

**TEAMWORK, ORGANISATIONAL CONTROLS,  
ORGANIZATION CITIZENSHIP BEHAVIOUR (OCB),  
DECISION MAKING AND PERFORMANCE  
MANAGEMENT IN MULAGO HOSPITAL**

BY

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# DECLARATION

I, Naluzze Jesca declare that the work contained in this disertation is my original work, except where stated by references and that it has not been submitted any where for any award.

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## **DEDICATION**

This book is dedicated to my parents, my little daughter Anne Marie and dear cousin Sister Dr. Anne Nanteza for their endless love and support.

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## **ABSTRACT**

There is increasing deterioration of delivery of health services in Mulago Hospital as exhibited in this study and the health sector in general. In this study, the relationships among organizational controls, teamwork, OCB, decision-making, and performance management were investigated in Mulago Hospital. The study used a survey design and the respondents were selected using both stratified random sampling and purposive random sampling. Questionnaires and interview guides were the research instruments used to collect data from the respondents. Measurements of the study variables were the already established, published, reviewed and validated by the previous scholars. The instruments were also tested for validity and reliability and the indexes were above 0.7 thus the question used was proved appropriate for this study.

It was established that; Increasing loss of morale and teamwork amongst the health workers has created a workforce that acts not from duty – consciousness, but out of desperation to survive, without any due regard to the patients' health. It is becoming more difficult to achieve national health targets and hospital objectives as most health workers are more preoccupied with their meager pay as well as covering what cannot be covered financially at their workplaces rather than the performance required of them to achieve pre-set targets and objectives thus affecting the proper attendance to patients.

Data was collected using questionnaires and interview guides, and analyzed for the degree of variances between and within the variables and its impact on the development of human resources and performance management within Mulago hospital. The results show that there is strong correlation between teamwork and performance management and none between OCB and decision-making. These results are discussed in light of the prevailing health service delivery system in Uganda. Recommendations and areas for further research are also explored.



# CHAPTER ONE

## 1.0 Background

The drive for efficiency and effectiveness in Uganda government's service delivery system has dominated the public sector reforms, with an intention of avoiding wastefulness in public expenditure, and increasing the productivity of the public sector workforces. This is based on the new public management model advanced by the developed countries. This model shows that the state has become too large and over-committed, and thus has a reduced capacity to efficiently provide its citizens with the needed services (Minogue, 2001).

The health sector since 2002 has been undergoing reforms. The sector has been divided into large administrative regions with different health care institutions that range from large hospitals to small out patient units. These institutions are defined as autonomous administrative entities in terms of internal management systems and strategies. This makes the hospital enterprises more accountable for their economic performance. In order to establish performance management, managers must be given full accountability and autonomy to find ways to achieve objectives. In other words, the hospital department should be evaluated against its ability to reach a set of clear performance criteria and performance targets.

In Mulago Hospital, there are large deficiencies in the management control systems. Resources are not used appropriately as waste, fraud and mismanagement are on the increase. Reliable and timely information is not obtained, maintained and not used for decision-making (MoH, 2003). Though there is enough management capacity in this hospital, it is not doing what it is supposed to be doing. Resources are not appropriately utilized as well as information in a timely manner. The hospital work force has adequate skills in health planning, performance and management control. However, the

willingness to effect proper management of the hospital is usually lacking. Furthermore, there are increased conflicts between the top management team over the leadership of the hospital (Muyinda, 2002). This has resulted into distrust, and has destroyed teamwork required to bring desired performance in the hospital. This, together with negligence of patients, health workers' demand for money from patients where money is not required, poor customer handling practices i.e. Organizational Citizenship Behaviour (OCB) and improper decision making procedures, has impacted negatively on both the efficiency and effectiveness of hospital operations.

Furthermore, management of essential drugs and health supplies in the hospital is grossly inadequate because of the inexistence of management controls. Logistics management information systems (LMIS) are not adequately managed, leading to perpetual stock-out situations even where this should not occur (Mulago Hospital Bulletin, 2000). Besides, the very poor management of LMIS and poor general record-keeping has made it almost impossible to properly plan for needs at hospital level, leading to funding hospital medicines and supplies needs on the basis of assumptions rather than reality (National Hospital Policy, 2005). Such inequality practiced by the hospital negatively impacts on employees' trust, expectations and fairness towards the organization. This is detrimental to a poor country such as Uganda where resources are scarce to the extent that other key votes are not funded, leading to loss of lives and untold suffering (Mulago Hospital, 1998)

## **1.2 Statement of the problem**

There is increasing deterioration of delivery of health services in Mulago Hospital as exhibited by negligence of patients, health workers' demand for money from patients where money is not required, and poor customer handling practices (OCB). This has resulted from the fact that staff team spirit has slackened as a result of increased

conflicts within the hospital. This has eroded the staff morale to provide the desired services with commitment and purpose. In the end, organizational controls are often flaunted by those who would enforce them, rendering their role to inform decision-making hapless, leading to poor performance management in the hospital.

### **1.3 Purpose of the study**

The purpose of this study was to examine the relationship between organizational controls, teamwork, OCB, decision-making, and performance management in Mulago Hospital.

### **1.4 Objectives**

The study was guided by the following objectives;

1. To examine the relationship between organizational controls and teamwork in Mulago Hospital.
2. To assess the relationship between OCB and decision-making in Mulago Hospital
3. To examine the relationship between organizational controls, decision-making and teamwork in Mulago Hospital.
4. To examine the relationship among teamwork, OCB, decision making, organizational controls and performance management.

### **1.5 Research questions**

The study was guided by the following research questions;

1. What is the relationship between organizational controls and teamwork in Mulago Hospital?

2. What is the relationship between OCB and decision-making in Mulago Hospital?
3. What is the relationship between organizational controls, decision-making and teamwork in Mulago Hospital?
4. What is the relationship between teamwork, OCB, organizational controls, decision making and performance management?

### **1.6 Significance of the study**

The results of this study are of value to many categories of people including:

#### **a) Public servants**

Public servants need assistance in their careers, particularly for planning career development, training, and promotion and ascertain reward. They can be able to realize and appreciate their role input and output requirements and performance measurements.

#### **b) Other stakeholders and partners**

The findings are of value to donors and other stakeholders for appreciating their efforts in assisting the government in various aspects thus ascertaining value for money and providing an independent and more reliable data. It will assist stakeholder in the monitoring and evaluation of the individual staff performance and contribution towards organizational development.

#### **c) Academicians and interested readers**

The findings could be a source of literature and reference guide for interested readers and researchers for basic knowledge and the well being of the health workers. It could

be a basis for further research by academic groups /institutions and intellectuals in other Ministries and government departments.

**d) Streamlining the existing management system**

Results of this study will go a long in streamlining the management system of Health service delivery and thus ensuring that the people are satisfied with a more deep understanding of health workers' plight. This is done through provision of knowledge about, teamwork OCB, organizational controls and performance management of hospitals. This will help the MoH to devise programs to deal with the negative effects. The study results are expected to enhance wellbeing of medical staff, as actions taken from the recommendations would improve their remuneration and organizational commitment.

**e) Increased levels of commitment**

With these results, organizations can now understand the degree to which resources should be allocated to practices that have been shown to increase levels of commitment in employees. Furthermore, organizations are able to determine if teamwork or task commitment is more important than other areas of commitment. This gives service organizations the opportunity to develop strategic plans that will bring employee teamwork/task commitment to optimal levels.

## **1.7 Scope of the study**

### **1.7.1 Geographical scope**

The study was conducted at Mulago Hospital and the Ministry of Health headquarters in Kampala District.

This is because it is the main referral hospital that employs the biggest number of health workers in the country, and the latter is the headquarters that is the major employer of health workers in the country and where performance management had been practiced for the last five years.

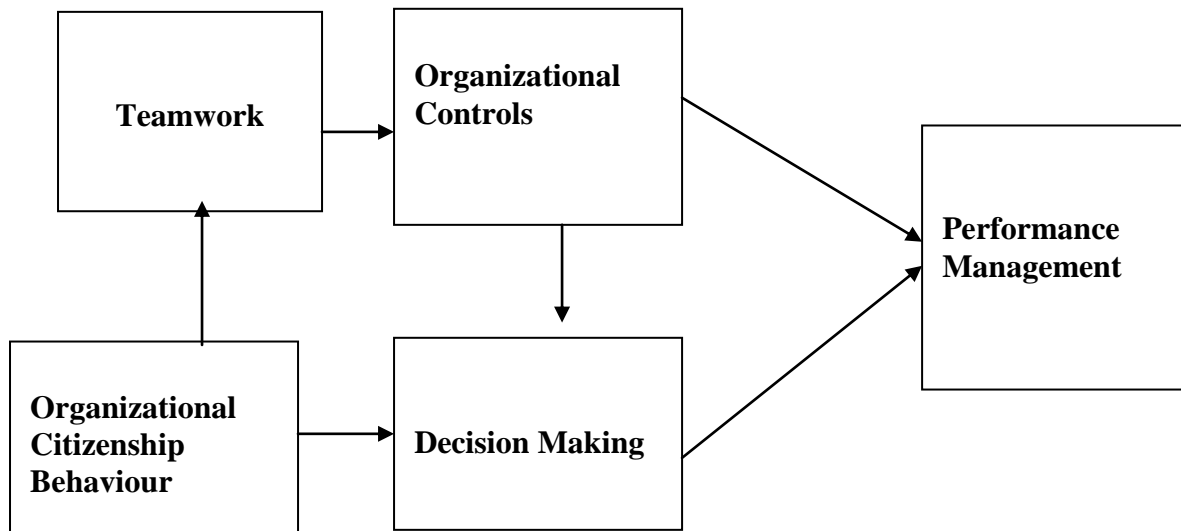
### **1.7.2 Content scope**

The study addressed the factors underlying the practice of performance management. These included use of organizational controls, team work, OCB and decision-making in bringing about good performance management in government processes. These were examined in relation to health workers in position which include top, middle and lower staff performance in the Mulago Hospital in Kampala.

### **1.7.3 Time scope**

This study was cross sectional in nature since this was the period in which the hospital experienced the highest occurrence of medical staff strikes resulting mainly from poor management control of the hospitals, poor remunerations, lack of proper decision making procedures and teamwork thus leading to poor performance management of the institution.

