Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

An exploration of culture in one Irish health service organisation*

Key messages and survey results

Teamworking
People
Culture
Performance
Leadership
Direction
Communications
Continuous Improvement
Integration

* Former North Eastern Health Board which is now part of the Health Service Executive Dublin North East

CONTENTS

Foreword	2
Organisation Cultural Survey	3
Key messages from the research	4
Survey results	10
Personal details	10
People orientation	12
Information and communications	14
Leadership and direction	17
Accountability and performance	19
Integration and teamworking	22
Continuous improvement and development	24
National reforms of the Irish health service	26

FOREWORD

Informing real and lasting change

I am very pleased to have the opportunity to bring you the results of the Organisation Cultural Survey. The findings provide us with a rich body of information about our organisational culture and will significantly inform real and lasting change within the context of the Health Service Executive.

The survey was developed and undertaken by the Organisation Development Unit[1] in 2004/2005, based on input and advice from staff across different services and with the assistance of external guidance. This was the first time that such large-scale research was conducted in relation to culture across the whole organisation, with 1,500 staff randomly selected to share their views on a range of cultural issues.

The detailed findings and analysis of the survey results are contained in the research report entitled *An exploration of culture in one Irish health service organisation.*[2] This document entitled *Key messages and survey results* outlines all of the survey results in graphic format based on the original questionnaire. It also provides the key messages that we need to attend to in order to transform how we do things. We would encourage you to access the more detailed research report for more information.

Making use of the findings

The Organisation Cultural Survey was conducted to provide us with a benchmark and to plan for cultural change and reform. The next step is for you and your team to examine its important implications for the way you work, ideally through locally based team meetings. We would welcome your feedback on ways in which we could assist you to build capacity locally to bring about cultural change based on the findings from this survey. In addition, we would welcome requests from staff who wish to use this research information to assist them in their work, study or research.[3] We will also share this information with all who are involved in leading health service change at national and area levels.

Many thanks

I wish to thank all those who participated in the planning, development and implementation stages of the research. I also want to acknowledge the significant work undertaken by Noreen Kearns who led this research process on behalf of the Organisation Development Unit. In particular, I want to thank the staff who responded to the survey and shared their views with us.

I look forward to continuing to work with you and your teams in implementing the cultural changes required to make reform a reality and to receiving your feedback in relation to taking the research findings forward in a meaningful way.

Caitríona Heslin
Director, Organisation Development

March 2006

1 The research was carried out in the former North Eastern Health Board which is now part of the Health Service Executive Dublin North East.
2 The research report entitled *An exploration of culture in one Irish health service organisation* and the original Organisation Cultural Survey are available by contacting the Organisation Development Unit. Telephone: 046-9280533. E-mail: tara.orourke@maile.hse.ie. It is also available on our intranet site: http://intranet/Functions/OrganisationDevelopment/
3 To protect the integrity of this research from a governance perspective, requests to use any of its data or charts/diagrams should be forwarded to the Organisation Development Unit. It is also important that any references to the data contained in this research are fully acknowledged and the original source of the data documented.

ORGANISATION CULTURAL SURVEY

CULTURAL SURVEY CONTEXT

Our organisation is in the process of major change. In addition to the structural changes that have resulted in us becoming part of the HSE Dublin North East, we are also committed to a challenging programme of development and reform in line with national HSE objectives, as follows:

- Improving the service user's experience with a particular focus on integration
- Adopting a national population health approach with a focus on social inclusion
- Developing responsive and appropriate services and effective teamworking
- Developing partnerships and alliances both internally and externally

This programme of reform involves a continued emphasis on people-centred services and integrated work processes, a focus on performance and outcomes, and a commitment to innovation, continuous learning and reflection.

Successful organisational change on this scale can only take place when we attend to the people who make up the organisation and the culture of the organisation. Culture is a set of beliefs, ideas, knowledge and values which shape the way things happen within an organisation. Culture determines the overall perception of an organisation. It gives meaning to our experiences and shapes our behaviour. Our cultural mindset is therefore the most significant factor that will contribute to our success in bringing about reform.

THE RESEARCH

Understanding our present culture is a first step towards cultural change. By gathering detailed information about the core components of our culture, and the sub-cultures within it, we can focus on essential areas for change, learn about people's concerns, and plan for the supports that will help staff to adapt to the new environment in which we are working. The Organisation Cultural Survey was conducted in the NEHB in June 2004 and the research report was finalised in September 2005. The survey looked at:

- People orientation
- Information and communications
- Leadership and direction
- Accountability and performance
- Integration and teamworking
- Continuous improvement and development

A total of 1,500 staff across the organisation were invited to participate and 666 people (46%) responded. The strong response rate provides us with a significant and reliable body of knowledge to support ongoing reform and plan interventions that will bring about effective change and development.

KEY MESSAGES FROM THE RESEARCH

Local services provide the main reference point and sense of identity for staff.
Staff are committed to and proud of their own service area.
Providing a service to the public is a strong motivator for staff.
Respondents demonstrated a lack of connection with corporate/organisational issues.
Respondents expressed high levels of satisfaction regarding their relationships with line managers and colleagues.
The research indicates a need for better recognition of people's work contribution and the need for additional attention to be given to listening to and responding to staff suggestions.
The findings are encouraging in relation to teamworking.
The research highlights the need to build on positive findings in relation to joint working between services.
The results are encouraging in terms of clear goals guiding local service planning, and planning services around the needs of patients/service users.
The need for greater levels of staff involvement in service planning was highlighted.
The research shows a need for improved levels of openness and transparency in relation to decision making.
The research indicates a need to continue to promote devolved decision making and local budgetary responsibility.
The research shows a need to increase the relevance, awareness and emphasis on improving performance at all levels.
The research indicates a need to continue to support personal work performance.
Communication across the system, particularly within the context of supporting and managing change, needs to be targeted for focused attention.
The importance of face-to-face communication is strongly reflected in the findings.
Peers, colleagues and locally based line managers are the most important sources of information for staff.
We need to build on our strengths in terms of personal learning and development.
We should act based on what we know and implement changes that have been identified.
We need to deal with conflict and tensions in the system.
We should focus on developing a more supportive environment for staff.
Progress has been made in terms of patient/service user involvement.
The findings give us a clear message that our public image is poor.
The research shows general support for the reform programme and clear guidance on the best ways to support the cultural and people aspects of change.

THE VITAL CONNECTION IS THE LOCAL CONNECTION

- **Local services provide the main reference point and sense of identity for staff.**

The survey findings indicate that local services are the main reference point for staff and provide them with their sense of identity. The importance of relationships with colleagues and line managers are strongly reflected in the results. The local team and line management emerge as the significant 'hub' for staff. It is at this level that there is most potential to work with local services to create and sustain an openness to implement change and development.

COMMITMENT, PRIDE AND MORALE

- **Staff are committed to and proud of their own service area.**
- **Providing a service to the public is a strong motivator for staff.**

The results show that 58% of respondents were proud of the service area where they worked. Almost a third of respondents (32%) believed that staff pride in the NEHB as an organisation was high, while 45% of respondents believed that staff were moderately proud of the organisation.[4]

65% of respondents rated their commitment to their own area of work as high or very high. 39% of respondents indicated that morale was very high in the area where they worked. For a further group (40%), morale was rated as moderate, while 21% of respondents rated their morale as low.[4]

Motivation is also connected to the area of staff commitment, pride and morale. For the majority of respondents (75%), a culture of providing a service to the public was an important motivator.[5]

CORPORATE IDENTITY, DIRECTION AND LEADERSHIP

- **Respondents demonstrated a lack of connection with corporate/organisational issues.**

As respondents became more distant from corporate/organisational issues, their levels of satisfaction, commitment and pride decreased. Respondents demonstrated a lack of any strong sense of connection or identity with the wider corporate entity. There were relatively low levels of satisfaction with corporate communications and with organisational leadership. These survey results provide significant learning for senior management and leadership in the new health system.

24% of respondents expressed satisfaction with corporate management in establishing key priorities, 20% in providing a sense of purpose, 21% in responding to external changes and 18% in providing a supportive environment for staff in dealing with work challenges.[6]

Satisfaction levels with local management in relation to key management tasks were higher than satisfaction with corporate management. 44% of respondents were satisfied with local management in relation to encouraging work across boundaries, 44% in encouraging innovation, and 49% in supporting staff in times of crisis.[7]

The majority of respondents felt that their work was goal-directed, user-focused and in line with the overall strategic direction of the organisation. The results indicate positive awareness by respondents of the overall strategic direction of the organisation.[8] A number of specific questions, for example, focused on the perceived influence of *A Health Strategy for the People of the North East* (2003) in terms of service provision, service planning and service delivery. The survey indicates that between 67% and 77% of respondents who were aware of the strategy thought that it would make a difference in these areas.[9]

4 Question 14
5 Question 29.1
6 Question 26
7 Question 27
8 Question 24
9 Question 25

IMPORTANCE OF RELATIONSHIPS AND JOB SATISFACTION

- **Respondents expressed high levels of satisfaction regarding their relationships with line managers and colleagues.**
- **The research indicates a need for better recognition of people's work contribution and the need for additional attention to be given to listening to and responding to staff suggestions.**

57% of respondents believed that employees are treated with respect regardless of their job, that the NEHB promotes equal opportunities for all employees (51%), and that the decisions about employees are usually fair (51%).[10]

A significant majority of respondents (70%) were satisfied with the broad content of their job and with the general atmosphere where they worked (68%). A high proportion of respondents (85%) were satisfied with their working relationships with colleagues. 67% of respondents were satisfied with the reporting relationship with their manager and 59% of respondents indicated satisfaction with the guidance and support from line managers.[11]

Half the respondents (51%) were satisfied that they are listened to and responded to and 49% were satisfied with the recognition they are given for their work contribution. 34% of respondents were dissatisfied with promotional opportunities.[11]

BUILDING ON STRONG TEAMWORK

- **The findings are encouraging in relation to teamworking.**
- **The research highlights the need to build on positive survey results in relation to joint working between services.**

Many of the factors that contribute to effective teamworking are in place and working well according to the results. This provides a strong platform for moving forward. The need to support team leaders in their roles was, however, evident from the findings.

Having a clear purpose and common goals are essential elements of effective teamworking and 67% of respondents indicated that they were satisfied or very satisfied in this regard. 63% of respondents were satisfied with the skills mix in teams, 60% with the clarity of reporting relationships, and 60% with the clarity of work roles and responsibilities. While 52% of respondents were satisfied or very satisfied with the methods used to resolve team problems or conflicts, 20% of respondents were dissatisfied with this aspect of teamwork.[12]

The survey also focused on joint working between services and teams, i.e. the integration agenda. Positive viewpoints were found, with 67% of respondents rating joint working between services in the NEHB as good to very good.[13] However, the need for further progress in this area is evident and, in particular, respondents indicated the need for better levels of support in dealing with challenging issues that emerge in terms of joint working, and greater clarity regarding roles, responsibilities and reporting relationships between teams and services.[14]

CONTINUING TO DEVELOP SERVICE PLANNING

- **The results are encouraging in terms of clear goals guiding local service planning, and planning services around the needs of patients/service users.**
- **The need for greater levels of staff involvement in service planning is highlighted.**

In relation to the core functions of service planning, the results indicate that 81% of respondents had clear goals and objectives guiding their service plan and that their work was in line with the overall strategic direction of the organisation. 71% of staff indicated that the service planning process supported improvements in services. In relation to the area where they worked, respondents were asked to comment on the extent to which their service was planned around the needs of patients/service users. 86% of staff responded positively in this regard.[15]

10 Question 10
11 Question 13
12 Question 38
13 Question 35
14 Question 36
15 Question 31.1

The findings in relation to levels of staff participation and involvement in service planning indicates that over half of respondents (55%) were not involved in the 2004 service planning process.[16] In relation to the question on the level of progress in recent years in terms of staff involvement in service planning, opinions were mixed, with 33% of respondents rating progress as high and 35% rating progress as moderate.[17]

IMPROVING DECISION MAKING

- **The research shows a need for improved levels of openness and transparency in relation to decision making.**
- **The research indicates a need to continue to promote devolved decision making and local budgetary responsibility.**

Decision-making processes impact on the culture of the organisation. The results indicate that 62% of respondents believed that both front-line staff and local managers are given an adequate level of decision-making authority and responsibility. Views are more mixed in terms of the degree to which budgetary responsibility has been adequately devolved to local managers. The sense of progress in relation to devolvement indicates scope for further improvement in this area.[18]

Perceptions regarding the openness/transparency of decision making are a concern. 43% of respondents disagreed and 35% were unsure in relation to whether decision-making processes in the organisation were open and transparent.[19] Similarly, in response to the statement, *'It is safe to speak my mind in the NEHB'*, 25% of respondents agreed, 38% disagreed and 37% were unsure. This raises concerns regarding levels of trust in the organisation.[20]

STRENGTHENING PERFORMANCE MANAGEMENT

- **The research shows a need to increase the relevance, awareness and emphasis on improving performance at all levels.**
- **The research indicates a need to continue to support personal work performance.**

The areas examined in the survey in relation to individual performance management were:

- Recognition of good performance at work
- How poor performance is dealt with
- Agreement with manager on performance goals
- Provision of feedback on performance

42% of respondents did not have performance goals agreed with their manager and, similarly, 44% of respondents felt that they did not get adequate feedback from their line manager about their performance.[21]

At team level, the need for improved measures of team performance is evident. At organisational level, the results clearly highlight a lack of awareness and understanding regarding measures of organisational performance.[22] The results indicate a need to demystify the area of performance measurement and a need to make more direct and meaningful links to the service planning process and to local service delivery.

