MAKERERE UNIVERSITY

THE ROLE OF ORGANISATIONAL CULTURE IN HEALTHCARE SERVICE DELIVERY: CASE OF MENGÖ HOSPITAL.

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SUPERVISED BY;

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DECLARATION

I, NTAMBAZI LAWRENCE, declare to the best of my knowledge that, this research dissertation is my original work and has never been presented to any University or any other authority for the award of a degree or any other award. Where it is indebted to the work of others due acknowledgements have been made.

Signed: ............................................... Date ...........................................

Ntambazi Lawrence

Student
APPROVAL

This is to certify that this dissertation has been submitted in partial fulfilment of the requirements for the award of the Masters of Business Administration (MBA) with approval of a University supervisor.

Signed: .................................................. Date..............................................

DR. KAKUMBA UMAR
DEDICATION

I dedicate this piece of work to the Almighty God, to My Late brother Pascal Lwegeya, to my wife Ntambazi Josephine, to my parents Ssalongo and Nalongo Paul Kato, to my brothers and sisters for the love, prayers and support you have offered me during my time of study.
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I thank all Mengo Hospital staff, management, the Mengo Hospital Research Review Committee and the respondents who sacrificed their time to fill the questionnaires.

Above all, I am so grateful to the Almighty God for his great and unending mercies and graces throughout my study tenure. May his Name be adored and glorified on earth and in the heavens now and forever more.
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<tr>
<td>ANC</td>
<td>Antenatal care</td>
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<tr>
<td>CDSS</td>
<td>Clinical Decision Support Systems</td>
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<td>CIT</td>
<td>Critical Identification Technique</td>
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<td>CVI</td>
<td>Content Validity Index</td>
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<td>MDGS</td>
<td>Millennium Development Goals</td>
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<td>MHRCC</td>
<td>Mengo Hospital Research Review Committee</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>NHS</td>
<td>National health Services</td>
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<td>SPSS</td>
<td>Statistical Package for Social Scientist</td>
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<td>SD</td>
<td>Standard Deviation</td>
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ABSTRACT

Over the years, healthcare service delivery has faced massive challenges most of which are institutional or operational in nature. A number of interventions have been instituted by major stakeholders including government, donor agencies and private players to improve the way healthcare services are delivered to the final users.

Before an external analysis is carried out on macro factors that affect the delivery of healthcare services, consideration should be given to micro factors that directly affect how services are delivered on a primary level. Among others, the key issues to be considered are the organisational factors in individual organisation or hospital. These factors include individual organisational members, the structures, systems and processes involved in extending the service to the end user.

These factors are therefore bound together in what is referred to as organisational culture. In any organisation, the way people behave determines how they deliver the service to their clients. The values and beliefs of each individual form a basis for the organisational culture that the institution holds dear in ensuring services are delivered in a way that gives satisfaction. The culture among many healthcare institutions should focus on the needs of the patient and at the same time cater for the employees’ expectations.

In most cases management structures leave a wide gap between the people who provide the service and those who manage organisational operations. It is from this background that this research aims at bridging the gap between what management sets to achieve in their mission and vision and the actual practices on ground and how the two can be synchronised to provide a quality healthcare services.

The researcher used the cultural web to identify the factors in the organisation which emphasise its culture and how things are done in these institutions. Factors such as artefacts, routines and rituals, values and beliefs, historical events were analysed to find out how important they are in delivering healthcare services. Their utility in providing quality healthcare services are most a time ignored yet they can be key interventions in improving the way such services are delivered.
CHAPTER ONE
INTRODUCTION

1.1 Background to the Study
World over, factors concerning healthcare service delivery have consistently been put at the forefront in both developing and developed countries (Ababaneh, 2010). Emphasis of achieving high standards in the health sector through the Millennium Development Goals (MDGs) has taken its toll on African countries and a lot of pressure has been exerted on governments to elevate their Healthcare budgets to achieving these goals (Nanda, Switlick & Lule, 2005). This pressure is consequently exerted on private and public health service providers who are either voluntarily or otherwise forced to constantly improve the standards to the bare minimum (Balding, 2007). According to Ababaneh (2010), hospitals are compelled to provide the highest level and quality of service at the lowest possible prices to their patients. The constraints and intricacies of health service delivery that surround hospitals, present critical rethinking of the management practices that should be undertaken to achieve the desired results.

In Uganda, provision of health services has been undertaken by both the public and private sector. The health services provision is majorly quantified against the Uganda National Minimum Healthcare package (Ministry of Health, 2009). However, empirical evidence has shown that private hospitals have performed much better than their public counterparts as indicated by Ababaneh (2010). In his study, Ababaneh (2010) further noted that consistent improvement in the quality of healthcare services is derived from the culture that the hospital management instils in its employees.

It has been highlighted by a number of scholars that the challenges of health service delivery although enormous, those related to psychological and social aspects of how providers think, value and perceive as legitimate should be given adequate consideration (Rabbani et al., 2009). However, a lot of emphasis has been placed on the ethical conduct and competence of the Healthcare practitioners rather than on organisational values which affect the way health organisations or hospitals are managed and no single moral model has been formulated to help improve health service delivery as related to management of organisational culture (Carney,
This study therefore sought to examine the role that organisation culture (including organisational values) plays in healthcare service delivery in Mengo Hospital.

1.1.1 Healthcare Service Delivery

Vast empirical studies have postulated that a built-in culture can derive quality and more efficient patient centric outcomes from the performance of the health organization’s staff or employees (Scott et al., 2003a, c). In many countries where hospitals are key providers for basic and advanced Healthcare services, organisational culture is receiving fast growing recognition as a major determinant of the degree or quality of health services delivered (McKee and Healy, 2000).

Healthcare service delivery has been linked to a tripartite relationship that rotates around the patient, health worker and the management of the hospital. In order to ensure successful implementation of health policies, a lot of support has been sought in major economies of the world to involve patients, practitioners and organizations in the planning and delivery of better quality health services (Nathan, Harris, Kemp & Harris-Roxas, 2006; Salter, 2003). A health service management system which not only convinces its self of serving its customers but also puts in place structures to demand dedication from employees or staff in solving the patients' problems is bound to succeed. Patients are the very epitome of the health system and are key stakeholders in the decision making processes (Nathan et al., 2006; Kapiriri and Norheim, 2003; Salter, 2003; National Health Service, 2005).

In this study, delivery of quality healthcare services is defined according to Meurer, Rubio, Counte & Burroughs (2002), as a progressive process of improvements in activities and tasks which address the attributes of human resources, leadership support, customer focus, information, processes, and innovation in Healthcare organizations. It is also believed that there are key cultural issues such as supportive leadership, hospital staff capacity building and satisfaction, appropriate lines of communication, patient outcomes and staff’s perception of quality improvements by the management which affect the way in which Healthcare services are delivered (Rabbani et al., 2008; Scott, Mannion, Davies & Marshall, 2003c; Wakefield et al., 2001).
1.1.2 Organisational Culture Phenomenon

The organisational culture phenomenon has existed since the 1980’s and progressively, close attention has been directed towards the attributes that cause people to act the way they do under organisational settings (Schein, 1985; Martins & Terblanche, 2003). Over the years, the importance of organisational culture in different fields such as construction, public service, healthcare and business has been elevated to a global scale, where issues of how it affects or impacts innovation, performance and quality service delivery have been given immense consideration in the United States, Europe and United Kingdom (Martins & Terblanche, 2003; Mannion, Davies & Marshall, 2005; Mitchell & Pattison, 2012). This was attested to by a number of authors who viewed organisational culture as a very critical way of determining the life of the organization and ‘how things are done’ (Belou, 2008; Deal & Kennedy, 1982; Bansal, 2003).

In Africa however, a number of commentators have indicated that the organisational culture phenomenon has not received adequate attention and its perception more so in Healthcare service delivery still remains a lot to be desired (Harris, Olukoga & Olasinde, 2010; Sakyi, 2008). An organisation’s culture may precede its reputation as perceived by its customers and if it is strong, then customer and employee satisfaction, quality output, growing revenue, profits and performance is guaranteed (Rochette, 2007).

Although culture can be formally summarized in the vision, mission and values (Garg and Singh, 2002), many organisations in Uganda and world over mistake these statements of cultural values as the only symbols indicating the existence of organisational culture (Johnson, Scholes and Whittington, 2008). Issues of how culture affects strategy, operations, performance and service delivery are not fully conceptualized. Johnson et al. (2008) further stated that most of these statements are derived from one stakeholder’s point of view; usually the Medical Director and may be meaningless to other stakeholders who did not participate in their formulation.

For any organisation to thrive, it hinges on people skills and personalities which will usually be different depending on their cultural backgrounds and many other factors (Fasting, 2004 and Carney, 2006b). However, there are some organisational aspects that implore individuals to
develop a sense of belonging that translates into a unified way of doing things in the organisation for better results.

In this study, the theoretical framework is adopted from the cultural web theory as put forward by Blackwell (1987) cited by Johnson et al. (2008), which emerged as a tool used for understanding the existing organizational culture and how its effects are important in analysing these precepts. Blackwell’s theory roots from the desire to manage the organisation’s culture, strategy, and action. It further stemmed from the changing horizons of cultures in the multi-dimensional organisational settings which required rigorous changes in the strategic direction of different disciplines. The cultural web advances the major components inscribed in any organisational culture and it is postulated that this model is applicable to any industry (Johnson, 2008), including the Healthcare sector in which components driving service delivery can be relatively and reliably examined.

As cited by Johnson et al. (2008), Schein (1985) defined organisational culture more specifically as the ‘basic assumptions and beliefs that are shared by members of an organisation, that operate unconsciously and define in a basic taken-for-granted fashion an organisation’s view of itself and its environment.’ Organisational culture was related more to customary beliefs, rituals, artefacts, rules of behaviour, social norms, goals, values and the basic hidden assumptions that go without say but contribute to the organisation's image as a generalised group of people rather than individuals who work in these organisations (Schein, 2004; Ziegenfuss, 2004).

In any given organisational setting, when a group of people learn to deal with both internal and external problems either through integration or adaptation using an invented, discovered or developed pattern of shared basic principles which is considered to work and can be taught to new members as a correct way to react to their environment, then it is termed as an organisational culture (Mannion et al., 2005). In this research study, organisational culture is viewed as a set of shared values and beliefs across the entire organisation (Ababaneh, 2010) which may include but are not limited to history, artefacts, power and organisational structures, control systems, rituals and routines and the taken for granted assumptions (Johnson et al., 2008).
According to Ingersoll, Kirsch, Merk, and Lightfoot (2000), there are remarkable interventions that have been undertaken in the health service provision sector focussed at improvement of healthcare service delivery processes with reasonable concentration to organisation culture as a major driver of change, innovation and transformation of the entire system. In order to ensure better health service delivery, a culture strongly rooted in capacity building, independence and risk taking should be advocated.

Appelbaum, Zinati, MacDonald and Amiri (2010) discovered that the way in which workers or employees conceptualise events and how they respond to them is dependent on the culture and this explains how they are likely to act as well as understanding their own and others’ actions. And according to these authors, understanding how these elements affect the perception towards organisational culture is crucial for organisational development and success. In a Healthcare perspective therefore, service delivery would be impacted by such elements.

In Healthcare industry, a number of global reforms of restructuring have been embarked on and changes are geared towards introduction of standard management practices which were rather invisible in this sector (Duffy & Chan, 1999). Healthcare organisations and hospitals are fundamentally changing due to the continuously evolving high quality health outcomes demanded by the patients.

Although Organisational culture has taken centre stage in development of major theories in performance, change and organizational action. Mitchell & Pattison (2012) agreed that there is still a deficiency of empirical studies concerning the role it plays in enhancing delivery of quality health services. Other schools of thought have indicated that research to investigate the culture of healthcare organisations has been undertaken in different developed countries (Hann et al., 2007), however in my search, no empirical evidence has been presented to evaluate the role of organisational culture in healthcare service delivery in the Ugandan setting especially in Mengo Hospital.
1.1.3 Mengo Hospital’s Historical Background

According to Mengo Hospital’s five year strategic plan (2008), Mengo Hospital is a Non Governmental, Church of Uganda based, Private for profit Hospital which is major pioneer of Modern medical practices in Uganda. He mentioned that it has grown and developed from “an under the tree Out-patient clinic to a 300 patient bed healthcare complex.

Mengo Hospital’s five year strategic plan (2008), states that the Hospital’s Vision is “To be a centre of excellence focusing on developing new capabilities to provide holistic health service. And its Mission is “To provide excellent, sustainable and cost effective Healthcare services that bear witness to Jesus Christ.” Mengo Hospital’s culture is explained by this same strategic plan and its core values are clearly outlined and state that the Hospital;

1. Values principals of Christianity and Church of Uganda as its foundation.
2. Values holistic healthcare services
3. Its responsibility is to satisfy its clients
4. Values its employees who provide the Healthcare services
5. Values teaching and research and recognises them as resources of enhancement for quality of healthcare services.
6. Values provision of services to the poor and the under privileged
7. Values the provision of services that meet the tastes and expectations of her clients.

Mengo Hospital’s operating principles of healthcare service delivery are tied to no discrimination, quality of care, client satisfaction, sustainability, integrity, transparency and collaboration (Mengo Hospital five Year Strategic plan, 2008). This research study intends to investigate whether elements of the cultural web such as historical events, artefacts, routines and rituals, and values and beliefs have a role to play in the delivery of quality Healthcare services to patients or customers in Mengo Hospital.

1.2 Problem Statement

According to Uganda’s National Health Policy (2009), lack of sufficiently trained health workers to meet the health needs of patients, low remuneration and poor working conditions of health workers, migration, absenteeism, rampant dualism, poor attitude and lack of accountability of health workers to their clients and lack of leadership and management of human resources still
remain teething problems for the delivery of health services in Uganda. Yet Healthcare organisations are mandated to improve the safety and quality of care to the public through the provision of accredited healthcare and related services that support improvement of peoples’ lives. In order to efficiently fulfil their moral obligation, key organisational aspects such as; the vision, mission, norms, beliefs, systems, symbols, languages and behaviours among healthcare providers should be given utmost consideration.

The proliferation of private healthcare facilities in Uganda has transformed healthcare service provision into a money minting sector. Media reports have expressed concerns of continuous decline of healthcare service delivery in public and private hospitals as a result of medical practitioners deviating from ethical practices of empathy, fairness and dependability thus accentuating monetary benefits as opposed to commitment to saving and caring for human life. Such ill culture has taken root in many Healthcare institutions despite mission statements which strong advocate otherwise.

The Mengo Hospital five Year Strategic plan (2008) envisages that the founders’ objectives are fully enshrined in the Hospital's mission and vision which emphasizes the provision of excellent, sustainable and cost effective holistic healthcare services. However, the paradox that the management team faces is whether all staff and employees of the Hospital including; Cleaners, Technicians, Physicians, medical practitioners and top management fully understand, share and embrace the same principles, values and beliefs under a unified organisational culture in the provision of quality healthcare services. As Mengo Hospital goes through transformation in management, this is the right time to examine the role played by organisational culture in delivery of quality healthcare services.

1.3 **Purpose of the Study**

The purpose of the study was to determine the role of organisational culture in Healthcare service delivery in Mengo Hospital using a cross sectional research survey design which was to involve all stakeholders involved in healthcare service delivery in the Hospital including the Healthcare service providers (doctors, nurses, radiographers, dentists, e.t.c.) and the Hospital management. This study was carried out with a view of expounding knowledge of how the different organisational practices, structures and behaviours enhance the way Healthcare services were delivered by the medical practitioners or management in a formal or informally accepted
context as a group. Organisational culture was characterised by key aspects of historical events, artefacts, routines and rituals, and values and beliefs and how they facilitate effectiveness in Healthcare service delivery. This study was to ascertain what role the above aspects of organisational culture play in enhancing quality improvement, staff performance, safety and better treatment of patients’ ailments towards patient centric outcomes.

1.4 Specific Objectives
The objectives of this study were to;

1) Examine the actions of Mengo Hospital administration in fulfilment of their core value of provision of holistic healthcare services.
2) Analyse the management and employees’ perceptions of their day today actions in enhancing better Healthcare service delivery.
3) Assess the utility of historical events, artefacts, rituals and routines, unified values and beliefs in the delivery of healthcare services in Mengo Hospital.

1.5 Research Questions
The major questions that this research sought to address are:

1) What measures has Mengo Hospital put in place to cultivate the culture of delivery of holistic healthcare services by its staff members?
2) What do the staff and management of Mengo Hospital conceive as drivers of quality healthcare services?
3) What has been the utility of past experiences, symbols, customary and habitual methods, unified observances and practices in influencing the way services are delivered in Mengo Hospital?

1.6 Significance of the Study
It is hoped that this research study will generate data and information for Hospital management that would be useful for strategic reforms or restructuring with focus on key organisational practices that form a patient centric culture of delivering healthcare services. In essence after the culture analysis, need of change may be seen to arise.
The findings and recommendations of this study shall further inform and educate healthcare providers including Doctors, Nurses and other healthcare practitioners, and the entire Mengo hospital staff about the importance of their actions which are in most cases taken for granted and yet they contribute to the overall performance of the organisation. This would consequently lead to appreciation of collective responsibility in advancing quality healthcare to the multitudes.

The study will form a basis for further research into the quantitative relationships that exist between organisational culture and quality healthcare services delivered in a number of other hospitals in Uganda and its impact on the overall healthcare sector in Uganda as a whole. This should lead to generation of new interventions and more applicable models in the healthcare sector which look towards achieving the MDG goals.

1.7 Scope of the Study

This study intended to investigate the role of organisational culture in Healthcare service delivery. The study was conducted in Mengo Hospital between the month of August and September 2014. The hospital is geographically located in Kampala on Mengo Hill. A sample of Hospital management or administrative staff, Doctors, Physicians, Radiologists, Physiotherapists, Dentists, Radiographers, Midwives, Paediatricians, Gynaecologists, Cleaners, Office messengers, Accountants and some support staff were randomly selected from the population of all Hospital workers/employees and customers to be interviewed. The study was to analyse Mengo Hospital’s organisational culture with special attention on the role it plays in enhancing healthcare services delivery. So management and clinical practices of individuals and the hospital as a whole were put under scrutiny.
CHAPTER TWO
LITERATURE REVIEW

2.0 Introduction
This chapter presented discussions from literature related to the role of organisational culture in Healthcare service delivery. The review was based on the objectives of the study and focussed mainly on historical events, artefacts, routines and rituals, and values and beliefs and the role they play in healthcare service delivery through enhancing patient centric care, management support, human resource performance, information, processes, and innovation management.

