'An Exploration of the Relationship between Organisational Culture, Organisational Identity and Healthcare Performance in a Merged Academic Health Science Centre'

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Abstract

This study makes a significant contribution to new knowledge in the field of mergers, organisational culture and organisational identity. For the first time evidence is found on the longevity of a ‘merger effect’ which impacts on staff perceptions of organisational culture and organisational identity. Seven years on from a merger there were statistically significant differences in the mean survey scores of staff employed pre-merger and those appointed post merger. In addition there was evidence of divergent views among staff with sub-cultures and multiple identities: Staff perceive culture and identity differently based on hierarchical ranking (more positively for non-managers) and occupational group (more positively for clinicians) and are affected differently by workplace stressors during a merger. There was evidence to support a relationship between culture and identity.

Over time the dominant clinical academic logic was eroded, when the merged organisation adopted a competing professional and managerial logic. Staff used cultural cues to make sense of changes however senior staff did not influence the perceptions of subordinates. Links with performance, culture and identity were ambiguous.

This mixed methods inquiry in a merged Academic Health Science Centre, employed an organisational survey with 1,978 respondents, in-depth interviews, descriptive statistics, regression analyses and thematic analysis to interpret the results and to triangulation research findings. Institutional logics is the exploratory lens

NHS financial pressures necessitate developing new organisational models, transformations and mergers to achieve sustainability. Findings support debates on the length of time required to achieve cultural change following a merger, the time it takes for staff to identify with the new merged entity and proposes that merger plans should take into account the longevity effect in designing post-merger integration programmes and staff differences to maximise success, paying attention to fostering staff well-being during mergers.
Declaration of Originality

I declare that this thesis for examination of a PhD degree for Imperial College London is solely my own work, other than where I have clearly referenced the work of others.
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<tr>
<td>AHSC</td>
<td>Academic Health Science Centre</td>
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<tr>
<td>BRC</td>
<td>Biomedical Research Centre</td>
</tr>
<tr>
<td>CHI</td>
<td>Commission for Healthcare Improvement</td>
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<tr>
<td>CPG</td>
<td>Clinical Programme Group</td>
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<tr>
<td>CQC</td>
<td>Care Quality Commission</td>
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<tr>
<td>CVF</td>
<td>Competing Values Framework</td>
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<tr>
<td>DH</td>
<td>Department of Health</td>
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<td>DOC</td>
<td>Denison organisational culture survey</td>
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<tr>
<td>DSOI</td>
<td>Deep Structured Organisational Identity</td>
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<tr>
<td>FT</td>
<td>Foundation Trust</td>
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<tr>
<td>HCAI</td>
<td>Healthcare Associated Infection</td>
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<tr>
<td>HCC</td>
<td>Healthcare Commission</td>
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<tr>
<td>HHNT</td>
<td>Hammersmith Hospitals NHS Trust</td>
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<tr>
<td>HRM</td>
<td>Human Resource Management</td>
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<tr>
<td>HSMR</td>
<td>Hospital Standardised Mortality Ratio</td>
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<tr>
<td>ITC</td>
<td>Information Technology and Communications</td>
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<tr>
<td>MRSA</td>
<td>Methicillin-resistant Staphylococcus aureus</td>
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<tr>
<td>NHS</td>
<td>National Health Service</td>
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<td>NIHR</td>
<td>National Institute for Health Research</td>
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<tr>
<td>NOID</td>
<td>Need for Organisational Identification</td>
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<tr>
<td>PHC</td>
<td>Paddington Health Campus</td>
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<tr>
<td>QCCH</td>
<td>Queen Charlotte’s and Chelsea Hospital</td>
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<tr>
<td>SMH</td>
<td>St Marys Hospital</td>
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Chapter 1 - Introduction

This first chapter provides an outline of the research and the need for the study. The research questions are presented, together with the reasons for seeking to address them. I present a synthesis of the existing research in the empirical context and gaps in the literature are highlighted. The theoretical framework that underpins the study and its methodology are summarised, along with key results and the contribution that this study makes to new knowledge. This chapter concludes with the organisation of the thesis, presenting a précis of each chapter.