16 Question 30
17 Question 39
18 Question 31
19 Question 29
20 Question 10
21 Question 33
22 Question 32

INCREASING THE FOCUS ON IMPROVING COMMUNICATION

- **Communication across the system, particularly within the context of supporting and managing change, needs to be targeted for focused attention.**
- **The importance of face-to-face communication is strongly reflected in the findings.**
- **Peers, colleagues and locally based line managers are the most important sources of information for staff.**

The organisational learning from the survey findings reinforces the need to continue to place a strong emphasis on the value of interpersonal relationships, face-to-face communication, cascade systems of communication and building upon the strengths of communication at individual and team level. Increasing the focus on improved communication is linked to building trust and improving levels of openness and transparency at all levels in the system.

A high percentage of respondents (72%) rated communication with line managers as good and 85% were happy with communication with team colleagues.[23]

Communication between services was less favourably viewed. 39% of respondents saw this as good or very good, while more than a third of staff believed this aspect of communication was fair.[24]

The flow of communication from the 'top down' and from the 'bottom up' was rated less positively overall, with between 20% and 25% of respondents rating it as good to very good.[25] In rating the level of progress the organisation has made in recent years in terms of communicating with staff, 26% rated it as high to very high and 45% rated progress as moderate.[25]

The vast majority of respondents (75%) saw face-to-face meetings as one of the most effective means of communication. High numbers (60%) favoured formal written communication as one of their top three forms of effective communication. E-mail and telephone communications were also seen as being quite effective.[26]

BECOMING A LEARNING ORGANISATION

- **We need to build on our strengths in terms of personal learning and development.**
- **We should act based on what we know and implement changes that have been identified.**

The survey findings indicate that progress was evident at individual level in terms of learning and development opportunities. At team level, the evidence suggested that we are making progress in this regard, but with a need to focus more on evaluation of the effectiveness of the team approach to service delivery. At the organisational level, views were very mixed about the organisation's overall commitment to a culture of learning, and its capacity to learn from both positive and negative experiences and to apply this learning in terms of bringing about change.

A high percentage of respondents (73%) were satisfied that they were allowed time away from their jobs to develop their skills and knowledge, and with the opportunities to apply the learning to their own work setting (67%). Training programmes were seen by most respondents (83%) as relevant to service needs.[27] Most respondents were satisfied (44% satisfied/very satisfied and 27% fairly satisfied) with the opportunities they were given to discuss their learning and development needs with their line manager. 26% of respondents were dissatisfied with this aspect of their work.[28]

23 Question 18
24 Question 18
25 Question 39
26 Question 19
27 Question 44
28 Question 41.1

MANAGING CONFLICT

- **We need to deal with conflict and tensions in the system.**
- **We should focus on developing a more supportive environment for staff.**

A consistent finding in the cultural survey is the need to improve our capacity to pre-empt and manage tension, misalignment and conflict in the system at individual, team and organisational level. The need for better support for staff and line managers in dealing with challenging issues and with conflict is also a clear message from the research.

29% of respondents were dissatisfied and 27% were fairly satisfied with how conflict was dealt with where they worked.[29] At team level, while 52% of respondents were satisfied with methods for resolving team problems or conflicts, 20% were dissatisfied.[30] At organisational level, the results indicate that more focused work is required to ensure that tensions/conflicts which arise are dealt with and that recommended actions for resolutions are actively addressed to make real progress in terms of a learning organisation.

DEVELOPING PARTNERSHIPS AND COMMUNICATION WITH EXTERNAL STAKEHOLDERS

- **Progress has been made in terms of patient/service user involvement.**
- **The findings give us a clear message that our public image is poor.**

A significant part of the survey addressed our relationship with external stakeholders, i.e. service users, families, communities and the general public. In general, the findings suggest that we have made progress in terms of our communication with and involvement of service users and families at the level of local services.

The vast majority of respondents (80%), for example, rated communication with patients/service users by their own service area as good to very good.[31] 60% of respondents rated joint working with relevant agencies as good/very good,[32] while 57% of respondents rated communication with other service providers in their area as good/very good.[33]

Views on the quality of communication at organisational level with external stakeholders, including service users, patients, families and carers, the public, the media and other service providers, were mixed.[34]

The result in terms of our public image indicates that the majority of respondents (75%) thought that our public image was negative.[35] The overall results regarding our relationship with the external environment demonstrate a need for a different type of response to deal with improved relationship building with communities, the public in general and the media.

VIEWS ON THE HEALTH SERVICE REFORM PROGRAMME

- **The research shows general support for the reform programme and clear guidance on the best ways to support the cultural and people aspects of change.**

The survey presented an early opportunity (June 2004) to assess the initial response of staff to the reforms. Respondents identified improved quality of service, increasing accountability/responsibility and improved efficiency/value for money as the three main purposes of the reforms.[36] At the time the survey was conducted, respondents' views were mixed on whether the reforms would lead to a better health service for the public.[37] The three main personal concerns identified by respondents in terms of the reforms were: *'change in work conditions', 'increased workload'* and *'job relocation'*.[38] Respondents identified colleagues, line managers and their teams as the sources of most support to deal with the changes associated with the reforms.[39]

29 Question 13
30 Question 38
31 Question 22
32 Question 35
33 Question 22
34 Question 21
35 Question 23
36 Question 45
37 Question 46
38 Question 48
39 Question 49

SURVEY RESULTS

PERSONAL DETAILS

RESPONSE RATE BASED ON STAFF GROUPING (Q1)

Staff group	Staff numbers	Sample size	Number of respondents	Response rate %
Allied Health Professional	792	237	122	51
Management/Administration	1435	335	212	63
Medical/Dental	628	180	42	23
Nursing	2907	450	176	39
Support Services	2235	298	95	32
Not answered			19	
Total	7997	1500	666	44
Adjusted total		1456		46

Note: The adjusted total emerged due to the return of a number of questionnaires noted as 'undelivered'. This resulted in an overall response rate of 46%.

SERVICE AREAS WHERE RESPONDENTS WORKED (Q2)

			N*	%
Acute Hospital Services			235	36
Community Services:			223	34
	N	%		
Services for Children and Families	43	7		
Disability Services	49	7		
Services for Older People	71	11		
Other Community Services**	60	9		
Regional Services:			111	17
	N	%		
Mental Health Services	46	7		
Primary Care Services	38	6		
Ambulance Services	15	2		
Health Promotion Services	12	2		
Head Office, Kells			47	7
Other***			36	6
Valid total			652	100
Not answered			14	
Total			666	

Note: The categorisation of the main service areas where respondents worked was based on the NEHB organisational structures that existed when the survey was being developed in March 2004.

* N = number of respondents
** Includes some respondents who worked across a number of the Community Services listed
*** Includes some respondents who worked across a range of different types of services

GEOGRAPHIC AREA WHERE RESPONDENTS WORKED (Q3)

			N	%
Cavan/Monaghan			214	32
	N	%		
Cavan	116	17		
Monaghan	98	15		
Louth			204	31
	N	%		
Ardee	25	4		
Drogheda	115	17		
Dundalk	64	10		
Meath			160	24
Regional brief			83	13
Valid total			661	100
Not answered			5	
Total			666	

YEARS WORKING IN THE NEHB (Q4)

	N	%
1-10 years	395	62
11-20 years	116	19
21-30 years	108	17
31-39 years	14	2
Valid total	633	100
Not answered	33	
Total	666	

LENGTH OF TIME IN CURRENT JOB POSITION (Q5)

	N	%
Up to 5 years	468	73
More than 5 years	171	27
Valid total	639	100
Not answered	27	
Total	666	

TYPE OF JOB CONTRACT (Q6)

	N	%
Permanent	513	85
Temporary	91	15
Valid total	604	100
Not answered	62	
Total	666	

RESPONDENTS' GENDER (Q7)

	N	%
Male	148	23
Female	506	77
Valid total	654	100
Not answered	12	
Total	666	

RESPONDENTS' AGE GROUP (Q8)

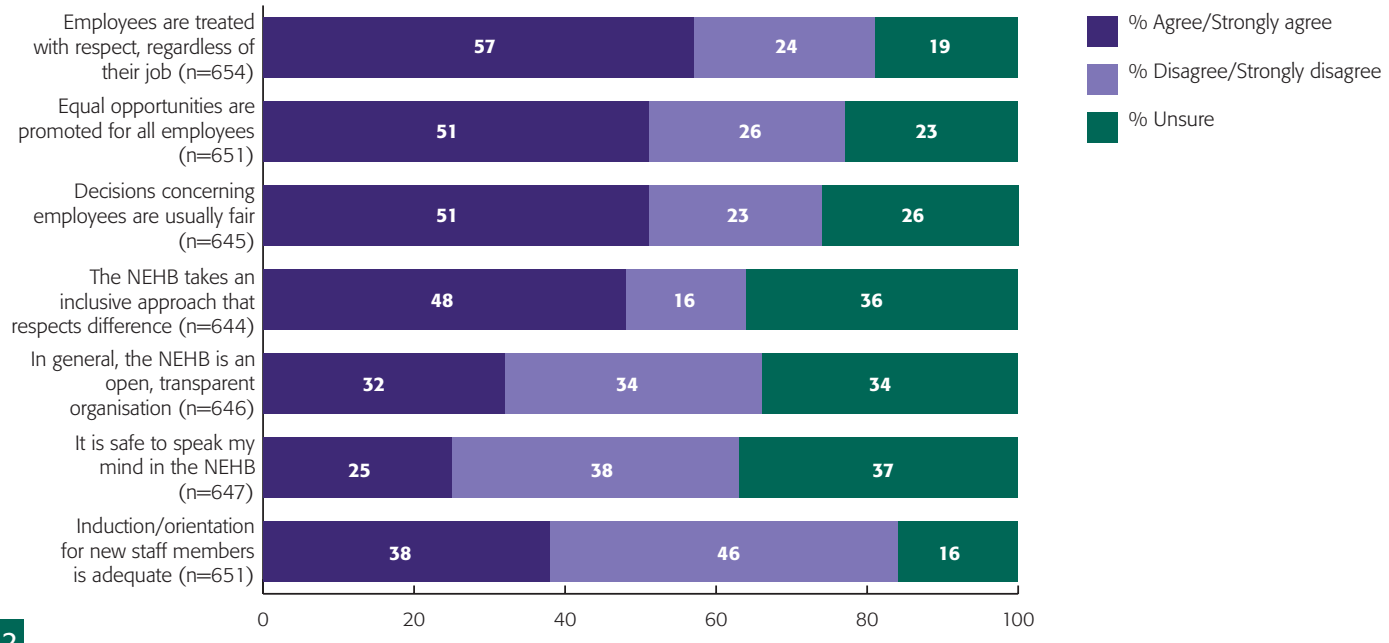
	N	%
25 years or less	28	4
26-35 years	183	28
36-45 years	218	33
46-55 years	188	28
56 years or more	44	7
Valid total	661	100
Not answered	5	
Total	666	

LEVEL OF DIRECT PATIENT/SERVICE USER CONTACT (Q9)

	N	%
Little to none (0-20%)	134	23
Moderate to high (21-60%)	112	20
Very high (61-100%)	330	57
Valid total	576	100
Not answered	90	
Total	666	

PEOPLE ORIENTATION

PERCEPTIONS OF STAFF TREATMENT IN THE NEHB (Q10)



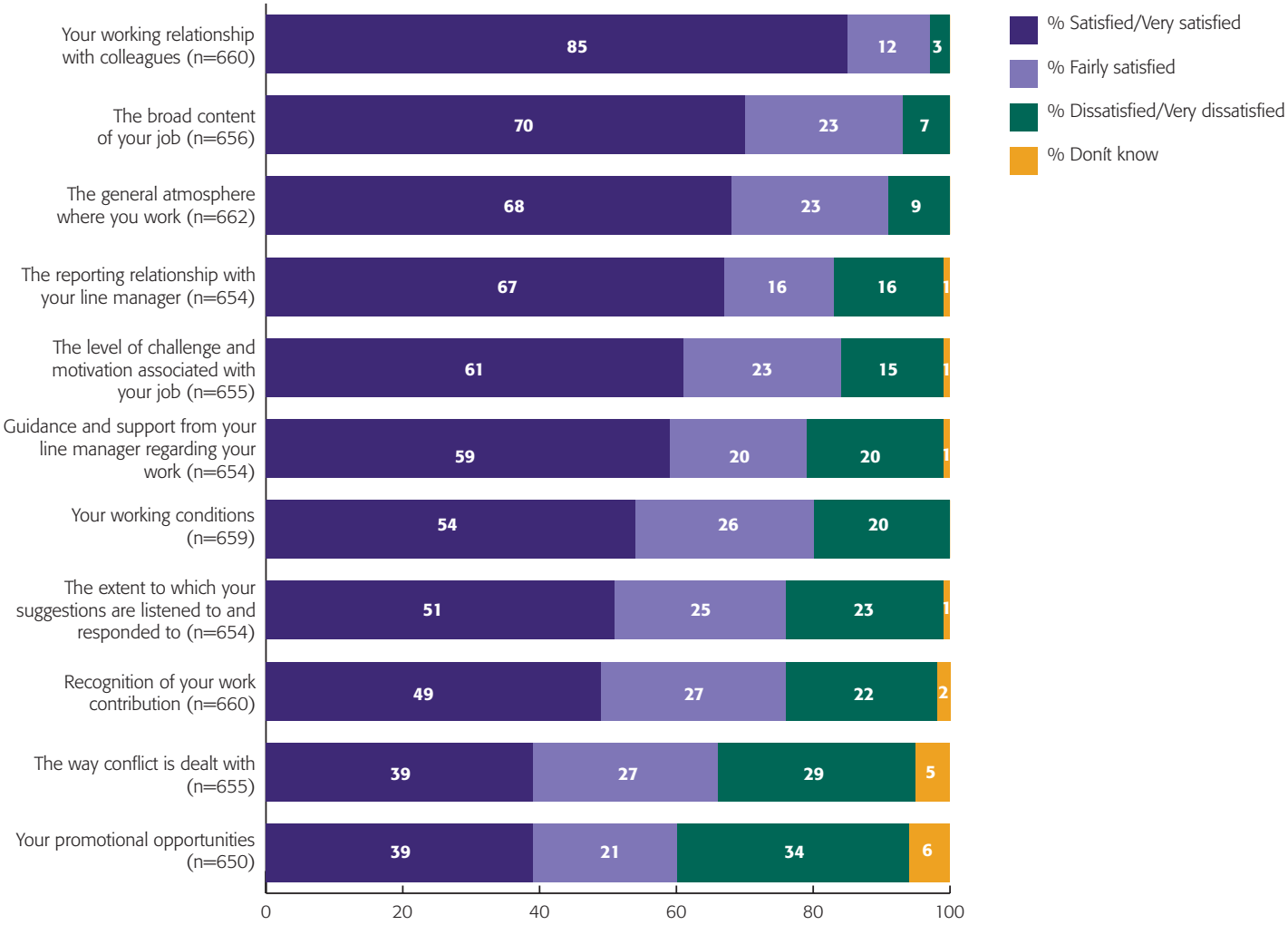
OPEN QUESTION ON POSITIVE ASPECTS OF WORKING IN THE NEHB (Q11)

The open questions are analysed in the research report based on the findings of the Organisation Cultural Survey. This report is available from the Organisation Development Unit, HSE Dublin North East.