2.1 Organisational Culture
Organisational culture is frequently defined in terms of common behaviours, values and beliefs shared by most of the organisation’s members (Mitchell & Pattison, 2012; Martins & Terblanche, 2003; Davies et al., 2000). Organisational culture has accumulated quite a number of definitions from different authors. Some suppose that it is the “way things are done” in an organisation (Glisson, 2000; Cameron & Quinn, 1999), while Shein (1985) and Mannion et al. (2005) have defined it as shared basic assumptions which are innovated, proved valid and taught to the organisation’s members to utilise it in the execution of their duties. However other researchers have put forward that defining organisation culture can be challenging task (Westrum, 2004) and (Hatch, 1997) labelled it as, “one of the most complex concepts to define”. And Carney (2011) also attested to this ideology. To other commentators, organisational culture is the same as institutional culture (Olukoga et al., 2010), while others in their definitions mean the same as organisational culture although the wording differs by referring to it as Organisational consciousness (Pees et al., 2009).

Braithwaite (2005) categorically advanced the iceberg model to characterize organisational culture in two forms; one being those above the waterline which represent apparent actions, customs and dialogue in an organisation and the second being those below the waterline which are the underlying beliefs, values, attitudes, philosophies and taken for granted assumptions. Johnson et al. (2009) concurred with this analogy when they used the same attributes in cultural web to analyse existing organisational culture and its consequences. They further agreed that in order to conclusively scrutinize the culture of any organisation there are three key headlines to lean on, these include; physical, symbolic and behaviourial manifestations. However, a number of
authors have generally acknowledged that the definition put forward by Shein (1985; 2004) is the most relevant because it conclusively encompasses all the three major aspects of an organisation’s culture. Shein (2004)’s definition includes artefacts, beliefs and values and the taken for granted assumptions as a sign that culture exists.

According to Ababaneh (2010) a number of authors have highlighted that each organisation has a unique persistent culture which defines its core values appreciated by a large proportion of its members. Organisational culture in another context was viewed as having an influential effect on individual personalities and managerial competencies in an organisation (Chuttipattana & Shamsudin, 2010). In an organisation, the behaviours, values and beliefs of its members are closely related to the way in which management conducts its duties.

Every author characterises organisational culture in a number of different aspects for instance Lusthaus et al., (2002); Pluye et al., (2004) and Olukoga et al., (2010) described it under norms, values, beliefs, habits and informal unwritten standards. Rashid, Sambasivan & Johari (2003) also defined organisational culture in the very same way although they defined it in the context of corporate culture. They further claimed that culture in an organisation is a concealed but identical force which gives significance and focus to a system of shared values which consequently determines individual employee behaviour. However, Johnson et al., (2008) categorised organisation culture under a more elaborate structure involving; historical events, artefacts, power and organisational structures, control systems, routines, rituals and the taken for granted assumptions which was adopted in this study.

Davies et al. (2000) identified cultural change in healthcare management as a solution to the complexity in provision of these services. Carolla and Quijada (2004) also clarified that the problems in healthcare service delivery may not necessarily be instilled in insufficient funds nor in shortcomings of goodwill, cognition or energy but are typically embedded in the modes in which it is organised.
Some authors have pointed out that healthcare organisations are more concerned about the safety culture among medical practitioners because of the susceptibility to error and the delicate nature of the sector with ethical behaviour placed at the forefront (Carney, 2011). In most cases however, clinicians have differing interests with those of hospital management due to misinterpretation of the concept of efficiency and quality versus value for money to either party (Carney, 2011).

Riley (2009); Attree and Newbold (2009) also identified that issues of accessibility, equity in delivery, risk management, reliability, care and safety experienced by Healthcare service delivery could also be points where the two parties may clash. Sometimes it is inevitable for management to make harsh decisions leading to clinician's displeasure as regards the direction taken (Warburton, 2009) and thus complicating healthcare service delivery. This may cause blaming games amongst organisation members since none of the individuals is willing to take responsibility for the actions taken. Therefore an organisational culture that puts emphasis on improving healthcare service delivery should be engineered. And because healthcare is delivered by individuals who are enshrined in complex structures, there is need to address cultural issues surrounding behaviour, values and underlying assumptions that each of them holds as important (Carolla & Quijada, 2004).

Healthcare organisations are torn between extremely complex and controversial decisions which involve care, its accessibility, education, cost, professionalism and humanitarianism (Pees, Shoop & Ziegenfuss (2009). Despite having a duty to deliver empathetic and expert care to their patients, Hospital management is usually made of professional clinicians whose background in management is little or nonexistent. Because of their medical background their management styles are rather skewed towards ethical conduct in their field of expertise other than a focus on the organisation as a whole (Dunnet, 2007). And yet Healthcare organisations should be managed under corporate principles because decision making is quick and involves life and death which entirely rests upon people in administrative positions (Evans and Burns, 2008).
Mengo Hospital’s five year strategic plan (2008) indicated that the functions of strategic planning, documenting of plans and operating principles were not performed by Mengo hospital management. There however exists a danger that hospital administrators may not be in position to fully conceptualise key organisational issues and may meander in issues of strategy, management and action which could lead to wrong decision making thus hampering quality service delivery.

2.1.1 Historical Events
Flanagan (1954) using the critical identification technique (CIT) discovered that organisational culture can only form over a given period of time within which acceptable principles and practices have been proven, tested and observed to work in an organised setting. According to Mallak et al. (2003), it’s only of late that different researchers have adopted the CIT in investigating organisational culture.

Past experiences provide a good focus of what happened previously to what is happening or what will happen in the future and the CIT as indicated by Flanagan (1954), involves a number of measures which use direct surveillance to capture key individual actions which are valuable in resolving problems and are used for innovating psychological standards from these past events. Management usually bases on these events to replicate good practices of the past to become norms for the organisation. If these actions are repeated now and again, they tend to become normal practice in the organisation thus becoming its culture. The culture is usually cultivated by the administrative functions or structures in place (Chuttipattana & Shamsudin, 2010).

Management of the organisation has the mandate of teaching its members who join the organisation how important these patterns of shared values and beliefs have been for its success and how they should be practiced. Johnson et al., (2008) highlighted that the stories told by long serving employees to new ones or to outsiders may have an impact on the way new employees act and that these may consequently be passed on to other generations. They further state that these stories may be about triumphs, failures, champions and losers who swerved from the norms.
Johnson et al., (2008) concluded that history provides a way of communicating to the organisation’s members of what is important. The discovery of what is legitimate, norms that have been proved to work well in the past and the desirable methods of thought and action translate into values and beliefs which a majority of Scholars have underlined to be major components of organisational culture.

2.1.2 Artefacts

Higgins and McCallaster (2004) defined artefacts as symbols that portray or transmit meaningful information to recipients or onlookers. Appelbaum et al., (2010) in their definition of artefacts, added the ingredients of visibility of the symbols, individual acceptance and ceremonial observances to aggrandise organisational culture. Artefacts which reveal an organisation’s culture were identified by different Authors to include; the dress code, posters, structural designs, office layouts and decor, sitting arrangement (Pratt & Rafaeli, 1997; Johnson et al., 2008). Pratt & Rafaeli discovered that the dressing code of an organisation was a major constituent of how the people interpreted the culture of the organisation around their environment. Johnson et al., (2008) defined artefacts as “symbols, objects events or acts or people that convey, maintain or create meaning over and above their functional purpose.” Johnson et al., (2008) also mentioned that artefacts can influence people’s beliefs and expectations. However Carolla and Quijada (2004) pointed out that to an onlooker, artefacts could signal patterns of people’s behaviours and values but will not exactly describe people’s actions unless information is extracted from people’s experiences.

2.1.3 Routines and Rituals

Routines are reflective of the collective values and beliefs (Pluye et al., 2004). When the organisation's members put emphasis on key aspects of their work which become repetitive and exhibit organisational values, they are encouraged to think and behave in these ways in order to have a sense of belonging to the organisation, thus their actions qualify to be routines (Hatch & Schultz, 2002). The organisational values are demonstrated in cultural rituals (Pluye et al., 2004).

Johnson et al. (2008) defined rituals as ceremonial occurrences which are practiced in an organisation and show the importance of culture in the context of organisational priorities. Konteh, Mannion and Davies (2008) agreed that Culture can be viewed, interpreted and
understood by members and non members by appreciating the organisation's rituals and other symbols. Pees, Shoop and Ziegenfuss (2009) expounded that culture, structure and rituals have a way of creating unity among different individuals of the organisation and leads members to having a collective sense of meaning, knowledge and experience.

2.1.4 Values and Beliefs

Chuttipattana and Shamsudin (2010) categorised organisational culture under different criterion of analysis which clearly portrays the type of power or organisational structure under which cultural groups were defined by values and beliefs as below;

i) Group culture; here the norms and values are based on affiliation, teamwork and participation

ii) Developmental culture which is based on values and belief in risk taking, innovation and change.

iii) Hierarchical culture where norms and values are based on associated with bureaucracy

iv) Rational culture emphasizing values and beliefs of efficiency and achievement.

According to Johnson et al. (2008), power emanates from the positions held by the organisation's executives. And power structures are related to the beliefs and values of management. Johnson et al. 2008) also stated that organisational structures show power, roles and relationships which are established within hierarchical, mechanical or bureaucratic environments to propel the organisation in a more strategic direction.

Other authors also pointed out that values can be instilled in employees depending on the control systems in place for instance, Oriot (2005) found that the efficiency of control systems is usually influenced by the actors involved in the day to day operations of an organisation and that they are more affected by the subjectivist contingency, professional culture, shared views, experiences and intentions of the top most managers. It has been further advanced by Tucker and Parker (2013) that there is an elaborate interaction of culture, values and beliefs in the way management control systems are administered in organisations. And there was also justification in their research that other methods of control imply that the Individual's leadership and management style plus the culture practiced in the organisation have a key bearing on the implementation of the control systems.
These are premises of values and beliefs lie in people’s minds and are known by everyone but are usually never talked about (Ziegenfuss, 2004). When an innovation that solves a problem is repetitively done and proves to work, it becomes a usual practice which may be learnt unconsciously, directs the actions of members and the way they understand, interpret and look at different organisational issues (Davies et al., 2000). These become vital because in organisational culture researchers are more concerned about the way members discern their organisation culture, the aspects it encourages or discourages.

Schein (1999) summed organisational culture as the overall shared and taken for granted assumptions of values and beliefs which have been learnt over time by the members. And this was confirmed by Rashid et al. (2003) who defined it as, “implicit, invisible, intrinsic, and informal consciousness of the organisation which guides the behaviour of the individuals and which shapes itself out of the behaviour.” Hatch & Schultz (2002) were of the view that for the employees of the organisation to identify with it, they must conceptualise its culture and be able to infer from these underlying assumptions.

2.2 Analysis of Organisational Culture in Healthcare Service Delivery

Although organisational culture has been acutely researched among organisations in various sectors such as management, commercial, industrial and automobile, the same may not be said of the healthcare sector where concentration is between its linkages with performance, safety and quality (Scott et al., 2003a; Westrum, 2004; Glisson, 2007). Of late however, there is growing optimism around the world for venturing into research in the health sector with initiatives such as the National Health Service in the United Kingdom to critically analyse the organisational cultural and the influences it poses in the delivery of healthcare services (Millward and Brian, 2005). This has come after conflicting epistemology from different commentators on the different methodologies used to quantify, analyse and conceptualise organisational culture as observed in healthcare settings (Lok, Rhodes, Westwood, 2011).

And although there are yet no scientifically proved measures for organisational culture, there are qualitative procedures or tools which can be utilised to assess the type of culture in an organisation (Scott et al., 2003b; Mallak et al., 2003b; Rabbani et al., 2008). However some authors have proved that if a phenomenon is measurable then it is achievable (Pellegrin &
This has brought an earnest debate among researchers whether organisational culture can be reliably quantified in the healthcare sector (Taras, Rowney & Steel, 2009). Consequently, models that verify existence, valuation and the impact of organisational culture have been advanced by a number of Scholars by comparing and contrasting it to a number of variables (Martins & Terblanche, 2003).

Some of the models highlighted include the CIT model by Flanagan (1954), Sathe's (1985) model which found out how it impacts leadership, systems and human resources, Schein's (1985) model which puts it in the context of artefacts, values and basic assumptions, Hatch's (1993) model which focuses on beliefs and assumptions, and others who viewed it as relative to the systems theory Ludwig von Bertalanffy (1950) which were cited by (Martins & Terblanche, 2003). All these have been invented to clarify the missing gaps in organisational culture quantification. However Scott et al. (2003) profoundly argued that in healthcare sector, there is proof that culture instrumentally improves the quality and efficiency of service and draws closer attention to the patients from the practitioners. As such, Mckee & Healy (2000) found that the popularity of the organisational culture phenomenon has attracted great interest by hospitals around the world as influential in enhancing provision of quality healthcare services to the masses. There has been fundamental invocation from the USA and UK governments for healthcare organisations to embrace cultural changes in order to enhance appropriate advancements in quality and performance (Rabbani et al. 2008).

Kasila, Poskiparta & Villberg (2006) and Vernero at al. (2007) in their research of some Italian and Finland Hospitals have argued that the way employees especially health workers understand their organisation's commitment to quality advancements helps in focusing their efforts towards quality services provision. As indicated by Martins & Terblanche (2003), organisational culture focuses on the values and beliefs which are often subconsciously embedded in the workers' minds. So the quality culture established by the organisation is influential in how services are delivered. There is evident lack of enough literature on the organisation culture’s role in delivering quality healthcare services in Africa (Rabbani et al., 2008), in Uganda and in specific hospitals like Mengo Hospital.
According to Neville (2009), a commitment to a set of core values, beliefs and the solidarity among members of an organisation to provide a service which in totality is dedicated to assist the community to improve their existing social, economical and environmental wellbeing is referred to as service delivery. Neville (2009) further noted that these are deeply held values by the organisation members, which depict underlying ethical attributes often embraced by policy makers as contributory to the entire efficiency of the healthcare system. In this study, the identified values that drive healthcare service delivery have been linked to patient centric care, management support, human resource performance, information processes and innovation management (Rabbani et al., 2008; Scott et al., 2003c and Wakefield et al., 2001).

2.2.1 Patient centric care

According to Appelbaum et al. (2010), patients are the customers of any healthcare institution since the health workers offer services to the patients who have ailments and need professional assistance to find relief who then pay for the services. They add that it is important therefore to ensure that the patients are given services that fulfil their requirements. Shah et al. (2006) noted that customer satisfaction in healthcare service delivery depends on the commitment of the health workers to focus on the patients’ needs as the driving force for all hospital operations. Empirical evidence has it that for any business oriented organisation to be successful, it must ensure that it attracts and retains customers through continuous commitment towards customer oriented campaigns (Bolton, 2004). This is because it’s these same customers or patients who refer their counterparts to attain the same good treatment they received.

A pronouncement by Gronroos (2001), revealed that there is usually a bond between the service provider and the customer when interest is shown not only in the benefits that accrue from provision of such a service but also efforts are focused on solving the customers’ problem as per the organisational goal, this in healthcare institutions leads to customer satisfaction and retention as noted by Shah et al. (2006). A patient centric care culture was described using a number of variables by Appelbaum et al. (2010) which included; customer satisfaction, accountability, empowerment, result focus and employee satisfaction. In order to be meaningful, a patient centric culture must be embraced throughout the entire organisation and is exhibited when all health workers show respect and ensure that patient trust is attained from their actions (Bolton, 2004).
2.2.2 Management support
According to Gustafson (2003), whenever top management affirms the efforts of employees towards better service delivery, implementation and commitment to quality is achievable because employees will make them routines in their daily duties.

Hospitals or Healthcare organisations have a number of divisions whose functionality is divergent in nature for instance medicine, nursing care and management perform differing roles and are further fragmented into smaller sections; all these possess their own cultural orientations but unifying them may be determined by the leadership style employed by management (Edmondson, Roberto & Tucker, 2001).

Kapiriri and Martin (2006) found that there are massive disagreements between the hospital authorities and the medical practitioners when it comes to taking decisions and resolving pertinent issues regarding patient care. This according to them disorients the medical practitioners who in the end transfer their frustration to the patients. For instance according to Habasa et al. (2014), a research conducted in one of the Ugandan hospitals found that there were power struggles between the hospital management and frontline hospital staff who failed to agree on power sharing in decision making which eventually affected the quality of service delivered in the Hospital.

Ababaneh (2010) during his research in Jordanian Hospital stated that, there is a high likelihood that healthcare organisations which practice innovative and supportive organisational cultures will enhance quality advancements faster than their bureaucratic counterparts.

2.2.3 Human Resource Performance
Because of the fact that there is no single reasonable competence model in most developing countries to measure performance of Healthcare practitioners, it is their role in delivery of quality healthcare services is usually overlooked (Chuttipattana and Shamsudin, 2010). Also a more recent the study carried out by Surender et al. (2014) indicated that little consideration was accorded to the role played by Healthcare practitioners who are the majority Human resources serving in hospitals and are directly concerned with the delivery healthcare services to the patients. And yet their empirical survey indicates that whenever the healthcare sector under goes radical transformation, Healthcare practitioners are at the pinnacle of influencing the results.
(Surender et al., 2014). There is usually a clash between the hospital management and hospital staff about the intricacies in healthcare service provision. Tomson & Berwick (2006) stated that, “Many clinicians view all management targets as politically motivated interference in their clinical freedom; we read and hear plenty about the distortion of clinical priorities caused by managers’ attempts to ensure that the targets are met – for instance, in prioritising ‘long waiters’ for minor surgery over patients waiting for major surgery, or by manipulation of the ‘trolley wait’ target by making patients wait in ambulances – but little about the spectacular reductions in overall waits and delays within the system.”

Further still, Carney's (2011) research also revealed that clinicians were not happy about management not considering their efforts and expertise which brought into play issues of demotivated workforce due to lack of recognition. It was perceived that their suggestions in improving healthcare service delivery were not taken seriously by Management and yet these were vigilant at enforcing their own initiatives.

