_\_\_ Doesn't supervise enough
- \_\_\_\_\_ Quick tempered
- \_\_\_\_\_ Tells me where I stand
- \_\_\_\_\_ Annoying
- \_\_\_\_\_ Stubborn
- \_\_\_\_\_ Knows job well
- \_\_\_\_\_ Bad
- \_\_\_\_\_ Intelligent
- \_\_\_\_\_ Leaves me on my own
- \_\_\_\_\_ Lazy
- \_\_\_\_\_ Around when needed

PAY

- \_\_\_\_\_ Income adequate for normal expenses
- \_\_\_\_\_ Satisfactory profit sharing
- \_\_\_\_\_ Barely live on income
- \_\_\_\_\_ Bad
- \_\_\_\_\_ Income provides luxuries
- \_\_\_\_\_ Insecure
- \_\_\_\_\_ Less than I deserve
- \_\_\_\_\_ Highly paid
- \_\_\_\_\_ Underpaid

PROMOTIONS

- \_\_\_\_\_ Good opportunity for advancement
- \_\_\_\_\_ Opportunity somewhat limited
- \_\_\_\_\_ Promotion on ability
- \_\_\_\_\_ Dead-end job
- \_\_\_\_\_ Good chance for promotion
- \_\_\_\_\_ Unfair promotion policy
- \_\_\_\_\_ Infrequent promotions
- \_\_\_\_\_ Regular promotions
- \_\_\_\_\_ Fairly good chance for promotion





**APPENDIX C****EXTERNAL PERSPECTIVE QUESTIONNAIRES**

1. We have a lot of department meetings.
2. We often use our own jargon when speaking with each other.
3. Our department puts out its own informational newsletter.
4. Our department has a clear cut hierarchy.
5. One way we communicate with each other informally is with skit nights.
6. We usually consider events like promotion, retirement, engagement, marriage, etc., a reason for some sort of celebration.
7. We usually hold an open house or theme "week" once a year or so.
8. Individual performance appraisals are given every year.
9. There is frequently an air of dissension by staff in our department.
10. People in our department are often seen wearing professional, or union or other pins or badges on their uniforms.
11. Job titles are important to most people in our department.
12. Our team leader takes us out to lunch occasionally as a form of recognition.
13. We enjoy having special social events together, such as a Christmas party or dinner, etc.
14. Most people in our department like to know about what is going on in the rest of the hospital.
15. Our department usually has a team of some sort in action, either volleyball, baseball, or other.
16. The main purpose of meetings in our department is to maintain a sense of being a group because our work keeps us spread out.
17. People sometimes bring a plate of goodies for us to share, for no particular reason.

**STRONGLY  
AGREE**

**STRONGLY  
DISAGREE**

7      6      5      4      3      2      1      0

18. We have certain stories in our department which we like to tell.
19. Most people in our department wear their own name pin in addition to the one provided by VGH.
20. We often play pranks and jokes on one another.
21. The department has a thorough orientation for new employees, in addition to the VGH orientation.
22. Periodic skit nights let us share an evening of fun together.
23. The shift work we do interferes with our sense of belonging with the rest of the group.
24. We all have a common sense of purpose for being here.
25. We all share the "VGH" feeling.
26. We all share a sense of frustration about sharing work spaces and/or equipment.
27. We all share the same attitude about workload statistics.
28. We all share a concern for our own and our workmates safety at work.
29. We often feel powerless to deal with situations, due to the presence of external influences beyond our control.
30. We all agree that it is important to attend seminars and continuing education sessions whenever possible.

[illegible]

This questionnaire contains a number of statements about activities, sayings, feelings, and things employees in various departments at VGH share among themselves. As an external observer to each of these departments, your perceptions are important to my study. Please check the response ranging from "Strongly Agree" to "Strongly Disagree" which comes closest to your reaction to each of the following statements for each of the 9 departments. There are no right or wrong answers. Please be sure to provide a response to each statement.