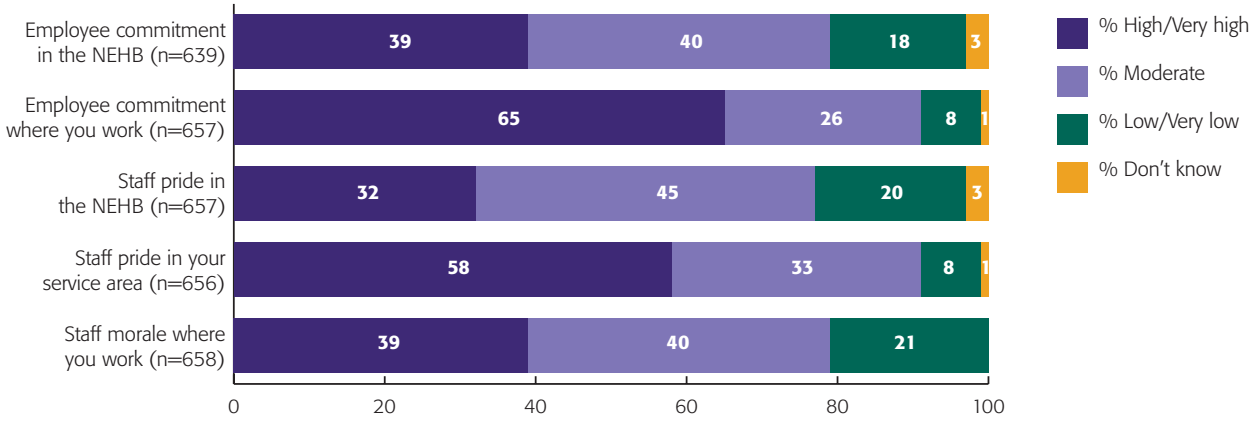
OPEN QUESTION ON NEGATIVE ASPECTS OF WORKING IN THE NEHB (Q12)

The open questions are analysed in the research report.

JOB SATISFACTION WHERE YOU WORK (Q13)



ORGANISATIONAL AND LOCAL LEVELS OF COMMITMENT, PRIDE AND MORALE (Q14)



INVOLVEMENT OF EXTERNAL STAKEHOLDERS IN THE PLANNING AND EVALUATION OF NEHB SERVICES (Q15)

Involvement in planning services	Patients/ service users		Families/ carers		Community groups		General public	
	N	%	N	%	N	%	N	%
Yes	307	52	217	38	173	31	196	34
No	167	28	173	30	184	33	220	39
Don't know	60	10	64	11	72	13	68	12
Not answered	57	10	116	21	133	23	87	15
Total	591	100	570	100	562	100	571	100
Involvement in evaluating services	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
Yes	258	44	181	32	118	21	130	23
No	137	23	158	28	178	32	197	34
Don't know	60	10	64	11	72	13	68	12
Not answered	136	23	167	29	194	34	176	31
Total	591	100	570	100	562	100	571	100

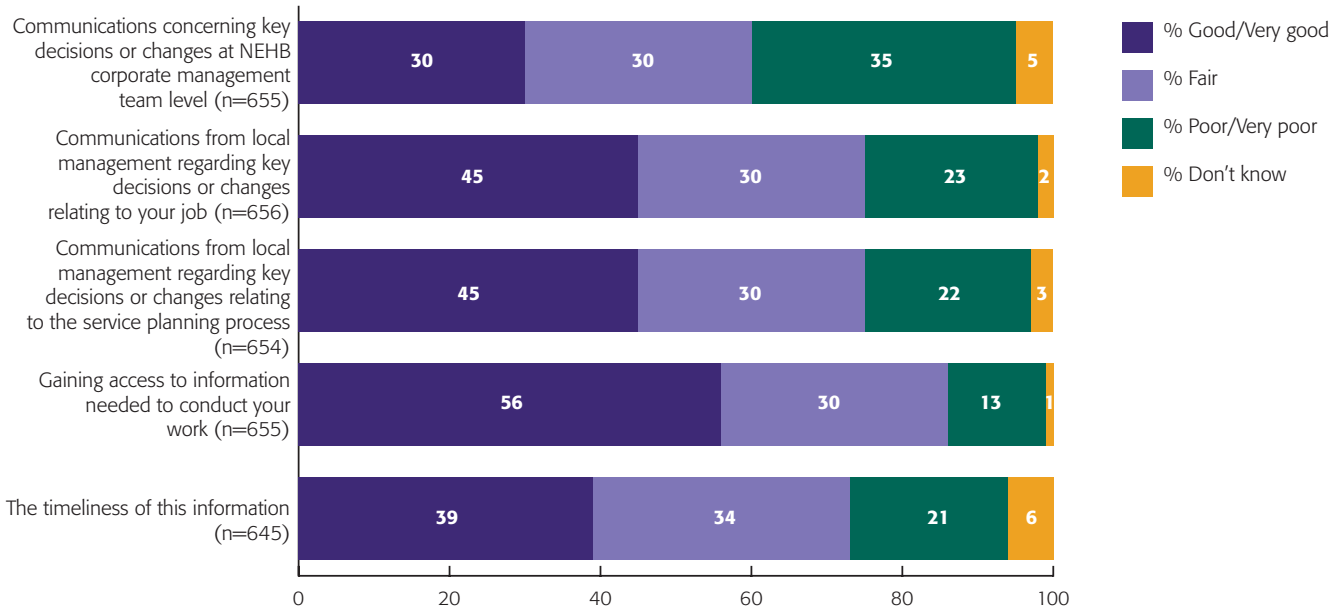
Note: Valid per cents used. Not applicable values are excluded.

OPEN QUESTION ON SUGGESTIONS TO IMPROVE THE INVOLVEMENT OF PATIENTS AND SERVICE USERS (Q16)

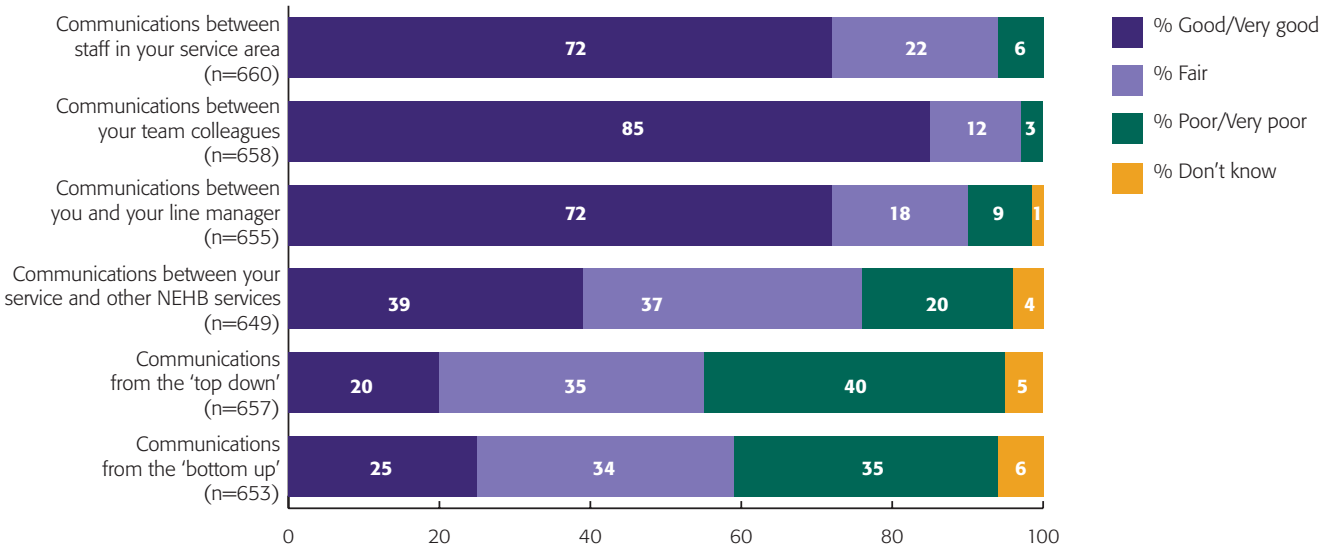
The open questions are analysed in the research report.

INFORMATION AND COMMUNICATIONS

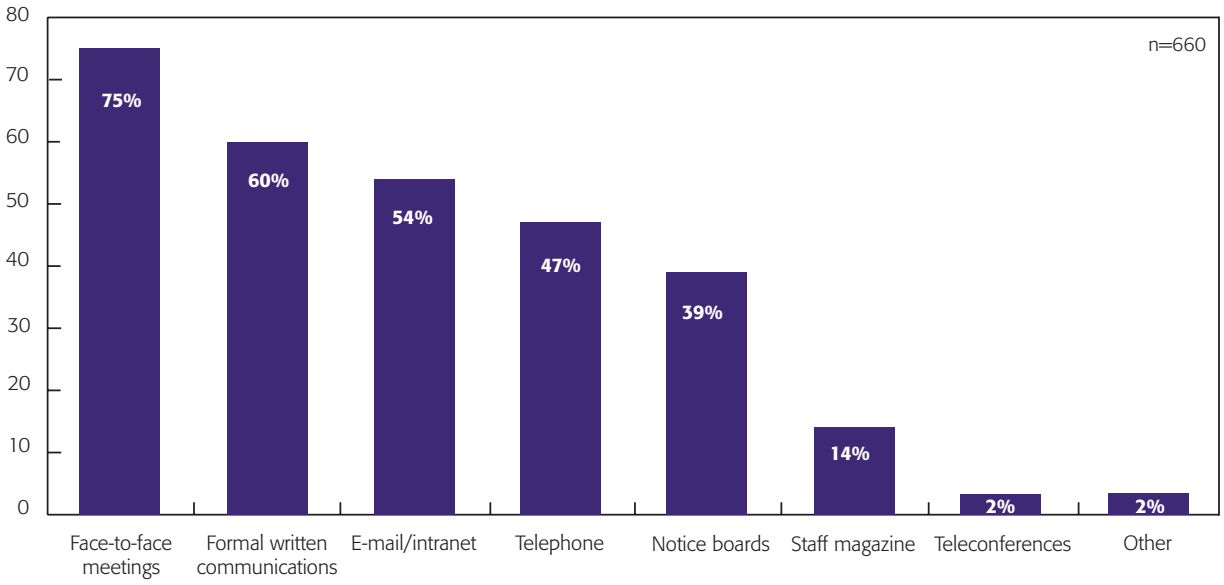
RATING COMMUNICATIONS AND INFORMATION SHARING (Q17)



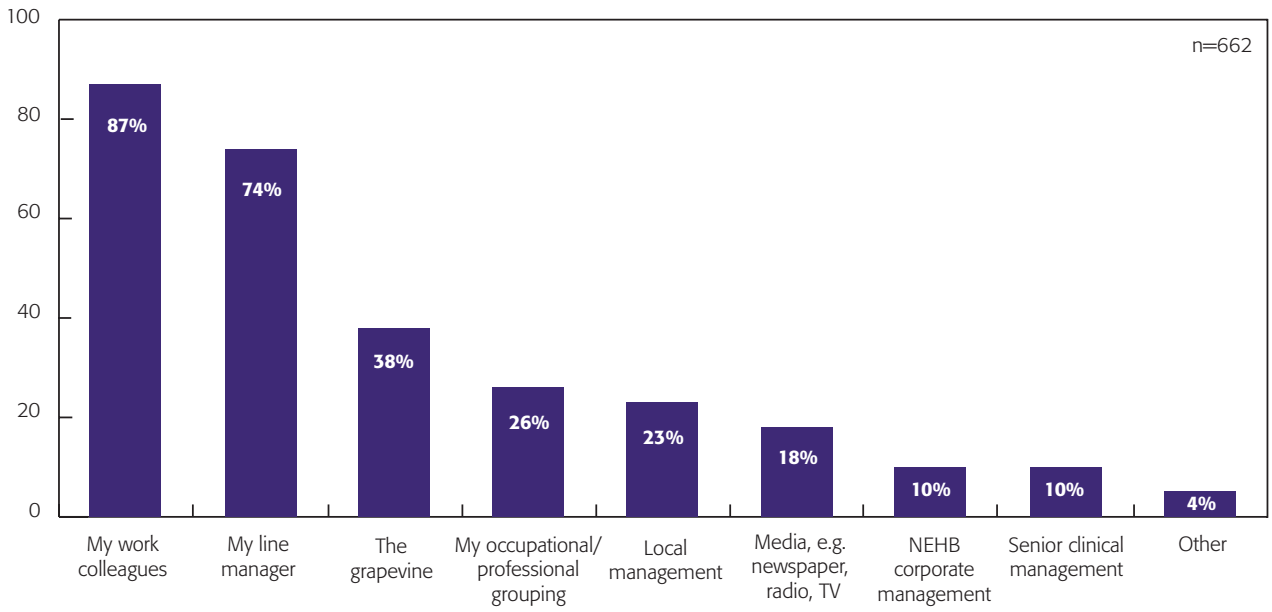
FLOW OF COMMUNICATION THROUGHOUT THE ORGANISATION (Q18)