However with the view that each of these parties cannot perform well without the other’s intervention, it is crucial to find a unifying factor that is very instrumental in the delivery of quality services or else the patient will suffer the consequences of these disagreements. Organisational culture is seen as a way of taming the behaviours of the healthcare practitioners towards better performance without unnecessary using confrontational methods which may hinder service delivery.

2.2.4 Information Processes

Information according to Barasa et al. (2014) is among the key priority areas which influence healthcare practices in hospitals alongside other factors such as decision space, availability of resources, organisational culture and leadership, planning criteria and relationships in the organisation. Barasa et. (2014) insists that in order for healthcare organisations to set their priorities right, the quality of information and its availability is very critical since many authors have highlighted that lack of enough reliable information is detrimental to Healthcare service delivery decision making (Greenberg et al., 2009 and Gordon et al., 2009). According to the Department of Health (2012), efficient information processes and technology utilised by healthcare organisations has an impact in improving service delivery to the patients.
O’Sullivan et al. (2014) highlighted the importance of real time decision support systems such as Clinical Decision Support Systems (CDSS) in the clinical field which offer support to medical practitioners in making timely life or death decisions which consequently improve compliance, medical standards, efficiency and safety in healthcare service delivery. Reynolds (2013) dismissed the ideology that such systems may eliminate face to face contact and argued that they instead provide a quicker way for health practitioners to; “communicate information with patients, request investigations, initiate treatment and provide decision making support.”

Reynolds (2013) noted however that information systems or processes which have limited functions, poor connectivity, poor designs and poor usability due to non functional interfaces pose a threat of frustrating both the clinician and the patient in delivery of quality healthcare. And that simple communication processes that need a phone call or email or fax for authorisation, patient referrals or appointment should not delay or deter communication with the many available alternatives.

A survey carried out in the USA by Wright et al.(2009) about CDSS capabilities of the business oriented Clinical information systems found out that most healthcare providers use low cost information systems with limited functionality which do not provide for supportive decision making for complicated chores. However O’Sullivan et al. (2014) realised that the reason for this in more business oriented healthcare facilities was the question of viability of the system as regards the customer environments served. This according to O’Sullivan et al. (2014) presents a challenge in service delivery if decision support systems and information systems are weighed on grounds of profitability rather than customer satisfaction and quality service delivery. However, Gordon et al. (2009) warned that lack of reliable information flows and processes may consequently lead to immanent tendencies by the health practitioners who may resort to informal processes to make decisions concerning service delivery.
2.2.5 Innovation Management

Duncan and Breslin (2009) in their study of innovating healthcare service delivery, they noted that no one is reasonably convinced about the present state the healthcare sector is in and yet healthcare service providers are hesitant to re-engineer new and better ways of improving the service even where evidence suggests positive results. Greenhalgh et al. (2004) defined innovation in healthcare service delivery as, “a novel set of behaviours, routines, and ways of working that are directed at improving health outcomes, administrative efficiency, cost effectiveness, or users' experience and that are implemented by planned and coordinated actions.”

Greenhalgh et al. (2004) found out that there are a number of ways management can help its employees in enhancing motivation and these included; diffusion, dissemination, implementation and sustainability. In their model, they further explained that in order for a healthcare organisation to have meaningful innovations, there has to be self circulation, management action and forecasting energy required to inculcate the doctrine of innovation, also management streamlining and spearheading innovation initiatives and routinisation of innovations until it can no longer hold.

According to Martins & Terblanche (2003), some authors define innovation as, "creativity focussed on the nature of thoughtful processes and intellectual activity used to generate new insights or solutions to problems.” They claimed that although some authors think that innovation is change, the difference between the two is that innovation involves new ideas and change may not necessarily do the same.

2.3 Theoretical Perspectives of Organisational Culture in Healthcare Service Delivery

The theoretical framework is adopted in this research study is derived from the cultural web theory as put forward by Blackwell (1987); Johnson (1992) and Johnson et al. (2008), which emerged as a tool used for understanding the existing organizational culture and how its effects are important in analysing these precepts.

Blackwell’s theory roots from the desire to manage the organisation’s culture, strategy, and action. It further stemmed from the changing horizons of cultures in the multi dimensional organisational settings which required rigorous changes in the strategic direction of different
disciplines. The cultural web advances the major components inscribed in any organisational culture and it is postulated that this model is applicable to any industry (Johnson et al., 2008).

It has been argued by Ababaneh (2010) that organisational culture has a way of regulating the delivery of quality services and improved performance. There exists heated debates of whether organisational culture possesses any influence on the quality of healthcare services and some authors have contended to this hypothesis (Hann et al., 2007) while others concur with it (Nau et al., 2004). While these theorists agree and disagree, it is clear that they each focussed on specific factors to make their assertions for instance (Nau et al., 2004) based on supportive leadership culture and size of the organisation while (Hann et al., 2007) based on the management climate to make his deductions.

The Cultural Web model on the other hand inscribes quite a number of factors referring to a general overview of all the organisational structures that influence behaviour and contribute to the unified idealisation of values and beliefs. This especially fits into the healthcare service organisation which has diverse and complex structures all contributing to the way the service is delivered.

The cultural wed suggests that it’s not conclusive enough to base on the organisation mission, vision and values to judge the organisational culture practiced in the Hospital but a thorough analysis of how it impacts on service delivery will give an insightful picture of the actual culture Johnson et al. (2008). The cultural wed model is more concerned about the strategy and actions that emanate from the cultural analysis of the entire organisation Blackwell (1987) whereas traditional models are generalised to explain relationships and attributes. The cultural web produces a detailed map which provides a rich source of information about an organisation’s culture and is very useful in characterising the culture that the information conveys.

As adapted in this study, the cultural web model holds that organisational culture has a role to play in healthcare service delivery. And that the history, artefacts, power and organisational structures, control systems, routines and rituals and the taken for granted assumptions influence continued improvements in human resources, leadership support, customer focus, information,
processes, and innovation in healthcare organisations. In the application of the Cultural web model to this study, the variables was identified as:

1. The way organisational culture is inhibited in the history, artefacts, power and organisational structures, control systems, routines, rituals and the taken for granted assumptions in the healthcare organisation or hospital.
2. Quality in healthcare service delivery as regards to the improvements in patient centric care, management support, human resources, information management, processes, and innovation.

In adapting this model, the researcher is fully aware of its shortcomings. The cultural web model is rather unscientific and crude method but can be used as a powerful tool for the organisational members to really identify the actual culture that the organisation really has.

2.4 Contribution of organisational culture to healthcare service delivery

2.4.1 Routines and Rituals verses Patient Centric care
The founders' rationale, and the way in which, a firm was initially formulated, the senesce it possesses and the original ideology and beliefs usually influence its culture (Booth and Hamer, 2009). Routines and Rituals are derived from past experiences. According to Pluye et al. (2004), routines and rituals are inter played in the day to day running of any healthcare facility and those activities which have been proved to work in the past are institutionalised to be guiding principles and practices for the entire organisation with the patient being the focus. Coulter (2003) has identified the focus on patients as taking on the centre stage in effective study of Healthcare service delivery as interventions are invented to improve the same.

Appelbaum et al. (2010) in their case study concerning Organizational transformation to a patient centric culture, found that a customer or patient oriented culture should not only be inclined to one section but should be embraced throughout the entire organisation. They further proposed that employess should be empowered and encouraged to think, act and relate to the patient's well being and establishing a relationship of trust.
Appelbaum et al. (2010) also noted that the vision and mission of a healthcare organisation should focus on a patient / customer centric service so as to involve the entire organisation. When such patient centric culture becomes routinised in the vision and mission of the organisation and in the activities of the healthcare provider, then quality service delivery becomes sustainable as portrayed by Pluye et al. (2004).

In their study, Pluye et al. (2004) found that for those activities that were routinised and known to both management and the healthcare practitioners, sustainability was assured than the non routinised tasks. In similar context, Pees et al (2009) argued that whenever all organisational members are collectively connected in a group to understand, to experience and to know the way things are done, they establish cultures, structures and rituals that maintain service delivery in a more acceptable way.

For instance, Tomson & Berwick (2006) compared the patient centric culture in UK and USA hospitals and concluded that USA had portrayed a more patient centric culture than the UK due the former's initiative and attitude to listen to the patient rather than the “take it or leave it” attitude exhibited in the UK's healthcare system. This could be attributed to the difference in patient care service delivery standards in which the USA has gone overboard to routinely measure patient satisfaction and even have them represented on the hospital boards thus transforming the culture and language of service delivery (Tomson & Berwick, 2006).

2.4.2 Routines and Rituals verses Management Support

Kennedy (2005); Nieva & Sorra (2003); Colla et al. (2005) and Mannion et al. (2005a, b), as cited by Kontech et al.(2008) agreed that the Healthcare system transformation is underlined by the dire need for cultural change and structural restructuring of healthcare organisations. For an organisation to be competitive in its own environment, it should clearly understand the structural design and setup which will allow it to engrave a culture that will evolve according to its environmental needs.

Donaldson and Gray (1998); Davies et al. (2000) provoked a discussion of how organisational culture of health institutions need to be moulded with structural and systematic adjustments to spark off better service delivery. Olukoga et al. (2010) rightly put it that conceptualisation of
organisational culture by the healthcare practitioners and hospital administrators illuminates the leadership and behavioural structures in hospitals. Healthcare organisations or hospitals are hierarchical in nature and involve strict control systems, performance measures, accountability frameworks built on principles of authority.

According to Millward & Bryan (2005), organisations as these exhibit control or command cultures through their routines and rituals which are not distinctive from their own structures and processes. And they also have an impact they play in forming the behaviour of health workers in performing their obliged duties. Although other authors have argued that it is usually difficult for healthcare professionals to be entangled in routinised control systems because they prefer to be more liberal in performing their duties other than working under bureaucratic and hierarchical settings (Bradshaw, 2003). This totally affects the way they react during actual delivery of services (Lusthaus et al., 2002). If the management or leadership structures in place are perceived by the medical practitioners as dictatorial and autocratic then this has a negative impact on how they serve the patients as they will reciprocate the same attitude towards the patients (Scott et al., 2003c) and the opposite is also true.

However Mannion et al. (2005) agreed that depending on the leadership and management structures in place, the best performance of Healthcare practitioners is strongly attached to directional and cooperative leadership of hospital management for continuous improvement. Sakyi (2008a,b) found out that whenever hospital management neglects the involvement of healthcare workers in the planning and decision making processes, implementation of better healthcare delivery is hampered. And Olukoga et al.(2010) concluded that the leadership style and management structures have an impact of how healthcare services are delivered to patients.

Appelbaum et al. (2010) was of the argument that whenever Healthcare providers have the freedom to make timely decisions with in their jurisdiction without unnecessary approval formalities; it becomes easier to build confidence and enhance learning with no fear of failing. Evans and Burns (2008) agreed that structures that give room for failure are avenues for coaching and development rather than pointing fingures. This enhances management support and empowerment to do a better job in passing on quality healthcare (Appelbaum et al., 2010). Routines and rituals adopted by healthcare institutions may include quality assessments which
measure actual performance. Quality assessment in healthcare settings was advanced by Donabedian's theory which characterizes it into the structure, process and outcomes (Donabedian, 1982). According to the theory, **Structure** is defined as, “the facilities, equipment, types of services, and manpower with the credentials and qualifications of the health professionals involved.” **Process** refers to, “the content of care which includes activities which take place between the patient and the provider. Process measures include the procedures or steps followed in providing care.” **Outcome** refers to, “the results of care. It encompasses biological changes in disease, ability for self-care, physical functions, and mobility and patient satisfaction.”

Donabedian (1982) also describes two components of quality assurance - system design and monitoring. “System design includes all measures that an organization uses to safeguard and promote the quality of health care. It also implies that for a holistic healthcare quality, monitoring should be done whereby performance is periodically or continuously reviewed and, when found to be deficient, is modified and then evaluated once again. In both instances, standards of practice are important yardsticks in the assessment of quality”. The true objective of quality assurance and quality control measures is patient care.

Benchmarking is a process of identifying best practice and then setting performance standards for the future. Benchmarking has three governing principals and they are maintaining quality, patient/customer satisfaction and continuous improvement (Sathekge & Ellman, 2010). Quality is an essential component of any service and production process. In order to be accountable, acceptable procedures of evaluation and quality assurance are necessary. Quality is an important external measure of an institution's performance. (Sathekge & Ellman, 2010)

Hoogervorst et al. (2004) pointed out that institutional culture can enhance or infringe on the objectives of an organisation because it eventually disseminates the way things are done. Kontech et al. (2008) in their research on clinical governance views on culture and quality improvement found out that managerial commitment, accountability and leadership openness are very vital in enhancing quality delivery of healthcare services amongst other aspects such as patient centeredness, safety awareness teamwork and collaborative leadership.
2.4.3 Artefacts and Human Resource Performance

According to Davies et al. (2000), “Artefacts include the physical and behavioural manifestations of culture.” Evidence is available to suggest that whenever a medical practitioner appears dressed up in casual clothes, patients are not really convinced of their safety and that Patients attach a lot of significance and respect to a Doctor dressed in a white coat and tie than any other attire; they are more satisfied to be served by a healthcare professional dressed in a white coat than anyone dressed in ordinary. Davies et al. (2000) stated that artefacts are more direct in showing the true culture of an organisation. And that although artefacts can be controlled, values and beliefs are hard to protect from external influence.

According to Appelbaum et al. (2010), artefacts show visibility to both the patient and the medical practitioner that they are committed to providing the service and artefacts such as visual posters of the organisation’s mission and vision, high level technology, pictures and sign posts constantly reminds them of their duty to render selfless service to the patients. Davies et al. (2000) also mentioned that, “standard ways of running services (the physician’s beds, the surgeon’s list, juniors attached to seniors), or methods of performance assessment (the dominance of confidential peer review, the reliance on professional self regulation)”, are also important artefacts in rendering a worthwhile service to the patient.

2.4.4 Artefacts and Information processes

Reynolds (2013) pinpointed at management being in control of its information processes in order to streamline quality flow of information that influences the behaviour of Healthcare professionals to act in the best interest of the patient but giving adequate consideration to the rules governing the Hospital. Reynolds (2013) advocated for openness in governance and sources of information to ensure that operational digital and analog communication systems are in place to monitor the flow of service.

Handy & Reeve (1999) advocated for modernised information systems which provide room for modification, consider the complexities in the healthcare system and how the controls and processes react to changes in the organisation. It was however noted by a number of Scholars that availability of reliable information processes in a healthcare setting provides a favourable atmosphere for control which shapes healthcare practitioners’ behaviours to provide quality
services (Reeleder et al., 2005; Madden et al., 2005; Martin et al. 2003a,b). This is in view of Olukoga et al. (2010)’s definition of organisational culture, "a way of guiding behaviour and is a social control mechanism

2.4.5 Values and beliefs verses Innovation management

Innovating new ways in delivering healthcare services according to Duncan and Breslin (2009), is to create new value for the patients through considerate and thoughtful improvement in the way their needs are met. Ingersoll et al. (2000) showed that there is expanding interest by researchers to unveil the role played organisational culture in enhancing change, propelling innovation and reforming the healthcare system. Healthcare organisations have considered reshaping their structures in order to deliver better care services, these is increasing focus on organisational culture and its significance in enhancing innovation and revamping the entire system (Ingersoll, 2000). Martins & Terblanche (2003) suggest that the organisation culture plays an important role of enhancing innovation and creativity in two major ways;

- Socialising amongst members helps them to learn best practices which are agreeable and the functionality of the system. Here Norms, values and beliefs are built, allowed and shared among members who consequently make un-spoken presumptions of whether new and improved ways can work in this setting.
- Once the norms, values, beliefs and assumptions are adapted by the organisation to form a pattern of action, management eventually draws policies, practices, structures and procedures which influence innovation through support to look for better avenues.

Davies et al. (2000) in identifying the stages of organisational culture in NHS found out that the taken for granted assumption values and beliefs where the way the world looked, interpreted and responded to culture. They noted that values and beliefs of the Healthcare sector have a strong background in scientific quantitative procedures which involve "measurability, aggregation and transfer of knowledge" which are so prominent in medical research. Davies et al. (2000) also described values as being the starting point for making decisions and identifying right or wrong behaviours although by nature of the medical field, the patient comes first and therefore other organisational issues that may matter a lot to management may not be considered paramount by the Healthcare practitioner thus elevating patient needs over marginal corporate goals.
Furthermore, Greenhalgh et al. (2004) noted that, "Inter-organisational norms (fads and fashions) were seen as a key mechanism for spreading ideas among organizations and that inter-organisational communication, collaboration, competition and norm setting directly contribute to the Health practitioner's innovativeness."

2.4.6 Historical Events verses Human Resource performance

Mallak et al. (2003) described the Healthcare sector as a value oriented sector with more attention and team work all focussing on the patient satisfaction. They added that Hospital Human resource including nurses, doctors, management and physicians should get involved and ensure proper services are provided to the patient. They however highlight the fact that for sustainability and viability of the Hospital's business, concerns of regulatory requirements, the goals, markets and competition require balancing and should not be under looked in the provision of Healthcare services. And that under such competing demands, control systems should be in place to ensure that values are respected by all Hospital staff and at the same time a "holistic approach" is taken to ensure survival without compromising quality of the service delivered (Mallak et al., 2003).

Apart from the control mechanisms setting the precedence on how healthcare practitioners should perform their duties to attain quality services, most often than not individuals look upon the past to determine the way they react to their environment (Greenbalgh, Robert, Macfarlane, Bate and Kyriakidou, 2004). Historical events told in stories about organisations and its employees are used as a means of orienting staff / human resource performance by knowing what happened to the people who performed extraordinarily (heroes) and those who underperformed (villains) (Greenbalgh et al., 2004).

According to Schein (1990) as cited in Dwivedi (2001), "organisational culture has been defined as dominant and coherent set of values transmitted through stories, myths, legends and anecdotes, the way things are done in a particular organisation and the philosophy influencing an organisation's policy towards employees and customers.” Appreciation of history has also been identified as a way through which an organisation's culture can be comprehended by the hospital employees as well as the community around it (Konteh et al, 2008). Duncan and Breslin (2009) also observed that, storytelling was is a critical tool in designing Healthcare services points of
reference and provides inferential visual frameworks which put forward pertinent issues that require attention of healthcare practitioners and other hospital staff including management to craft possible solutions.