1.1 Importance of the Topic

There is much discussion concerning an impending financial and subsequent operational crisis in the National Health Service (NHS), with 'mounting deficits, rising waiting times and declining staff morale.' NHS Providers overspent by almost £1bn in 2014-15, with two thirds of acute trusts in deficit, including for the first time the Foundation Trust (FT) sector (Kings Fund, 2015). National policy directives developed to address performance concerns propose transformational change at an unprecedented speed as the delivery mechanism, including a focus on developing new organisational forms to deliver care, acquisitions and mergers.

Mergers have been a prominent feature within international business for many decades, and can be seen in the health sectors of Europe and America over the last 30 years (Fulop, 2002). Health related mergers have taken place most notably in the pharmaceutical industry, private health care, and now increasingly among NHS providers (Gaynor et al, 2012). The speed at which change occurs during mergers influences an organisation’s ability to adapt. Rapid change may hinder the successful development of the culture during mergers (Kavanagh and Askkanasy, 2006) and members’ perceptions become important as measures of how well a merger is managed and how a new culture develops. Leaders play a pivotal role in fostering change by creating vision (Kavanagh and Askkanasy, 2006).

Research into mergers in acute NHS hospital providers is a developing field, with studies involving Academic Health Science Centres (AHSCs) less well developed. AHSCs, a partnership between a hospital(s) and university, are a relatively new organisational form, and were introduced into the UK provider landscape in 2009. The six Department of Health (DH) designated AHSCs (have a combined operating
income of £10,162,415bn (Department of Health, 2013) (Appendix 1 AHSC Annual Accounts, 2013-14,) which accounts for almost 10% of the NHS total operating budget of £113bn for hospitals, mental health, commissioning groups and community services in 2013-14 (Cooper, 2014). The AHSCs include some of the largest NHS hospitals when ranked by operating income: Barts Health NHS Trust (£1.28bn), Guys and St Thomas NHS Foundation Trust (£1.24bn) and Kings College Hospital (£1.18bn) (Appendix 1 - AHSC Annual Accounts 2013-14) and some of the top globally rated UK Universities, such as Oxford (3rd), Cambridge (5th) and Imperial College (9th) (Times Higher Education, 2015).

The newness, complexity (Kitchener, 2002) and scale of the AHSCs make them compelling subject matter for organisational research, with their dualistic nature, normative and utilitarian value systems they provide an opportunity to conduct empirical research in hybrid-identity organisations (Fischer et al., 2013).

Earlier research concerning organisational culture has suggested a relationship with organisational performance, and a small number of studies have explored this relationship within a healthcare setting (Mannion et al., 2005; Jacobs et al., 2013). Organisational culture is a set of shared assumptions which provide a framework for organisations by defining appropriate behaviour for various situations (Ravasi and Schultz, 2006). The definition of organisational culture used in this study is that of Schein; ‘A pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way you perceive, think, and feel in relation to those problems’ (1985:3). This definition acknowledges that local environmental forces shape culture and through story telling or organisational narratives and historical logics, culture is passed down to members of an organisation. To this definition I add that the institutional logics that are the most salient to each individual influence personal perception and operationalisation of their cultural narrative. Organisations rarely have a single, consistent culture and subcultures may develop around occupational groups, organisational roles, hierarchical positions, functional or professional identities (Howard-Grenville, 2006).

Evidence to support a relationship between organisational culture and healthcare performance can be found in a number of studies. Cultural characteristics or typologies associated with performance include adaptability (Kotter, 1996; Senge, 1990), innovation (Ogbonna and Harris, 2000) and consistency and strength of
culture (Fisher and Alford, 2000). Other studies do not report a relationship with culture and performance (Reymann, 2009; Hernandez, 2010; Gregory et al, 2009). In viewing the phenomenon it is critical to consider issues with consistent definitions, measurements and methodologies that may contribute to the results.