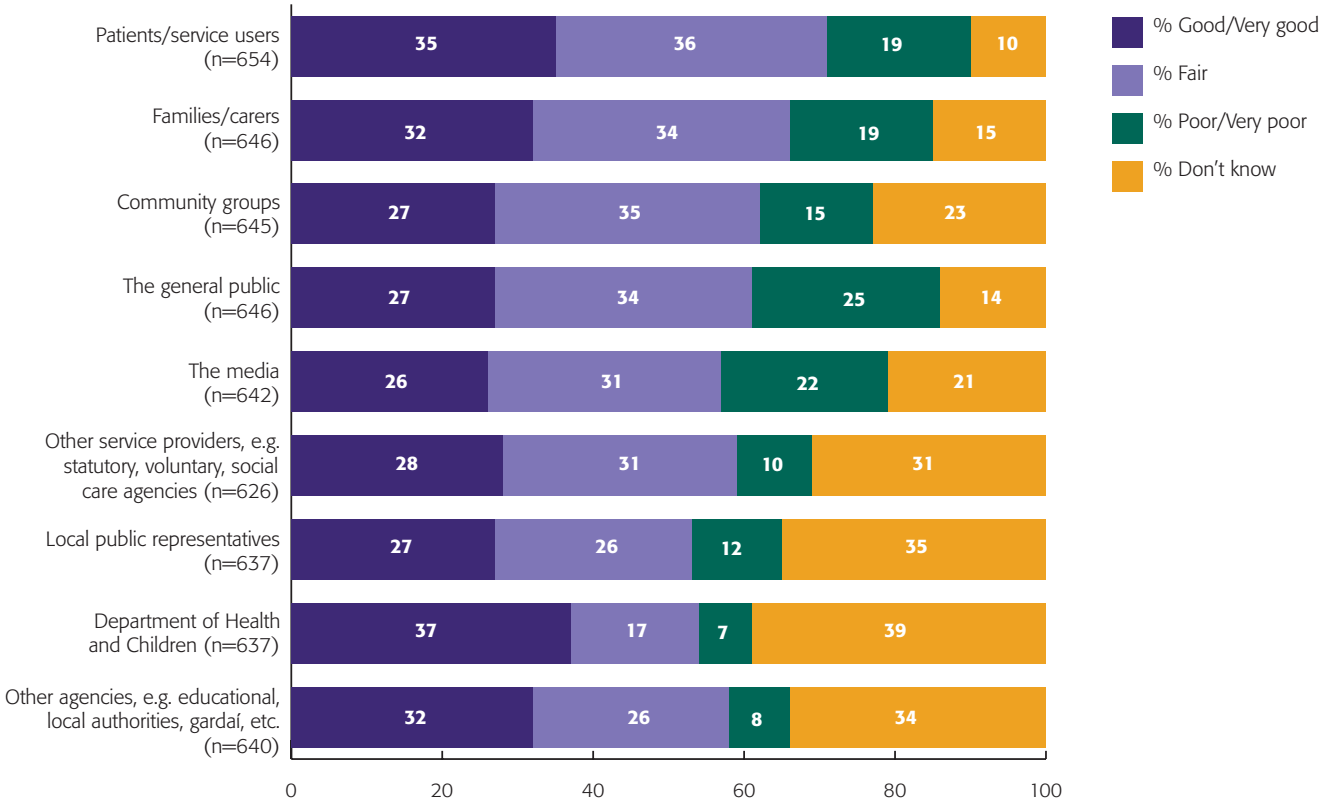
MOST EFFECTIVE METHODS OF INFORMATION SHARING AND COMMUNICATIONS IN RESPONDENTS' WORK SETTING (Q19)



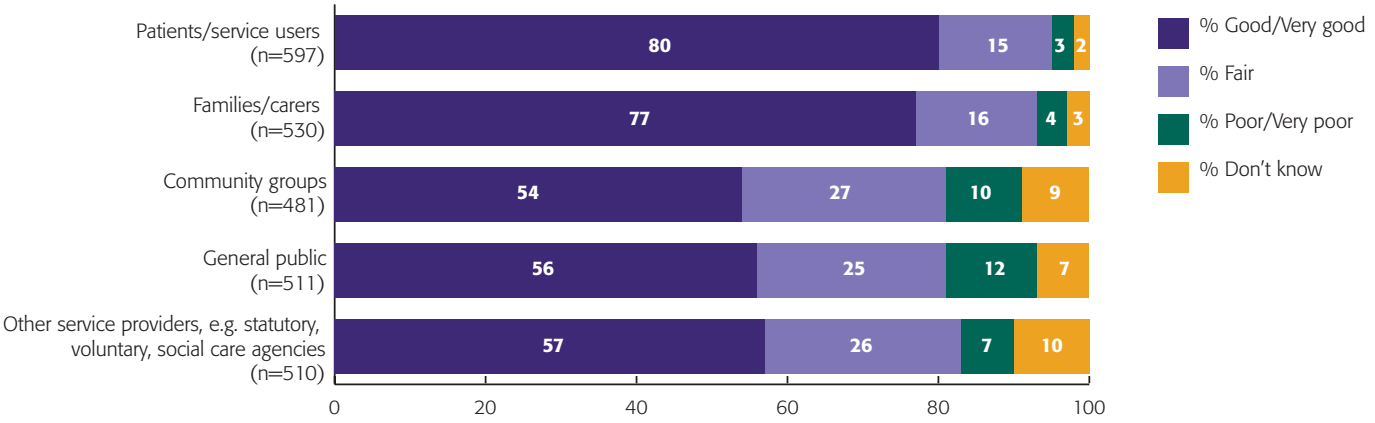
MOST IMPORTANT SOURCES OF INFORMATION FOR RESPONDENTS IN THEIR WORK AREA (Q20)



RATING COMMUNICATION BY THE NEHB WITH EXTERNAL STAKEHOLDERS (Q21)

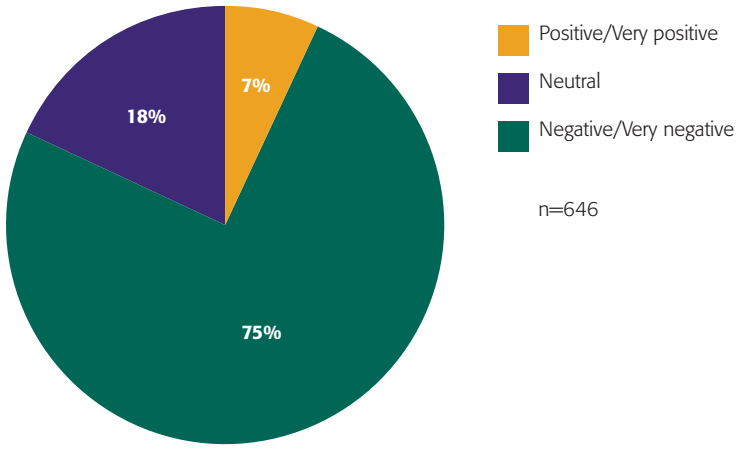


RATING OF RESPONDENTS' WORK UNIT, DEPARTMENT OR SERVICE IN COMMUNICATING WITH EXTERNAL STAKEHOLDERS (Q22)



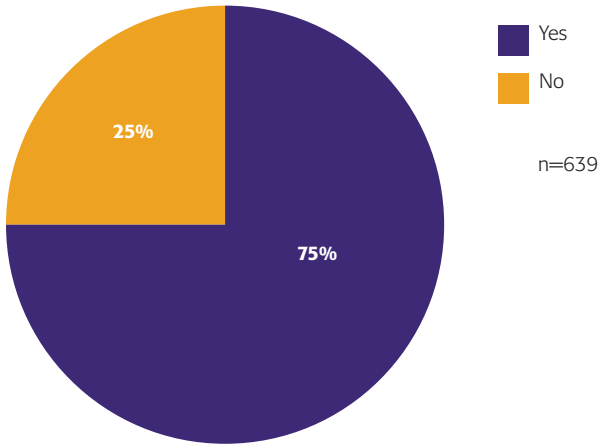
Note: Valid per cents used. Missing values and not applicable values are excluded.

RESPONDENTS' PERCEPTION OF THE NEHB'S PUBLIC IMAGE (Q23)

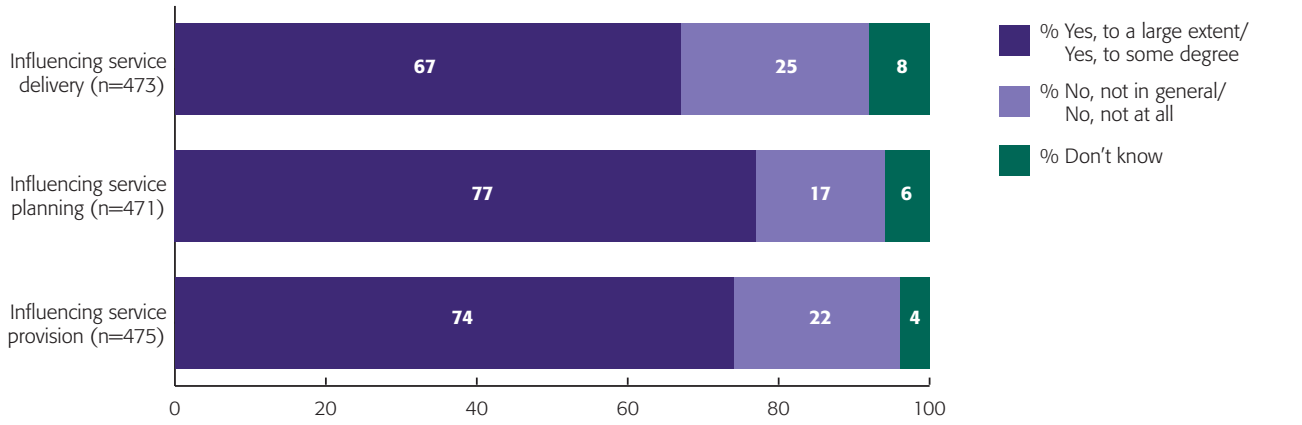


LEADERSHIP AND DIRECTION

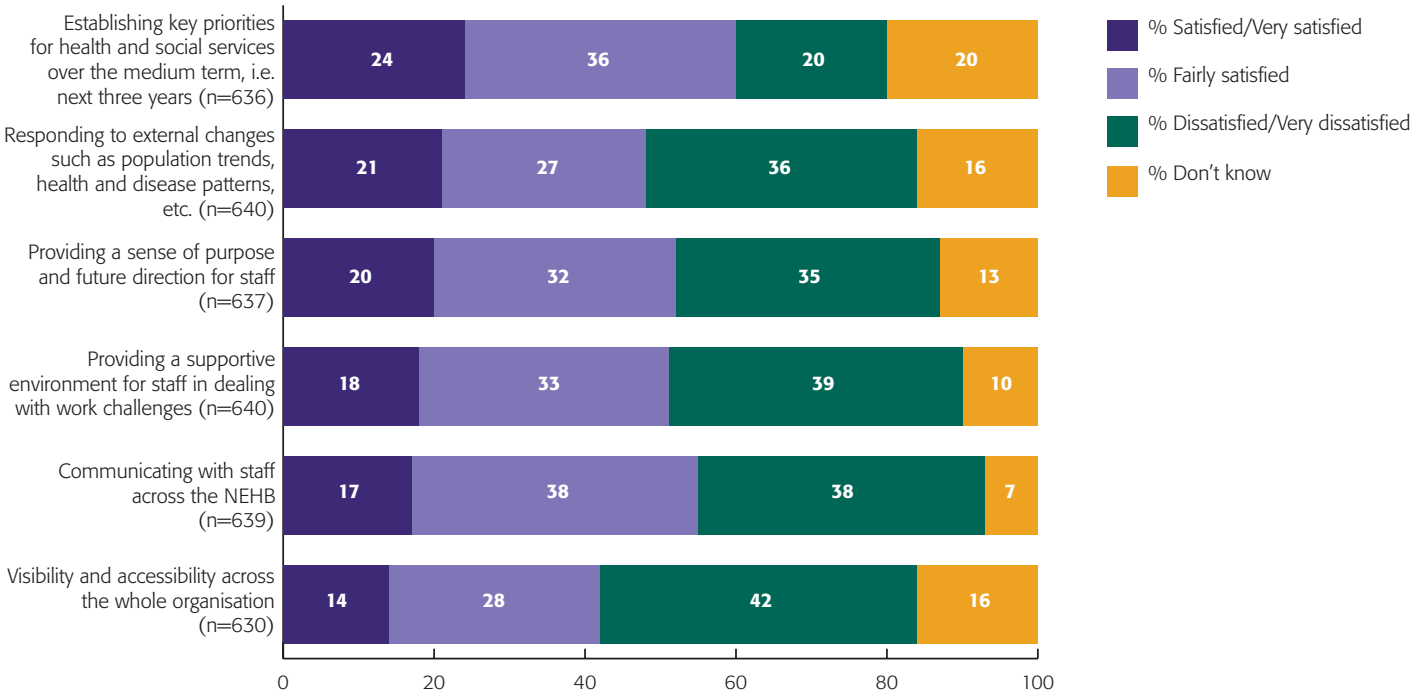
AWARENESS OF *'A HEALTH STRATEGY FOR THE PEOPLE OF THE NORTH EAST (2003)'* (Q24)