## 1.8 Conceptual Framework



### 1.8.1 Theoretical Conceptual framework

The conceptual framework was derived from review of existing and related literature from which the various constructs were derived. The study is based upon theories of Social exchange, classical theories and labour process systems to explain OCB, teamwork, decision making, organizational controls and performance which are the key variables in this research. They explain how the independent variables reciprocate, definitely specify concerns and respectively jointly determine performance management in Mulago hospital. The conceptual framework demonstrates that organizational controls are quite instrumental in aiding decision-making in ensuring good performance management in an effort to bring the desired results. In the same way, decision-making makes the operation of organizational controls possible. In so doing, performance management is smoothly carried out. However, there are other factors that seem to influence the effectiveness of organizational controls and decision-making. In the conceptual framework they are shown to be Organizational Citizenship Behaviour (OCB) and teamwork/cooperation to work which in aggregate contribute to performance management in all the departments and Mulago hospital.

## **CHAPTER TWO**

### **2.0 Literature review**

#### **2.1 Introduction**

Performance management systems include a range of techniques which both monitor and shape organizational behavior (Hoggett, 2001), and assist in: aligning employees, unit and institutional performance, facilitating communication, managing the organization on an ongoing basis, accelerating change, and achieving results (GAO, 2002). Fundamentally performance management occurs when performance information fuels action in the shape of policy or implementation.

##### **2.1.1 Performance**

This decade will witness an increasing spate of innovations and knowledge building across a multitude of organisations. For organisations directly involved in critical service delivery, such as hospitals and nursing homes, the effect and impact of investing in knowledge building and innovation generation to provide better patient care delivery without compromising on operating cost and quality will become increasingly prevalent globally. The health-care delivery system has been undergoing formidable challenges in the 1990s (Griffith, 2000). Indeed, the current environment for health-care organisations contains many forces which demand unprecedented levels of change such as increased customer expectations, steeper competition, and public sector agency pressures. Today, the emphasis is not just on financial indicators but it also encompasses non-financial indicators to take advantage of key internal and external opportunities and respond to these opportunities swiftly. For many hospitals in the Uganda, various instruments and frameworks are already in place to assess the impact of different quality or productivity improvement initiatives and performance management (Griffith, 2000).



Performance has those actions or behaviors that are relevant to the organization's goals and that can be scaled (measured) in terms of each individual's proficiency i.e. level of contribution (Campbell et al,1993). Thus performance is not only a consequence of action, but also it is the action itself.

However the definitions of performance do not warrant sufficient coverage of performance management as a concept. If there is a general agreement on the definition of performance as shown above, then the question is, how then should performance management be measured? This is a pertinent question because what performance management implies in one organization may considerably differ in another organization (Kalleberg, 1995) In this respect therefore, realization should be made in measuring such that it is looked at as a multi – dimensional concept. Using multiple dimensional scales to study performance management relationships with other variables is necessary to examine and understand the nature, significance and strength of the relationships (Kalleberg, 1995) thus performance management can be measured using self-ratings. In this measure work duties, work skills, desire to work and job performance can be considered. Employee performance is observed over a reasonable period of time a common approach today is an outcome - oriented appraisal. Therefore directing attention to what was actually accomplished (Kreitner; 1999).

It is pertinent to underline the impact of management controls, teamwork, OCB and decision making on the performance management. When the management system lacks the above factors and becomes inconsiderate and unfair towards the employee demands, high performing employees will be frustrated and this may negatively affect the performance, teamwork and commitment of employees and hence organizational failure.

The performance of employees is the cornerstone in developing the effectiveness and success of any organization. Nonetheless, the debate over the relationship between performance management and other variables such as controls, teamwork and decision making is suitable to induce good performance is far from over. More research is still required to establish peculiar issues pertaining to various organizations and their performance management system.

## **2.2 Concept of Performance Management**

Performance management is the scientific study and application of knowledge concerning the measurement of performance and its use in guiding managerial decision-making and in demonstrating accountability (OECD, 2001). Performance management techniques are not just made up of routinely technical matters which demand no more than a practical, standard 'user's manual' to know how they operate and how to use them. They are cross-disciplinary functions, crucially bound up with mainstream organizational and social life.

To understand how they operate, one must understand the way they are used to encourage, monitor, judge, evaluate, and control organizational and social participants; in effect, to appreciate the contexts in which they function and with which they interact.

Some literature (Demediuk and Solli, 2004) demonstrates that performance management is situated where performance measurement and organizational action collide. Performance measurement is a broad concept that includes qualitative and quantitative information. It should be noted that plenty of performance measurement is done which never influences or articulates action, and plenty of action is neither fuelled nor captured by performance measurement.

A rational model of management would argue that the larger the intersection, the more informed is the decision making – and hence the lower the risk (Solli, Sims and Demediuk, 2004).

This tells us the two-way linkage of performance measurement (includes measuring, analyzing and reporting), and action (includes organizational policy and implementation). This gives us a sense of performance management being the intersection of action and performance measurement.

(Otley, 2000) helps us get a clearer picture of the main elements that make up performance management. He argues that five key questions are central to understanding and assessing performance management at an organization: What are the key objectives that are central to overall future success?, and how does the organization measure their achievement? What strategies and plans has the organization adopted to achieve key objectives?, and what activities are necessary for plans to deliver expected results?. How does the organization assess and measure the performance of these activities? What performance standards are required to achieve success with key objectives and activities, and how are the performance targets set? What rewards – in the widest possible sense – or penalties will accrue to managers from success or failure in reaching performance targets?

What formal and informal information flows (feed-forward and feed-back) and learning processes are necessary for the organization to adapt and improve?

Performance management is a huge area that covers many disciplines, but the potential value-adding role for entrepreneurial public sector accountants in measurement, target setting, accountability and organizational learning is clear (Otley, 2000).

As it stands, managing and measuring performance for health-care institutions are increasingly becoming very difficult and complex as the health-care system moves to one of greater integration for obvious reasons of economies of scale. Currently, there are few tools which exist for assessing and managing health-care quality. Most of the tools are rather basic, i.e. Pareto Chart, cause and effect diagram, process flow diagram, which are mostly adapted from other fields (Hewitt, 1994; Chow and Goh, 1999). However, most of these tools provide only a static assessment of quality performance and lack the much-needed ongoing performance management, monitoring capability for immediate corrective feedback

### **2.3 Organizational citizenship behaviour (OCB) and organization performance**

Employees, who believe that they have been treated fairly, respond to change initiatives within the work environment with behaviours that reflect effort beyond the call of duty. Such behaviour is referred to as organizational citizenship behaviour (OCB) (Kessler & Purcell 2004). According to Coyle-Shapiro *et al.*, (2004) the underlying premise of OCB is a form of reciprocation of fair treatment by employees. Here, the key finding suggests that the relationship an individual has with the employing organisation is critical to understanding the rationale for employees undertaking OCB. Furthermore, Kreitner and Kinicki (2004) demonstrate that employee perceptions of being treated fairly at work are related to their willingness to engage in OCB. Therefore, employees either engage in OCB to reciprocate fair treatment or engage in OCB because they define those behaviours as part of their job. Individuals are more likely to alter their citizenship behaviour if they believe that the system is inherently fair or unfair or if they believe a decision outcome was favourable or unfavourable.

Consequently, an organisation which advocates a culture directed at positive benefits towards employees creates an impetus for employees to reciprocate in positive ways through their attitudes and behaviours.

The strengthening of corporate cultures provides the key to securing enhanced effort on the employees (Willmott, 1993) . However, whilst there is a positive relationship between OCB and organisational culture, this view may be one-sided (see Graham & Organ 1993). Instead on the flip side, OCB is influenced by covenantal relationships which capture the degree of commitment by the supervisor employee as well as teamwork, mutual trust and shared values. Thus, organisational cultures which reflect values such as cooperation, commitment group norms trust, justice and equity are important in understanding an employee's citizenship behaviour. Leadership within the organisation and characteristics of the work environment determine OCB (Alas & Vadi 2004; Kreitner & Kinicki 2004). Therefore, justice perceptions, with emphasis on the dignity and worth of individuals are important in understanding the contribution of discretionary effort (Graham & Organ 1993).

A primary emphasis of human resource management (HRM) is to improve the effectiveness of an organization's human resources using the processes of selection, performance appraisal, and training (Latham & Fry, 2002). Historically, HRM research has focused on behaviors in the work place that have direct implications for enhancing the productivity of the individual and reducing costs to the organization. However, an exclusive emphasis on such direct linkages may fail to take into account the informal and discretionary individual behaviors that can benefit an organization (Katz, 2004). Moreover, management tools of formal organizations such as employment agreements, job descriptions, and organizational charts usually fail to cover all the contingencies and relationships that emerge in the course of one's work (Stewart, 2005).

Most commonly, elements of contextual performance have been operationalized in the form of organizational citizenship behaviors (OCBs). Organizational citizenship behavior has been a focus for many organizations because many managers claim to base decisions and formulate perceptions about employees based on OCBs ( LePine, Erez, & Johnson, 2002). The OCB is behavior that is discretionary, or not formally recognized by a reward system, that can promote the functioning of the organization (Podsakoff, MacKenzie, Paine, & Bachrach, 2000). However, it has recently been redefined more specifically as behaviors that contribute to or enhance the social and psychological context that supports task performance ( LePine, Erez, & Johnson, 2002). Indeed there are several types of organizational citizenship behaviors. Williams and Anderson (1991) broke OCBs down into three categories. These include positive behaviors directed toward co-workers (OCBI), behaviors directed at organizational enhancement (OCBO), and in-role behaviors (IRBs) directed toward task performance. OCB emphasizes the social context of the work environment in addition to the technical nature of the job. OCB addresses aspects of prosocial behaviour (Puffer, 2000; Brief & Motowidlo, 2001), altruism (Rushton, 2000) and service orientation (Hogan, Hogan, & Busch, 2004). Examples of OCB include acts of helpfulness, gestures of goodwill, and cooperation among organizational members, as well as among members and clients.

The dimensionality of OCB has generated conflicting issues. Some researchers have identified as many as four (e.g., Karambayya, 2000) and five (e.g., Moorman, 2001) dimensions, including altruism, general compliance, courtesy,, sportsmanship, and civic virtue. These five dimensions, however, may not be applicable to all work settings (see MacKenzie, Podsakoff, and Fetter 2001 for a review) .