Organisational identity may be viewed as a question, construct or a metaphor, with the viewpoint determined by the assumed ontology and epistemology of the phenomenon under review (Puusa, 2006). It has been variously described as a cognitive construct (Pratt, 1998), a means of defining oneself (Dutton et al., 1994), a relational construct (Sluss and Ashforth, 2007) and a cognitive and affective construct (Riketta, 2005).

Organisational identities may influence and be influenced by collective or group identities, such as peers, professional groups or hierarchical structures (Tajfel and Turner, 1985). Bartel (2001) views organisational identity as changing in strength in response to interactions with such groups and in the relative value that members ascribe to work duties and roles. Organisational identities are also seen as influencing factors in how employees act (Foreman and Whetton, 2002).

Mergers have been cited as ideal contexts for observing organisational identity. Dutton et al. (1994) and Whetton (2006) state that during periods of transformational change organisations start to question their identity. The development of organisational identity during the merger process is believed to be influenced by the pre-merger status of the merging organisations, perceived power, and merger patterns, with intergroup dynamics central to achieving success (Giessner et al., 2006).

Healthcare related mergers occupy a distinct position within academic literature. Gaynor et al. (2012) state that the decision to merge a hospital in the UK ‘depends not just on financial or clinical performance, as in private markets, but also on national politics’ (2012:1). Health policy in England, notably The Five Year Forward View (NHS England, September, 2014) outlines the challenges facing the NHS, notably a predicted shortfall of £30 bn per year between healthcare resources and patient needs by 2020/21, and emphasises the continuing and unacceptable variations in care. The approach taken in The Five Year Forward View is one of transformational change, largely by developing new models of care, while stating that ‘one size does not fit all’ (NHS England, September, 2014:4) when it comes to organisational forms.
1.2 Gaps in the Literature

While there are studies that have sought to understand logics, culture, identity or performance, earlier research has not explored the relationship between logics, culture, identity and performance together as a mixed-methods study in a merged healthcare provider setting.

Several authors have explored culture and identity (Corley, 2004; Ravasi, 2006), others have researched either culture and performance (Denison and Mishra, 1995) or identity and the relationship with performance (Ackerman, 2010: Das et al, 2008: Li et al, 2012), further, a smaller body of research exists in institutional logics in the healthcare research field (Currie and Guah, 2007) and research into healthcare mergers is a developing field, (Choi et al, 2009, Gaynor et al, 2012, Fulop et al, 2005). Several other gaps exist in this area of research, notably ‘considerable variation in how researchers view and study culture’, with ambiguity regarding its meaning (Howard-Grenville, 2006:48). In research into organisational identity, Puusa notes that ‘characteristics are open to selective perception and interpretation (2006:24). Healthcare performance measurement is a topic that is reported as fraught with challenges, said to be derived in part from ‘the disparate nature and variable perspectives represented among the key stakeholders’ (Loeb, 2004:5). Few studies have explored mergers in the context of AHSCs and even less have conducted an exploration using institutional logs as the theoretical lens (Kitchener, 2002, Lennox-Chhugani, 2011).

This study brings together phenomena to empirically test for relationships and generate knowledge across and between the dynamic constructs in an important and emerging field.

1.3 Research Questions

In this study I will address questions of concern to those working in the organisational research field. With the policy thrust to encourage more healthcare mergers in the UK, Europe and the US positioned on a spectrum of integration, as new models of care are championed as a means of addressing financial and quality issues, a knowledge of the impact of logics, culture and identity becomes increasingly important.
By exploring the relationships between institutional logics, culture, identity and performance in a post-merger setting, I aim to develop a deeper knowledge of the factors at play, and to develop new knowledge, which has relevance in this and other healthcare settings, in the health policy context and the wider business context.