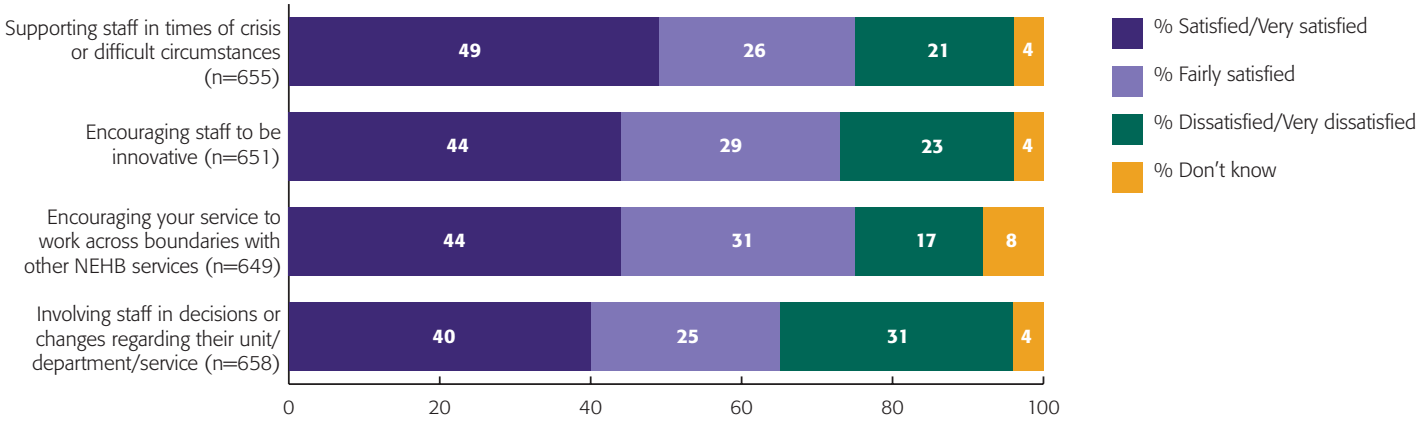
IMPACT OF *'A HEALTH STRATEGY FOR THE PEOPLE OF THE NORTH EAST (2003)'* OVER TIME (Q25)



SATISFACTION WITH NEHB CORPORATE MANAGEMENT (Q26)



SATISFACTION WITH LOCAL MANAGEMENT (Q27)

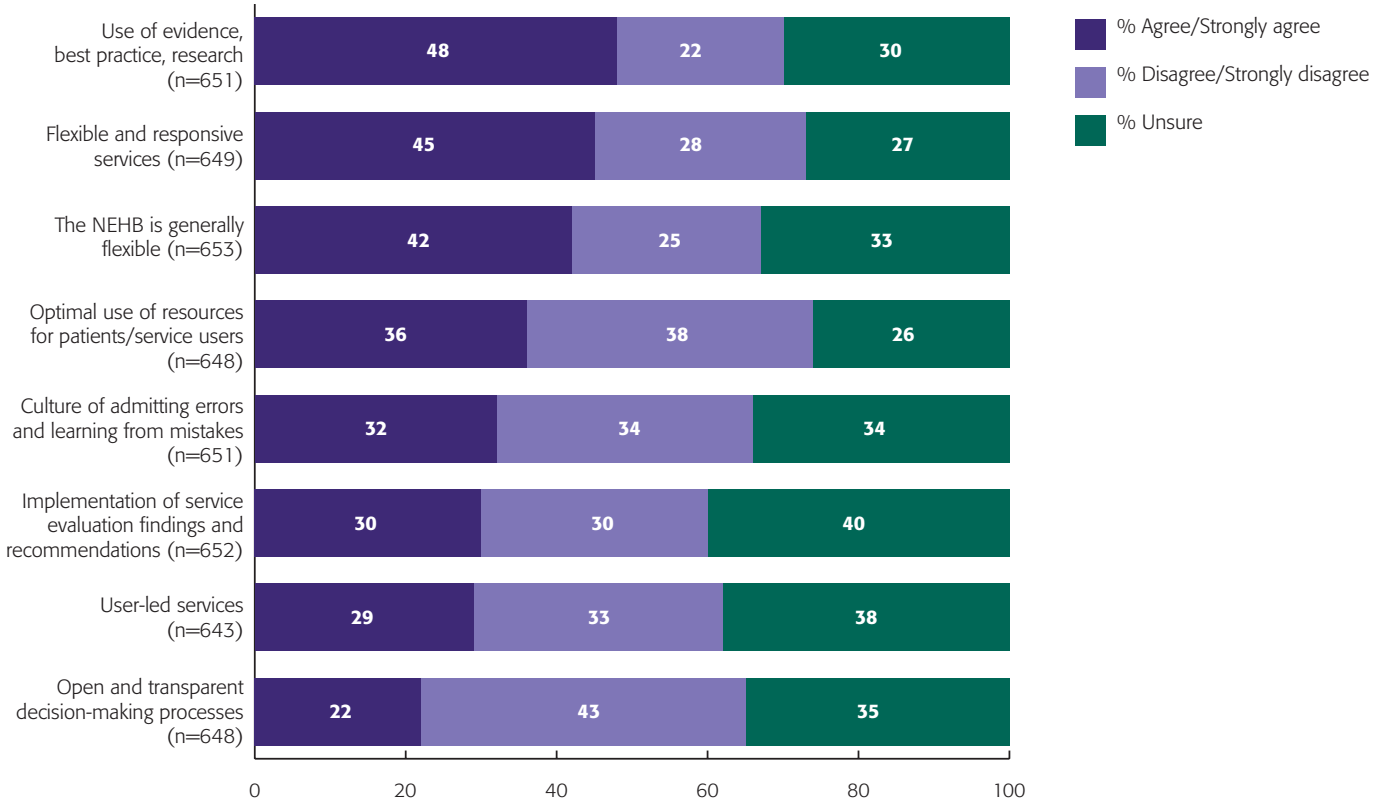


OPEN QUESTION ON IMPORTANT LEADERSHIP COMPETENCIES (Q28)

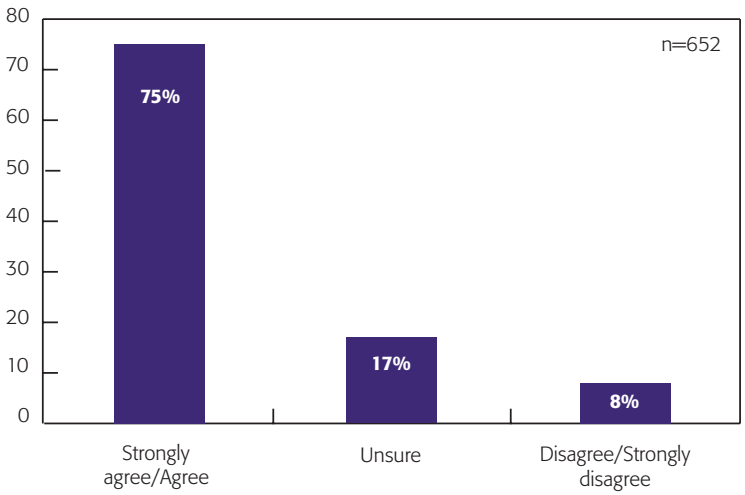
The open questions are analysed in the research report.

ACCOUNTABILITY AND PERFORMANCE

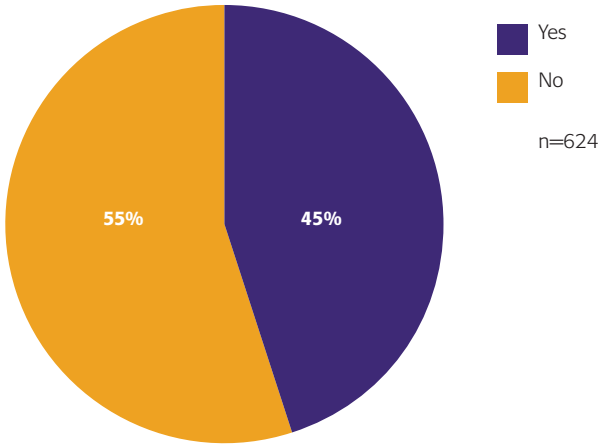
KEY PERFORMANCE STATEMENTS IN RELATION TO THE NEHB (Q29)



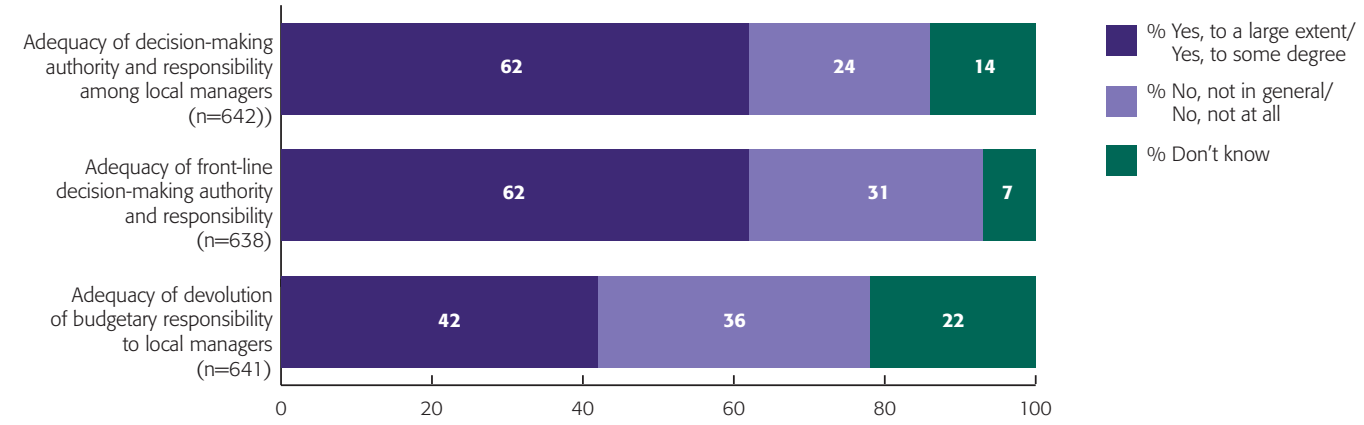
A CULTURE OF PROVIDING SERVICE TO THE PUBLIC IS AN IMPORTANT MOTIVATOR OF STAFF (Q29.1)



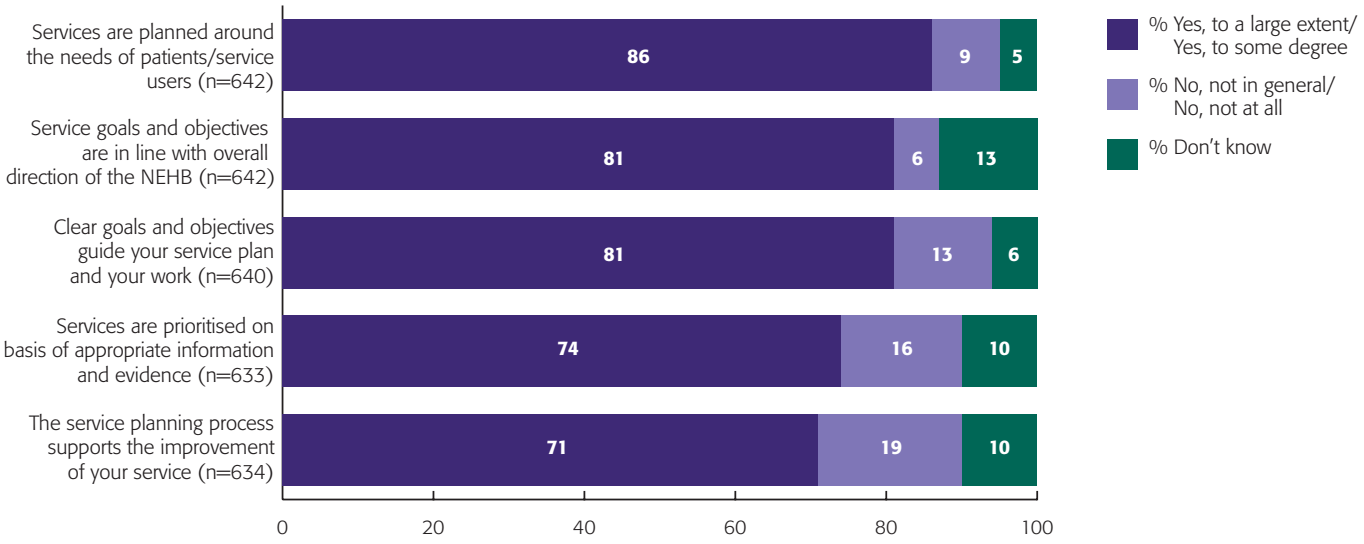
INVOLVEMENT IN THE 2004 SERVICE PLANNING PROCESS (Q30)