<b>STRONGLY AGREE</b>				<b>STRONGLY DISAGREE</b>			<b>DOESN'T APPLY</b>
7	6	5	4	3	2	1	0

- [illegible]

18. We have certain stories in our department which we like to tell.
19. Most people in our department wear their own name pin in addition to the one provided by VGH.
20. We often play pranks and jokes on one another.
21. The department has a thorough orientation for new employees, in addition to the VGH orientation.
22. Periodic skit nights let us share an evening of fun together.
23. The shift work we do interferes with our sense of belonging with the rest of the group.
24. We all have a common sense of purpose for being here.
25. We all share the "VGH" feeling.
26. We all share a sense of frustration about sharing work spaces and/or equipment.
27. We all share the same attitude about workload statistics.
28. We all share a concern for our own and our workmates safety at work.
29. We often feel powerless to deal with situations, due to the presence of external influences beyond our control.
30. We all agree that it is important to attend seminars and continuing education sessions whenever possible.



This questionnaire contains a number of statements about activities, sayings, feelings, and things employees in various departments at VGH share among themselves. As an external observer to each of these departments, your perceptions are important to my study. Please check the response ranging from "Strongly Agree" to "Strongly Disagree" which comes closest to your reaction to each of the following statements for each of the 9 departments. There are no right or wrong answers. Please be sure to provide a response to each statement.

**DOESN'T  
APPLY**

[illegible]

**DOESN'T  
APPLY**

7      6      5      4      3      2      1      0

- [illegible]

This questionnaire contains a number of statements about activities, sayings, feelings, and things employees in various departments at VGH share among themselves. As an external observer to each of these departments, your perceptions are important to my study. Please check the response ranging from "Strongly Agree" to "Strongly Disagree" which comes closest to your reaction to each of the following statements for each of the 9 departments. There are no right or wrong answers. Please be sure to provide a response to each statement.

STRONGLY AGREE				STRONGLY DISAGREE			DOESN'T APPLY
7	6	5	4	3	2	1	0

- [illegible]

18. We have certain stories in our department which we like to tell.
19. Most people in our department wear their own name pin in addition to the one provided by VGH.
20. We often play pranks and jokes on one another.
21. The department has a thorough orientation for new employees, in addition to the VGH orientation.
22. Periodic skit nights let us share an evening of fun together.
23. The shift work we do interferes with our sense of belonging with the rest of the group.
24. We all have a common sense of purpose for being here.
25. We all share the "VGH" feeling.
26. We all share a sense of frustration about sharing work spaces and/or equipment.
27. We all share the same attitude about workload statistics.
28. We all share a concern for our own and our workmates safety at work.
29. We often feel powerless to deal with situations, due to the presence of external influences beyond our control.
30. We all agree that it is important to attend seminars and continuing education sessions whenever possible.

## HOSPITAL CULTURE STUDY FOLLOW-UP QUESTIONNAIRE

This questionnaire contains a number of statements about activities, sayings, feelings, and things employees in various departments at VGH share among themselves. As an external observer to each of these departments, your perceptions are important to my study. Please check the response ranging from "Strongly Agree" to "Strongly Disagree" which comes closest to your reaction to each of the following statements for each of the 9 departments. There are no right or wrong answers. Please be sure to provide a response to each statement.

Please relate these responses to  
**NUTRITION SERVICES**

**STRONGLY  
AGREE**

STRONGLY  
DISAGREE

DOESN'T  
APPLY

7      6      5      4      3      2      1      0

1. We have a lot of department meetings.
2. We often use our own jargon when speaking with each other.
3. Our department puts out its own informational newsletter.
4. Our department has a clear cut hierarchy.
5. One way we communicate with each other informally is with skit nights.
6. We usually consider events like promotion, retirement, engagement, marriage, etc., a reason for some sort of celebration.
7. We usually hold an open house or theme "week" once a year or so.
8. Individual performance appraisals are given every year.
9. There is frequently an air of dissension by staff in our department.
10. People in our department are often seen wearing professional, or union or other pins or badges on their uniforms.
11. Job titles are important to most people in our department.
12. Our team leader takes us out to lunch occasionally as a form of recognition.
13. We enjoy having special social events together, such as a Christmas party or dinner, etc.
14. Most people in our department like to know about what is going on in the rest of the hospital.
15. Our department usually has a team of some sort in action, either volleyball, baseball, or other.
16. The main purpose of meetings in our department is to maintain a sense of being a group because our work keeps us spread out.
17. People sometimes bring a plate of goodies for us to share, for no particular reason.