This thesis seeks to explore and discover answers to the following questions:

1. **How do institutional logic/s develop after a merger in an AHSC?**

2. **How does a merger influence an organisation’s culture?**

3. **What is the relationship between organisational culture and organisational identity after a healthcare merger and what factors influence this relationship?**

4. **What is the relationship between organisational culture and organisational identity and performance in a post-merger healthcare setting?**

### 1.4 Empirical Context

The setting for the study is a UK AHSC. With their tripartite mission of clinical care, research and education, AHSCs are complex pluralistic entities (Kitchener, 2002). They are described as displaying Mintzberg’s (2011) characteristics of professional bureaucracy, functioning with decentralised decision making structures, professional autonomy and power (Kitchener, 2002). The inter-organisational dynamics in AHSCs are more complicated than in many other healthcare providers, as members may be tightly coupled around the organisational mission, and loosely coupled in relation to the professionalism of clinicians and to service units (Kitchener, 2002). AHSCs high order complexity is thought to impact negatively on managerial interventions, such as mergers, for the following reasons: powerful professional members view decision making as an inclusive process and require that this expectation is fulfilled; support for a merger must be gained both internally and supra-organisationally, which may lengthen the process; and loosely coupled professional teams may hinder progress in rationalising services (Greenwood and Hinnings, 1996; Kitchener, 2002). AHSCs are frequently major players in regional and national healthcare due to their size, clinical, education and research income, so it is therefore critically important to understand how these entities perform and function.

The setting for the case study, referred to as ‘the trust’ is one of the largest NHS mergers of the last decade, and formed ‘the UKs first Academic Health Science
Centre’ (AHSC, 2013), a self-proclaimed status that is used in official branding. Its origins may be found in the failed Paddington Health Campus (PCH), a complex and hugely ambitious scheme to build a clinical care and research institution of international standing in central London, which involved one of the predecessor organisations and the same academic partner as in the merged trust. The first outline business case for the PCH was approved in 2000, costed at £300 million with a completion date of 2006. When the scheme was abolished in 2006, costs had spiralled to £894 million and the completion date had slipped to 2013 (National Audit Office, 2006). Considerable political and media attention was centred on this high-profile failure, and the responsible officers were required to give evidence to the Public Accounts Committee in relation to the £15 million spent on programme fees. A damming report by the Audit Commission noted:

‘The sheer number and scale of risks and lack of a single sponsor; the way in which the Campus partners organised and carried through the scheme, including the failure to secure adequate land for the scheme; a lack of active strategic support for the Campus vision’ (2006:4)

The partner’s opposing views regarding the need for a merger was given as the root causes of the failure and inter-organisational conflicts and failure to agree the vision were cited as additional compounding factors (National Audit Office, 2006). In moving forwards from the failed scheme, St Mary’s Hospital with support from Imperial College, developed plans to merge with Hammersmith Hospitals, which commenced during the period before the failure of the PCH was made public. The merger and creation of the AHSC was officially recognised as complete in 2007, one year after the abolition of the PHC (Imperial College Healthcare NHS Trust, 2015).

Several similarities and differences may be found in the organisational structures of the legacy organisations; both trusts provide services from multiple sites, have the same academic partner, Imperial College London, and were rated ‘good’ by the healthcare regulator of that period, the Healthcare Commission. In relation to size, the Hammersmith Hospitals NHS Trust had 42% more income and 39% more staff than St Mary’s Hospital. Hammersmith’s financial position was less positive than St Mary’s, with an accumulated deficit of £13.4 million. Both trusts had met the A&E four-hour wait target and were ranked within the Dr Foster Top Ten performing hospitals; however, St Mary’s had failed to reduce methicillin-resistant Staphylococcus aureus (MRSA) patient numbers to the specified target. A table
presenting the organisational, financial and performance characteristics of the legacy trusts pre-merger is presented later in Section 6.5.

In the seven years post the trust merger (primary data was collected for this study in 2014-15), there has been substantial change within the organisation and in the wider health policy context. The trust saw a significant turnover of board level and senior staff, including two chairmen, one chief executive officer (CEO)/principal (CEO), four CEO (two as a job share) and six non-executive directors (NEDs), two full re-structurings of the divisions and two refreshed versions of the organisational values. It experienced a very public failure to manage the national referral to treatment waiting times (City of Westminster, nd) received some of the lowest patient satisfaction scores (NHS, 2014), was awarded the rating of ‘requires improvement’ by the Care Quality Commission (CQC) during its inspection in the summer of 2014 (Care Quality Commission, 2015). While the trust might not be considered a high performing organisation in traditional terms (de Waal, 2012), it is one that performs well in certain areas. It was formally designated an AHSC twice through DH competitive processes (Department of Health, 2013) and received the largest financial award as a NHS Biomedical Research Centre (NIHR, 2015).