Williams (2003) argued that OCB would be better and more universally defined by two dimensions, namely, (1) OCB that benefits the organization in general (OCBO), such as volunteering to serve on committees, and (2) OCB that is directed primarily at individuals within the organization (OCBI), such as altruism and interpersonal helping.

There is emerging support for a two-factor model (e.g., Williams, 2000; Organ & Konovsky, 2000; Williams & Anderson, 2001; McNeely & Meglino, 2002; Smith *et al.*, 2003; Werner, 2004;). Hence, the two-factor structure of OCB warrants investigation. OCB has been criticized for being neither well-defined nor well-measured (Organ, 1993). This may be due to the fact that what is considered OCB in one organization may not be considered OCB in another (Karambayya, 2001).

OCB is positively related to organizational (e.g., MacKenzie & Podsakoff, 2002) and group level performance (e.g., George & Bettenhausen, 2000; Graham, 2001; Karambayya, 2001; Smith *et al.*, 2003). However it is not clearly so at the individual level. Smith *et al.* proposed that OCB may contribute more to another person's performance than it does to one's own and may even have the effect of sacrificing some portion of one's immediate individual output. In contrast to this proposal, there are both theoretical and empirical reasons to hypothesize a positive relationship between engaging in OCB and an evaluation of an individual's job performance. Social exchange theory (e.g., Blau, 2004) posits that "giving and receiving material or intangible resources is at least partially predicated on the expectation of return" (Uehara, 2000). With all the conflicting issues related to OCB, it is therefore important to investigate the relationship between OCB and other factors in the health service delivery system in Uganda

## **2.4 Organisational controls**

In an organization, people should perform their duties that are defined according to procedures and processes. These procedures and processes are called organizational controls. There are several categories of organizational controls, such preventative, financial, diagnostic, management and operational controls. In the diagnostic perspective, focus is on the alternatives to control or programming of processes (Simons, 2005). From this perspective, budget and accounting information followed by performance evaluation schemes and balanced scorecards—systems that often are characterized as the main chain in the control system. Diagnostic control systems are the formal information systems that managers use to monitor organizational outcomes and correct deviations from present standards of performance (Simons, 2005). Such systems are designed for motivation, control, and evaluation. The quality of such systems is dependent on the ability to tie performance (output) to the processes of service production, the availability of evaluation indexes, and the possibility of active intervention when deviations are observed. In this context, the establishment of performance measures is important. As mentioned earlier, neither the cost indexes nor the creation of patient diagnosis-related groups (DRGs) are meeting these measurement criteria in Mulago Hospital. From the interactive control perspective, dialogue-based activity is the mechanism that ties together the formal and the informal elements in the control systems. In contexts such as hospitals with a high degree of complexity, ambiguity, and change, dialogue and face-to-face communications are vital rich information media (Daft & Lengel, 2001). However, the dialogues should be based on relevant information: Interactive control systems are formal information systems that managers use to involve themselves regularly and personally in the decision activities of subordinates (Simons, 2001). The interactive control perspective focuses not on



output as such, but on monitoring the organizational processes for the implications of decisions as the main consideration (rather than the data). Consequently, the discursive frame of the interactive perspective facilitates the decision processes at strategic levels, which presuppose active participation from managers at all levels. The organisational control system in hospitals has focused on cost measurement rather than cost management (Nyland, 2003).

## **2.5 Organisational Controls and performance management**

Controls as a practice is a necessary component of the social relations of capitalist production due to the indeterminate relationship between individuals' notional capacity to undertake work (i.e., their labor power) and the amount of effort they expend in working (i.e., their actual labor). In effect, workers do not surrender their full capacity to work but retain it, only selling their labor power for an agreed amount of time (Braverman, 2004). Under these conditions, managers attempt to ensure that expended effort approaches the full potential of labor power, first by determining the tasks individuals must undertake and then by directing their efforts throughout the working day to make sure that these tasks are completed. The legitimate authority for managers to assert this level of control stemmed from their application of scientific and, hence, impartial principles of efficiency (Taylor, 2002). This Taylorism is an ideological project of domination with the ultimate objective of ensuring the real subordination of labor (Braverman, 2004). Although labor was formally subordinated through capitalists' ownership of the means of production, labor could still exercise a degree of genuine autonomy by retaining responsibility for the conception and execution of work tasks. Despite the rhetoric of scientific efficiency,

Taylor's primary objective was to bring about the real subordination of labor by dissolving this unity of mental and manual work. Managers would take over the responsibility for the conception of work, while non-managers were simply left to execute standardized tasks, thereby driving out any vestige of autonomy. As such, scientific management's concern was not primarily to identify the best way to do work in general (i.e., to maximize efficiency) but "to answer the specific problem of how best to control alienated labor (Braverman, 2004). This reinforces the Marxist tradition of representing the politics of the labor process as a struggle over who determines the nature and form of work, a polarized contest between worker autonomy and the assertion of managerial prerogative, taking place at what Edwards (2001) has described as the "frontier of control." Under contemporary approaches to teamwork, which advocate a limited recombination of mental and manual work, the traditional frontier of control associated with labor process theory is becoming harder to delineate, especially when nominal autonomy and enhanced managerial control are mutually supportive. Conditions of relative autonomy and tight control could coexist in some work settings (Friedman, 2001). This reveals that the representation of labor process politics as a choice between either autonomy or control is an oversimplification (Braverman, 2004). Nevertheless, the labor process at the heart of radical critiques of the organization of work has inspired a large number of revisionist treatments of labor process theory (e.g., Burawoy, 2002; Thompson, 2003).

## **2.6 Teamwork**

Teamwork in the delivery of health services has never been so important as it is now. Recognizing and defining evolving roles, responsibilities, and accountabilities in the provision of health services has never been so significant. A healthcare system

supporting effective teamwork can improve the quality of patient care, enhance patient safety, and reduce workload issues causing burnout among healthcare professionals. Teams can also be a source of power conflicts and bad politics. Hence, a vigilant eye must be maintained on teams to ensure that there is no power play or inter departmental politics. While a healthy competition is required to keep all teams on their toes; it is essential that competition is a positive motivating factor. where health care professionals work together in teams, an improved service to clients has been delivered (Zwarenstein et al., 1997; Aiken et al., 1998; Schmitt, 2001; Rafferty et al., 2001). In terms of a 'good employer', effective teamwork enhances staff motivation (Wood et al., 1994), job satisfaction and mental health (Borrill et al., 2000; Peiro et al., 1992), improves retention and reduces turnover (Borrill et al., 2001). There is a well-established body of literature which identifies the effectiveness of teams, both in terms of their development and functioning (e.g. stages of development and team communication, flexibility, innovation, team roles and leadership; Borrill *et al.*, 2001; Heinemann & Zeiss, 2002b).

The convergence of both external and internal forces has resulted in the development of performance management in health care. External factors may include political pressures and health care reforms; financial pressures such as efficiency drives and budget cuts; the introduction of purchaser-provider split and service contracts; and pressure from increased expectations of clients and users. Within organisations, internal pressures and effects that have given rise to the desire to at least define, if not measure performance, include resources such as staffing, the physical environment, people management and the organisational culture (Michie and West, 2003).

Although studies in health care e.g. Mulago hospital consistently support the value of team-based working, much of performance management in health care remains driven by the measurement of individual performance, notably the individual performance appraisal. A plethora of appraisal systems and tools are available to managers including the more recent approach to individual assessment of performance — ‘360 degree feedback’ (Armstrong and Baron, 2005).

Sound instruments for measuring team performance are presented as both ‘state of the art’ instruments, such as team climate inventory (Anderson and West, 1998) and ‘honorable mention’ instruments, such as the team collaboration index (Aram et al., 1971; Lovett et al., 2002). Measurement of team performance highlights many difficulties common to the measurement of any performance, including lack of a common language among different disciplines and adaptation to local conditions, such as the development of virtual teams. The required changes in organisation and culture, the scale and scope of supporting activities, the willingness to make long-term investments in employee skills require a combination of technical, behavioural and leadership skills that are seldom found in companies (Conti and Warner, 1994, 98).

Finally, Barker (1993), in his case study of self-managing teams in a small manufacturing company, reports the development of a communal value system, heavily invested into by participants, which serves to "draw the iron cage still tighter, making it more powerful than the bureaucratic organizational control had been" (Barker, 1993) by transferring the locus of organizational control from the formal bureaucracy into the teams’ values, norms and rules. In this scenario, team working produces an ironic paradox - greater domination through teams than with bureaucracy - a far cry from the liberating view of teams frequently upheld in much of contemporary thinking.

Teamwork has a limited research base and work has, to date, concentrated on its definition, devising a measure of engagement and what influences it most. In this study, the relationship between teamwork and other factors was therefore investigated.

## **2.7 Decision making**

Decisions are not made in isolation -- a network of influence affects all important decisions. There are highly influential people when important decisions are made in an organization these are either internal people or External experts for some managers include subordinates' inputs, while others only seek out superiors, or external experts.

Classical theories of choice in organizations emphasize decision making as the making of rational choices on the basis of expectations about the consequences of action for prior objectives, and organisational forms as instruments for making those choices.( March, J.G. and Olsen,2000),. It is likely that most organisations would like to think they and their employees follow such rational processes; but in practice it is unlikely to be frequently achieved. The decision making process is exploitative and authoritative (Likert, 1967) as decisions are taken from the top to down hierarchy and fed down. McGregor (1960) classified Managers' attitudes and perceptions about the worker fall two categories: Theory X and Theory Y (McGregor, 1960). Theory X assumes the hierarchical structure whereby staff must be controlled and directed in order to work. Theory Y on the other hand assumes that employees are imaginative and creative, and therefore they always use their ingenuity to solve work problems. However, Theory Y is difficult to apply in large-scale organizations. Classical theories of choice emphasise decision making as a rational process. In general, these theories fail to recognise the formulation stages of a decision and typically can only be applied to problems comprising two or more measurable alternatives.

In response to such limitations, numerous descriptive theories have been developed over the last forty years, intended to describe how decisions are made. It is against this background that the relationship between decision making and other pillars was investigated in the health service delivery system at Mulago Hospital.