[illegible]

[illegible]



[illegible]

**STRONGLY  
DISAGREE**

7      6      5      4      3      2      1      0

18. We have certain stories in our department which we like to tell.
19. Most people in our department wear their own name pin in addition to the one provided by VGH.
20. We often play pranks and jokes on one another.
21. The department has a thorough orientation for new employees, in addition to the VGH orientation.
22. Periodic skit nights let us share an evening of fun together.
23. The shift work we do interferes with our sense of belonging with the rest of the group.
24. We all have a common sense of purpose for being here.
25. We all share the "VGH" feeling.
26. We all share a sense of frustration about sharing work spaces and/or equipment.
27. We all share the same attitude about workload statistics.
28. We all share a concern for our own and our workmates safety at work.
29. We often feel powerless to deal with situations, due to the presence of external influences beyond our control.
30. We all agree that it is important to attend seminars and continuing education sessions whenever possible.

[illegible]

## HOSPITAL CULTURE STUDY FOLLOW-UP QUESTIONNAIRE

This questionnaire contains a number of statements about activities, sayings, feelings, and things employees in various departments at VGH share among themselves. As an external observer to each of these departments, your perceptions are important to my study. Please check the response ranging from "Strongly Agree" to "Strongly Disagree" which comes closest to your reaction to each of the following statements for each of the 9 departments. There are no right or wrong answers. Please be sure to provide a response to each statement.

Please relate these responses to the  
NURSING UNIT WEST 6A

**STRONGLY  
AGREE**

STRONGLY  
DISAGREE

DOESN'T  
APPLY

7      6      5      4      3      2      1      0

1. We have a lot of department meetings.
2. We often use our own jargon when speaking with each other.
3. Our department puts out its own informational newsletter.
4. Our department has a clear cut hierarchy.
5. One way we communicate with each other informally is with skit nights.
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7. We usually hold an open house or theme "week" once a year or so.
8. Individual performance appraisals are given every year.
9. There is frequently an air of dissension by staff in our department.
10. People in our department are often seen wearing professional, or union or other pins or badges on their uniforms.
11. Job titles are important to most people in our department.
12. Our team leader takes us out to lunch occasionally as a form of recognition.
13. We enjoy having special social events together, such as a Christmas party or dinner, etc.
14. Most people in our department like to know about what is going on in the rest of the hospital.
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16. The main purpose of meetings in our department is to maintain a sense of being a group because our work keeps us spread out.
17. People sometimes bring a plate of goodies for us to share, for no particular reason.

**STRONGLY  
DISAGREE**

7      6      5      4      3      2      1      0

18. We have certain stories in our department which we like to tell.
19. Most people in our department wear their own name pin in addition to the one provided by VGH.
20. We often play pranks and jokes on one another.
21. The department has a thorough orientation for new employees, in addition to the VGH orientation.
22. Periodic skit nights let us share an evening of fun together.
23. The shift work we do interferes with our sense of belonging with the rest of the group.
24. We all have a common sense of purpose for being here.
25. We all share the "VGH" feeling.
26. We all share a sense of frustration about sharing work spaces and/or equipment.
27. We all share the same attitude about workload statistics.
28. We all share a concern for our own and our workmates safety at work.
29. We often feel powerless to deal with situations, due to the presence of external influences beyond our control.
30. We all agree that it is important to attend seminars and continuing education sessions whenever possible.

[illegible]

**LIONS GATE HOSPITAL  
HOSPITAL CULTURE STUDY  
FOLLOW-UP QUESTIONNAIRE**

This questionnaire contains a number of statements about activities, sayings, feelings, and things employees in various departments at LGH share among themselves. As an external observer to each of these departments, your perceptions are important to my study. Please check the response ranging from "Strongly Agree" to "Strongly Disagree" which comes closest to your reaction to each of the following statements for each of the 6 departments. There are no right or wrong answers. Please be sure to provide a response to each statement.