1.5 Theoretical Framework and Methodology

The terms multi and mixed methods are often used interchangeably while their meanings are distinct. In this study mixed methods research is the overarching research strategy, which Johnson et al (2007:123) describe as:

‘The type of research in which a researcher or team of researchers combines elements of qualitative and quantitative research approaches (e.g. use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the purposes of breadth and depth of understanding and corroboration’

The position of Guba and Lincoln (2005) is adopted during this study and different paradigms are therefore utilised, each selected for the opportunities they provide for exploring new insights in the research field. The research is conducted using quantitative and qualitative techniques. The framework underpinning the quantitative elements of the study is presented initially, and then the framework which directs the qualitative work.
The post-positivism paradigm supports my belief that the scoping review and the literature review should seek to develop statements of truth (Guba and Lincoln, 2005) in describing the relationships firstly between organisational culture and organisational identity, and secondly between these two constructs and organisational performance. I take a critical realist ontological (Cook and Campbell, 1979) stance, in that I believe there are different and valid perspectives of reality, and I expect to see phenomena both played out in the evidence from the literature and in the organisational surveys that are conducted as part of this study. In making explicit my relationship between the knower and the known, I acknowledge again my pre-existing knowledge, albeit in a different capacity in this field, and how this may impact on the discourse with the ‘critical community’.

The constructivism paradigm, sometimes referred to as the interpretive paradigm, is developed from hermeneutics and reflects my beliefs in how knowledge develops within organisations (Mackenzie and Knipe, 2006). Denzin (1997) describes concepts, models and schemes that are used to make sense of experiences, which are then redefined from reflections on knowledge gained during new experiences. The historical relevance and adaptive qualities of this paradigm resonate with my research in an organisation where historical references are remembered by some in the context of the merger as a critical event of long standing, and for others who were employed after the merger as something primarily known through the story-telling of others. I assume a relativist ontological position (Andrews, 2015), in that the multiple mental constructs used by individual staff which span local and wider concepts will help shape the semi-structured interviews used to identify the performance indicators that will be used to test for the relationship between culture, identity and performance, and lastly in the purposefully sampled semi-structured interviews with staff to explore their beliefs in relation to the results of this research and to seek out their ‘versions of reality’ to triangulate these perceptions with the literature and the empirical data.

As a metatheoretical framework for analysing the interrelationships among institutions, individuals and organisations (Thornton et al., 2012:2), institutional logics guides my work. I have selected this meta-theory due to its salience in explaining connections that create a sense of unity and purpose (Reay and Hinings, 2009), its ability to focus on single or dominant logics in an organising field (Scott, 1997), and on competing logics, which may bring rivalries and countervailing determinants to the fore (Ray and Hinings, 2009:629).
Each institutional order of an organisation provides distinctive organising principles, practices and symbols that influence individual and organisational behaviour. These institutional orders provide a frame of reference comprising the choice of vocabulary, sense of self, and identity, and it is through an organisation’s culture that these orders are manifested as organisational identity (Thornton et al., 2012). Actors are aware of variations in institutional orders and assimilate these differences into their thoughts, beliefs and decision-making culture, which exists in fragments and is not a unified system (Thornton et al., 2012). DiMaggio (1997) refers to culture as a ‘toolkit’. How that toolkit is used by actors depends on situational cues in the local environment, as actors are viewed as partially autonomous in developing cognitive organisational processes (Thornton et al., 2012).

My personal experiences, beliefs and values as someone who inhabits the field of study and how my position in the case study setting may elicit or inhibit access to information from participants are captured in my approach to reflexivity. This critical self-appraisal supports my actions to attempt to remain aware of any personal biases, multiple identities and hybrid logics. My beliefs are reflected in the paradigms I have selected to give direction to the research methodology.