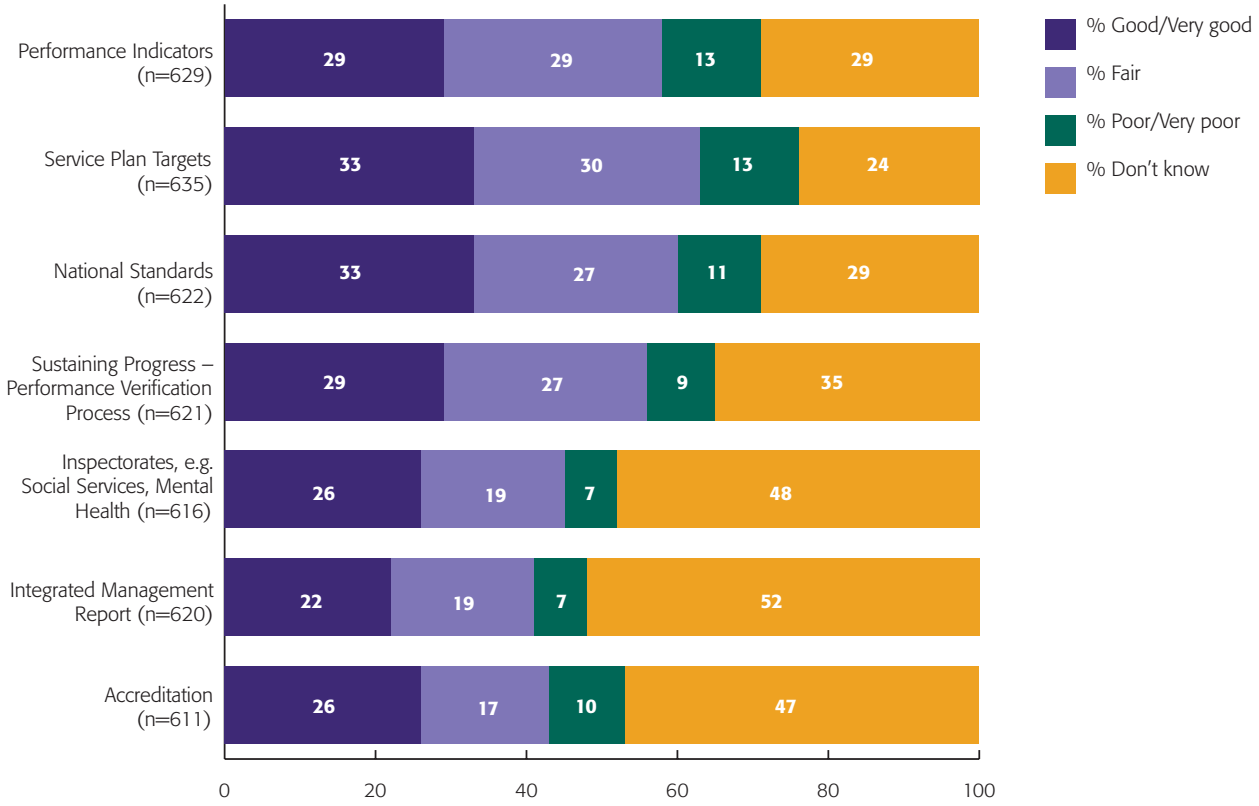
PERCEPTIONS OF DECENTRALISATION AND DEVOLVEMENT (Q31)



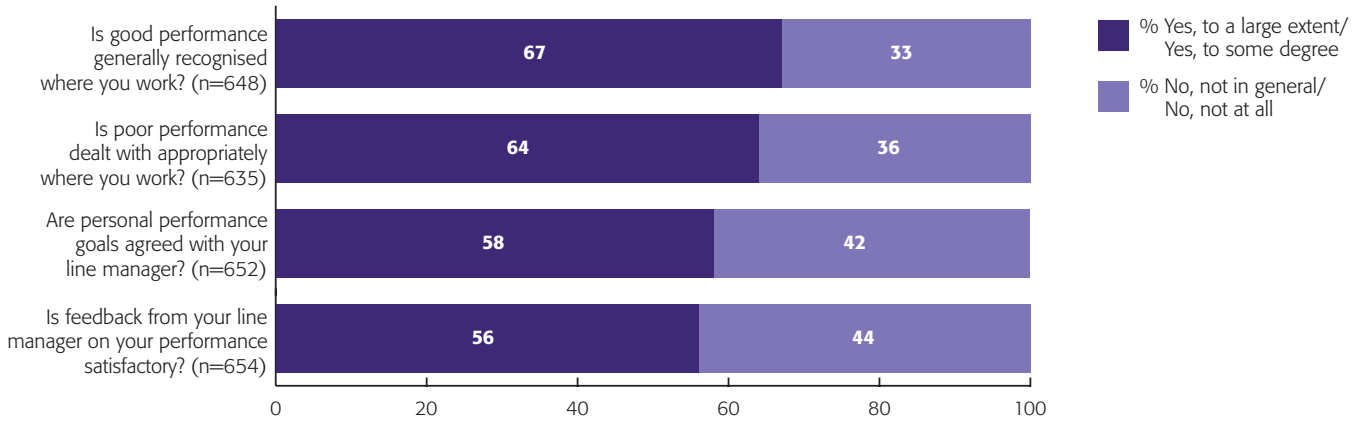
SERVICE PLANNING IN RELATION TO RESPONDENTS' WORK AREA (Q31.1)



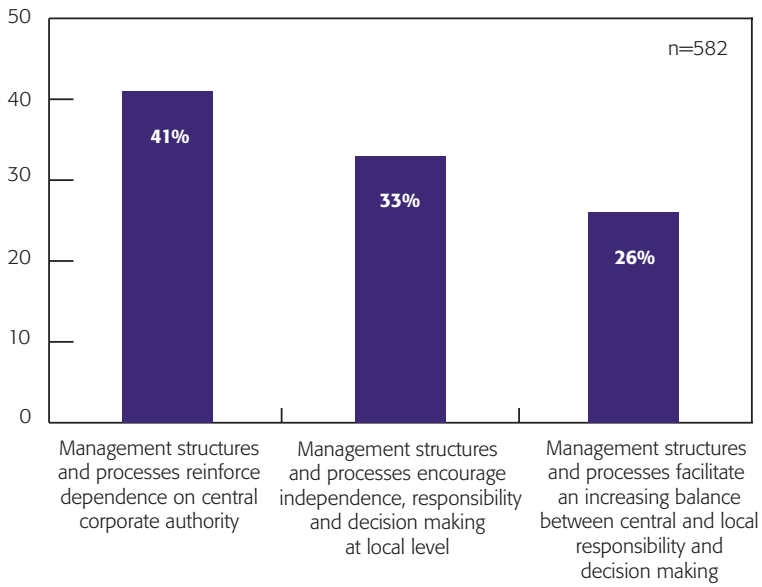
EFFECTIVENESS OF NEHB ORGANISATIONAL PERFORMANCE MEASURES (Q32)



LOCAL MANAGEMENT OF PERSONAL PERFORMANCE (Q33)

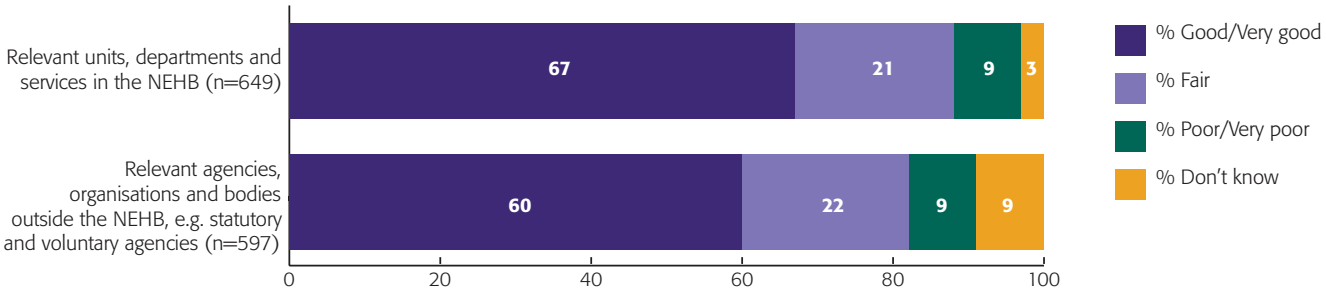


STATEMENTS THAT MOST REFLECT THE WAY THE NEHB IS MANAGED (Q34)



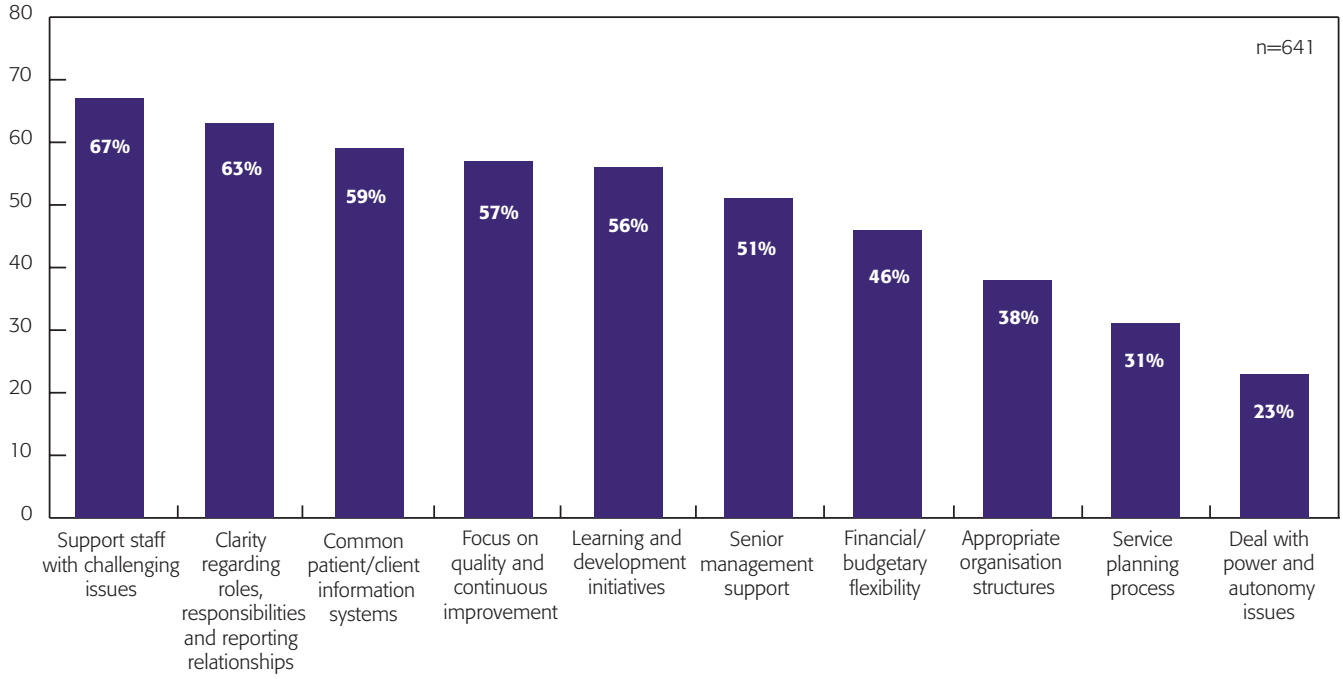
INTEGRATION AND TEAMWORKING

RATING OF JOINT WORKING BY RESPONDENTS' SERVICE AREA INTERNALLY AND EXTERNALLY (Q35)



Note: Valid per cents used. Missing values and not applicable values are excluded.

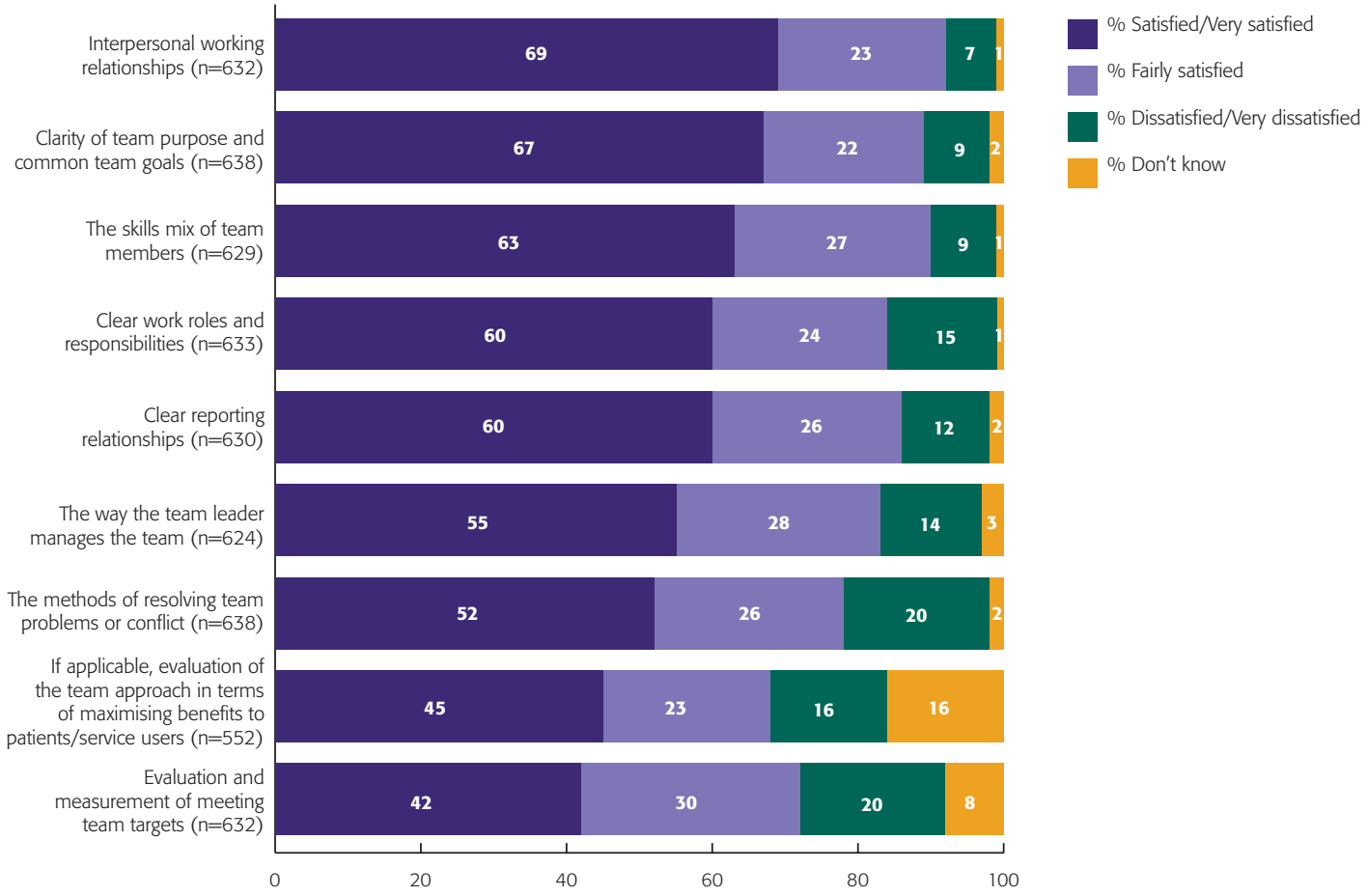
RATING OF THE MOST CRUCIAL FACTORS FACILITATING JOINT WORKING WITHIN THE NEHB (Q36)