## **CHAPTER THREE**

### **3.0 Methodology**

#### **3.1 Research design**

Survey research is the method of gathering data from respondents thought to be representative of some population, using an instrument composed of closed structure or open-ended items (questions). In this work, a survey research design was used to select Mulago hospital as a case study among the 13 referral hospitals in Uganda. Ministry of Health was also selected for the reason that it provided key information pertaining to the qualitative data under investigation. This design was selected because it was flexible to use with the research instruments, that is questionnaire and interview guide and covered many people. Due to constraints of time and resources, all factors at play regarding organizational controls, teamwork, OCB, decision making and performance management were not investigated. Since many cases had similar situations and conditions as pertaining to this case study, representative cases were taken for the study. Qualitative and quantitative aspects were taken into account because the later analyses and supplement the findings of qualitative methods by indicating their extent within the study population.

#### **3.2 Area of study**

The study was conducted at Mulago Hospital and Ministry of Health Headquarters in Kampala. These areas were selected for this study because they formed the biggest concentrations of medical workers inn the country and Kampala District in particular.

### **3.3 Study population**

Mulago Hospital and Ministry of Health have got various health workers in different departments and specialty including surgeons, physicians, nurses, paramedical officers , administrators and many others. The population of this particular study comprised of 133 health workers between the ages of 20 -60years. These were drawn from at least the 5 major departments in New Mulago Hospital general wing/wards in positions of senior health staff, middle level health staff and lower level staff both males and females and are still actively working. These constituted both general respondents as well as key informants drawn from respondents in positions of responsibility. All these showed the well-established levels of organization, which this research intended to study in order to scrutinize how, organizational control, teamwork OCB, decision-making and performance management, interplayed with each other.

### **3.4 Sample size**

The sample size constituted a total of 100 respondents representing 75% of the study population. Seventy-five (75) respondents were selected from various categories of medical workers such as administrative officers, medical officers, and nurses, paramedics while 25 were the key informants. However, the actual number of respondents who returned the questionnaires was 60. This was because most of the respondents never returned the questionnaires citing lack of time as a reason for failing to answer the questionnaires.



### **3.5 Sample selection strategy**

The sample was selected using the stratified random sampling method to select the top, middle level health workers and lower health level staff, while the purposive sampling method to select the key informants. The stratified sampling method was used first; it assures that you will be able to represent not only the overall population, but also key subgroups of the population, especially small minority groups. If you want to be able to talk about subgroups, this may be the only way to effectively assure you'll be able to since the study population comprised of different strata. Thus, it was quite appropriate to make equal representation of each strata identified. Second, stratified random sampling will generally have more statistical precision than any other method of sampling. This will only be true if the strata or groups are homogeneous. If they are, we expect that the variability within-groups is lower than the variability for the population as a whole. Stratified sampling capitalizes on that fact. Purposive sampling was selected for key informants because it was very useful for situations needed to reach a targeted sample quickly and where sampling for proportionality was not the primary concern. With a purposive sample, it was likely to get the opinions of the target population.

### **3.6 Measurement of variables**

Measurement is the process of observing and recording the observations that are collected as part of a research effort. In this study, the measurement of variables was done individually. This study had four independent variables and one dependent variable. These independent variables included organizational controls, teamwork,

OCB and decision-making, while the dependent variable was performance management.

**a) Organizational control**

This variable was measured by identifying its attributes such as rules, procures and regulations. These were measured in terms of the degree of divergence between the accepted standards and the actual prevailing practices.

**b) Decision-making**

This variable was measured by examining the degree of regression of the current practices on the required practices. The attributes used in measurement included programmed decision-making and non-programmed decision-making. In the former, policies, procedures and rules were used, while in the latter, certainty, uncertainty and risk were used.

**c) Organizational Citizenship Behaviour (OCB)**

OCB under performance was based on tools as indicated by Rousseau and Schalk (2000)

**d) Teamwork**

This was measured using tools used by previous scholars but adopted by Higenyi (Unpublished).

**e) Performance Management**

A scale adopted from (Suliman.1995) and Fort.et al (1991) was used to measure Performance Management. This variable was measured by using various factors comprising of organizational objectives, job actions, understanding work duties, readiness to innovate, job performance, reward systems etc. Performance Management

rating systems were adopted to test employee performance. However, other data analysis methods were applied to measure the relationships between the variables under investigation. These included coefficient correlations analysis of Pearson regression analysis.

### **3.7 Study instruments**

.The instrument used for this survey consisted of a self – administered questionnaire drawn from the Hay and McBer Organisational Climate Survey II (1996). The questionnaire was carefully constructed to facilitate maximum response and at the same time obtain more detailed information. The questionnaire employed five point Likert scales to elicit the degree of agreement or disagreement. It also facilitated the collection of a lot of information in a relatively short time and without supervision thus reducing unnecessary explanations to the respondents. The questionnaire had provision for respondents to supply demographic and perceptual data. Demographics of gender, age, position, and department and qualification (formal education) were obtained. The survey instrument provided perceptual responses for measuring respondents' teamwork, organizational control, organisational citizenship behaviour decision making, and performance during the period Muulgo Hospital underwent transition to the new format.

Interview guides were also used for the key informants. In both cases, the questions given were both open for the purpose of acquiring the different opinions and close ended for the general questions. Data and information were also gathered from records such as books, journals, newspapers, articles, government reports, statutes and Acts.

### **3.8 Validity**

Validity of instruments was established through a pilot study of 15 respondents who were requested to carry out careful and critical assessment of each item in the instruments to ensure that the instrument was measuring to the expectations. After identifying the vague and ambiguous questions, corrections were made and final instruments prepared.

The content validity index (CVI) was used (Stewart & Ware, 1992). The Content Validity Index (CVI) is the proportion of items rated as content valid (i.e., a rating of 3 or 4 by the experts). It is highly regarded for its ability to establish validity beyond the 95% Confidence Interval (CI).

In order to ensure Content Validity, the items also were submitted to a panel of four experts with backgrounds in either health delivery or performance management. Respondents answered a multi item scale questions on a 5 point scale ranging from strongly disagree to strongly agree .this was used because it had been used in several studies and has acceptable construct validity (Cotterell.et al,1992). The table below shows how the calculation of CVI was made, and its significance.

The table in the appendix shows the computation of the CVI. The desired CVI was 0.85. However, according to these calculations, it was established that the CVI was far higher than the desired one at 0.941. The significance of this is that the instrument tested has a high capacity of providing authentic data, and thus authentic results (See the Appendix C for details).

### **3.9 Reliability**

Reliability is necessary to guard against the introduction of subjective bias in the coding and analysis of qualitative and quantitative data, which otherwise could have

adverse consequences and lead to inappropriate theoretical conclusions and/or ineffective or harmful recommendations and interventions. To guard against this, the reliability of instruments was done using the Inter-Rater Reliability (IRR) test (see Bourdon, 2001) in a pilot study. Two experts (Raters) were consulted to rate the consistence of the instruments to measure the attributes they were designed to measure. They were asked to rate each item on a 5-point scale (ranging from not relevant to very relevant). Questions that did not give reliable information were either rewritten or eliminated.

### **3.10 Data collection**

The collection of data was done following two forms, that is, collection of primary and of secondary data pertaining to the issues under investigation. Primary data were collected using mainly self-administered questionnaires and interview guides. However, the observation method was also utilized. Secondary data was collected through review and analysis of documents. These included files, memos, reports (quarterly, bi-annually and annually) and any other literature that was available. The methods of data collection explained above were applied to all research objectives.

Performance of the health workers was measured using behaviorally anchored rating scales. Here the health workers were appraised on the basis of items along a continuum with points of actual behavior. These points of actual behavior included attendance, commitment, willingness, initiative, punctuality, care and exhibition of professionalism. These behavioral points were constituted into a set of performance dimensions with each dimension having varying levels of performance, resulting in behavioral descriptions such as anticipates, executes, solutions to immediate problems, carrying out orders and handling of emergency situations.

Such dimensions were tested by asking recipients of health services to rate effective and ineffective behavior regarding each performance dimension.

### **3.11 Data analysis**

Two techniques were used to analyze the data, these were, quantitative and qualitative data analysis. Data for quantitative analysis it was edited, coded, cleaned and then entered into SPSS computer program (**Statistical Package for Social Sciences for Windows Release 10.0.0, September 1999**). Quantitative data analysis technique was chosen because the data collected required to be quantified in order to measure the magnitude of the issues under investigation. The qualitative data analysis technique was used because some data to be collected required assessments that could not be fully done through using numbers as their meaning and richness would be compromised or destroyed.

#### **3.11.1 Quantitative data analysis**

Quantitative data was analyzed using a computer program statistical package for social sciences (SPSS) under which different analytical tools were applied. The frequency tabulation and cross tabulation method was used for analyze the data. Under this method, frequency tables together with the corresponding percentages were worked out. These tools were determining frequencies of answers given as well as the strength of relationships between the variables under investigation.

The chi-square test was applied to compare the numbers of health workers reporting improvement and those reporting no improvement in their performance though the reporting was not used due to the sufficiency of other analytical tools.

### **3.12 Procedure**

An introduction letter was obtained from Makerere University Business School (MUBS) for easy access to the hospital departments. The instruments were personally and physically administered the instruments and were taken back after the interviews. The heads of departments were interviewed first on the agreed convenient appointment. The other respondents' who included; nurses, administrators and doctors were interviewed later as they deemed convenient. Promise of confidentiality was assured, and besides, the names of the respondents were not requested, it was emphasized that the information was to be treated in aggregate.

# CHAPTER FOUR

## 4.0 DATA PRESENTATION AND INTERPRETATION

### 4.1 Introduction

In this chapter, the findings of the study are presented. This analysis is organized around descriptive research questions and inferential statistics including frequency tables, cross tabulations for the former and correlation analysis, regression analysis for the later respectively..

### 4.2 Sample Characteristics

#### 4.2.1 Cross tabulations

The cross tabulations were computed between demographic variables in the questionnaire. These included age, sex, marital status and management position, department, qualification and experience.

**Table 1 : Table showing age by position of the respondents in Mulago Hospital**

AGE	POSITION			Total	X <sup>2</sup> -value	df	P
	Top Mg,t	Mid Mg,t	Low Mg't				
20-30	0(00.0)	12(46.2)	14(53.8)	26(100)	0.688	2	0.371
31-40	1(58.3)	8(30.0)	11(6.7)	20(100)			
41-50	3(33.3)	2(22.3)	4(44.4)	9(100)			
51-60	3(60.0)	2(40.0)	0(06.7)	5(100)			
<b>Total</b>	<b>7</b>	<b>24</b>	<b>29</b>	<b>60</b>			

(\* Figures in parentheses represent the percentage of the characteristics in that particular group)



There is no significant difference in the age brackets of respondents in relation to the positions held ( $X^2 = 0.688$ ,  $P=0.371$ ). The majority of respondents (20-30 years) constituting 53.8% were of low ranks in the hierarchy while those in the age bracket of 41-50 years (44.4%) were of the same low rank category.