**Please relate these responses to the  
LABORATORY**

**STRONGLY  
AGREE**

**STRONGLY  
DISAGREE**

**DOESN'T  
APPLY**

7      6      5      4      3      2      1      0

1. We have regular department meetings.
2. We often use our own jargon when speaking with each other.
3. Our department puts out its own informational newsletter.
4. In our department we are aware of stratification boundaries within the hospital.
5. We accord recognition to individuals for academic or clinical achievement.
6. We usually consider events like promotion, retirement, marriage, birthdays, etc., a reason for some sort of celebration.
7. We usually hold a theme "week" once a year or so.
8. Individual performance appraisals are given at least once a year.
9. In our department we share certain attitudes about other departments.
10. People in our department think it is important to wear a uniform.
11. People in our department think it is important **not** to wear a uniform.
12. In our department we occasionally have a spontaneous "pub night".
13. We enjoy having a special social event at Christmas, such as a party or dinner.
14. We always do something during "secretaries week" to recognize our secretarial staff.
15. Our department usually has a baseball team.
16. When our department opens a new area, we usually arrange a ceremony of some sort.
17. Sometimes we have spontaneous pot luck dinners.
18. We often share our personal experiences with each other.
19. In our department, there is an expectation that we will become involved in community service.
20. We share a certain bunch of "in jokes", pranks and gags with one another.

**PART 4 (con't.)**

**STRONGLY  
AGREE**

**STRONGLY  
DISAGREE**

**DOESN'T  
APPLY**

7      6      5      4      3      2      1      0

21. The department has a thorough orientation for new employees, in addition to the LGH orientation.
22. We like to help each other outside of work on various things.
23. There is an expectation that we will participate in continuing education.
24. We all share a sense of the primary importance of patient care.
25. We usually nod or exchange a greeting when we pass one another in corridors.
26. We take sharing work spaces and/or equipment for granted.
27. We are expected to record workload statistics.
28. We always sit together in the cafeteria, during break time.
29. We always use the same cafeteria.
30. We have a sort of ritual of criticizing our supervisor and/or each other.
31. We occasionally have departmental fundraisers.
32. Our department participates in The Garage Sale.
33. Our department participates in the annual golf tournament.
34. We have a high rate of participation on hospital committees.
35. We all share membership in the same union.
36. We are usually happy to share expertise with each other.
37. We share a willingness to provide assistance for each other with work tasks.
38. We generally share respect for our supervisor.
39. Our department all share the same feeling about "sharing the air".
40. We all share a togetherness sense of being an LGH employee.
41. Within our group, we share the same feelings about other institutions and agencies.
42. We give a card, from the group, when people are ill, have birthdays, etc.
43. Our department has a mission statement, philosophy, and goals and objectives.
44. Our department maintains its own medical records, in addition to the hospital record.

[illegible]

Please relate these responses to  
4 EAST

**STRONGLY  
DISAGREE**

DOESN'T  
APPLY

7      6      5      4      3      2      1      0

- [illegible]

**STRONGLY  
AGREE**

**STRONGLY  
DISAGREE**

**DOESN'T  
APPLY**

7      6      5      4      3      2      1      0

21. The department has a thorough orientation for new employees, in addition to the LGH orientation.
22. We like to help each other outside of work on various things.
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24. We all share a sense of the primary importance of patient care.
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26. We take sharing work spaces and/or equipment for granted.
27. We are expected to record workload statistics.
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29. We always use the same cafeteria.
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42. We give a card, from the group, when people are ill, have birthdays, etc.
43. Our department has a mission statement, philosophy, and goals and objectives.
44. Our department maintains its own medical records, in addition to the hospital record.