TYPES OF TEAMS IN WHICH RESPONDENTS PREDOMINANTLY WORKED (Q37)

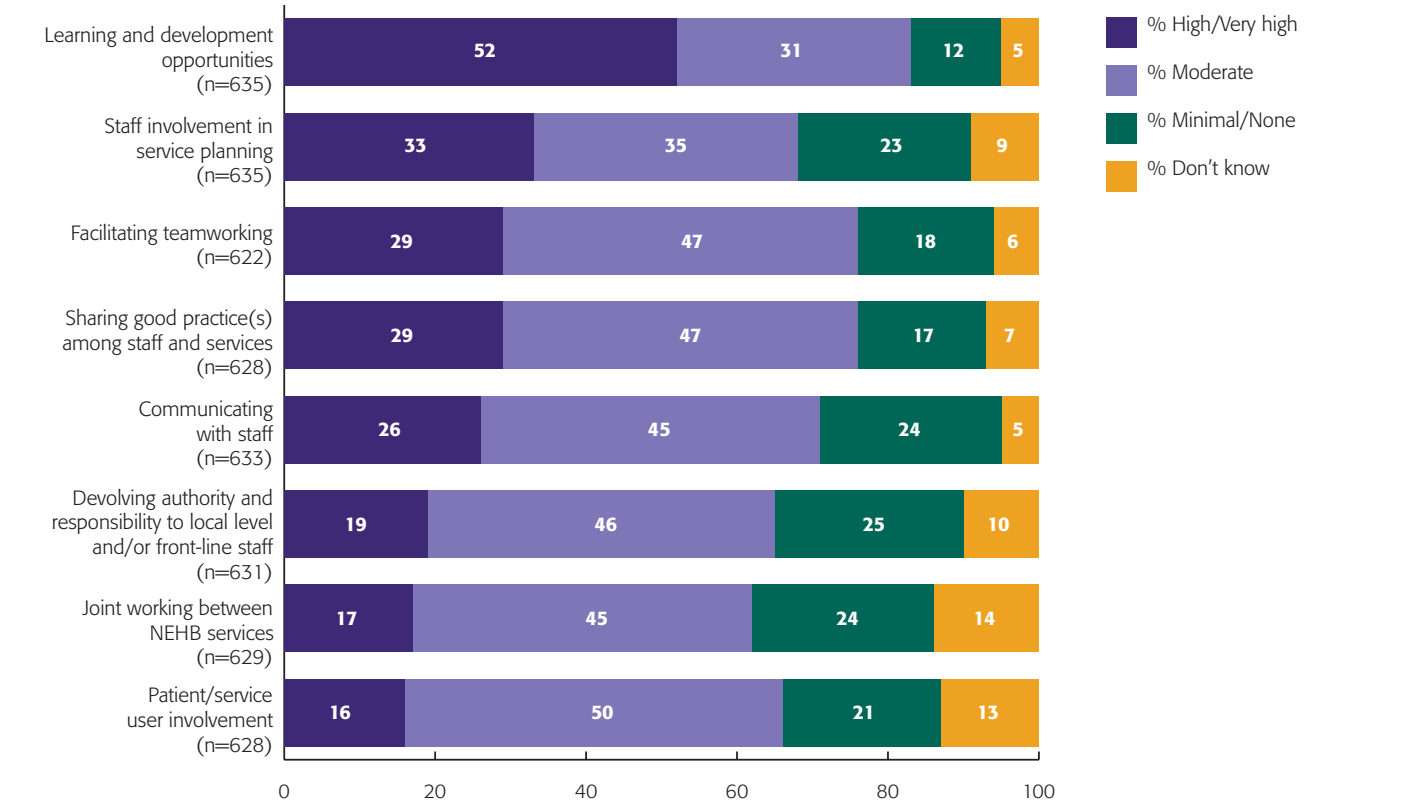
	N	%
Multidisciplinary team (patient/service-user based)	196	30
Department team	184	28
Unit team	90	14
Management team (local/corporate)	76	12
Single discipline team (patient/service-user based)	65	10
Other (includes a mixture of the above-mentioned team types)	15	2
Not applicable	24	4
Valid total	650	100
Not answered	16	
Total	666	

SATISFACTION WITH VARIOUS TEAM ELEMENTS (Q38)



CONTINUOUS IMPROVEMENT AND DEVELOPMENT

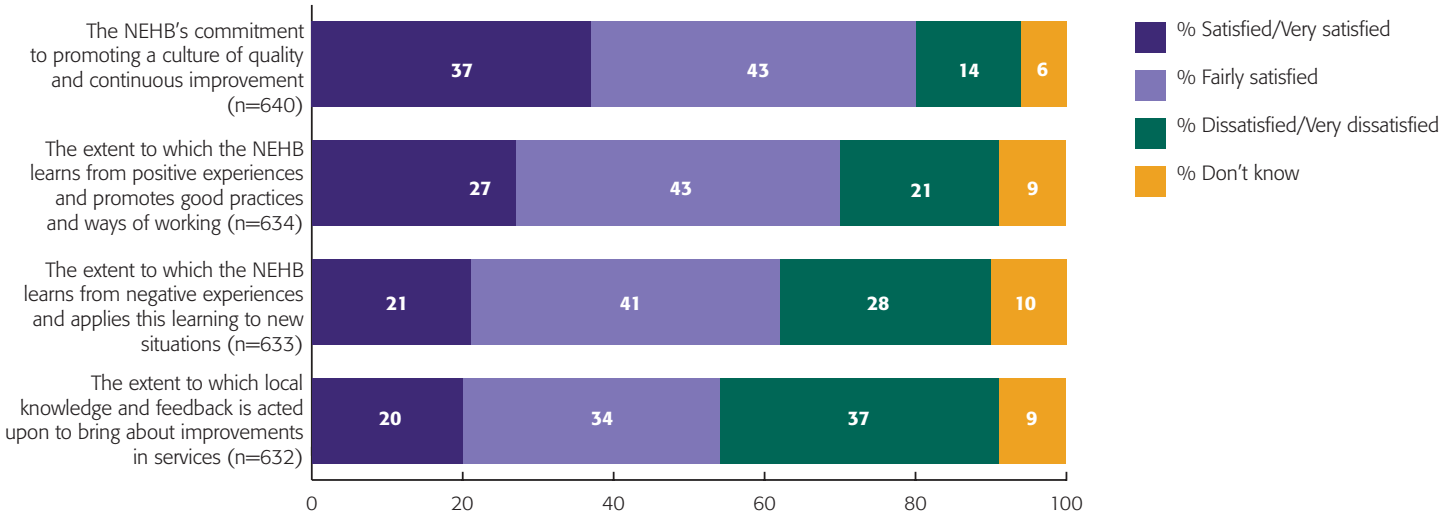
LEVEL OF PROGRESS BY THE NEHB REGARDING THE ISSUES OUTLINED BELOW (Q39)



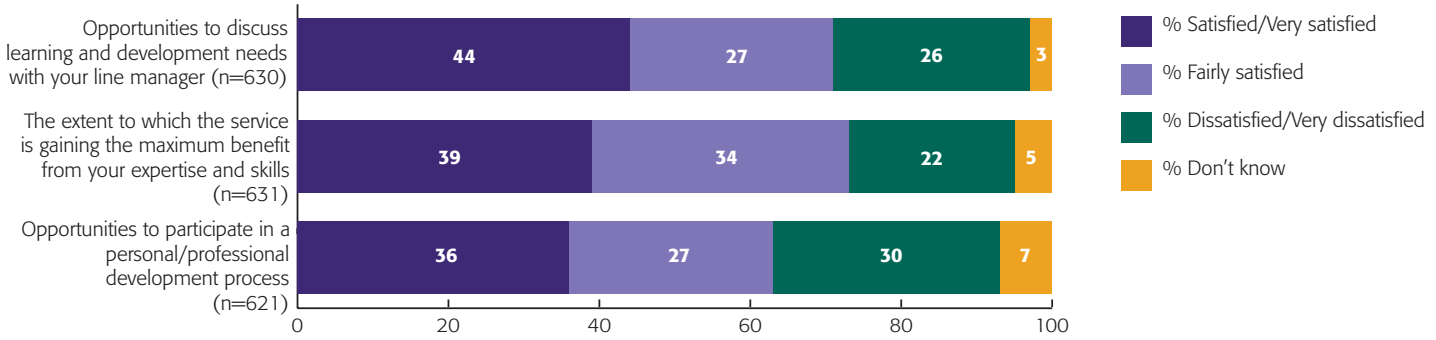
OPEN QUESTION ON WHAT THE NEHB IS DOING WELL AND SHOULD DEVELOP FURTHER (Q40)

The open questions are analysed in the research report.

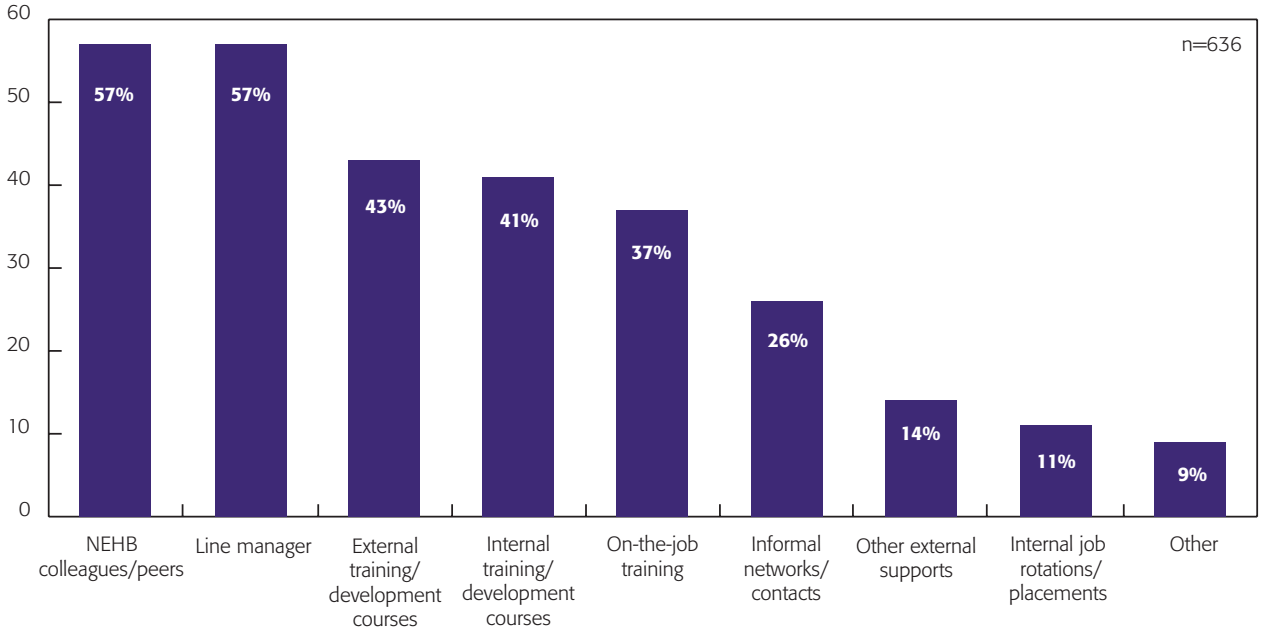
ORGANISATIONAL LEARNING AND DEVELOPMENT (Q41)



PERSONAL LEARNING AND DEVELOPMENT (Q41.1)