**Table 2** : Table showing age by department of the respondents in Mulago Hospital

AGE	DEPARTMENT					Total	$X^2$	df	P
	MED	OBG	PED	OPT	SUR				
20-30	13(50.0)	9(34.6)	2(7.7)	1(3.8)	1(3.8)	26(100)	10.215	2	0.189
31-40	8(40.0)	6(30.0)	1(5.0)	2(10.0)	3(15.0)	20(100)			
41-50	3(33.3)	1(11.1)	2(22.2)	1(11.1)	2(22.3)	9 (100)			
51-60	1(20.0)	1(20.0)	1(20)	0(0.0)	2(40.0)	5 (100)			
<b>Total</b>	<b>25</b>	<b>17</b>	<b>6</b>	<b>4</b>	<b>8</b>	<b>60</b>			

*MED: medicine; OBG: obstetrics and gynaecology; PED: pediatrics; OPT: ophthalmology; SUR: surgery.  $P \leq 0.05$*

Source: *Field Survey*

The Chi-square statistic reveals that there is no significant difference in the age brackets of respondents in relation to their departments ( $X^2 = 10.215$ ,  $P=0.189$ ). This implies that most of the respondents were distributed in the Medicine department with all age brackets having big percentages in this department, while other departments had similar or lesser numbers of respondents in every age bracket.

**Table 3: Table showing age by qualification of the respondents in Mulago Hospital**

AGE	QUALIFICATION					Total	X <sup>2</sup>	df	P
	CER	DIP	BACH	MSC	PHD				
20-30	0(0.0)	5(30.0)	14(6.)	3(5.0)	0(0.0)	26 (100)	4.343	5	0.501
31-40	0(0.0)	7(30.0)	10(6.)	2(5.0)	1(5.0)	20 (100)			
41-50	0(0.0)	3(30.0)	3(6.7)	3(5.0)	4(5.0)	9 (100)			
51-60	0(0.0)	0(0.0)	2(6.7)	1(5.0)	2(5.0)	5 (100)			
<b>Totals</b>	<b>0</b>	<b>15</b>	<b>29</b>	<b>9</b>	<b>7</b>	<b>60(100)</b>			

*CER: certificate; DIP: diploma; BACH: bachelor; MSC: Master of Science; PHD: doctor of philosophy*  $p \leq 0.05$

Source: *Field Study*

There is no significant difference in the age brackets of respondents in relation to the qualifications held ( $X^2 = 4.343$ ,  $P = 0.501$ ). The majority of respondents (20-30 years) 30.0% were of diploma level while those in the age bracket of 41-50 years (30.0%) were of the same low rank category.

**Table 4: Table showing age by experience of the respondents in Mulago Hospital**

AGE	EXPERIENCE				Total	X <sup>2</sup> -value	df	P
	<2 yrs	2-5 yrs	6-10 yrs	> 10 yrs				
20-30	7(58.3)	13(30.0)	5(6.7)	1(5.0)	26 (100)	9.923	1	0.002
31-40	3(58.3)	8(30.0)	7(6.7)	2(5.0)	20(100)			
41-50	0(0.0)	2(30.0)	4(6.7)	3(5.0)	9(100)			
51-60	0(0.0)	1(30.0)	2(6.7)	2(5.0)	5(100)			
	<b>10</b>	<b>24</b>	<b>18</b>	<b>8</b>	<b>60</b>			

Source: *Field Study*

The Chi-square test shows that there is a significant difference in the age brackets of respondents in relation to the experience worked ( $X^2 = 9.923$ ,  $P=0.002$ ). The majority of respondents (20-30years) constituting 58.3% were of less than 2 years' experience

**Table 5: Table showing gender by position of the respondents in Mulago Hospital**

<i>SEX</i>	<i>POSITION</i>			<i>Total</i>	$X^2$ value	– df	<i>P</i>
	Top Mg't	Mid Mg't	Low Mg't				
Male	3(7.5)	8(45.0)	29(72.5)	40 (100)	8.996	9	0.438
Female	4(20)	7(35.0)	9(45.)	20 (100)			
<b>Total</b>	<b>7</b>	<b>15</b>	<b>38</b>	<b>60</b>			

Source: *Field Survey*

The Chi-square test shows that there is no significant difference in the sex brackets of respondents in relation to the positions held ( $X^2 = 8.996$ ,  $P=0.438$ ). The majority of respondents (male respondents) 72.5% were of low ranks in the hierarchy while their female counterparts constituting 45% were of the same low rank category.

**Table 6: Table showing gender by qualification of the respondents in Mulago Hospital**

<i>SEX</i>	<i>QUALIFICATION</i>					<i>Total</i>	$X^2$ -value	df	<i>P</i>
	CER	DIP	BAC	MSC	PHD				
Male	3(7.5)	10(25.0)	14(35.0)	7(17.5)	6(15)	40(100)	9.417	9	0.40
Female	3(15.0)	10(50.0)	4(20.0)	2(10.0)	1(5.0)	20 (100)			
	<b>6</b>	<b>20</b>	<b>18</b>	<b>9</b>	<b>7</b>	<b>60</b>			

*CER: certificate; DIP: diploma; BAC: bachelor; MSC: Master of Science; PHD: doctor of philosophy*

Source: *Field Study*

The Chi-square test shows that there is no significant difference in the sex brackets of respondents in relation to the qualifications held ( $X^2 = 9.417, P=0.400$ ). The majority of respondents (female respondents) constituting 50.0% were diploma holders while their male counterparts in the same education level were only 25.04%.

**Table 7: Table showing gender by experience of the respondents in Mulago Hospital**

SEX	Experience				Total	X <sup>2</sup>	df	P
	<2 yrs	2-5 yrs	6-10 yrs	> 10 yrs				
Male	6(15.0)	13(32.5)	14(35.0)	7(17.5)	40(100)	0.425	1	0.515
Female	3(15.0)	11(55.0)	4(20.0)	2(10.0)	20(100)			
<b>Total</b>	<b>9</b>	<b>24</b>	<b>18</b>	<b>9</b>	<b>60</b>			

Source: *Field Study*

The Chi-square test shows that there is no significant difference in the sex brackets of respondents in relation to the experience held ( $X^2 = 0.425, P=0.515$ ). The majority of respondents (female respondents) constituting 55.0% were of experience of 2-5 years while their male counterparts in the same experience bracket were only 32.5%.

### 4.3 Inferential Statistics

After reliability of the scales was proved adequate, Pearson's correlation, as well as a simultaneous multiple regression analysis was carried out using the SPSS for windows (**Statistical Package for Social Sciences for Windows Release 10.0.0, September 1999**). The results are shown in the following subsections below.

#### **4.3.1 Pearson's Correlation test**

The relationship between the variables organizational controls, decision-making, teamwork, OCB and performance management was tested using Pearson's Correlation test basing on the objectives of the study. . Results are presented in the table below and interpreted under the subsections that follow.

#### **4.3.2 Correlation analysis of dependent and independent variables**

The findings for research questions are presented here. Only important correlations (in terms of effect size) with the dependent variable are presented in the correlation matrix. The negative and positive correlations of the independent and dependent variables can be interpreted as follows: negative correlation implies that lowering the independent variable can be associated with the increase of the degree of the dependent variable. It is the other way round for positive correlations of the independent variable with the dependent variable.

**Table 8: Table showing Pearson's correlations of study variables**

<i>Variable</i>		Control	Teamwork	OCB	Decision making	Performance Management
Control	Pearson's correlation (2 tailed) Sig.	<b>1.000</b>				
Teamwork	Pearson's correlation (2 tailed) Sig.	0.328**	<b>1.000</b>			
OCB	Pearson's correlation (2 tailed) Sig.	0.478**	0.594**	<b>1.000</b>		
Decision making	Pearson's correlation (2 tailed) Sig.	0.603**	0.1932**	0.062	<b>1.000</b>	
Performance Management	Pearson's correlation (2 tailed) Sig.	0.549**	0.54**	0.1932	0.138	<b>1.000</b>

Source: *Field Study*

**Key:**

\*\*  $p \leq 0.05$

### 4.3.3 Correlation between controls and teamwork

From the table 8 above, organizational controls revealed a strong positive significant correlation with teamwork ( $R= 0.328^{**}$ ). This implies that if controls are perceived as weak, vulnerable, and not followed, teamwork is not built and effectively used. Control method will be violated.

#### **4.3.4 Correlation between OCB and decision-making**

From the table above, there is no significant correlation between OCB and decision making. ( $R= 0.062$ ,  $P= 0.801$ ). This implies that a change in either parameter does not affect the other.

#### **4.3.5 Correlation between controls, decision-making and teamwork**

From the table above, the results on controls and decision-making revealed a strong positive significant correlation with teamwork i.e. controls ( $R=0.328^{**}$ ), decision making ( $R=0.1932^{**}$ ). This implies that if controls and decision-making are perceived as missing in an organization, teamwork is not effectively nurtured amongst health workers in Mulago Hospital and vice versa.

#### **4.3.6 Correlation between teamwork, OCB, decision-making, controls and performance management.**

From the table above, teamwork and controls revealed a strong positive significant correlation with performance management i.e. teamwork ( $R=0.54^{**}$  controls ( $R=0.0.549^{**}$ ), however decision-making ( $R=0.138$ ,  $P = 0.521$ ) and OCB ( $R=0.1932$ ,  $P=0.368$ ) have no significance with performance management.

This implies that if teamwork and controls are not well handled amongst medical workers in Mulago Hospital, performance management is not effectively carried out in this organization but OCB and decision-making will not change the performance of the health workers in the hospital.

#### 4.4 Regression Analysis

This was used to find the influence of independent variables on the dependent. The independent variables included controls, teamwork, OCB, and decision-making. The dependent variable considered was performance management.