However, the Healthcare practitioner’s roles and responsibilities have changed in the contemporary world of medicine from healer and pioneer to that of leader and manager and that they need to have a total change of mindset from the rigidity of the historical “omnipotence and supremacy of Doctors” to working with management in taking a more proactive rather than the reactive attitude to human resource policies which undermines healthcare service delivery (Patel et al., 2010)

2.5 Summary
The importance of organisational culture is that it provides behavioural steering and social control mechanisms (Olukaga et al., 2010). Bellou (2008) proposed that Hospitals which require to improve patient services and quality should not only think about restructuring or redesigning processes but should also focus at formation of staff values, priorities, attitudes and behaviours of their members. Other commentators point out that organisational culture is more of a group interaction rather than individualistic behaviours. A number of researchers have described organisational culture as relating to historical events, artefacts, rituals and routines, and values and beliefs.

Empirical evidence has also pointed out the difficulty in quantifying organisational culture but a number of models have been developed to qualitatively explain its existence. There is concrete evidence according to (Scott et al., 2003a, c) that culture is instrumental in sparking off quality improvements, efficient and patient focussed performance which is embraced by the entire organisation. Although they maintain that there are no scientific measures in place to quantify culture, it is however assessed in categories of group, developmental, hierarchical and rational culture by (Rabbani et al., 2009).

Service delivery in healthcare facilities has been aligned to issues of a patient centric care, management support, medical practitioner’s performance, information and process management and innovation management. It was argued by a number of scholars that organisational culture
influences performance, quality and safety of healthcare organisations. This study however wishes to examine the role that organisational culture plays in enhancing better healthcare service delivery in Mengo Hospital since a gap has been identified by a number of authors that hospital management usually neglects issues of culture in forming the strategic direction for healthcare service organisations and there is no empirical evidence that this has been studied especially in the Ugandan and specifically in Mengo Hospital.

2.6 Conclusion

In order for hospital management to provide holistic healthcare services, emphasis should be devoted on reliably analysing the culture that the organisation supports in fulfilling this objective. Literature has indicated that organisational culture should be engraved in the hospital staff’s values, beliefs and behaviours so that there is a unified way of doing, reacting and conceptualising of issues related to healthcare service delivery or else the organisation stands at the risk of diverse cultural interpretation which distorts service delivery efforts. And therefore how the members understand the values and beliefs which management attaches to service delivery is of utmost importance. In order to clearly understand the way their actions relate to healthcare service delivery, hospital employees and management need to know the importance of such actions in enhancing the provision of quality healthcare services and in this way, organisational culture was institutionalised and members will own this sense of direction with more easy and thus assured sustainability.
CHAPTER THREE

METHODOLOGY

3.0 Introduction

The research methodology presented in this chapter gives a deep digest of how data was collected, the description of design that was followed, how a sample was selected from the hospital population. The instruments of the data collection will also be discussed in this chapter. How the quality of data is to be achieved will clearly be laid out, analysis of the data and the tools to be used were disclosed here. The premises, ethical concerns and bottlenecks as the data is collected will also be clearly established in this chapter.

3.1 Research Design

This study was a mixture of qualitative and quantitative in nature. As Scott et al. (2003b) suggested that in order to get more accurate, trustworthy and reliable results about the organisational culture phenomenon, it is more advisable to use the two methods during data collection. The qualitative method is worthy because the information or data that is to be collected concerns issues related to individual actions, beliefs, judgments, feelings, and relationships of different organisational members. Most of these are intangible and hard to measure and identifying issues such as culture, norms and values may present major problems. The reason for using this qualitative procedure is to have a broad understanding of the organisational culture phenomenon and to discover the differences in culture. Taras et al. (2009) also agreed that this technique has been view as a triumphant method for quantifying culture.

The quantitative aspect in this study is because there was need to quantify the responses and to find out whether these respondents’ judgements were in agreement with the set objectives. The population and how the sample was selected presented some numerical aspects in the study which required comparisons and were analysed quantitatively using statistical tools for more scientifically founded results.

The research design was a mixture of cross-sectional survey tactics which allowed the researcher to get more information from different respondents in the hospital who range from Medical practitioners such as Doctors, Radiologists, Administrators, Nurses, Midwives and cleaners to find out the relationship between the variables from different sections and compare them overall
data from the entire organisation. The relationship between the dependent, independent and any other intervening variables was given utmost consideration in this research. For instance the role played by organisational culture in the delivery of healthcare services was deeply explored using this design.

3.2 Population and sampling

3.2.1 Target population
The target population comprised of all the 622 employees including Administrative staff of Mengo hospital (HRM, 2014). Mengo Hospital is one of the oldest hospitals in Uganda. It has a culture based on the founder’s principles and beliefs. Among all the hospitals in Uganda, Mengo hospital has gone through a series of transformations, administrative reforms and human resource realignments. It is from this wealthy background that the researcher wished to examine the cultural elements of the hospital from an individual basis to the unified behaviours, values and beliefs of members and the role it plays in healthcare service delivery.

3.2.2 Sample
The sample consisted of employees from all the Hospital departments which acted as strata including; Administration, General Outpatient department, specialist clinic, eye clinic, dental clinic, counselling and home care department, Laboratory department, Pharmacy department, Radiology department, Physiotherapy department, ANC general Outpatient department, Obstetrics and Gynaecology clinic, Child immunisation Clinic, Occupational therapy department, Outreach attendant department and the Children orthopaedic rehabilitation clinic. From each department, a sample was randomly estimated.

3.2.3 Sampling Techniques
The study employed a stratified random sampling method. The respondents who were interviewed were selected at random in order to give each individual a chance of being selected. Random sampling technique is a probability sampling technique which gives chance for every member in the population to be selected for sampling. Stratified random sampling is where the researcher identifies sub sections of a large population and their proportions and then randomly picks members from each of the sub sections to form a sample. The stratified random sampling allowed for equitable representation of the entire population in this sample.
In order to randomly select the sample, the researcher obtained lists of all the employees from the Human resource manager. Information was got from different sections of the hospital. Then data was collected from the individual departments which will act as strata. On the departmental level, the employees’ names (respondents) were randomly selected from the target sample. This ensured that the departments in the hospital were proportionately represented.

In addition, it provided valuable variances between the different departments in terms of characteristics. Organisational culture may differ from one department to another and there is need to identify different characteristics of each department because some departments in the hospital are decentralised (Mengo hospital 5 year strategic plan, 2008) and may have different leadership, policies and practices which may influence the results as related to the culture of the entire hospital. So it is possible to capture the organisational behaviours at departmental level and comparison could be made from these strata.

In this study, the researcher is certain that the target population may not necessarily exhibit the same characteristics because of the cultural diversity (no discrimination) embraced by the hospital and each department as well as individuals may have their own backgrounds with diverging perceptions and views about issues of culture, values and beliefs and the role they play in the delivery of healthcare services, this points to the fact that the hospital population may be heterogeneous in nature. Thus stratified random sampling provided a high chance of getting all these diverging opinions and making reasonable inferences.

Each stratum was therefore represented in the sample because a percentage of its total size in relation to the target population was selected. Purposeful sampling method was used on the support staff sample selection this is because some departments or sections in the hospital did not have direct influence on the patient care or service delivery. Departments such as support services or members whose education or training was not sufficient enough to give useful data therefore had its members purposefully selected to participate in the survey.
3.2.4 Sample Size Determination

The sample size of the Employees of Mengo Hospital who participated in the study was determined by the algebraic formula put forward by Kish and Leslie (1965). However before the formula was applied to the entire population, a number of support staff were deducted from the survey such as cleaners, laundry attendants, Tea girls and boys, drivers, gardeners, technicians, security guards and canteen attendants whose total number adds upto 107 and were represented by 19 of their top most bosses (team leaders) who could read and write. So from the entire population of 622, the researcher selectively subtracted 88 members and used a target population of 534

\[
n = \frac{Z^2P(1-P)}{d^2}
\]

Where \( n \) is the sample size

\( Z \) is the standard normal deviation at 95% confidence level (i.e. 1.96)

\( P \) is the proportion of target population (which is 50% or 0.5)

\( d \) is the acceptable degree of error (in this case 5% or 0.05)

\[
n = \frac{(1.96)^2 \times 0.5 \times 0.5}{0.05^2}
\]

\[
n = \frac{3.8416 \times 0.5 \times 0.5}{0.025}
\]

\[
0.9604 = 384.16 \approx 384
\]

Since the total population of respondents involved is less than 10,000 (534), the following formulae was used to attain the sample size.

Sample size estimation (\(nf\)) was calculated as follows;

\( nf \) = the desired sample size (when the population is less than 10,000)

\( n \) = the desired sample size (when the population is more than 10,000)

\( N \) = the estimate of the population size
where \( n_f = n \)
\[
N = 534 \text{ (Total estimated population of Mengo Hospital staff and employees)}
\]
\[
\frac{n_f}{N} = \frac{n}{534} = \frac{384}{534} = \frac{384}{1 + 0.72}
\]
\[
\frac{n_f}{N} = \frac{384}{534} = \frac{384}{1.72}
\]
\[
n_f = 223
\]

Therefore, the sample size to be interviewed was 223

3.3 Data Collection

Questionnaires which were designed by the researcher were distributed to all the 223 respondents to collect the data. The data collected from the respondents represented their views and perceptions on the role which organisational culture plays in enhancing better healthcare service delivery in Mengo Hospital. Only 210 questionnaires were returned by the research assistants for data analysis.

3.3.1 Instrumentation

This study mainly used two survey tools during this phase of data collection. A questionnaire and secondary data was used in this study. The reason for choosing these instruments as means of data collection was dependent on the available time frame, the type of data to be collected and objectives which this study sought to address. The main objective for this study was to examine the role played by organisational culture in delivery of quality healthcare services in Mengo Hospital.

(i) Questionnaire

Use of a questionnaire is the most commonly used method for measuring cultural aspects (Taras et al., 2009) and because other options of data collection such as observational and experimental surveys require a lot of resources, this was seen to be the most appropriate option to be used in this survey. It provided all the primary data required in this study.
A structured questionnaire was used to collect data. This is because organisational culture may be such a confusing phenomenon to a number of medical practitioners who will constitute the largest proportion of respondents in this study. It is therefore important to direct their attention and views in a certain direction which will lead to achievement of the overall objectives set in this study. Structured questionnaires helped to avoid irrelevance and meandering from our subject of concern (Duncan and Breslin, 2009). It also saved a lot of time which would otherwise be spent on overly verbal conversations if interview method was used.

Questionnaires were used because organisational culture and healthcare service delivery involve issues relating to values, beliefs, opinions and perceptions which may not be easily observed. However the actors are better suited to evaluate their own actions and from their responses, inferences can be drawn about the phenomenon. Because most of Mengo Hospital staff are literate, using questionnaires was the most viable option to collect the required information. The size of the sample (223) and the time frame within which the study was to be conducted also dictated the questionnaire method as the most relevant method to achieve the intended objectives given the constraints.

The questionnaires required the respondent’s bio data and overall knowledge of organisational culture. In order to ensure confidentiality, the questionnaire did not disclose their names and this statement was clearly printed on the first paragraph of the questionnaire so that their anonymity was emphasized. The respondents were also informed that all information provided had no identifiers, codes and the analysis was made in a generalised way and grouped in clusters.

(ii) Secondary data

Previously published articles were sourced from online databases such as: JSTOR, Emerald Insight, EBSCO Business Source Complete, HINARI, Science Direct, Social Science Research Network and other academic online databases was searched for current working papers on literature about organisational culture and healthcare service delivery. Text books, News papers and Mengo Hospital file documents were also be used to provide secondary information.
3.3.2 Data collection procedure

223 questionnaires were distributed in all hospital departments and data was collected from 210 Mengo Hospital staff who were respondents from a population of 622 for a period of four weeks using questionnaires as the main tool of data collection. Out of the 223, 210 questionnaires were returned for analysis.

The data was collected by three research assistants with permission from the Mengo Hospital Research Review Committee (MHRRC) a committee which is mandated with any research related projects conducted in the Hospital. The research assistants distributed questionnaires and were in charge of collecting them from the respondents. Their payment depended on how many questionnaires they distributed and how many were returned. The researcher did not carry out this process himself because the assistants had more time to interact with medical practitioners and would not find a problem obtaining any relevant information in case explanations were required. In this way bias was eliminated.

Questionnaires were distributed to the respondents at their work stations and were self administered after which it was collected by the research assistants and presented to the researcher for data analysis.

The data collected was analysed using a computer programme called SPSS then interpretations and presentations of the findings were done and discussions, conclusions and recommendations were drawn.

3.4 Quality Control

Extraneous variables which may intervene in giving correct information was controlled by ensuring that all other factors that may influence healthcare service delivery are kept at bay. For instance healthcare service delivery could be affected by the vigilant Doctors who are doing their internship in the hospital. This is eliminated by not involving the intern doctors in this survey. It could also be affected by the policies and practices of the decentralised departments and to control this variable, the questions to the respondents will not concentrate on the department administration but on the top most hospital administration which the departmental heads report to. Although some studies have indicated customer satisfaction as a measure of healthcare service delivery, it may not be a variable in the hospital’s culture since here the researcher sought to observe the way Hospital employees view their culture in enhancing healthcare service delivery. It therefore implies that this study was more concerned about what Mengo hospital
employees think their contribution is towards better healthcare service delivery than whether the customers are satisfied or not.

To ensure that the questionnaire was valid and reliable, the survey tool was tested for validity and reliability. Validity is the extent to which a questionnaire truly measures what it set out to measure. So in order for this study to be valid, the questionnaire should be able to measure elements relating to organisational culture and those that it plays in service delivery. In order to ensure that each item in the questionnaire is appropriate, the Content Validity Index (CVI) was used to measure validity. The CVI will measure the degree of relevance according to a simple scale between 1 to 4.

Reliability is defined as the degree to which the survey tool gives the same results if repeated on successive trials. If the degree to which responses on a given survey stay the same in a given time frame then it is considered reliable. A measure can be reliable but not valid. The reliability coefficients which this study will accept for each item was 0.7 and above. This according to Nunnally and Bernstein (1994) is the least acceptable reliability alpha coefficient and this will show whether the survey tool has rightly quantified what it set out to and how true the findings in this study can be replicated in other settings. This study will also measure the reliability of the questionnaire by using the Alpha coefficient which verifies the internal consistence index of a Likert scale. This is used because of the items which provide several options from which the respondent can choose what best suits his/her response to a question or statement (Cronbach, 1990).

An independent reviewer from MHRRC was also instrumental in pointing out any irrelevancies that could have been ignored by the researcher. This also added on the reliability of the entire study.

3.5 Data Processing, Analysis and Presentation

Data was first collected together, screened, edited, assorted and then entered into computerised software for scrutiny. In order to analyse the data, software called Statistical package for Social Scientists (SPSS) version 18 was used. The relationship between organisational culture and the role it plays in healthcare service delivery was investigated from the survey records.
A factor analysis was conducted through use of a confirmatory principal component tactic as forwarded by (Ababaneh, 2010) which involves a varimax rotation. This tactic produced a cumulative variance contribution of the factors relating to organisational culture and healthcare service delivery. If all the factor loadings of the indexes of organisation culture divided by the number of factors and the indexes of its role in healthcare service delivery divided by the number of factors in the roles is greater than 0.4 and communalities are above 0.5, then it ascertains that each factor has a distinguishing measure thus the findings support the fact that organisational culture has a role to play in healthcare service delivery in Mengo Hospital. Pearson Correlation analysis and a regression analysis was also performed.

3.6 Assumptions

It was assumed that there are factors which may lead to better healthcare service delivery other than organisational culture. For instance Doctors on the internship programme may show enthusiasm in their work with utmost focus on the patient because of the result oriented assessments which they have to present during their internship tenure. This extraneous variable was however controlled by the fact that, first it could also be Mengo Hospital’s culture that internship programmes are emphasized to rejuvenate the older employees by bringing in new external service drivers in form of young internship Doctors.

Secondly this variable was controlled by the fact that the Doctors on the internship programme were not be interviewed while evaluating the role of organisational culture in healthcare service delivery because they are external parties and may not stay long enough to significantly contribute to the hospital’s culture. Other uncontrollable variables that may affect healthcare service delivery may be external monitoring of the Hospital by the Church of Uganda, level of education and expertise of the decentralised departmental heads and the policy guidelines of the Ministry of Health.

It was therefore assumed that Doctors on the internship programme will not affect the results of this study. And that other factors are general to other hospitals and may not necessarily affect the culture of the hospital per say. It was also assumed that the customers view in evaluating the role of organisational culture in healthcare service delivery was alien in this study since internal view of beliefs and values of the providers of the service were considered.
3.7 Limitations of the Study

The most outstanding hindrance of this study were the busy schedules of the medical practitioners which did not allow them to fully conceptualise the subject under consideration or the questionnaires were filled hastily which may not give a true representation of their opinion as opposed to when they are more settled and relaxed to fill the questionnaire. The remedy to this however was to structure the questionnaire in a way that allowed the Medical practitioner to quickly pick the answer they think is applicable to the subject at hand. This justifies the use of closed ended questions.

The other limitation to this study was the tendency of respondents to point out the ideal situation rather than the actual scenario. This was either due to fear that negative answers may have repercussions on their employment terms or they may be identified as rebellious to hospital management. This could have caused respondents to give answers that were not personal opinions but painted a good picture which would not cause alarm to management thus lowering the validity and reliability of the study. To remedy this, the researcher insisted on confidentiality and anonymity of the respondents.

3.8 Ethical Considerations

The ethical issues raised in this study included lack of consent by the respondents, contravening the privacy and confidentiality of respondents, lack of sensitivity to respondents’ dignity. Because this research is evaluating the role organisational culture plays in healthcare service delivery in Mengo hospital, pointing of figures, casting blame, revenge and other vices might be expressed in the responses collected.

Respondents strongly presented their opinions in a way that may not please other parties. This could aggravate conflicts among interaction of different parties thus cause interruption in service delivery. Therefore to have all this under control, the researcher will ensure that the respondent does not have to reveal their identity while responding to questions. This will enhance confidentiality and anonymity and respondents’ opinions which will only be generalised and classified to give a general conclusion.

Privacy of the respondent was emphasised as no respondents was forced to participate in this study without their own consent since getting a valid sample requires gaining authentic access to classified information. Any bleach of such code of conduct may result in infringement on the
respondents’ privacy and confidentiality. The respondent participating in this survey was accorded the discretion to answer or not to answer any question they wish.