[illegible]



**X-RAY**

**STRONGLY  
DISAGREE**

DOESN'T  
APPLY

7      6      5      4      3      2      1      0

1. We have regular department meetings.
2. We often use our own jargon when speaking with each other.
3. Our department puts out its own informational newsletter.
4. In our department we are aware of stratification boundaries within the hospital.
5. We accord recognition to individuals for academic or clinical achievement.
6. We usually consider events like promotion, retirement, marriage, birthdays, etc., a reason for some sort of celebration.
7. We usually hold a theme "week" once a year or so.
8. Individual performance appraisals are given at least once a year.
9. In our department we share certain attitudes about other departments.
10. People in our department think it is important to wear a uniform.
11. People in our department think it is important **not** to wear a uniform.
12. In our department we occasionally have a spontaneous "pub night".
13. We enjoy having a special social event at Christmas, such as a party or dinner.
14. We always do something during "secretaries week" to recognize our secretarial staff.
15. Our department usually has a baseball team.
16. When our department opens a new area, we usually arrange a ceremony of some sort.
17. Sometimes we have spontaneous pot luck dinners.
18. We often share our personal experiences with each other.
19. In our department, there is an expectation that we will become involved in community service.
20. We share a certain bunch of "in jokes", pranks and gags with one another.

## PART 4 (con't.)

**STRONGLY  
AGREE**

**STRONGLY  
DISAGREE**

DOESN'T  
APPLY

7      6      5      4      3      2      1      0

21. The department has a thorough orientation for new employees, in addition to the LGH orientation.
22. We like to help each other outside of work on various things.
23. There is an expectation that we will participate in continuing education.
24. We all share a sense of the primary importance of patient care.
25. We usually nod or exchange a greeting when we pass one another in corridors.
26. We take sharing work spaces and/or equipment for granted.
27. We are expected to record workload statistics.
28. We always sit together in the cafeteria, during break time.
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36. We are usually happy to share expertise with each other.
37. We share a willingness to provide assistance for each other with work tasks.
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42. We give a card, from the group, when people are ill, have birthdays, etc.
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[illegible]

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Please relate these responses to  
**NUTRITION SERVICES**

**STRONGLY  
AGREE**

**STRONGLY  
DISAGREE**

DOESN'T  
APPLY

7      6      5      4      3      2      1      0

1. We have regular department meetings.
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13. We enjoy having a special social event at Christmas, such as a party or dinner.
14. We always do something during "secretaries week" to recognize our secretarial staff.
15. Our department usually has a baseball team.
16. When our department opens a new area, we usually arrange a ceremony of some sort.
17. Sometimes we have spontaneous pot luck dinners.
18. We often share our personal experiences with each other.
19. In our department, there is an expectation that we will become involved in community service.
20. We share a certain bunch of "in jokes", pranks and gags with one another.

[illegible]

**STRONGLY  
AGREE**

STRONGLY  
DISAGREE

DOESN'T  
APPLY

7      6      5      4      3      2      1      0

21. The department has a thorough orientation for new employees, in addition to the LGH orientation.
22. We like to help each other outside of work on various things.
23. There is an expectation that we will participate in continuing education.
24. We all share a sense of the primary importance of patient care.
25. We usually nod or exchange a greeting when we pass one another in corridors.
26. We take sharing work spaces and/or equipment for granted.
27. We are expected to record workload statistics.
28. We always sit together in the cafeteria, during break time.
29. We always use the same cafeteria.
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31. We occasionally have departmental fundraisers.
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33. Our department participates in the annual golf tournament.
34. We have a high rate of participation on hospital committees.
35. We all share membership in the same union.
36. We are usually happy to share expertise with each other.
37. We share a willingness to provide assistance for each other with work tasks.
38. We generally share respect for our supervisor.
39. Our department all share the same feeling about "sharing the air".
40. We all share a togetherness sense of being an LGH employee.
41. Within our group, we share the same feelings about other institutions and agencies.
42. We give a card, from the group, when people are ill, have birthdays, etc.
43. Our department has a mission statement, philosophy, and goals and objectives.
44. Our department maintains its own medical records, in addition to the hospital record.