**Table 9: Table showing Regression Analysis of dependent and independent variables** **Dependent variable: Performance management**

<i>Independent Variables</i>	<i>Beta</i>	<i>T</i>	<i>Sig.</i>	<i>R.Square</i>	<i>Adjusted R Square</i>	<i>F</i>	<i>Sig. P</i>
				0.514	0.571	26.933	0.000
Constant		0.089	0.322				
Controls	0.089	0.322	0.184				
Teamwork	0.752	7.969	0.000				
OCB	0.147	1.371	0.740				
Decision-making	0.080	0.103	0.587				

Source: *Field Study*

Table 9 shows that the “Adjusted *R* square” results of organizational controls, teamwork, OCB, and decision-making can predict 57% of the variance in performance management among health workers in Mulago Hospital.

The most significant predictor of performance management is teamwork ( $\beta=0.752$ ,  $t=7.969$ ,  $P=0.000$ ). The ( $F=26.933$ ,  $P=0.001$ ) also shows that these variables are statistically significant predictors of performance management.



## **CHAPTER FIVE**

### **5.0 Discussion**

#### **5.1 Introduction**

This research was done with the main objective of examining the relationship between controls, teamwork, OCB, decision-making, and performance management in Mulago Hospital. In this chapter, the implications of the results presented in chapter four are discussed in relation to the research questions. This discussion is divided into two subsections. The first one presents a discussion of demographic characteristics in relation to the key issues of this study. The second section discusses the relationships between the variables under investigation. Conclusions and recommendations are also presented together with suggested areas for further study.

#### **5.2 Demographic characteristics of the respondents**

The demographic factors of the respondents of this study are discussed below.

##### **a) Age by position**

The Chi-square test shows that there is no significant difference in the age brackets of respondents in relation to the positions held. The majority of respondents (20-30 years) 53.8% were of low ranks in the hierarchy while those in the age bracket of 41-50 years (44.4%) were of the same low rank category. This implies that promotions and positions held in the different departments of the health workers were not based on the age levels since many employees between the age brackets of 41-50 years held the same positions like those in the lower age brackets.

### **b) Age by department**

The Chi-square statistic reveals that there is no significant difference in the age brackets of respondents in relation to the departments of the respondents. This implies that most of the respondents were distributed in the Medicine department with all age brackets having big percentages in this department, while other departments had similar lesser numbers of respondents in every category.

### **c) Age by qualification**

The Chi-square test indicates that there is no significant difference in the age brackets of respondents in relation to the qualifications held. The majority of respondents (20-30years) 30.0% were of diploma level while those in the age bracket of 41-50 years (44.4%) were of the same low rank category. This implies that many of the health workers have just qualified.

### **d) Age by experience**

The Chi-square test shows that there is a significant difference in the age brackets of respondents in relation to the experience worked. The majority of respondents (20-30years) constituting 58.3% were of less than 2 years' experience while those in the age bracket of 31-40 years with similar experience were also 58.3%.

#### **e) Gender by Position**

The Chi-square test shows that there is no significant difference in the sex brackets of respondents in relation to the positions held. The majority of respondents (male respondents) 72.5% were of low ranks in the hierarchy while their female counterparts constituting 45% were of the same low rank category.

#### **f) Gender by qualification**

The Chi-square test shows that there is no significant difference in the sex brackets of respondents in relation to the qualifications held. The majority of respondents (female respondents) constituting 50.0% were of diploma holders while their male counterparts in the same education level were only 25.04%.

#### **g) Gender by experience**

The Chi-square test shows that there is no significant difference in the sex brackets of respondents in relation to the experience held. The majority of respondents (female respondents) constituting 55.0% were of experience of 2-5 years while their male counterparts in the same experience bracket were only 32.5%.

**Table 11** Showing demographic variables by cross tabulation

<b>SAMPLE</b>	<b>AGE</b>	<b>GENDER</b>
	<b>X<sup>2</sup> Value</b>	<b>X<sup>2</sup> Value</b>
Position	0.688	8.996
Department	10.215	
Qualification	4.343	9.417
Experience	9.923**	0.425

The table above summarizes what has been discussed above and indicates that experience is very significant with age yet for recorded significance with gender and the variables under this study. This implies that the long the health worker stayed on his /her job the greater the experience gained in the health delivery of services.

### **5.3 Discussion of the relationships between the study variables**

#### **a) Objective 1: Correlation between controls and teamwork**

From the results in chapter four, it was shown that controls had a strong positive significant correlation with teamwork. This implied that if controls are as weak, vulnerable, and not followed; therefore teamwork is not built and effectively used and vice versa. This is reflected by Simons (2005) in his argument that diagnostic control systems are formal information systems that managers use to monitor organizational outcomes and correct deviations from present standards of performance. Such systems are designed for teamwork, motivation, control, and evaluation. Lack or absence of effective controls reflected badly on the institution of Mulago Hospital.

Many of the hospital employees who were the respondents of this study complained that goals, which are key controls, were not mutually set, and thus were not honored by the employees. Furthermore work processes are rarely built around teams. Daft and Lengel, (2001) on this issue arguably support that the quality of such work processes is dependent on the ability to tie performance (output) to the processes of service production, of which teamwork built on effective controls, and the possibility of active intervention when deviations are observed. This makes the establishment of performance measures important.

Consequently, there is significant correlation existing between controls and teamwork that is quite influential as shown in the case of Mulago Hospital at the decision and operational processes at strategic levels, which presuppose active participation from both managers and employees at all levels. The organizational control system in hospitals has focused on cost measurement rather than teamwork, which is a very fatal mistake.

#### **b) Objective 2: Correlation between OCB and decision-making**

Regarding correlation between OCB and decision-making as shown in the results on this issue in the previous chapter above, OCB revealed a no significant correlation with decision-making. This implied that if OCB elements were weak, or non-existent, decision-making would not be hindered. When decisions are hindered thus the various controls would not reflect any improvement in the hospital activities.

The primary emphasis of human resource management is to improve the effectiveness of an organization's human resources using the processes of selection, performance appraisal, and training (Latham & Fry, 2002). HRM research nevertheless has focused on behaviors in the work place that have direct implications enhancing the productivity

of the individual and reducing costs to the organization. However, organizational citizenship behaviour (OCB) explores the nature of discretionary behaviours in the work place. OCB emphasizes the social context of the work environment in addition to the technical nature of the job. OCB has been defined in terms of prosocial behaviour (Brief & Motowidlo, 2001; Puffer, 2000), altruism (Rushton, 2000) and service orientation (Hogan, Hogan, & Busch, 2004). In Mulago Hospital it is reflected in the results that these behaviours usually are neither accounted for nor monitored by the reward system, which would provide the organization with the adaptation and innovation that is necessary for long-term survival and growth (). In as much as OCB include acts of helpfulness, gestures of goodwill, and cooperation among organizational members, as well as among members and customers/clients, results of this study indicate that administrators rarely make decisions in accordance with achieving hospital objectives

**c) Objective 3: Correlation between controls, decision-making and teamwork**

Controls and decision-making had a strong positive significant correlation with teamwork i.e. controls, and decision making. This implied that if controls and decision-making were missing in an organization, teamwork would not be effectively nurtured amongst medical workers in Mulago Hospital. It should be known that control systems are not formally operational, and therefore managers cannot use this system to monitor organizational outcomes and correct deviations from present standards of performance (Simons, 2005). Such systems are designed for motivation, control, and evaluation. This was reflected in Mulago hospital, as most employees' teamwork was not nurtured. The quality of such systems is dependent on the ability of the employees to foster teamwork. So that performance (output) would be derived from the processes of service production.

From the interactive perspective, decision-making and controls cannot be done as identification and execution of innovative ideas are disabled. We may believe that in contexts such as hospitals with a high degree of complexity, ambiguity, and change, dialogue and face-to-face communications will be vital as decision making processes and controls are operational (Daft and Lengel, 2001). The management control system in hospitals has been derailed due to decision making that has been made difficult by poor teamwork and poor usage of controls (Nyland, 2003).

**d) Objective 4: Correlation between teamwork, OCB, decision-making, controls and performance management.**

Teamwork and controls revealed a strong and positive significant correlation with performance management but OCB and decision-making indicate no significance. This implied that if teamwork, OCB, decision-making and controls were not well handled amongst medical workers in Mulago Hospital, performance management would not effectively be carried out in this organization and vice versa. The study of organizational citizenship behaviour (OCB) explores the nature of discretionary behaviours in the work place. OCB emphasizes the social context of the work environment in addition to the technical nature of the job. It is also significant that these behaviours usually would neither be accounted for nor monitored by the hospital's reward system, but they provide the organization with the adaptation and innovation that is necessary for long-term survival and growth (Graham, 2001). Examples of OCB include acts of helpfulness, gestures of goodwill, and cooperation among organizational members, as well as among members and customers/clients.

OCB has been criticized in the case of Mulago Hospital for being neither well-defined nor well-measured.

This may be due in part to the fact that what is considered OCB in this organization may not be considered OCB in another (Karambayya, 2001). Moreover, differences among organizations exist regarding tasks, norms, and other influences of climate and culture .

Therefore the hospital management should develop site-specific measures of OCB for its activities before considering the inclusion of OCB theories in its selection of training, and performance appraisal systems. Mulago hospital needs to address OCB issues in order to complement decision-making and other factors which show strong correlation n performance management. Therefore this study suggests that working well with other members as a team is strongly recommended /associated with being able to act with professional autonomy as health workers while when health workers are relating well with other members of the team , they are better placed to get fully involved in decision making and act with professional autonomy.

## **5.4 Other findings**

### **a) Regression Analysis**

This was used to find the influence of independent variables on the dependent. The independent variables included controls, teamwork, OCB, and decision-making. The dependent variable considered was performance management. Regression analysis shows that controls, teamwork, OCB, and decision-making can predict 57% of the variance in performance management among medical workers in Mulago Hospital (Adjusted  $R^2 = 0.57$ ). The most significant predictor of performance management is teamwork ( $\beta=0.752$ ,  $t=7.969$ ,  $P=0.000$ ).



Indeed all regression analyses show that these variables are statistically significant predictors of performance management ( $F = 26.933, P < 0.001$ ). All these analyses show that the variables under investigation are highly problematic. They are reflective of the problems pertaining to organizations whose management is in an inadequacy of OCB elements, poor teamwork, lame decision making and ineffective controls.

## **5.5 Conclusions**

From the discussion above, the following conclusions are derived.