To ensure that ethical considerations are adhered to, the researcher got consent from relevant authorities to conduct this study. The Mengo Hospital Research ethics committee is instituted to approve any research done in the hospital. The committee approved and consented to this study as per appendix B attached on page 99.
CHAPTER FOUR

PRESENTATION OF FINDINGS, INTERPRETATION AND DISCUSSION

4.0 Introduction

This chapter presents analyses and interprets the results of the study. The results were based on study objectives and the findings are based on questionnaire views of the respondents regarding the topic of study.

4.1 Background Information of Respondents

In the study, the background information of respondents was established. In establishing the background information of respondents, their categories were established since this would help to know the designations of people that were involved in the study; the age would establish whether such respondents were suitable to answer. Sex of respondents was established because it would help in establishing the majority gender in the study. This information was obtained from Section A of the questionnaires. Personal information includes respondents’ age, gender and highest qualifications.

4.1.1 Gender of respondents

Although the health profession in Africa is female-dominated (WHO, 2007), it is important to see how many male respondents participated in the study to determine if they would provide any significantly different views from the female respondents. Figure 4.2 presents data regarding the gender of the respondents.

Table 1: Gender of respondents

<table>
<thead>
<tr>
<th>Gender</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>70</td>
<td>33.3</td>
</tr>
<tr>
<td>Female</td>
<td>140</td>
<td>66.7</td>
</tr>
<tr>
<td>Total</td>
<td>210</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 1 above indicates that majority of employee in Mengo Hospital were females (66.7%) compared to 33.3% who were males. This correlates with the MOH Statistics (2009) which indicate that over 80 percent of health workers in Uganda are female and the literature that
indicates that the medical workforce in the health sector is mostly female (WHO, 2007). This finding implies that there is need to focus on the gender distribution of employees in the health sector when dealing with organisation culture and health service delivery as most of them were females in the current study. On the issue of health service delivery, all sexes need to be motivated on drivers of quality and their core values and also rewarded in an equitable way to ensure that there is quality of health services.

4.1.2 Age bracket of respondents

The study sought to establish the age of the respondents so that the age bracket of the majority could be established:

Table 2: Age brackets of respondents

<table>
<thead>
<tr>
<th>Age brackets</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25yrs</td>
<td>38</td>
<td>18.1</td>
</tr>
<tr>
<td>26-35yrs</td>
<td>118</td>
<td>56.2</td>
</tr>
<tr>
<td>36-45yrs</td>
<td>42</td>
<td>20.0</td>
</tr>
<tr>
<td>46-55yrs</td>
<td>12</td>
<td>5.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>210</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table 2 shows that most employees in Mengo hospital were in the age bracket 26-35 years (56.2%) followed by 36-45 years (20%). Those in age bracket 18-25 years were 18.1% while only 5.7% of respondents were in the category above 46-55 years of age. The age distribution of both groups of respondents indicated that almost 95% were between the ages of 18 and 45 years. This finding implies that majority of employees in Mengo hospital were middle-aged with many personal and workplace demands. They require high level of monitoring to understand the HR factors such as organization culture that influence their performance and health service delivery.

4.1.3 Tenure of service

Table 3 below consists of data concerning the responses of respondents about the length of time they have been working at Mengo hospital. The extensive experience of employees correlates with their ages as provided in Table 3 below.
Findings in Table 3 above indicate that over half (58.6%) of employees had 1-5 years of experience working with Mengo Hospital; while those with experience 6-10 years were 22.9%. The findings also show that 12.9% of the respondents had 11-15 years and longer experience in their respective departments of Mengo Hospital, which provides a solid background for administrative, medical activities and management of human resources in the units or wards. The implication here is that majority of employees have worked 5 years or less in the hospital. This could imply that since culture is developed over a long period of time, only a few of the longest serving employees (less than half of the hospital staff) are retained to ensure the holistic culture is sustainably instilled in newer employees. This could arise as a result of high turnover of employees. Such issues allow Mengo Hospital managers to predict which groups are likely to exhibit behaviour associated with dissatisfaction and work towards ensuring that their concerns are given adequate attention. Older employees are generally satisfied with their jobs although this may change as their chances of advancement get diminished and they face the reality of retirement.
Table 4: Department

<table>
<thead>
<tr>
<th>Departments</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental</td>
<td>67</td>
<td>31.9</td>
</tr>
<tr>
<td>Administration</td>
<td>36</td>
<td>17.1</td>
</tr>
<tr>
<td>OPD rad</td>
<td>19</td>
<td>9.0</td>
</tr>
<tr>
<td>Peadiatrics</td>
<td>13</td>
<td>6.2</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>12</td>
<td>5.7</td>
</tr>
<tr>
<td>Eye</td>
<td>7</td>
<td>3.3</td>
</tr>
<tr>
<td>Medical</td>
<td>6</td>
<td>2.9</td>
</tr>
<tr>
<td>Counseling</td>
<td>4</td>
<td>1.9</td>
</tr>
<tr>
<td>Catering</td>
<td>1</td>
<td>.5</td>
</tr>
<tr>
<td>Laboratory</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td>Others</td>
<td>43</td>
<td>20.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>210</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table 5: Capacity in which you serve

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative</td>
<td>43</td>
<td>20.5</td>
</tr>
<tr>
<td>Clinical</td>
<td>114</td>
<td>54.3</td>
</tr>
<tr>
<td>Support staff</td>
<td>33</td>
<td>15.7</td>
</tr>
<tr>
<td>Others specify</td>
<td>20</td>
<td>9.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>210</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

According to Table 5, that 20.5% of respondents were serving in an administrative capacity at Mengo Hospital. The majority of the respondents (54.3%) were serving in clinical capacity. The findings also show that support staffs were 15.7% in the sample while only 9.5% occupied other positions in the hospital. It is indicated that although the majority of respondents (90%) had worked for less than 10 years, they were still at the lower grade of job positions. This implies that over half of the employees interviewed are directly or more actively involved in the delivery of healthcare services. This could mean that the results of this survey are valid since the responses obtained from majority of respondents are directly linked with those who practice the
hospital culture and professionals who are fully aware of the way healthcare services are delivered to the end user (patient).

4.2 Objective One: Examining the actions of Mengo Hospital Administration in fulfillment of their core value of provision of holistic Healthcare services.

The purpose of this section is to present the information obtained from the questionnaire as guided by the objectives of the study. The statistical information presented was obtained from the second section of the questionnaire completed by administrators, clinical, support and other staff in Mengo hospital. Below are descriptive statistics followed by inferences from the survey;
### Table 6: Descriptive Statistics for strategies put in place by Mengo hospital to cultivate holistic healthcare culture

<table>
<thead>
<tr>
<th>Statements</th>
<th>SD</th>
<th>D</th>
<th>NS</th>
<th>A</th>
<th>SA</th>
<th>Mean</th>
<th>SD</th>
<th>NR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mengo Hospital disseminates its vision and mission through placards on notice boards in each department</td>
<td>8</td>
<td>24</td>
<td>28</td>
<td>94</td>
<td>50</td>
<td>3.7549</td>
<td>1.07306</td>
<td>6</td>
</tr>
<tr>
<td>Mengo Hospital does not discriminate against, religious, ethnic, socio-economic status of patients</td>
<td>8</td>
<td>16</td>
<td>16</td>
<td>70</td>
<td>100</td>
<td>4.1333</td>
<td>1.08990</td>
<td>--</td>
</tr>
<tr>
<td>The hospital’s service delivery approach is considerate to patients’ emotional, physical and temporal needs</td>
<td>12</td>
<td>16</td>
<td>36</td>
<td>73</td>
<td>65</td>
<td>3.8069</td>
<td>1.14924</td>
<td>8</td>
</tr>
<tr>
<td>Mengo Hospital management consults employees on critical healthcare decisions</td>
<td>26</td>
<td>58</td>
<td>45</td>
<td>46</td>
<td>31</td>
<td>2.9903</td>
<td>1.27256</td>
<td>4</td>
</tr>
<tr>
<td>Mengo Hospital provides feedback to staff on clinical practices</td>
<td>12</td>
<td>28</td>
<td>26</td>
<td>109</td>
<td>35</td>
<td>3.6048</td>
<td>1.08974</td>
<td>--</td>
</tr>
<tr>
<td>Mengo hospital has suggestion boxes in different departments</td>
<td>20</td>
<td>24</td>
<td>4</td>
<td>72</td>
<td>83</td>
<td>3.8515</td>
<td>1.33373</td>
<td>8</td>
</tr>
<tr>
<td>Mengo Hospital has a strict policy on professional ethics</td>
<td>4</td>
<td>16</td>
<td>16</td>
<td>94</td>
<td>76</td>
<td>4.0777</td>
<td>.96464</td>
<td>4</td>
</tr>
<tr>
<td>Mengo Hospital conducts regular staff training and development</td>
<td>16</td>
<td>33</td>
<td>32</td>
<td>85</td>
<td>40</td>
<td>3.4854</td>
<td>1.19645</td>
<td>4</td>
</tr>
<tr>
<td>Mengo Hospital evaluates staff performance</td>
<td>12</td>
<td>13</td>
<td>29</td>
<td>102</td>
<td>54</td>
<td>3.8238</td>
<td>1.06371</td>
<td>--</td>
</tr>
<tr>
<td>Mengo Hospital has a quality assurance department</td>
<td>22</td>
<td>22</td>
<td>83</td>
<td>44</td>
<td>31</td>
<td>3.1980</td>
<td>1.15917</td>
<td>8</td>
</tr>
<tr>
<td>Mengo Hospital rewards, recognises and promotes best performance</td>
<td>49</td>
<td>48</td>
<td>53</td>
<td>38</td>
<td>14</td>
<td>2.6040</td>
<td>1.23449</td>
<td>8</td>
</tr>
<tr>
<td>Mengo Hospital emphasizes a professional dress code among staff</td>
<td>---</td>
<td>8</td>
<td>8</td>
<td>109</td>
<td>77</td>
<td>4.2624</td>
<td>.71617</td>
<td>8</td>
</tr>
</tbody>
</table>
From table 6 the respondents in Mengo Hospital, 68.6% responded — Agree or strongly agree to the statement whether Mengo Hospital disseminates its vision and mission through placards on notice boards in each department and 13.3% responded not sure. Also a total of 15.2% disagreed with the statement. The corresponding arithmetic mean and Standard Deviation were 3.7549 and 1.07306 respectively showing a high level of agreement. This implies that if efforts are geared towards communicating and promoting the hospital's vision to healthcare professionals, they will appreciate this vision and eventually change their work behaviours and attitudes towards better delivery of services. This creates a sense of togetherness and a communal duty that focuses at delivering holistic healthcare services as demanded by the Hospital’s Mission and vision. All staff will identify with a holistic picture of quality healthcare culture and thus employ a spirit of hard work. When there is good interaction between the hospital management and other employees, there will be contributions to team communication and collaboration, and encouragement of subordinates to accomplish the mission and objectives assigned by the organization, which in turn enhances delivery of quality healthcare services.

Collaboration must be present at all times in order to maintain a high working environment. Numerous studies can be found in the literature in which poor collaboration has resulted in AEs and poor patient outcomes (Despins, 2009; Propp, Apker, Ford, Wallace, Serbenski et al., 2010). These studies found that hospitals with structures where good nurse-physician collaboration and autonomous decision making are promoted had lower risk adjusted mortality than hospitals not reporting this structure.

On whether Mengo Hospital does not discriminate against, religious, ethnic, socio-economic status of patients, 80.9% of the respondents agree or strongly agree with the statement. This statement had a high mean of 4.1333 with SD of 1.08990 thus indicating a high level of agreement with that statement. This implies therefore that the hospital realizes the need to provide services to all patients despite their different religious and ethnic affiliations, socio-economic status and political inclination. This conforms to its operating principles which were mentioned in the Mengo Hospital 5 year strategic plan (2008). In order to deliver a quality
service, it is important therefore to treat all customers or patients equally by all staff and a culture that embraces such treatment is labeled a good hospital culture.

From table 6, 65.8% of the respondents agreed or strongly agreed to the statement that the hospital’s service delivery approach is considerate to patients’ emotional, physical and temporal needs. However, 13.3% disagreed or strongly disagreed with this statement. It means therefore that Mengo’s service delivery approach is thoughtful of the patients’ emotional, physical and temporal needs. This statement even fetched an arithmetic mean of 3.8069 with standard deviation of 1.14924. This implies that to a large extent Mengo hospital practices holistic delivery of healthcare service to its patients through identification of their needs from all angles.

Regarding as to whether Mengo Hospital management consults employees on critical healthcare decisions, only 36.7% of the respondents agreed or strongly agreed with the statement. Well as 40% disagreed or strongly disagreed with this assertion. This clearly shows that the levels of agreement and disagreement to this statement are below half of the responses. This means that healthcare professionals are not consulted about major healthcare decisions taken in the hospital which may negatively affect the way healthcare services are delivered. The mean generated from responses to this statement was 2.9903 and standard deviation of 1.27256. The results imply that the hospital management does not involve the employees in making critical healthcare decisions yet decisions about patient care are better-off made by a team, rather than by a few individuals (Nancarrow, 2007).

As to whether Mengo Hospital provides feedback to staff on clinical practices, majority of the respondents (68.6%) agreed or strongly agreed to the statement. 19% of the respondents however, disagreed or strongly disagreed with this statement. This statement had a mean of 3.6048 and SD of 1.08974 implying high degree of agreement. These findings are similar to those of previous authors who noted that interactions between healthcare professionals and management should be mutual if healthcare services are to meet expectations (Millward, 2005). These results indicate that the hospital management is to a high level good at instilling a culture of providing responses about clinical activities.
Regarding as to whether Mengo hospital has suggestion boxes in different departments, 73.3% of the respondents agreed or strongly agreed to the statement. This had a corresponding arithmetic mean of 3.8515 and standard deviation of 1.33373 indicating high level of agreement. The results thus show that the hospital values the opinions of the patients and staff to provide timely information of where services can be improved or applauded.

Aspects of ethics in any work environment that upholds holistic healthcare culture in hospitals is important. In the study, the respondents were asked whether Mengo Hospital has a strict policy on professional ethics. In response, 81% agreed with mean of 4.0777 and standard deviation of .96464. When the implicit and explicit values expressed by the hospital were unrelated to the workers’ personal moral values and professional ethics, moral distress emerges in the hospital. The results from the study indicate that the Hospital undeniably puts professional ethics at the forefront for better service delivery. The moral and ethical inconsistencies that led to moral distress included negative interactions with hospital administrators enacting policies they disagreed with, issues related to staff nurses, and poor behavior by other workers especially physicians. On issues of professional ethics, three studies focused on hospital employees (Gaudine & Beaton, 2002; Shirey, 2008). Particular situations that led to moral distress related to insufficient staffing for patient needs, difficulty reconciling professional ethics versus organizational ethics, and issues related to cost containment (Gaudine & Beaton, 2002; Raines, 2000; Shirey, 2008).

Regarding as to whether Mengo Hospital conducts regular staff training and development and in response, 59.5% agreed or strongly agreed with the statement. The mean was 3.4854 with standard deviation of 1.19645 implying that there were adequate training programmes for staff development. Swansburg and Swansburg (1999) stressed the importance of updating the management skills to be able to manage in the new evolving health environment. Lack of training or inadequate training could lead to unprepared employees who cannot identify with organization objectives and mission which could lead to poor healthcare services.

Regarding performance evaluation, majority of the respondents (74.3%) agreed or strongly agreed that Mengo Hospital evaluates staff performance. With a mean of 3.8238 and standard deviation of 1.06371 shows high level of agreement. One may conclude that the implementation
of the performance appraisal system is well enforced, and appraisal depends on when and how the individual employees perform. Employee performance appraisals are usually linked with organisational culture and values. This implies that the Hospital is concerned about the employees’ performance which in the end affects how healthcare services are delivered. This coincides with the crucial role of performance management in Hospitals which Martinez (2003) pointed out as absent or limited in national health systems of developing countries.

Results from this survey indicated that most employees (39.5%) chose to remain neutral when asked whether Mengo Hospital has a quality assurance department. Up to 35.8% agreed or strongly agreed while 21% disagreed. The arithmetic mean was 3.1980 and standard deviation was 1.15917 indicating mixture of responses, mainly ‘not sure’. This result means that the Quality Assurance department is either nonexistent or very dormant. The implication is that Mengo Hospital does not concentrate a lot on quality measurement and assurance. Yet organisational and quality audits are vital constituents of healthcare services. The audits may involve examining amenities and maintenance of other physical equipment (Gross, 2007).

Regarding as to whether Mengo Hospital rewards, recognises and promotes best performance, 46.2% of the respondents disagreed or strongly disagreed with the statement. Only 24.8% of the respondents agreed or strongly agreed. The mean was 2.6040 and SD was 1.23449 showing high level of disagreement. This result indicates that the Hospital’s remuneration policy is not satisfactory to many employees which may translate into dissatisfaction and hence low service levels provided in delivery of healthcare. This finding is similar to that of Jovic-Vranes et al (2007) in Serbia, where it was found that participants were dissatisfied with the degree of personal autonomy in clinical decision-making, the amount of time spent with patients and salaries. These findings differ from Jain et al (2009), whose results showed that dentists were significantly satisfied with their income. The issue of healthcare provider’ remuneration in developing countries is still a teething problem. Many a time, hospital managers do not have ultimate decision-making power on financial incentives to motivate health workers to perform better. The different groups of health workers according to this survey have differing opinions on the remuneration packages they receive. However, innovations to facilitate improvement of healthcare professionals’ salaries and wages include Occupation-Specific Dispensation which
has been put forward to address this matter to a certain degree. Literature has pointed out that dissatisfaction with income has a negative impact on the ability to “pay the bills” and a biased impact as in fulfilling dreams and personal aspirations this negatively impacts on the productivity of health workers.

Finally, results in the first objective indicated that Mengo Hospital emphasizes a professional dress code among staff as indicated by majority of respondents (88.6%). This came with a high mean of 4.2624 and standard deviation of .71617. This clearly shows that the Hospital minds a lot about staff attire to deliver services.

### 4.3 Objective 2: Analysing management and employees’ perceptions of their day today actions in enhancing better Healthcare service delivery.