My overall proposition underpinning the research is that actors use institutional logics, that is the logic/s most salient to them as individuals, as a frame of reference which directs the way they contextualise and try to understand their organisation, the way an organisation works, how their values compare with those of the organisation and their positioning within an organisation. Organisational culture is perceived and experienced by an actor using their logic/s and is the construct through which organisational identity, professional identity and identity conflict develop.

1.6 Contribution to the Literature

The study makes several contributions to knowledge in this emerging field of mergers, organisational culture, organisational identity and performance. The contribution is presented in four parts: i) Novel contributions, ii) Support to existing knowledge, iii). Contribution to policy, iv). Practical implications.
1.7 Structure of the Thesis

The thesis is organised around my central proposition that it is institutional logic/s that determine how organisational culture is perceived and culture is the process by which organisational identity occurs. Figure 1.1 presents the schematic approach to developing knowledge in the field. A summary of each chapter is presented below. Chapters 2, 3, 4 and 5 present views of the extant literature.

Chapter 2 - Organisational Culture

This chapter presents the definition of organisational culture that is used throughout the study. It describes how culture develops and the inherent challenges in measuring an organisation’s culture. Key texts which address the impact of organisational culture are identified and critiqued, and gaps in the literature noted. The chapter concludes by defining and describing the tool selected to measure organisational culture in the study.

Chapter 3 - Organisational identity

Organisational identity is defined and the process whereby it develops is discussed using seminal works in the field. In the context of this study organisational identity is viewed as a flexible construct capable of adaption and one which occupies multiple forms, such as professional, peer and hybrid identities.

A literature review is used to identify the emerging knowledge in the relationship between organisational culture and organisational identity, using institutional logics as the lens through which to view the phenomenon.

Chapter 4 - Literature Search: Exploring the Relationship between Organisational Identity and Performance

In this chapter I describe the methodology used to conduct a literature review on the relationship between organisational identity and organisational culture. The results of the review are presented and a synthesis of the emerging themes from the literature, concluding with my contribution to knowledge in this research field.

I bring together evidence from the chapters on organisational culture, the scoping review on organisational culture and organisational identity, and a literature review of
identity and performance in a synthesis, which underpins the hypotheses to be tested in this study.

**Chapter 5 - Mergers**

The concept of mergers is explored in this chapter. This includes how success or failure is defined in the context of mergers. The process whereby organisational culture and organisational identity develop in generic merger settings is explored before focusing on mergers within healthcare settings, the influence of policy directives and mergers in academic healthcare.
Research Question; what is the relationship between organisational culture (OC) and organisational identity (OI) and performance in a healthcare setting?

Quantitative Research

Scoping Review OC & OI

Systematic Literature Review OI & Performance

Organisational Survey; OC & OI

Analysis of survey data

Test hypotheses

Stakeholder interviews interpretation of results

Performance data set for testing hypotheses

Results

Discussion, Recommendations, Limitations

Figure 1.1: Overview of the methodology
**Chapter Six - Methods**

The theoretical perspectives that guide my approach as a researcher and how these are translated into the methodologies that I have elected to use are explained in this chapter. I also address issues of reflexivity given that I ‘inhabit’ the same organisational sphere as the subjects in my study.

The chapter is presented in four main sections and begins with an exploration of health policy in relation to teaching hospitals and more latterly AHSCs. The research framework is defined before the history and characteristics of the legacy trusts are explored with an outline timeline of the critical events leading up to the merger of the trust (the case study setting) from the compelling vision outlined in the merger consultation document to the present day. Finally, the empirical context is explored. The formation of the trust is analysed through the lens of institutional logics to understand its evolution, and what happens to the institutional logics over time.

**Chapter 7 - Results**

The results of the research conducted during the study are presented. Specific answers to the research questions are given along with findings in relation to the hypotheses.