### **5.5.1 Conclusions on Objective 1: Correlation between controls and teamwork**

Controls are a strong determinant of the existence of teamwork in Mulago Hospital. This implies that if controls are as weak, vulnerable, and not followed, teamwork in the hospital will not be enhanced.

Lack or absence of effective controls reflected badly on the institution of Mulago Hospital as many of the hospital employees complain that goals, which are key controls, were not mutually set, and thus were not honored by the employees.

Work processes are rarely built around teams in Mulago hospital yet the quality of such work processes is dependent on the ability to tie performance to the processes of service production, of which teamwork built on effective controls.

The management control system in hospitals has focused on cost measurement rather than teamwork, which is a very fatal mistake as control systems have been made ineffective.

### **5.5.2 Objective 2: Correlation between OCB and decision-making**

Weaknesses in the OCB elements hinder decision-making as the primary emphasis of human resource management is to improve the effectiveness of an organization's human resources using the processes of selection, performance appraisal, and training, and organizational citizenship behaviour (OCB). OCB has generated conflicting results as employees rarely seeks and accepts responsibility at all times, and could be expected to be in position to start at the appointed time.

Lack of conscientiousness elements in any organization hinders decisionmaking. It was found that in this study that managers rarely make decisions in accordance with achieving hospital objectives. Failure of employees to show conscientiousness at their workplaces has led to failure to execute managerial decisions as OCB has been criticized for being neither well-defined nor well-measured in this hospital.

### **5.5.3 Objective 3: Correlation between controls, decision-making and teamwork**

Lack of controls and decision-making has led to failure to nurture teamwork amongst workers in Mulago Hospital as control systems are laid un operational by the lack of cooperation of employees. Decision making and controls cannot be effective as identification and execution of innovative ideas are disabled in that the management control system in hospitals has been derailed due to decision making that has been made difficult by poor teamwork and poor usage of controls.

#### **5.5.4 Objective 4: Correlation between teamwork, OCB, decision-making, controls and performance management**

Teamwork, OCB, decision-making and controls strongly work together to bring about good performance. This implies that if teamwork, OCB, decision-making and controls were not well handled amongst medical workers in Mulago Hospital, performance management would not be effectively carried out in this organization. There is increased neglect of patients. This has led to death of many patients whose lives would have been saved if they were given enough medical attention. Operations are being cancelled on regular basis at the facility while the same medical personnel, are engaged in full time operations at private hospitals which cannot be afforded by most of our people. Health workers are siphoning off medical equipment and medicine. This has paralyzed medical operations, greatly reducing the hospitals' capacity to dispense their duties as required by the national standards. Even those are available at the health facility, use this same equipment for their own personal gains like carrying out private operations at the expense of government.

Increasing loss of morale and teamwork amongst the health workers has created a workforce that acts not from duty – consciousness, but out of desperation to survive, without any due regard to the patients' health.

It is becoming more difficult to achieve national health targets and hospital objectives as most health workers are more preoccupied with their meager pay rather than the performance required of them to achieve pre-set targets and objectives.

The future of health services is in jeopardy as performance management of health workers is alarmingly deteriorating to sophisticated levels of inefficiency that are difficult and expensive to rectify.

Professional ethics have been neglected to the extent that health workers are gradually transforming into a workforce whose major focus is to extract money from patients, rather than delivering the badly required and needed services. This violates the health workers' code of conduct and ethics thus leading to poor performance management of Mulago hospital.

## **5.6 Recommendations**

### **5.6.1 Objective 1: Correlation between controls and teamwork**

Controls should be strengthened and enforced so that teamwork is nurtured in Mulago Hospital.

Effective controls should be instituted so that goals, which are key controls, were not mutually set, are well spelt out to employees for their effective operation. Work processes should be built teams in Mulago hospital as the quality of such work processes is dependent on the ability of employees' cooperation and organization to tie performance to the processes of service production, of which teamwork built on effective controls. Salary increments made to the pay structure should be substantial not only to be recognized as being so, but also to cater for health workers' queries regarding their financial obligations.

Allowances given should be made elaborate enough to cover different needs of health workers rather the current basic ones of lunch and transport. Areas such as housing, medical, transport, and school fees should be considered as options for allowances, given the nature and conditions to which these health workers are exposed.

### **5.6.2 Objective 2: Correlation between OCB and decision-making**

Weaknesses in the OCB elements should be identified and ironed out so that these elements do not hinder decision-making in order to improve the effectiveness of an organization's human resource. The morale of health workers should be boosted through superiors' appreciation and acknowledgement of the work done, as this will greatly improve attendance efficiency. Conscientiousness elements should be nurtured so that they do not hinder decision-making. This would enable managers to make decisions often in accordance with achieving hospital objectives. These should go in line with the laid down budget guidelines, hospital workplans, policies and procedures.

### **5.6.3 Objective 3: Correlation between controls, decision-making and teamwork**

Controls and decision-making should be emphasized so that teamwork is nurtured amongst workers in Mulago Hospital in order that control systems are made operational by the cooperation of employees. Employees should be aware of the management systems in place and given ample time to make informed decisions. Decision making processes and controls should be effectively established so that identification and execution of innovative ideas are enabled in the management control system in this hospital. Communication channels are important in this case.

#### **5.6.4 Objective 4: Correlation between teamwork, OCB, decision-making, controls and performance management**

Teamwork, OCB, decision-making and controls should strongly be made to work together to bring about good performance. This would enhance proper and timely performance management in Mulago Hospital.

#### **5.7 Areas for further research.**

Given the limited financial and logistical support, not all areas were investigated. However there are more interesting areas to further research efforts should be addressed. These include:

- 1) Issues that have hindered the development of teamwork in Mulago Hospital.
- 2) •Factors responsible for the nurturing or disabling the development of OCB elements amongst employees in Mulago Hospital.
- 3) •The effectiveness of performance management in achieving organizational objectives in hospital institutions.

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## APPENDIX ES

### Appendix A

Makerere University Business School  
P O Box 7062 Kampala  
Tel. 0772-400-716

1<sup>st</sup> March 2006

Dear respondent

#### **Request to complete the attached Questionnaire**

I am writing to request you to kindly complete the attached questionnaire. The questionnaire is for the study on the relationship between controls, teamwork, OCB, decision-making, and performance management in hospitals in Uganda. However, as a supervisor, you are requested to evaluate on an individual basis each of your employee's performance on the issues under investigation in this questionnaire.

There is no right and wrong answer. It is your perception and experience as civil servant, which are sought. So, tick the best alternative that best describes your views and experience. In line with research ethics, the responses you provide will be abstracted and used anonymously and for academic purposes only. The outcomes of this study will be significant for policy makers, administrators, civil servants and the academicians.

May I thank you profusely in anticipation of your accepting to fill this questionnaire.

Yours truly,

Naluzze Jesca

**Researcher**

# QUESTIONNAIRE

## Section A: Personal Characteristics

1. Age 1. 20-30 ( ) 2. 31-40 ( ) 3. 41-50 ( ) 4. 51-60 ( )
2. Sex 1. Male ( ) 2. Female ( )
3. Marital Status 1. Married ( ) 2. Single ( ) 3. Others ( )
4. Position \_\_\_\_\_
5. Department \_\_\_\_\_
6. Qualification
  1. Certificate ( )
  2. Diploma ( )
  3. Degree ( )
  4. Masters ( )
  5. PhD ( )
7. Experience (years in service)
  1. Less than 2 years ( )
  2. Between 2 and 5 years ( )
  3. Between 6 and 10 years ( )
  4. More than 10 years ( )

## Section B: Controls

In this section, use the scale below to tick the response that best describes your views on the statements that follow:

1. = Strongly disagree
2. = Disagree
3. = Neither agree nor disagree
4. = Agree
5. = Strongly agree

1. Senior management monitors organizational performance against objectives

1      2      3      4      5

2. Reviews of performance are made of actual objective and performance in prior periods  
for all major initiatives

1      2      3      4      5

3. Management analyzes and follows up performance of the hospital as needed

1      2      3      4      5

4. Performance reviews are made of specific functions or activities focusing on compliance, financial or  
operational issues

1      2      3      4      5

5. Management investigates unexpected operating results or unusual trends

1      2      3      4      5

6. Accounts of the hospital are reconciled on a timely basis

1      2      3      4      5

7. Other data of the hospital is reconciled as needed

1      2      3      4      5

8. Usage of restricted hospital accounts are monitored by management

1      2      3      4      5

9. Restrictions on usage of restricted hospital accounts are well understood

1      2      3      4      5

10. Management controls monitor the accuracy and competency of information as well as authorization of transactions

1      2      3      4      5

11. Equipment supplies, inventory, cash and other assets are physically secured and periodically counted and compared to the amounts shown on control records

1      2      3      4      5

12. Adequate training and guidance are provided for personnel responsible for cash or similar assets

1      2      3      4      5

13. Duties are divided among different people (e.g. responsibilities, for authorizing transactions, recording them and handling the assets)

1      2      3      4      5

14. Hospital employees understand and records they are responsible for maintaining and the required retention periods

1      2      3      4      5

15. Hospital records are appropriately filed

1      2      3      4      5

17. Hospital disaster response plan ensuring business continuity has been developed and is understood by key personnel

1      2      3      4      5

18. In your opinion, how can the hospital improve on the controls?

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#### **Controls over Information Systems**

19. Hospital systems operations are documented

1      2      3      4      5

20. Hospital software is appropriately acquired and maintained

1      2      3      4      5

21. Access to the hospital's local information systems, programs and data is controlled



1      2      3      4      5

22. Hospital's local information system is maintained in a secure environment

1      2      3      4      5

23. Hospital 's software applications are appropriately developed and maintained

1      2      3      4      5

24. The hospital controls its computer applications by diligent and timely response to edit lists, rejected transactions and other control and balancing reports

1      2      3      4      5

25. Hospital's controls endure a high level of data integrity including completeness, accuracy and validity of all information in the system