This section presents information obtained from the questionnaire as regards the second objective of the study. It aimed at analysing management and employees’ perceptions of their day today actions in enhancing better Healthcare service delivery. The statistical information presented was obtained from the third section of the questionnaire completed by administrators, clinical and support staffs in Mengo hospital. Below in table 7 are descriptive statistics followed by inferential data:
<table>
<thead>
<tr>
<th>Statements</th>
<th>SD</th>
<th>D</th>
<th>NS</th>
<th>A</th>
<th>SA</th>
<th>Mean</th>
<th>SD</th>
<th>NR</th>
</tr>
</thead>
<tbody>
<tr>
<td>I clearly understand and relate to the hospital’s mission and vision</td>
<td>4</td>
<td>8</td>
<td>13</td>
<td>130</td>
<td>51</td>
<td>4.0485</td>
<td>.80096</td>
<td>4</td>
</tr>
<tr>
<td>Provision of healthcare services conforms to the hospital’s mission and vision</td>
<td>4</td>
<td>22</td>
<td>20</td>
<td>117</td>
<td>39</td>
<td>3.8168</td>
<td>.93634</td>
<td>8</td>
</tr>
<tr>
<td>I am allowed to participate in making decisions at relevant levels</td>
<td>30</td>
<td>56</td>
<td>20</td>
<td>94</td>
<td>10</td>
<td>2.9905</td>
<td>1.21785</td>
<td>---</td>
</tr>
<tr>
<td>My job allows for flexibility and improvement in the manner I carry out my duties</td>
<td>12</td>
<td>36</td>
<td>16</td>
<td>72</td>
<td>70</td>
<td>3.7379</td>
<td>1.25687</td>
<td>4</td>
</tr>
<tr>
<td>Hospital staff attitudes supports improved healthcare service delivery</td>
<td>8</td>
<td>12</td>
<td>8</td>
<td>121</td>
<td>57</td>
<td>4.0049</td>
<td>.94996</td>
<td>4</td>
</tr>
<tr>
<td>The hospital’s working environment motivates me to deliver better healthcare services</td>
<td>17</td>
<td>30</td>
<td>17</td>
<td>90</td>
<td>56</td>
<td>3.6571</td>
<td>1.23991</td>
<td>---</td>
</tr>
<tr>
<td>Colleagues prefer to work individually rather than as a group</td>
<td>68</td>
<td>70</td>
<td>34</td>
<td>26</td>
<td>12</td>
<td>2.2571</td>
<td>1.19831</td>
<td>---</td>
</tr>
<tr>
<td>I get more satisfaction when I achieve as an individual rather than as a group</td>
<td>63</td>
<td>58</td>
<td>16</td>
<td>39</td>
<td>34</td>
<td>2.6333</td>
<td>1.47834</td>
<td>---</td>
</tr>
<tr>
<td>Identifying and making efforts to understand patients’ needs enhances healthcare</td>
<td>12</td>
<td>4</td>
<td>---</td>
<td>97</td>
<td>97</td>
<td>4.2524</td>
<td>.99670</td>
<td>---</td>
</tr>
</tbody>
</table>
Table 7 above shows that most respondents agreed or strongly agreed that they clearly understood and related to the hospital’s mission and vision. This is represented by 86.2% of the total sample. With a mean of 4.0485 and standard deviation of 0.80096 which indicates a high level of agreement. On statement as to whether provision of healthcare services conforms to the hospital’s mission and vision, majority of respondents (74.3%) agreed and strongly agreed. With an arithmetic mean of 3.8168 and SD of 0.93634, this implies that most employees truly understand what the Hospital’s mission and vision mean and that they are influenced by the same as they perform their day today duties.

Regarding as to whether employees were allowed to participate in making decisions at relevant levels and in response, 49.6% either agreed or strongly agreed, with a mean of 2.9905 and standard deviation of 1.21785. This shows a low level of agreement of respondents on the fact that health workers are not involved in decision making. Studies have shown that work environments that provide more autonomy and less monotony are likely to influence job satisfaction. Employee participation in decision making may enhance motivation through power sharing and increased responsibility is perceived as a predictor of positive responses (Rabbani et al., 2009). Employee participation can afford individuals an opportunity to make key managerial decision that have an impact on other employees, thus increasing job satisfaction and performance. Herzberg’s two-factor theory suggests that intrinsic work factors such as employee recognition and skills development may increase job satisfaction.

The researcher inquired whether employees’ jobs allowed for flexibility and improvement in the manner they carried out their duties. In response, majority 67.6% of the respondents either agreed or strongly agreed with mean of 3.7379 and standard deviation of 1.25687 indicating strong agreement.

Regarding as to whether Mengo hospital staff attitudes supports improved healthcare service delivery, majority of the respondents (84.7%) agreed or strongly agreed to the statement with arithmetic mean of 4.0049 and standard deviation of 0.94996 meaning that there was high agreement level. The results here indicate that the staff in Mengo hospital have attitudes that are inclined at ensuring that the patient gets a good service.
Results indicated that Mengo hospital’s working environment motivates the staff to deliver better healthcare services. This is backed by a majority of 69.6% who noted that this was true as opposed to the 22.4% who disagreed or strongly disagreed with the assertion. This implies that the environment in which the healthcare service provider works has a bearing on how they deliver the service. If the environment is not conducive, the service levels may be affected. This is evidenced by the arithmetic mean of 3.6571 and a standard deviation of 1.23991.

On whether Colleagues prefer to work individually rather than as a group, 65.7% strongly disagreed or disagreed while only 18.3% agreed. This statement also had a low mean of 2.2571 and standard deviation of 1.19831 indicating high disagreement. It is also important to note that good Healthcare requires good team behavior, so it is also recommended that hospital administrators not only establish relationships within the Healthcare teams, but also work to improve these relationships to increase employee job satisfaction.

Similar to the above, respondents seemed to be divided on the issue of the whether they got more satisfaction when they achieved as an individual rather than as a group. In this respect 57.6% disagreed while only 34.8% agreed or strongly agreed and 7.6% were neutral. The mean was 2.6333 with a standard deviation of 1.47834. This implies that the culture of working and achieving together has been highly developed by the Hospital management and the staff understands the importance of working together in ensuring better service delivery.

Finally, a combined total of 92.4% of the employees sampled agreed or strongly agreed that identifying and making efforts to understand patients’ needs enhances healthcare. With a mean of 4.2524 and standard deviation of 0.99670, this indicates that there is high level of agreement. This result also means that the staff are certain that care and consideration of the patient’s needs is an important component of healthcare.
4.4 Objective 3: Assessment of the Utility of Historical Events, Artefacts, Rituals and Routines, Unified Values and Beliefs in Delivery of Healthcare Services in Mengo Hospital

This section presents the information obtained from the questionnaire regarding the third objective of the study. It aimed at assessing the utility of historical events, artefacts, rituals and routines, unified values and beliefs in delivery of healthcare services in Mengo Hospital. The statistical information presented was obtained from the fourth section of the questionnaire completed by administrators, clinical staffs and support staffs in Mengo hospital. Table 8 below shows the descriptive statistics followed by inferential data:

**Table 8: Descriptive Statistics for Assessment of the Utility of Historical Events, Artefacts, Rituals and Routines, Unified Values and Beliefs in Delivery of Healthcare Services in Mengo Hospital**

<table>
<thead>
<tr>
<th>Statements</th>
<th>Rank 1</th>
<th>Rank 2</th>
<th>Rank 3</th>
<th>Rank 4</th>
<th>Rank 5</th>
<th>Mean</th>
<th>SD</th>
<th>NR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commitment of Healthcare professionals towards patient’s needs</td>
<td>97</td>
<td>20</td>
<td>29</td>
<td>45</td>
<td>19</td>
<td>2.3762</td>
<td>1.46291</td>
<td>-----</td>
</tr>
<tr>
<td>Rewarding, promotion and recognition of best performance</td>
<td>45</td>
<td>54</td>
<td>40</td>
<td>12</td>
<td>59</td>
<td>2.9333</td>
<td>1.51715</td>
<td>---</td>
</tr>
<tr>
<td>Conducting continuous medical education and continuous professional development</td>
<td>93</td>
<td>26</td>
<td>23</td>
<td>19</td>
<td>41</td>
<td>2.4505</td>
<td>1.60844</td>
<td>8</td>
</tr>
<tr>
<td>Dress code of healthcare providers i.e. Physicians, Doctor, Nurses etc</td>
<td>62</td>
<td>29</td>
<td>25</td>
<td>40</td>
<td>46</td>
<td>2.8960</td>
<td>1.57533</td>
<td>8</td>
</tr>
<tr>
<td>Senior management</td>
<td>66</td>
<td>42</td>
<td>39</td>
<td>34</td>
<td>25</td>
<td>2.5631</td>
<td>1.39805</td>
<td>4</td>
</tr>
<tr>
<td>Support with focus on solving patients’ problems</td>
<td>(31.4%)</td>
<td>(20%)</td>
<td>(18.6%)</td>
<td>(16.2%)</td>
<td>(11.9%)</td>
<td>(1.9%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good interaction and coordination amongst hospital staff</td>
<td>64</td>
<td>46</td>
<td>50</td>
<td>27</td>
<td>19</td>
<td>2.4709</td>
<td>1.30164</td>
<td>4</td>
</tr>
<tr>
<td>Customer care and customer satisfaction activities</td>
<td>98</td>
<td>22</td>
<td>41</td>
<td>30</td>
<td>15</td>
<td>2.2330</td>
<td>1.36653</td>
<td>---</td>
</tr>
<tr>
<td>Availability of medical equipment, tools and medicines</td>
<td>105</td>
<td>29</td>
<td>33</td>
<td>20</td>
<td>15</td>
<td>2.0644</td>
<td>1.32365</td>
<td>4</td>
</tr>
<tr>
<td>Regular departmental, staff and management meetings</td>
<td>67</td>
<td>51</td>
<td>48</td>
<td>23</td>
<td>21</td>
<td>2.4286</td>
<td>1.30774</td>
<td>8</td>
</tr>
<tr>
<td>Performance evaluation of medical workers and other hospital staff</td>
<td>51</td>
<td>42</td>
<td>50</td>
<td>32</td>
<td>23</td>
<td>2.6667</td>
<td>1.32910</td>
<td>---</td>
</tr>
<tr>
<td>Freedom to devise timely solutions to patients issues</td>
<td>48</td>
<td>37</td>
<td>56</td>
<td>38</td>
<td>27</td>
<td>2.8010</td>
<td>1.33771</td>
<td>---</td>
</tr>
<tr>
<td>Patient care database and information system</td>
<td>59</td>
<td>34</td>
<td>65</td>
<td>33</td>
<td>19</td>
<td>2.6143</td>
<td>1.28993</td>
<td>---</td>
</tr>
<tr>
<td>Hospital’s physical infrastructure i.e. patient pathways, private rooms etc</td>
<td>60</td>
<td>52</td>
<td>53</td>
<td>26</td>
<td>19</td>
<td>2.4857</td>
<td>1.27256</td>
<td>---</td>
</tr>
<tr>
<td>Values of trust, integrity, loyalty,</td>
<td>87</td>
<td>20</td>
<td>56</td>
<td>31</td>
<td>16</td>
<td>2.3762</td>
<td>1.35067</td>
<td>---</td>
</tr>
<tr>
<td>Cultural Values</td>
<td>Count</td>
<td>Percent</td>
<td>Count</td>
<td>Percent</td>
<td>Count</td>
<td>Percent</td>
<td>Count</td>
<td>Percent</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>-------</td>
<td>---------</td>
<td>-------</td>
<td>---------</td>
<td>-------</td>
<td>---------</td>
<td>-------</td>
<td>---------</td>
</tr>
<tr>
<td>Compassion, justice, professionalism, empathy and dignity</td>
<td>67</td>
<td>(31.9%)</td>
<td>43</td>
<td>(20.5%)</td>
<td>43</td>
<td>(20.5%)</td>
<td>26</td>
<td>(12.4%)</td>
</tr>
<tr>
<td>Involvement of healthcare professionals in decision making</td>
<td>73</td>
<td>(34.8%)</td>
<td>47</td>
<td>(22.4%)</td>
<td>34</td>
<td>(16.2%)</td>
<td>41</td>
<td>(19.5%)</td>
</tr>
<tr>
<td>Patient safety awareness</td>
<td>100</td>
<td>(47.6%)</td>
<td>31</td>
<td>(14.8%)</td>
<td>37</td>
<td>(17.6%)</td>
<td>23</td>
<td>(11%)</td>
</tr>
<tr>
<td>Focus on quality of treatment, rehabilitation, counseling and nursing services</td>
<td>30</td>
<td>(14.3%)</td>
<td>54</td>
<td>(25.7%)</td>
<td>40</td>
<td>(19%)</td>
<td>38</td>
<td>(18.1%)</td>
</tr>
<tr>
<td>Religious affiliations, principles and backgrounds</td>
<td>105</td>
<td>(50%)</td>
<td>22</td>
<td>(10.5%)</td>
<td>22</td>
<td>(10.5%)</td>
<td>21</td>
<td>(10%)</td>
</tr>
</tbody>
</table>

From the survey, majority of the respondents (46.2%) pointed out that commitment of the healthcare workers towards patient's needs was critical in delivering quality healthcare services in Mengo hospital. However 9% of the respondents thought that this was unimportant. The distribution of responses is represented by a standard deviation of 1.46291 from a mean of 2.3762. These results indicate that majority of the respondents believe it is important for healthcare professionals to be focused on the patient needs in order to provide good healthcare services. This is in line with Appelbaum et al. (2010)’s assertions that building a patient centric culture which respects, preserves, thinks and acts towards enhancing the patients’ well being is a key propeller of quality service delivery.
From the findings, majority of the respondents were in agreement about the importance of rewarding, promotion and recognition of best performance in enhancing quality healthcare service delivery in Mengo hospital. In fact 33.8% thought that this was not important as compared to the 66.1% who thought rewards, promotion and recognition were important in healthcare service delivery. The mean was 2.9333 with a standard deviation of 1.51715. The implication here is that majority healthcare providers are concerned about the way the hospital rewards, promotes and recognizes best performance since they think this affects the way they perform their duties of healthcare service delivery. This is in line with what Caroll and Quijada (2004) pointed out that job satisfaction among healthcare professionals is increasingly being recognized as a measure that should be included in quality improvement programmes which are engineered by proper remuneration, recognition and promotion. This therefore implies that low job satisfaction due to poor reward and recognition cultures can result in increased staff turnover and absenteeism, which affects the efficiency of healthcare services.

Regarding the level of importance of conducting continuous medical education (CME) and Continuous professional development (CPD) in the delivery of quality healthcare services in Mengo hospital, Majority (67.7%) of the respondents agreed that CMEs and CPDs are important in enhancing the provision of quality healthcare service delivery whereas 28.5% of the respondents thought that these were not as important. It can therefore be deduced from the data that some respondents think that training is essential for quality healthcare service delivery. The mean was 2.4505 and a standard deviation of 1.60844 showing high level of agreement. The other implication is that career development determines the nature and quality of individuals’ lives, and the social and economic contribution they make. This was also elucidated by Appelbaum etal. (2010) that the formal training of healthcare professionals helps them pick valuable information about the values and beliefs which healthcare organisations uphold. This usually shapes their perceptions of the service culture in the organisation which eventually affects their behaviour. Training opportunities also provide individuals with prospects of further enhancing their skills and growing within the ranks of their career.
There were mixed responses on whether the dress code of healthcare providers i.e. Physicians, Doctor, Nurses and other staffs was essential in improving healthcare service delivery in Mengo Hospital. In fact, 40.9% did not think that the dress code was that important whereas 55.2% were in agreement that indeed the dress code had a contribution towards achieving quality healthcare service delivery. This gave a mean of 2.8960 and a standard deviation of 1.57533. This implies that healthcare workers are either not sure about the importance of the dress code or they think that it is professional attire and nothing more. Dress code among healthcare professionals is mandatory and it identifies the individual responsible for delivering the service. This means that a patient may be more comfortable to approach a Doctor in a clinical court for inquiries than one in plain clothes (Pratt and Rafaeli, 1997).

Regarding whether senior management support with focus on solving patients’ problems contributes to healthcare service delivery in Mengo Hospital, 70% of the respondents agreed it was indeed important whereas 28.1% thought otherwise. This implies that management should take keen interest in providing all relevant requirements needed by healthcare professionals to execute their duties. It also shows that whenever there is a detachment between the hospital management and healthcare professionals then disruption in service delivery may be unavoidable. Lack of senior management support could be evidenced by low satisfaction of health workers with remuneration as compared to the load of work, not being involved in decision making, more emphasis on non-clinical tasks rather in dedicating sufficient time to patient care.

Regarding whether good interaction and coordination amongst Mengo hospital staff contributes to healthcare service delivery, 76.2% of the respondents agreed that it is important to have healthy relationships among the hospital staff to provide favourable environment for delivery of quality healthcare services. Only 21.9% did not think that good interaction and coordination among hospital staff was not of really important in enhancing quality healthcare service delivery. The mean of 2.4709 and standard deviation of 1.30164 shows strong divergence in responses. A number of studies have concluded that team work leads to a higher level of healthcare service delivery, job satisfaction, increased patient safety, improved patient care and increased patient satisfaction. A study by Kalish et al (2005) in the USA tested an intervention to promote
teamwork and engagement among nursing staff in a medical unit of an acute care hospital. The results of this study indicated that the intervention increased staff relations, improved teamwork and decreased staff turnover. Introducing team-building activities which promote coordination among staffs in hospitals can result in stronger interpersonal relationships, improved staff communication, understanding and clarity of roles. Therefore a culture of maintaining open communication and better coordination, as well as avoiding possible conflicts, promotes healthcare service delivery.

On whether customer care and customer satisfaction activities were in anyway important in healthcare service delivery in Mengo hospital, 76.7% agreed that it is important whereas 21.7% did not see any relevance to healthcare service delivery. On whether the availability of medical equipment, tools and medicines was important at all in enhancing quality healthcare service delivery, 79.5% agreed with the statement and only 16.6% thought otherwise. This means that the majority of the healthcare workers believe that adequate medical supplies in the healthcare services are very crucial. So the culture of ensuring constant supply of consumables and equipment should be encouraged by management to avoid any possible interruption in service provision.