[illegible]

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Please relate these responses to  
SOCIAL WORK

**STRONGLY  
AGREE**

**STRONGLY DISAGREE**      **DOESN'T APPLY**

7      6      5      4      3      2      1      0

1. We have regular department meetings.
2. We often use our own jargon when speaking with each other.
3. Our department puts out its own informational newsletter.
4. In our department we are aware of stratification boundaries within the hospital.
5. We accord recognition to individuals for academic or clinical achievement.
6. We usually consider events like promotion, retirement, marriage, birthdays, etc., a reason for some sort of celebration.
7. We usually hold a theme "week" once a year or so.
8. Individual performance appraisals are given at least once a year.
9. In our department we share certain attitudes about other departments.
10. People in our department think it is important to wear a uniform.
11. People in our department think it is important **not** to wear a uniform.
12. In our department we occasionally have a spontaneous "pub night".
13. We enjoy having a special social event at Christmas, such as a party or dinner.
14. We always do something during "secretaries week" to recognize our secretarial staff.
15. Our department usually has a baseball team.
16. When our department opens a new area, we usually arrange a ceremony of some sort.
17. Sometimes we have spontaneous pot luck dinners.
18. We often share our personal experiences with each other.
19. In our department, there is an expectation that we will become involved in community service.
20. We share a certain bunch of "in jokes", pranks and gags with one another.

[illegible]

**STRONGLY  
AGREE**

**STRONGLY  
DISAGREE**

DOESN'T  
APPLY

7      6      5      4      3      2      1      0

21. The department has a thorough orientation for new employees, in addition to the LGH orientation.
22. We like to help each other outside of work on various things.
23. There is an expectation that we will participate in continuing education.
24. We all share a sense of the primary importance of patient care.
25. We usually nod or exchange a greeting when we pass one another in corridors.
26. We take sharing work spaces and/or equipment for granted.
27. We are expected to record workload statistics.
28. We always sit together in the cafeteria, during break time.
29. We always use the same cafeteria.
30. We have a sort of ritual of criticizing our supervisor and/or each other.
31. We occasionally have departmental fundraisers.
32. Our department participates in The Garage Sale.
33. Our department participates in the annual golf tournament.
34. We have a high rate of participation on hospital committees.
35. We all share membership in the same union.
36. We are usually happy to share expertise with each other.
37. We share a willingness to provide assistance for each other with work tasks.
38. We generally share respect for our supervisor.
39. Our department all share the same feeling about "sharing the air".
40. We all share a togetherness sense of being an LGH employee.
41. Within our group, we share the same feelings about other institutions and agencies.
42. We give a card, from the group, when people are ill, have birthdays, etc.
43. Our department has a mission statement, philosophy, and goals and objectives.
44. Our department maintains its own medical records, in addition to the hospital record.

[illegible]

Please relate these responses to the  
**STORES DEPARTMENT**

STRONGLY  
DISAGREE

DOESN'T  
APPLY

7      6      5      4      3      2      1      0

1. We have regular department meetings.
2. We often use our own jargon when speaking with each other.
3. Our department puts out its own informational newsletter.
4. In our department we are aware of stratification boundaries within the hospital.
5. We accord recognition to individuals for academic or clinical achievement.
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14. We always do something during "secretaries week" to recognize our secretarial staff.
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17. Sometimes we have spontaneous pot luck dinners.
18. We often share our personal experiences with each other.
19. In our department, there is an expectation that we will become involved in community service.
20. We share a certain bunch of "in jokes", pranks and gags with one another.

[illegible]

**STRONGLY  
AGREE**

**STRONGLY  
DISAGREE**

**DOESN'T  
APPLY**

7    6    5    4    3    2    1    0

21. The department has a thorough orientation for new employees, in addition to the LGH orientation.
22. We like to help each other outside of work on various things.
23. There is an expectation that we will participate in continuing education.
24. We all share a sense of the primary importance of patient care.
25. We usually nod or exchange a greeting when we pass one another in corridors.
26. We take sharing work spaces and/or equipment for granted.
27. We are expected to record workload statistics.
28. We always sit together in the cafeteria, during break time.
29. We always use the same cafeteria.
30. We have a sort of ritual of criticizing our supervisor and/or each other.
31. We occasionally have departmental fundraisers.
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38. We generally share respect for our supervisor.
39. Our department all share the same feeling about "sharing the air".
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41. Within our group, we share the same feelings about other institutions and agencies.
42. We give a card, from the group, when people are ill, have birthdays, etc.
43. Our department has a mission statement, philosophy, and goals and objectives.
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[illegible]