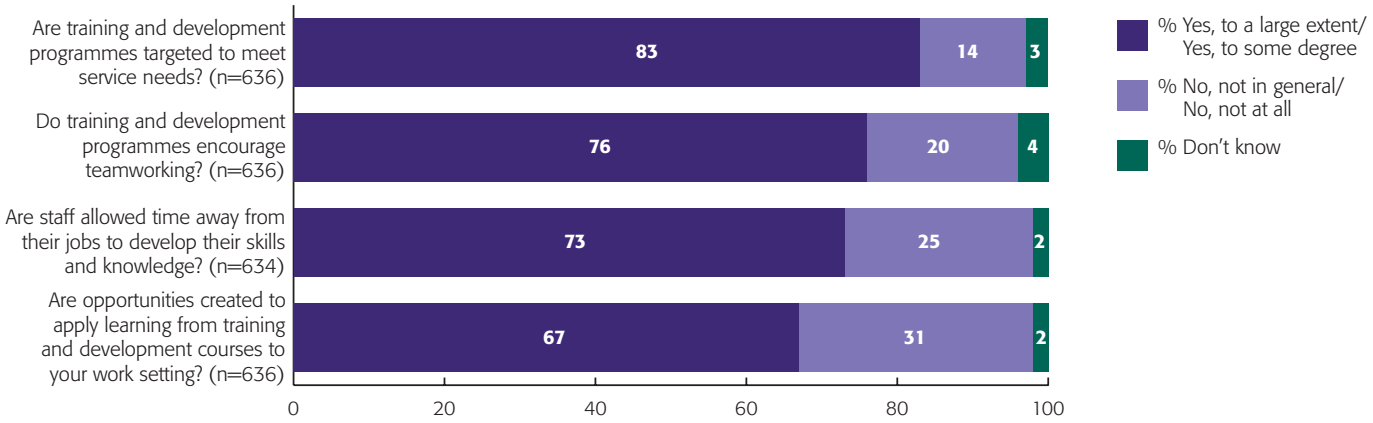
THE MOST IMPORTANT SOURCES OF PERSONAL LEARNING AND DEVELOPMENT (Q42)



OPEN QUESTION ON SUPPORTING STAFF WHO MOVE JOBS WITHIN THE ORGANISATION (Q43)

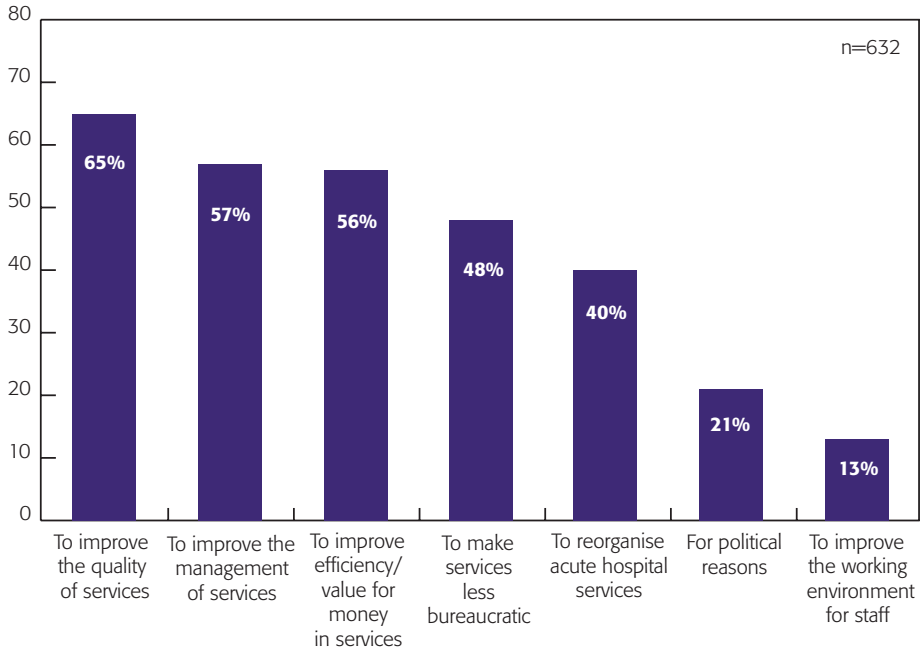
The open questions are analysed in the research report.

ASSESSMENT OF TRAINING AND DEVELOPMENT WITHIN THE NEHB (Q44)

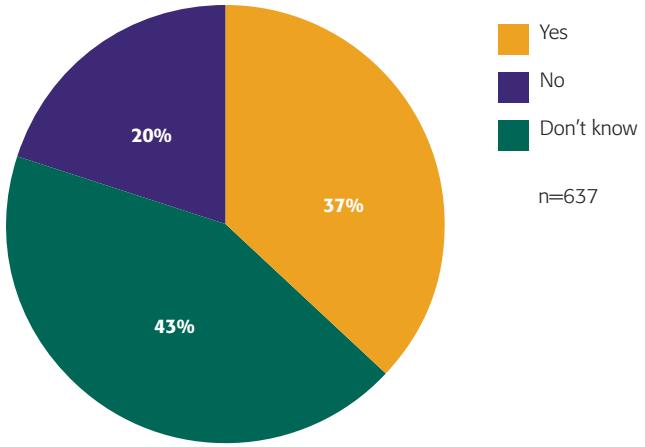


NATIONAL REFORMS OF THE IRISH HEALTH SERVICE

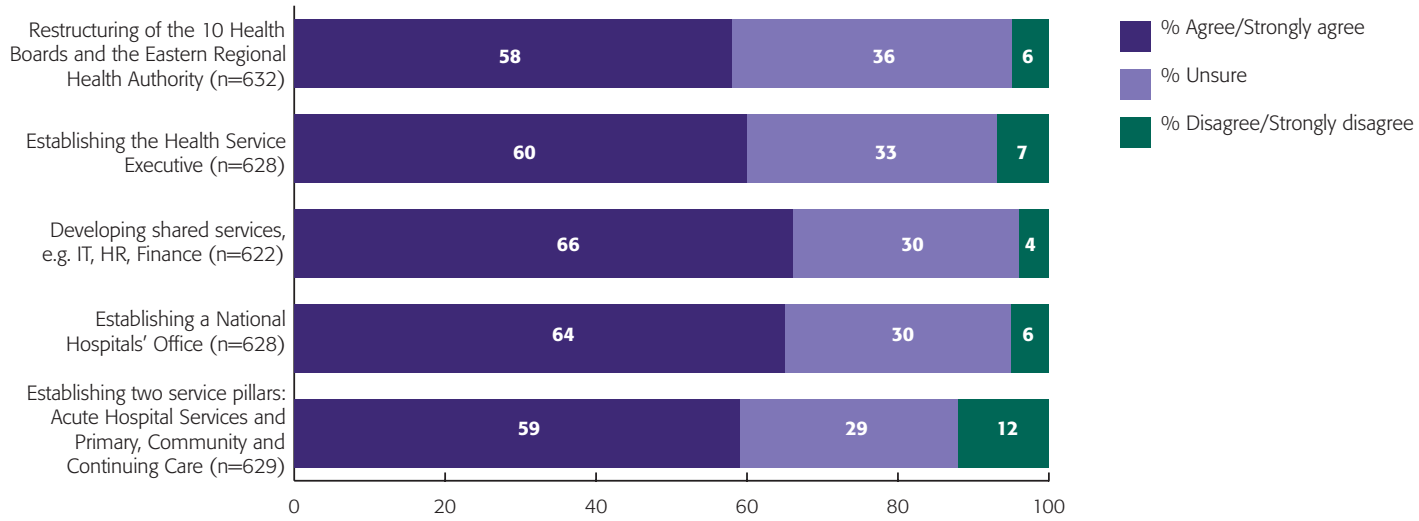
MAIN PURPOSES OF THE NATIONAL HEALTH REFORMS (Q45)



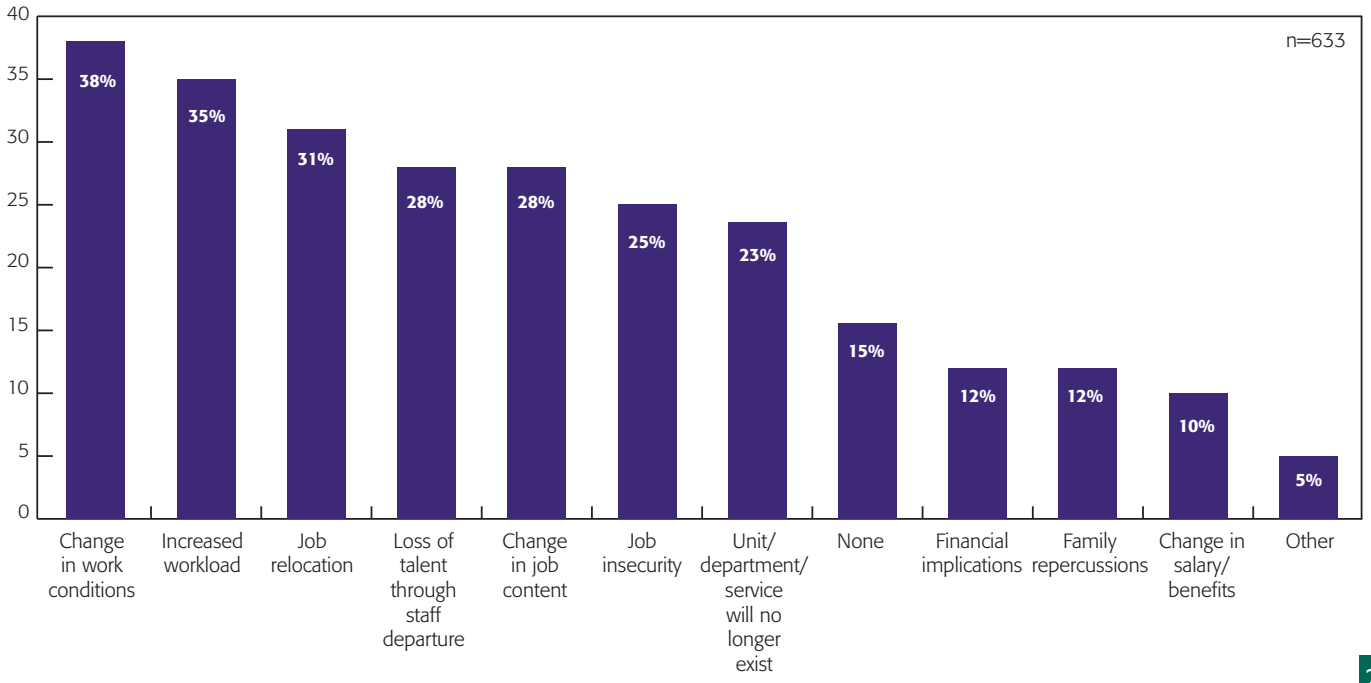
WILL THE NATIONAL REFORMS LEAD TO A BETTER HEALTH SERVICE FOR THE GENERAL PUBLIC? (Q46)



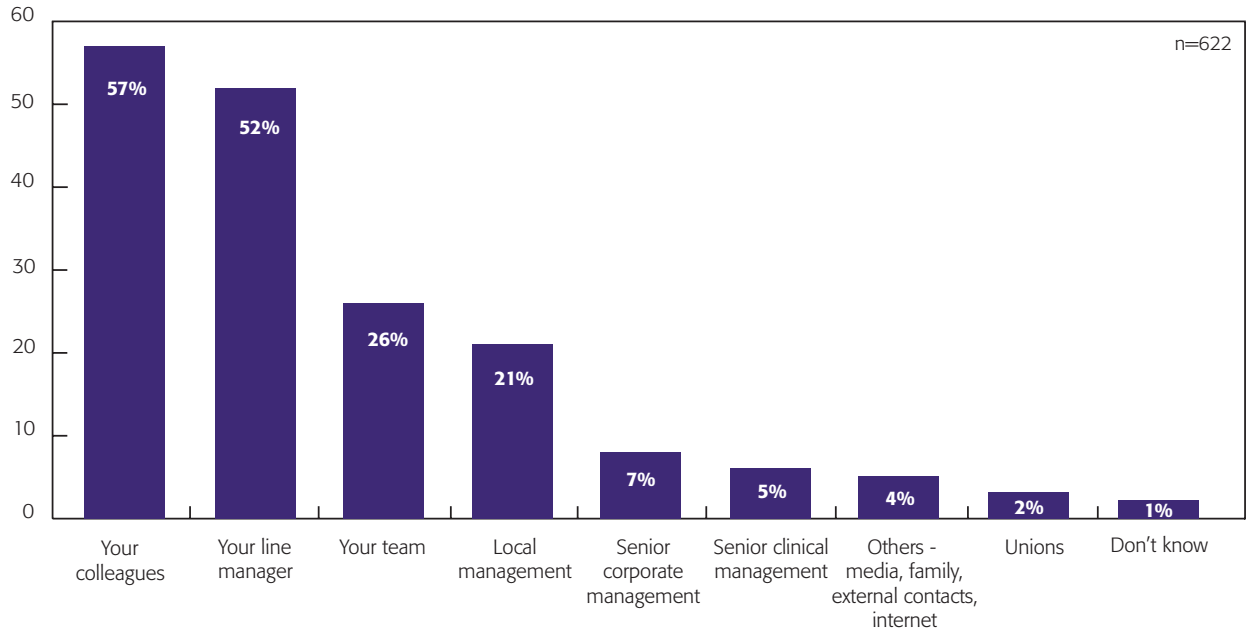
VIEWS REGARDING STRUCTURAL REFORMS WITHIN THE IRISH HEALTH SYSTEM (Q47)



MAIN PERSONAL CONCERNS REGARDING THE NATIONAL HEALTH REFORMS (Q48)



MAIN SOURCES OF SUPPORT FOR STAFF IN RELATION TO CHANGES ASSOCIATED WITH THE NATIONAL HEALTH REFORMS (Q49)



OPEN QUESTION ON MANAGEMENT TEAM SUPPORT FOR STAFF THROUGH SIGNIFICANT REFORM AND CHANGE (Q50)

The open questions are analysed in the research report.

FOR MORE INFORMATION

The research report entitled *An exploration of culture in one Irish health service organisation* contains more detailed information including a literature review and analysis of all of the survey results presented in this document. It also presents the findings from the open questions. The contact details for accessing the research report are outlined on page 2.

Thank you for taking the time to read this document. We look forward to receiving your feedback.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Teamworking
People
Culture
Performance
Leadership
Direction
Communications
Continuous Improvement
Integration

This research was undertaken by:
Organisation Development Unit
Health Service Executive Dublin North East
Dublin Road
Kells
Co Meath
Telephone: 046 9280533
E-mail: tara.orourke@maile.hse.ie

For further information please contact the above address