On whether the respondents thought that having regular departmental, staff and management meetings in Mengo Hospital was important in contributing to healthcare service delivery, 79.1% were affirmative to the statement, whereas 21% thought otherwise. The results indicate that majority of the health workers understand the importance of having communal discussions on the matters arising in the performance of their duties. These are norms that are developed within the organisation to create space for interaction of different individuals to act as a group with a common agenda. Continuous staff and healthcare service evaluations and monitoring of workers can be useful to determine aspects of the services that need improvement in healthcare services. Involving staff in a cooperative, team approach will allow for consideration of ways to improve aspects relating to innovative approaches of tackling patient illnesses / problems. Improving the work environment so that it provides a context in line with the aspirations of healthcare professionals is likely to improve healthcare services and consequently have a positive effect on individual, organizational and quality of Healthcare services in Mengo hospital.
The responses on whether freedom to devise timely solutions to patients’ issues is a contributory factor to quality healthcare service delivery in Mengo Hospital, 67.2% found it important whereas 31% thought this was not important at all. This means that majority of the respondents agree that restrictive work environments with bureaucratic structures has a way of hampering healthcare service delivery. So a culture of collaborative and less strict environment in hospitals should be put in place for smooth service delivery. According to Smith (2002), people respond unfavorably to restrictive work environments so it is imperative for organizations to create working environments that give employees the ability and freedom to worker to think, engage and create relevant solutions to customer issues. Ayers (2005) suggests that the work environment should motivate employees to perform at their best and show commitment to the organization, enhancing work conditions to support the organization’s mission and thus impacting on the delivery of service. The conditions under which jobs are performed can have as much impact on the health worker’s effectiveness, comfort and safety as the intrinsic details of the task itself.

75.3% are of the view that patient care database and information system is as useful in enhancing healthcare service delivery in Mengo Hospital as the physical infrastructure which is attested to by 78.1% of respondents. However 21.4% and 22.4% do not agree to this assertion respectively. This implies that the patient care databases and the hospital infrastructure are key components of the healthcare package. The implication here is that it may not only be the people serving the patients that are seen as the only aspect in healthcare service delivery, the physical layout of the hospital premises in favour of the patient needs and requirements offer better services that those whose layout turns out to be inconveniencing.

77.6% consented to the fact that values of trust, integrity, loyalty, compassion, justice, professionalism, empathy and dignity, have a vital role they play in delivering quality Healthcare services in Mengo Hospital whereas 22.4% think that these are not important. According to the results, it means that despite the few who still believe that ethics are not any important in delivering healthcare services, the majority of the respondents are positive that there is a big role played by ethics.
72.9% of the respondents sampled were of the view that involvement of the healthcare professionals in decision making was very critical in the delivery of quality healthcare services in Mengo Hospital. And only 27.2% were not convinced that involvement of health workers in decision making had any importance in the delivery of Services. This means that decisions made in the hospital setting mainly affect those that are actively engaged in service delivery and if they are left out of the circles of decision making, a lot of important ideas that concern patient’s welfare may be ignored and thus the final consumer who is the patient will not benefit from the decisions made by top management. It therefore means that if the decision making aspect does not involve healthcare professionals, it may affect their identification with the hospital’s mission and objectives. Once the healthcare professionals don’t identify with the hospital’s mission the essence of organizational culture would be curtailed. The implication is that priority should be given to improving relationships between management and staff and increasing decision-making latitude among staff members. Developing staff and empowering them to make decisions about their work is necessary to achieve quality outcomes.

On whether patient safety awareness contributed to quality healthcare service delivery in Mengo Hospital, 73.4% of the respondents were in agreement that this was important in enhancing healthcare service delivery whereas 26.6% showed that it was not important to get concerned with patient safety awareness in this regard. This also brings out the fact that majority of the healthcare workers know how important it is for them to be aware of the patient's safety so as to avoid further damage to the person's life.

On whether focus on quality of treatment, rehabilitation, counseling and nursing services were important in contributing towards quality healthcare service delivery at Mengo Hospital, results indicated that 73.4% were indeed in agreement with the statement the it was important and only 20% thought it was not. This also means that the arithmetic mean had to be low 2.1905 and SD of 1.37019. It is therefore clear that emphasizing the quality of treatment, rehabilitation, counseling and nursing services are all critical elements in healthcare service delivery.
59% of the respondents thought that religious affiliations, principles and backgrounds were important in healthcare service delivery at Mengo Hospital whereas 37.1% were not convinced of their importance. The arithmetic mean was 3.0198 whereas the standard deviation was 1.36028. The results indicate the respondents were almost divided on whether religious affiliations, principles and backgrounds contribute to the delivery of services.

76.2% of the respondents were in support of the fact that Ethics and professionalism were important ingredients in as far as delivery of healthcare services in Mengo hospital are concerned. Only 21.9% were negative about this assertion. The results therefore point out that maintaining a culture with a high degree of ethics and professionalism enhances the quality of healthcare services provided to the patients. It is through ethics and professionalism that patients are given value for their money and satisfaction that the visit to the hospital was worthwhile. With a mean was 2.1650 and SD was 1.44895 shows that ethics and professionalism play a key role in healthcare service delivery.

4.5 Correlation results
To interpret the correlation findings, the correlation coefficient (r) was used to determine the strength of the relationship between organisation culture and Health service delivery in Mengo Hospital. The sign of the coefficient $r$ was used to determine the nature of change in the variables. The significance of the correlation coefficient (p) tested the hypothesis.

Table 9: Correlation between organisation culture and Health service delivery

<table>
<thead>
<tr>
<th></th>
<th>Correlations</th>
<th>Organisation culture</th>
<th>Health service delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisation culture</td>
<td>Pearson Correlation</td>
<td>1</td>
<td>.547</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>210</td>
<td>210</td>
</tr>
<tr>
<td>Health service delivery</td>
<td>Pearson Correlation</td>
<td>.547</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>210</td>
<td>210</td>
</tr>
</tbody>
</table>
Table 9 above show a moderate positive correlation ($r = 0.547$) between organisation culture and health service delivery. This finding was subjected to verification by comparing the significance of the correlation ($p = .000$) to the recommended significance at 0.01. Given that the p-value was less than 0.01, and the data obtained from this survey indicates that the correlation coefficient ($r = 0.547$) which is significantly (P<0.01) different from zero. In other words there is a moderately positive relationship between organisational culture and healthcare service delivery.

Interpreting the moderate and positive relationship, the findings show that a moderate change in organisation culture factors in Mengo hospital is related to a moderate change in health service delivery. This thus means that this change does not rule out other factors. As for the positive nature of the relationship, the findings show that both variables change in the same direction whereby better organisation culture is related to improved healthcare service delivery, and inadequate and unplanned organisation culture will lead to poor healthcare service delivery in the hospital.

### 5.6 Multiple Regression Analysis

**Table 10: Variables Entered/Removed**

<table>
<thead>
<tr>
<th>Model</th>
<th>Variables Entered</th>
<th>Variables Removed</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Organisation culture a</td>
<td>.</td>
<td>Enter</td>
</tr>
</tbody>
</table>

a. All requested variables entered.
b. Dependent Variable: healthcare service delivery

**Table 11: Model Summary**

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.311 a</td>
<td>.096</td>
<td>.392</td>
<td>1.02424</td>
</tr>
</tbody>
</table>

a. Predictors: (Constant), Organization culture
Regression analysis was conducted on health service delivery as the dependent variable and organisation culture as the independent variable. Results of regression analysis indicate adjusted $R^2$ of 0.392 and F-value 20.708 ($p<0.000$) with independent variable.

Adjusted $R^2$ of 0.392 reveals that 39.2% of total variance of health service delivery is explained by pre-specified bundles of organisational culture variables. That means that the organisation culture when combined well in the model can account for 31.5% of total variance in dependent variable: healthcare service delivery. It is of interest to note that organisation culture variables emerged as the good predictor of health service delivery.
5.7 Factor analysis of healthcare service delivery
Assessment of job satisfaction was determined with twenty questions.

*Table 13: Rotated Factor Matrix for aspect of healthcare service delivery.*

<table>
<thead>
<tr>
<th>Health service delivery</th>
<th>Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Motivation and concern for welfare</td>
</tr>
<tr>
<td>Concern for employees’ well-being</td>
<td>0.638</td>
</tr>
<tr>
<td>Praise with the level of trust</td>
<td>0.626</td>
</tr>
<tr>
<td>Forms of motivation</td>
<td>0.574</td>
</tr>
<tr>
<td>Improve working conditions</td>
<td>0.517</td>
</tr>
<tr>
<td>Working hours</td>
<td>0.500</td>
</tr>
<tr>
<td>Existing control</td>
<td>0.454</td>
</tr>
<tr>
<td>Rewards (better pay for the work)</td>
<td>0.450</td>
</tr>
<tr>
<td>The number of assignments</td>
<td>0.420</td>
</tr>
<tr>
<td>The workload should be reduced</td>
<td>0.314</td>
</tr>
<tr>
<td>Management of the organizational</td>
<td>0.197</td>
</tr>
<tr>
<td>Change of superior’s leadership style</td>
<td>0.341</td>
</tr>
<tr>
<td>Provided feedback to</td>
<td>0.311</td>
</tr>
<tr>
<td>workers</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Engage workers in decision-making process</td>
<td>0.319</td>
</tr>
<tr>
<td>Reliability of employment (job security)</td>
<td>0.344</td>
</tr>
<tr>
<td>Opportunities for promotion</td>
<td>0.097</td>
</tr>
<tr>
<td>One’s status in the organization</td>
<td>0.129</td>
</tr>
<tr>
<td>Training possibilities</td>
<td>0.110</td>
</tr>
<tr>
<td>Professional development</td>
<td>0.443</td>
</tr>
<tr>
<td>Cooperation with Co-workers</td>
<td>0.208</td>
</tr>
<tr>
<td>Good interpersonal relations</td>
<td>0.179</td>
</tr>
</tbody>
</table>

The researcher tried to reduce the number of variables with principal component analysis. The four factors extracted from the principal component analysis for Healthcare service delivery explained 64% of Healthcare service delivery variance (see Table 13 above). The first factor explained as much as 35% of the entire variance; the second factor explained 12%, the third factor 9%, and the fourth factor 8%. The researcher decided to call the first factor motivation and concern for the welfare. In this factor, 9 items were ranked including both material and non-material motivation, with an emphasis on encouragement, praise, trust, control, punishment, and working conditions.

The second factor was called leadership style. In this factor, 6 items were ranked including leaders, leadership style, decision making, and feedback. The third factor was called Health workers’ professional development. In this factor, 3 items were ranked covering education opportunities, status in the Hospital, and development. The fourth factor was called cooperation and interpersonal relations. In this factor, 2 items were ranked including relationships with co-workers, leaders, and cooperation between healthcare team members. So an organisational culture that embraces an inclusion and participatory leadership style is more favourable for
healthcare service delivery since collaboration of both management and healthcare workers is seen as a key driver in this aspect.

Employees ranked ten most important factors influencing their job satisfaction and the most important factors were good workplace relationships, followed by rewards/pay, for promotion, training possibilities, superiors’ encouragement for work, good working conditions, praise from the superiors; opportunities work responsibility and professional challenges, work-connected freedom and independence, and more free time. Therefore a culture that focuses on satisfying the needs of healthcare professionals raises the level of service delivery.
CHAPTER FIVE
SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction
This chapter presents the conclusion and recommendations of the study. It also suggests areas for future research.

5.1 Summary of findings
This study sought to determine the role of organisational culture in Healthcare service delivery in Mengo Hospital. The first objective of this study was to examine the actions of Mengo Hospital administration in fulfillment of their core value of provision of holistic healthcare services. From the survey that was undertaken, the data analysis and interpretation revealed that the Hospital management was doing some work in terms of disseminating its vision and mission to all departments which was one of the artefacts revealed in the literature by Appelbaum et al. (2010) as a good reminder to healthcare professionals to commit towards achieving the hospital's major goal. Since organisational culture is all encompassing, the Mengo Hospital management wants all its staff and healthcare professionals work towards achieving its mission and vision and it’s for the same reason that placards of this mission are hang on the walls of different departments to unify all individuals under the same mentality of service delivery. This is in line with what Mitchell & Pattison (2012); Martins & Terblanche (2003) and Davies et al. (2000) who appreciated the fact that organisational culture has to be a cohort of common values, beliefs and behaviours.

For an organisation to cultivate a culture of service delivery, its strategic direction should point at activities which dictate a certain way of behaviour emphasizing values and beliefs of that organisation. The findings from the first objective show that all the activities are engineered at strengthening a certain culture. This culture in Mengo Hospital does not allow for discrimination of the patients in terms of status, all patients' needs are considered, critical decisions are made without consultation of healthcare personnel, management resubmits to staff on clinical matters, administrators are ready to receive complaints from patients and staff, the hospital has a policy that emphasizes professional ethics, Mengo hospital conducts staff training and development, evaluates staff performance, the quality assurance department is either non-existent or dormant, Mengo hospital rewards, recognizes and promotes best performance and emphasizes a
professional dress code. All these activities are predominantly meant to improve healthcare services and are customarily carried out to ensure that all members are acquainted with standard ways in which things are done. This is in tandem with authors who labeled organisational culture as "the way things are done" in an organisation (Pees et al., 2009). Results in table 6, indicate that Mengo hospital's culture is not really shared by all individuals though to a minimal degree and it could be due to either more personal issues or management inconsistencies which the members don’t identify with. Healthcare service providers have a duty to promote healthcare service delivery in hospitals. It was found that there was a lack of rewards, independence, clarity of purpose and vision; patience care and dignity from workers’ perspectives and a practical definition grounded in workplace experiences has been provided. The organization culture factors that threaten and promote healthcare service delivery, relating to the hospital environment, staff behaviour and patient factors have been identified and incorporated into a model representing all these dimensions and their relationships. This is in agreement with Wade’s (2009) model of holistic healthcare which rotates around providing healthcare services which react and appreciate all factors relevant to health or sickness of a person.

The second objective was to analyse the management and employees’ perceptions of their day today actions in enhancing better Healthcare service delivery. In this study, findings have shown that the hospital mission and vision is understood by 86.2% of the respondents sampled. And they have a clear crosscut view of whether the hospital management supports and conforms to this mission or vision. A number of scholars have indicated the importance of healthcare professionals perceiving and sharing a common understanding of values and duties in its contribution to healthcare service delivery. This perception sheds more light on the current behaviours and management practices of Mengo hospital as suggested by Olukoga et al. (2010). In this study, findings have shown that the hospital mission and vision is understood by 86.2% of the respondents sampled. And they have a clear crosscut analysis of whether the hospital management supports and conforms to this mission or vision. A number of scholars have indicated the importance of healthcare professionals perceiving and sharing a common understanding of values and duties in its contribution to healthcare service delivery. There are organisational issues that cannot go unnoticed by healthcare professionals yet hospital management gives little or no consideration to these. Having a unanimous perception of the prevailing conditions is important to healthcare service delivery because it exposes gaps,
evaluates processes and structures and eventually corrects mistakes made. As put forward by Robson (2004), people tend to behave the way they do depending on how they perceive situations. This in the end culminates into a culture appreciated by the entire community or members of Mengo Hospital. From the survey results, it was perceived by majority of Mengo hospital staff that healthcare professionals are not fully involved in key decisions pertaining to service delivery yet Kristina and Anderson (2005) insisted that health workers in a healthcare institution should be involved in decision making to ensure efficient provision of services. Literature was indeed right to point out that Hospital management support for health workers to take rational decisions concerning patient care was dithering (Kapiriri and Martin, 2006). This could be due to that fact that in most cases management thinks that decision making is their sole responsibility and that involving health workers could dilute their authority and thus weigh down on their performance. This autonomy therefore only represents the views and perspectives of the individuals in management and ignores the important views of the people actively involved in the service. This approach may not translate to a holistic healthcare package which the Mengo hospital 5 year strategic plan (2008) emphasizes to be its vision. It is therefore important for Mengo hospital’s management to ensure that its routines and rituals embrace a mechanism that support the healthcare professionals in making decisions to inculcate the culture of involvement for better delivery of services.

In the final and third objective of this study, the task was to assess the utility of historical events, artefacts, rituals and routines, unified values and beliefs in the delivery of healthcare services in Mengo Hospital. Below are the discussions of the findings collected;

5.1.1 Routines and Rituals verses Patient Centric care

Data analysis revealed that the routines and rituals practiced in the healthcare setting such as commitment to patient needs, customer care, patient safety awareness, focus on quality treatment, rehabilitation, counseling and nursing services were viewed by respondents as vital instruments contributing to a patient centric culture of healthcare service delivery. This emanates from the fact that all these elements are directed at the end user of the service who is the patient and the very reason for carrying out this service is to ensure that they get what they paid and came for in the health institution. This resonates well with what Shah et al. (2006) put forward that for patients to be satisfied with the service, it requires commitment from the health workers
part to concentrate on the patients’ needs. This indeed is a patient’s prerogative which should be inculcated in the Mengo hospital culture.

5.1.2 Routines and Rituals verses Management Support
As indicated by the data analysis and interpretation, senior management support, regular meetings and involvement of healthcare professionals in the decision making processes were identified by the majority of respondents as major components of delivering quality healthcare services in Mengo hospital. The findings here direct attention to having structures and systems in the hospital which draw a balance between management obligations and health workers demands, involvement and support in performance of their duties. As pointed out by Mannion et al. (2005), healthcare service delivery will only be worthwhile if the routines and rituals set by hospital management mix well with the work schedules and work preferences of the healthcare professionals. This is because if there is a lack of correspondence between the two parties, service delivery will be disrupted (Sakyi, 2008a, b). Further still, if management actions do not appear to appreciate the work done by healthcare professionals, the latter will get discouraged and in the end offer a service that depicts such dissatisfaction to the detriment of the patients. From the survey, it appears that Mengo hospital management distances itself from the healthcare professionals who are actively involved in the service delivery, decisions are made without the latter’s involvement and this was interpreted by the healthcare professionals that their efforts are not appreciated by management. This however is a culture that Mengo Hospital needs to change because literature has it that leadership support to employees is a key ingredient in enhancing quality improvements in healthcare settings (Walmsley and Miller, 2007).