1      2      3      4      5

26. Key data and programs on LANs or desktop computer are appropriately backed up and maintained

1      2      3      4      5

27. Management has informed staff of back up requirements

1      2      3      4      5

**Controls on organizational structure**

28. Organizational structure is commensurate with the organizational size

1      2      3      4      5

29. Lines of reporting are clear and documentation is up-to-date

1      2      3      4      5

30. Documentation in form of organization charts exists and is up-to-date

1      2      3      4      5

31. Turn over of the management financial group is low

1      2      3      4      5

**Controls on human resources**

32. Roles and responsibilities are clear

1      2      3      4      5

33. Delegation of authorization and assignment of responsibilities is clearly defined

1      2      3      4      5

34. Management holds individuals accountable for results

1      2      3      4      5

35. Authority limits are clearly defined in writing

- 1      2      3      4      5
36. Key personnel are knowledgeable and experienced  
1      2      3      4      5
37. Management does not delegate responsibility to inexperienced individuals  
1      2      3      4      5
38. Management provides resources needed for employees to carry out their duties  
1      2      3      4      5
39. Personnel are adequately supervised  
1      2      3      4      5
40. Personnel have regular resource for solving problems  
1      2      3      4      5
41. An organized evaluation process for staff exists  
1      2      3      4      5
42. Inappropriate behavior is consistently reprimanded  
1      2      3      4      5
43. Critical functions are adequately staffed  
1      2      3      4      5
44. Formal compensation process for staff exist  
1      2      3      4      5
45. Turn over in responsible positions is low  
1      2      3      4      5

**Section C: Teamwork**

*In this section, use the scale below to tick the response that best describes your views on the statements that follow:*

1. = *Very Often*  
2. = *Quite Often*  
3. = *Often*  
4. = *Rarely*  
5. = *Not at all*

**46. Managers and junior employees are supportive of each other in our department.**

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

47. Junior employees and managers encourage each other to perform better and achieve each one's objectives.

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

48. Managers try to ensure that the junior employees' needs are catered for and vice versa.

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

49. Juniors and managers correct each other when certain activities are not done properly.

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

50. Managers and junior employees offer support in doing their duties when one requires the help of the other.

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

51. Goals are mutually determined

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

52. Work processes are built around teams

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

54. Managers share power and responsibility with existing teams of people.

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

55. Employees are accountable to their teams

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

56. Employees are committed to achieving team goals

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

57. Teamwork assignments address specific, concrete objectives.

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

58. Consequences of a group's work are felt by all the group members.

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

59. There is a shared belief amongst employees that employees as a group are effective.

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

60. Group's work requires that members interact with each other to accomplish particular tasks.

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

61. Staff identify with and admire each other

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

62. Staff trust each other so much

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

63. Staff often socialize with each other after work

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

64. Staff have groups that help solve members' problems

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

65. Staff have groups that help their members communicate their grievances

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

66. Staff often maintain and strengthen the norms and values their members hold in common.

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

#### **Section D: Organizational Citizen Behavior**

*In this section, use the scale below to tick the response that best describes your views on the statements that follow:*

1. = *Very true*      2. = *Quite true*      3. = *True*

4. = *Rarely true*

5. = *Not true at all*

#### **Conscientiousness**

67. Seeks and accepts responsibility all times

1      2      3      4      5

68. Performs competently under pressure

1      2      3      4      5

69. Gets a great deal done within a set time frame

1      2      3      4      5

70. Readily accepts more work

1      2      3      4      5

71. Could be expected to be in position to start at the appointed time

1      2      3      4      5

72. Could be expected to maintain the work he/she is required to do

1      2      3      4      5

73. Could be relied on to come on time every morning

1      2      3      4      5

#### **Altruism**

74. Could be expected to attend work regularly

1      2      3      4      5

75. Doesn't take days off without previously asking for them

1      2      3      4      5

76. Never deliberately works below his/her best without supervision

1      2      3      4      5

77. Anticipates problems and develops solutions in advance

1      2      3      4      5

78. Assists supervisor with his/her work

1      2      3      4      5

79. Makes innovative suggestions to improve the department/ hospital

1      2      3      4      5

80. Does only what is required of him/her and never volunteers for extra work

1      2      3      4      5

81. Helps others who have a heavy workload

1      2      3      4      5

### Civic virtue

*In this section, use the scale below to tick the response that best describes your views on the statements that follow:*

*1. Very fair      2. Fairly often      3. Sometimes      4. Once in a while      5. Not at all*

82. There are instances when an employee attends functions that are not required of him/her but are of help to the hospital

1      2      3      4      5

83. The employee may stay at work for longer hours than the workday even without compensation

1      2      3      4      5

84. The employee is proud to tell others that she/he is part of this organization

1      2      3      4      5

85. The employee talks favorably about the hospital to other people

1      2      3      4      5

86. When the need arises, the employee will help workmates to complete tasks without having to be told by the management.

1      2      3      4      5

### Section E: Decision-Making

*In this section, use the scale below to tick the response that best describes your views on the statements that follow:*

*1. = Very true      2. = Quite true      3. = True      4. = Rarely true      5. = Not true at all*

87. The process for making decisions for the hospital are well streamlined .

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

88. Decisions are made according to the existing hospital needs.

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

89. The managers and the top administrators consider carefully risks when making decisions.

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

90. The decisions are made collectively .

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

91. Managers and top officials make decisions in accordance with achieving hospital objectives .

1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

92. Decisions are made by the relevant authorities.

1 2 3 4 5

93. Execution of decisions by management

1 2 3 4 5

94. Identification and execution of innovative ideas

1 2 3 4 5

95. Ability of management to arrive consensual decisions

1 2 3 4 5

96. Execution of decisions by management

1 2 3 4 5

97. Identification and execution of innovative ideas

1 2 3 4 5

98. Ability of management to arrive to consensual decisions

1 2 3 4 5

#### **SECTION F: PERFORMANCE MANAGEMENT**

1. Organizational objectives are clearly set and defined
2. Job activities are clearly linked to the organizational objectives and strategy
3. Staff training and development needs are given due consideration
4. Staff results are assessed through personal appraisal using relevant performance indicators
5. Performance agreements or contracts are in place
6. Knowledge gained through training are used to modify performance attitudes
7. internal and external communication is working well in this hospital
8. key tasks and responsibilities are clearly defined
9. operational objectives are in place
10. performance targets are set
11. rewards and sanctions are in place and working well.

**Thank you for your cooperation and time**

## APPENDIX B

### INTERVIEW GUIDE

7. Position \_\_\_\_\_
8. Department \_\_\_\_\_
9. Qualification \_\_\_\_\_
4. Experience (years in service) \_\_\_\_\_

#### Section B: Controls

##### Comment on the following statements:

- Senior management monitors organizational performance against objectives
- Reviews of performance are made of actual objective and performance in prior periods
- for all major initiatives
- Management analyzes and follows up performance of the hospital as needed
- Performance reviews are made of specific functions or activities focusing on compliance, financial or operational issues
- Management investigates unexpected operating results or unusual trends
- In your opinion, how can the hospital improve on the controls?

#### Controls over Information Systems

##### How would you assess the following issues?

- Hospital systems operations are documented
- Hospital software is appropriately acquired and maintained
- Access to the hospital's local information systems, programs and data is controlled

- Hospital's local information system is maintained in a secure environment
- Hospital 's software applications are appropriately developed and maintained

### **Controls on organizational structure**

#### **Please assess the following issues:**

- Organizational structure is commensurate with the organizational size
- Lines of reporting are clear and documentation is up-to-date
- Documentation in form of organization charts exists and is up-to-date
- Turn over of the management financial group is low

### **Controls on human resources**

#### **How would you assess the following issues?**

- Roles and responsibilities are clear
- Delegation of authorization and assignment of responsibilities is clearly defined
- Management holds individuals accountable for results
- Authority limits are clearly defined in writing
- Key personnel are knowledgeable and experienced
- Management does not delegate responsibility to inexperienced individuals
- Management provides resources needed for employees to carry out their duties
- Personnel are adequately supervised

### **Section C: Teamwork**

#### **How would you assess the following issues?**

- **Managers and junior employees are supportive of each other in our department.**
- Juniors and managers correct each other when certain activities are not done properly.
- Managers and junior employees offer support in doing their duties when one requires the help of the other.



- Goals are mutually determined
  - Work processes are built around teams
- Managers share power and responsibility with existing teams of people.
- Employees are accountable to their teams
- Employees are committed to achieving team goals
- Teamwork assignments address specific, concrete objectives.

## **Section D: Organizational Citizen Behavior**

### **Conscientiousness**

#### **Comment on the following statements**

- Seeks and accepts responsibility all times
- Performs competently under pressure
- Gets a great deal done within a set time frame
- Readily accepts more work
- Could be expected to be in position to start at the appointed time
- Could be expected to maintain the work he/she is required to do
- Could be relied on to come on time every morning

### **Altruism**

#### **Comment on the following statements**

- Could be expected to attend work regularly
- Doesn't take days off without previously asking for them
- Never deliberately works below his/her best without supervision
- Anticipates problems and develops solutions in advance
- Assists supervisor with his/her work

### **Civic virtue**

### **Comment on the following statements**

- There are instances when an employee attends functions that are not required of him/her but are of help to the hospital
- The employee may stay at work for longer hours than the workday even without compensation
- The employee is proud to tell others that she/he is part of this organization
- The employee talks favorably about the hospital to other people
- When the need arises, the employee will help workmates to complete tasks without having to be told by the management.

### **Section E: Decision-Making**

#### **Comment on the following statements**

- The process for making decisions for the hospital are well streamlined .
- Decisions are made according to the existing hospital needs.
- The managers and the top administrators consider carefully risks when making decisions.
- The decisions are made collectively .
- Managers and top officials make decisions in accordance with achieving hospital objectives .
- Decisions are made by the relevant authorities.
- Execution of decisions by management
- Identification and execution of innovative ideas
- Ability of management to arrive consensual decisions
- Execution of decisions by management
- Identification and execution of innovative ideas

- Ability of management to arrive to consensual decisions

**Thank you for your cooperation and time**

**APPENDIX C**

**Computation of the CVI on the Health Workers Questionnaire**

<b>Items in the Questionnaire (students)</b>	<b>Rater 1</b>	<b>Rater 2</b>	<b>Rater 3</b>	<b>Rater 4</b>	<b>Total</b>
Q.1	3.7	3.5	3.8	4.0	3.75(0.937)
Q.38	3.6	3.9	3.7	3.5	3.65(0.918)
Q. 51	3.4	4.0	4.0	3.8	3.8(0.95)
Q. 88	3.9	4.0	3.8	3.7	3.85(0.962)
<b>Total</b>				<b>CVI =</b>	<b>0.941</b>