5.1.3 Artefacts and Human Resource Performance
From the survey conducted, the data analysis pointed out that to achieve quality healthcare service delivery, the important aspects of; dress codes, rewarding, promotion and recognition of best performance, Continuous Medical Education(CME) and Continuous Professional Development(CPD), availability of medical equipment, tools and medicines, performance evaluation, physical infrastructure in Mengo hospital should not be ignored. These finding indicate that these artefacts have a way of influencing the way healthcare professional deliver services. Appelbaum et al. (2010) and Davies et al. (2000) rightly noted that artefacts such as those mentioned above provide a symbolic commitment to healthcare service delivery. This is
because the dress code used by healthcare professionals suggests their commitment to offering the services to whoever is in need of their help. The rewards, promotion, recognition of best performance and carrying out performance evaluation suggests that hospital management is in support of those individuals who provide laudable services to patients and all other staff will similarly want to achieve such honours thus enacting the culture of top performance across the entire hospital. CMEs and other trainings for healthcare professionals points to the fact that the Hospital is committed to helping its staff reach the heights of their abilities thus stimulating growth and development of skills. Availability of medical equipment, tools and medicines and the layout of physical structures are other artefacts that symbolise the commitment to deliver timely and quality healthcare services which a focussed at the patients’ welfare.

5.1.4 Artefacts and Information processes
The flow of information also symbolises how swift you want the patient flow to move. According to the survey, data analysis revealed that good interaction and coordination of hospital staff, patient care databases and information system have an important role to play in delivering quality healthcare services in Mengo hospital as indicated by the majority of respondents. This is puts are artefacts such as posters, placards, bill boards, sign posts, computer information systems and name and door tags at the realm of disseminating relevant information to both the healthcare service provider and the patient about the processes involved during service delivery. It is important because it provides timely information to the healthcare professional to render timely services as postulated by Reynolds (2013). This avoids delays, patient inconvenience and frustration in the system which may be caused by long waiting lines, slow information delivery and delayed medical reports. Ababaneh (2010) also noted that implementation of effective information systems in hospitals can impact greatly on the quality levels of care, patient outcomes and elimination of errors.

5.1.5 Values and beliefs verses Innovation management
From the data analysis and interpretation, it was clearly brought out from majority of the responses that values of trust, integrity, loyalty, compassion, justice, professionalism, empathy and dignity, and the freedom to make timely decisions on patient issues were important in the delivery of healthcare services in Mengo hospital. These results indicate that patients want to be looked at as human beings rather than commodities. They therefore require that the healthcare
professional expresses interest in knowing and understanding the hardships they are going through and immediately devise solutions to alleviate these problems. This is in tandem with what Duncan and Breslin (2009) suggested in the literature that was reviewed. So the hospital’s culture of handling the patients as they come should be left to the discretion of the healthcare professional. Martins & Terblanche (2003) also pointed at socialising and policy as tools that can be used to learn best practices and foster innovation of better methods of delivering services.

5.1.6 Historical Events verses Human Resource performance
According to the survey results, 59% of the respondents pointed out that historical events such as religious affiliations, principles and backgrounds were important in the delivery of healthcare services in Mengo Hospital. This result suggests that only slightly above the half mark of respondents saw its significance which indicates that it is not as important to the healthcare professionals as compared to other factors already discussed. Stories about the past events may affect the performance of some individuals where as others may not react from hearsay. It was however noted under this same theme that Ethics and professionalism was highly ranked by respondents in enhancing quality healthcare services. According to Carney (2011), a number of authors rightly commented that it is the healthcare professional’s mandate to ethically deliver healthcare services as per their career background which puts ethical values of safe care at the forefront. Mengo hospital is no exception of ethical conduct that should be practiced by all staff to ensure that patients receive maximum customer satisfaction at all times or else misconduct of medical personnel can result into loss of life and customer which paints a wrong picture for the entire organisation as onlookers may think all staff in the hospital behave the same. Professionalism was also identified to be beneficial to the patients since the health workers mostly depend on it to provide a worthwhile service.

5.2 Conclusions
This study examined the role played by organisational culture in delivery of quality healthcare services in Mengo Hospital. It was intended to determine the role of organisational culture in Healthcare service delivery in Mengo Hospital using a cross sectional research survey design which would involve all stakeholders in the Hospital including the Healthcare service providers (doctors, nurses, radiographers, dentists, e.t.c.) and the Hospital management. This was in relation to the paradox that the management team faces as to whether all Mengo Hospital staff
and employees of the including; cleaners, technicians, physicians, medical practitioners and top management fully understand, share and embrace the same principles, values and beliefs under a unified organisational culture in the provision of quality healthcare services.

Therefore in instilling the culture of holistic healthcare service delivery, Mengo Hospital has instituted artefacts such as placards were used in the dissemination of the hospital vision and mission in all departments which depict the cultural values that management expects all hospital employees to practice. It was further noted that the hospital culture does not discriminate against its clients on any grounds and all patient needs are generally given adequate attention. Results however show that administrative wing of the hospital does not consult with healthcare professionals on key decisions but provide and receives regular feedback on clinical practices even through suggestion boxes. The policy on observing ethical behaviour and practices appears to be in place and well enforced. Staff training in service improvement also seems to be regular in the cultural setup of the hospital and staffs are regularly appraised on performance. However, the hospital’s quality assurance department leaves a lot to be desired and is lacking in many ways. The hospital’s rewarding systems seem to be rather weak. The hospital also emphasises professional attire during service delivery.

The hospital’s vision and mission was well understood and shared by staff who however, felt rather left out in the decision making processes. The hospital also allows for flexibility in carrying out healthcare tasks. Staff attitudes were greatly in support of improvement interventions in regards to quality healthcare service delivery. The health workers also perceived the hospital’s work environment to be conducive for healthcare service delivery. Healthcare workers also preferred working as a team rather than as an individual. And it was generally agreeable that efforts to understand the needs of the patient have a positive impact on healthcare service delivery.

On the utility of the role played by historical events, artefacts, rituals, routines, values and beliefs in the delivery of healthcare services, it can be concluded that reward structures and systems, training, good interpersonal relations, customer care, regular feedback, freedom for timely interventions, up to date information systems, ethical considerations, involvement in decision making, patient safety and awareness and quality treatment, rehabilitation and nursing services when inculcated into the culture of the hospital are very important in the delivery of healthcare
services. On the other hand, the dress code, religious affiliations and commitment of healthcare professionals were not considered to be as fundamental in the delivery of these services.

The study finally found that organisational culture was existent in the hospital but its role in service delivery was barely or partially understood by the medical practitioners. The study further found that although Mengo hospital envisioned having a holistic healthcare service culture, it still did not qualify to this level due to the loop holes of; non involvement of health workers in decision making. This is a culture that may lead to de-motivation of health workers and consequently damage the way services are delivered. It was also discovered that the culture of quality measurement and evaluation was neglected by the Hospital; this was evidenced by lack of an active quality assurance department. This could indicate that the hospital in not mindful of following up on the quality of healthcare provided to patients. From the survey, it was also discovered that Mengo hospital’s rewarding and remuneration structure was weak and still lacking as per the data collected. This may point to the reason why only 18.6% of the respondents’ tenure goes above 10 years of service which reflects a low rate of retention of employees.

All the cultural web elements indicated in this study were however highlighted by the respondents as playing a very vital role in provision of quality healthcare services. In view of these findings, the study therefore concludes that organisational culture plays a very important role in healthcare service delivery in Mengo Hospital. This means that elements of the cultural web such as historical events, artefacts, routines, rituals and values and beliefs are fundamental in enhancing patient centric, management support, human resource performance, information processes and innovation management in Mengo Hospital.

5.3 Recommendations
As per the issues that have been pointed out in this survey, the researcher recommends that;

(i) Although the hospital disseminates its vision and mission through placards displayed on notice boards, this may limit the way it is comprehensively interpreted and applied in the course of carrying out healthcare services. Management should therefore consider a more involving and efficient means of participation through regularly arranging “mission and vision days” for all staff to allow for appreciation of the hospital culture. This will ensure
that the hospital's mission and vision does not appear farfetched to the healthcare professionals but are values and beliefs appreciated by the entire body.

(ii) If healthcare services are to improve, Hospital management should ensure that they do not work in isolation. The hospital culture of management not consulting healthcare professionals on key clinical decisions may lead to ignoring pertinent issues which directly affect the way a service is delivered. Management should therefore cultivate a culture that facilitates clear lines of communication and information sharing between management and the healthcare professionals in order to streamline the way things ought to be done. Coordination among these parties will create lasting solutions to patient problems and eventually contribute to healthcare service delivery.

(iii) Although rewards may not necessarily be a motivating factor for improvement of performance of healthcare professionals, it is important to streamline reward structures and systems in such a way that it facilitates behavioural change that gears towards quality service improvement. Recognition of best performance through remuneration packages and promotions indicates a culture that is focused at improving quality healthcare service delivery. Whenever healthcare professionals realise this effort, they will also commit their skills at provision of the best possible services to the patients.

(iv) Perceptions of individuals are a key component of establishing an organisational culture. Although Mengo hospital provides a general picture of the required standards and principles, individual thoughts, understanding and perception of the present culture seem to differ. Although majority of the healthcare professionals understand how important it is to provide a quality services to their patients, they do not really conceptualise how their actions affect the way services are provided from the organisational point of view. Dissemination of values and beliefs which are important for healthcare service delivery by the hospital management will ensure that all staff truly understand and conceptualise what is required of them. Perceptions are a representation of the attitudes expressed in delivery of services which is also a key component of organisational culture.
(v) The utility of organisational culture aspects such as artefacts, historical events, rituals and routines, unified values and beliefs in the provision of healthcare services in Mengo hospital is not purely understood by a number of healthcare professionals. This is because the study has received mixed responses on issues proved by other scholars to be vital in healthcare service provision yet respondents argued otherwise. It is therefore important for Hospital management to plainly elucidate them in more simplistic values which are embedded in the day today tasks that healthcare professionals practice such as commitment, timely and good interventions, customer care, availability of equipment and supplies, values of trust, integrity, loyalty, compassion, empathy and dignity, decision making frameworks to mention but a few. All these aspects when routinised will form an organisational culture that focuses on quality healthcare service delivery.

(vi) Although Mengo Hospital has a performance appraisal policy in place, it has not instituted a quality assurance department to follow up on this performance to conform to acceptable quality standards. A culture of quality measurement and assurance should be developed by the hospital through having an independent quality assurance department with a fully fledged wing which measure the quality of both clinical and management performance. This will tentatively create a culture which focuses on the patient well being and in the end improve quality healthcare service delivery.

5.4 Suggestions for Future Research

This study may serve as a base for future studies in different hospitals on a larger scale. Further analysis can also be done on a national level to find out whether the same concept of organisational culture applies to other healthcare institutions in Uganda.

Further research can be conducted using other models of organisational culture other than the cultural web in African countries and the role it plays in other sectors other than the healthcare sector.

Researchers can also try to examine ways through which organisational culture can be utilized to improve individual performance of employees.

More scientific models of measuring organisational culture in different organisational settings can also be given academic consideration by scholars.
REFERENCES


Cameron, K.S. and Quinn, R.E. (1999), Diagnosing and Changing Organizational Culture Based on the Competing Values Framework, Addison-Wesley, Reading.


Deal, T.E. and Kennedy, A.A. (1982), Corporate Cultures: The Rites and Rituals of Corporate Life, Addison-Wesley, Reading, MA.

Department of Health (2012). "The power of information: putting all of us in control of the health and care information we need." London: DH.


Greenberg D, Siebzehner MI, Pliskin JS. (2009). "The process of updating the National List of
Health Services in Israel: is it legitimate? Is it fair?" International Journal of

Innovations in Health Service Organisations: A Systematic Literature Review.” The
Milbank Quarterly, Vol. 82, No. 4, (pp. 581-629) Oxford: Blackwell.


Gross, Z, 2007. Hospital careers sector: A career as a specialist radiopharmacist, in
http://www.pharmj.com/students/tp2007/p18radiopharmacist.html

“Developing and Testing a Model to Predict Outcomes of Organizational Change.”
Health Services Research 38(2):75 1- 76.

between culture, climate and quality of care in primary Healthcareteams”, Family

Harris, G., Olukoga, T. and Olasinde,A.A. (2010), “Analysis of the perception of institutional
75-87.

Oxford: Oxford University Press.


Mengo Hospital’s five year strategic plan (2008) - 2008-2013 pp. 1-72


Nathan, S., Harris, E., Kemp, L. & Harris-Roxas, B. (2006). "Health service staff attitudes to community representatives on committees." Journal of Health Organization and Management Vol. 20 No. 6, pp. 551-559


ROLE OF ORGANISATIONAL CULTURE IN HEALTHCARE SERVICE DELIVERY IN MENGH HOSPITAL

Dear Respondent, I am carrying out a survey on the role of organisational culture in healthcare service delivery in Mengo Hospital. This is an academic study in which the researcher has randomly selected you to take part. You are NOT required to write your name on the questionnaire and results of this survey was classified for academic purposes only. It is at your discretion to participate in this study.

Section A: Biographical Data

Please tick the option that best explains your position on each of the following statements.

1. Gender
   a) Male □ □ □
   b) Female □ □ □

2. Age bracket
   a) 18–25 yrs □ □ □
   b) 26 – 35 yrs □ □ □
   c) 36 – 45 □ □ □
   d) 46 – 55 □ □ □
   e) over 55 □ □ □

3. Years worked in Mengo Hospital
   a) 1–5 years □ □ □
   b) 6–10 years □ □ □
   c) 11–15 □ □ □
   d) 16–20 □ □ □
   e) over 21 □ □ □

4. Department / Unit / Section……………………………………………………

5. Capacity in which you serve
   a) Administrative □ □ □
   b) Clinical □ □ □
   c) Others □ □ □
Section B: Mengo Hospital’s strategies to enhance a holistic culture of healthcare

Please present your view on the following statements by ticking or circling one of the five options below which best explains your response;

SD = Strongly Disagree    D = Disagree    N = Not sure    A = Agree    SA = Strongly Agree

<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
<th>SA</th>
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</thead>
<tbody>
<tr>
<td>6</td>
<td>Mengo Hospital disseminates its vision and mission through placards on notice boards in each department</td>
<td></td>
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<tr>
<td>7</td>
<td>Mengo Hospital does not discriminate against, religious, ethnic, socio-economic status of patients</td>
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<td>8</td>
<td>The hospital’s service delivery approach is considerate to patients’ emotional, physical and temporal needs</td>
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<tr>
<td>9</td>
<td>Mengo Hospital management consults employees on critical healthcare decisions</td>
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<tr>
<td>10</td>
<td>Mengo Hospital provides feedback to staff on clinical practices</td>
<td></td>
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<td>11</td>
<td>Mengo Hospital has suggestion boxes in different departments</td>
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<td>12</td>
<td>Mengo Hospital has a strict policy on professional ethics</td>
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<td>13</td>
<td>Mengo Hospital conducts regular staff training and development</td>
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<tr>
<td>14</td>
<td>Mengo Hospital evaluates staff performance</td>
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<td>15</td>
<td>Mengo Hospital has a quality assurance department</td>
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<tr>
<td>16</td>
<td>Mengo Hospital rewards, recognises and promotes best performance</td>
<td></td>
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<td>17</td>
<td>Mengo Hospital emphasizes a professional dress code among staff</td>
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</tbody>
</table>
### SECTION C: Employee perceptions towards provision of better healthcare service delivery

Please present your view on the following statements by ticking or circling one of the five options below which best explains your response;

<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
<th>SD</th>
<th>D</th>
<th>N</th>
<th>A</th>
<th>SA</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>I clearly understand and relate to the hospital’s mission and vision</td>
<td></td>
<td></td>
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<tr>
<td>19</td>
<td>Provision of healthcare services conforms to the hospital’s mission and vision</td>
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<tr>
<td>20</td>
<td>I am allowed to participate in making decisions at relevant levels</td>
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<tr>
<td>21</td>
<td>My job allows for flexibility and improvement in the manner I carry out my duties</td>
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<tr>
<td>22</td>
<td>Hospital staff attitudes supports improved healthcare service delivery</td>
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<tr>
<td>23</td>
<td>The hospital’s working environment motivates me to deliver better healthcare services</td>
<td></td>
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<tr>
<td>24</td>
<td>Colleagues prefer to work individually rather than as a group</td>
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<tr>
<td>25</td>
<td>I get more satisfaction when I achieve as an individual rather than as a group</td>
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<tr>
<td>26</td>
<td>Identifying and making efforts to understand patients’ needs enhances healthcare</td>
<td></td>
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</tbody>
</table>
SECTION D: Role of organizational culture in provision of healthcare services

Using a ranking scale of 1 to 5 categorize the following factors in terms of their contribution towards quality healthcare service delivery. Rank them in order of importance, 1 - critical, 2 - very important, 3 - important, 4 - slightly important and 5 - Not important.

<table>
<thead>
<tr>
<th></th>
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<th>1</th>
<th>2</th>
<th>3</th>
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</thead>
<tbody>
<tr>
<td>27</td>
<td>Commitment of Healthcare professionals towards patient’s needs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>28</td>
<td>Rewarding, promotion and recognition of best performance</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>29</td>
<td>Conducting continuous medical education and continuous professional development</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>30</td>
<td>Dress code of healthcare providers i.e. Physicians, Doctor, Nurses etc</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>31</td>
<td>Senior management support with focus on solving patients’ problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>32</td>
<td>Good interaction and coordination amongst hospital staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>33</td>
<td>Customer care and customer satisfaction activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>34</td>
<td>Availability of medical equipment, tools and medicines</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>35</td>
<td>Regular departmental, staff and management meetings</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>36</td>
<td>Performance evaluation of medical workers and other hospital staff</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>37</td>
<td>Freedom to devise timely solutions to patients’ issues</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
</tr>
<tr>
<td>38</td>
<td>Patient care database and information system</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>39</td>
<td>Hospital’s physical infrastructure i.e. patient pathways, private rooms etc</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>40</td>
<td>Values of trust, integrity, loyalty, compassion, justice, professionalism, empathy and dignity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>41</td>
<td>Involvement of healthcare professionals in decision making</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>42</td>
<td>Patient safety awareness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>43</td>
<td>Focus on quality of treatment, rehabilitation, counseling and nursing services</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>44</td>
<td>Religious affiliations, principles and backgrounds</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>45</td>
<td>Ethics and professionalism</td>
<td>1</td>
<td>2</td>
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</table>

46. In your own words what is the most important aspect of healthcare service delivery.

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Thank you for filling this questionnaire.
Appendix B: Approval Letter