**Chapter 8 - Discussion**

In this chapter I return to the results to provide responses to my overall proposition and the specific research questions. I then analyse the evidence for each test and draw on the emerging themes from the study and the evidence in the literature to support my findings and the contribution of new knowledge in the field. I conclude with implications for healthcare research, health policy and identify opportunities for further research to build on this study.

**Chapter 9 - Conclusions and Recommendations**

In the final chapter I present the conclusions of the study and demonstrate its importance in the field and the wider health economy. I acknowledge the strengths, weaknesses and limitations of the study and conclude with my reflections.
Chapter 2 - Organisational Culture

In this chapter an overview of the origins and evolution of organisational culture and the definition that informs this study is presented. Approaches to measuring culture and the associated challenges are reviewed, whilst emerging themes from studies exploring organisational culture and the relationship with performance are analysed and their limitations discussed. Institutional Logics is the lens through which organisational culture is explored.

2.1 Origins and Evolution

Fisher (2000) reported that the earliest documentation of culture in historic records is the benefits of unified teamwork in times of war in Athens, 431BC. Moving forwards to the 1870s, the first anthropologist to use the term was Tyler, whose early description of culture encapsulated aspects such as knowledge, beliefs, art, morals, laws, customs, acquired capabilities and habits (Brown, 1998). A further contribution from anthropology is Geertz’s 'Native point of view' (1973). Geertz proposed that the best way to study culture is by seeking an interpretation of those within organisational groups. Within this approach to organisational culture is the expression of culture as a system used for communicating and developing attitudes, and an acknowledgement that culture is capable of change (Khan and Afzal, 2011).

Scientific management theory, or Taylorism, has its origin in studies of production workers (Wagner-Tsukamoto, 2007). Taylor was interested in how workers could increase their productivity through a detailed process of evaluation of the component parts of the tasks. Max Weber in his 'bureaucratic theory' stressed the importance of hierarchical structures to bring about clear lines of accountability, specialisation, stability and unity (Blau and Meyer, 1971), with cause and effect featuring prominently in understanding how organisations functioned. The Hawthorne experiments in the 1920-30s are often quoted as the founding studies in human relations theory, as the importance of sociological, as well as financial factors, in productivity were noted. However, a subsequent re-evaluation of the study results has questioned the evidence as fully supporting the findings (Franke and Kaul, 1978).

Culture as a means of describing organisational relationships was put forward by Jaques (1951), notably in the relationship between managerial and non-managerial
staff, while longitudinal studies by Pettigrew (1979) explored organisational structures that create, support or reduce power.

The rise of management culture stemming from the Asian economic boom during the 1980s includes the work of Deming (1994), and was followed by a resurgence in organisational studies grounded in research, which sought to understand the influence of national and organisational culture with regard to motivation, commitment (Schein, 1985; Hofstede et al, 1990) and performance, Denison (1990).

Institutional logic was developed from the exploration of institutions within Neoinstitutional Theory (Dimaggio and Powell, 1983) and provides organising principles that ‘refer to the belief systems and related practices’ within an organisational field (Reay and Hinings, 2009:629). In an exploration of poverty, Swidler (1986) asserts that it is the individual’s interpretation of shared values within a culture that direct actions and results in diverse behaviours based upon an actor’s interpretations. Dimaggio (1997) cites culture as a toolkit whereby environmental situational cues are important in determining interpretations, with actors ‘partially autonomous’ in developing cognitive organisational processes (Thornton et al., 2012). Institutional logic explores the influence and impact of senior leaders as cultural entrepreneurs, a term introduced by Dimaggio in 1982, to describe actors who use ‘framing, categorisation, storytelling or narratives’ (Thornton et al., 2012) in bringing people together to realise and adopt innovations, and in doing so reshape organisations and their environments (Lounsbury and Glynn, 2001).

2.2 Definitions, Dimensions, Levels, Typologies and Traits

Schein views organisational culture as a multi-level and multi-dimensional phenomenon. He defines organisational culture as:

‘A pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way you perceive, think, and feel in relation to those problems’ (1985:3).

Schein’s definition of organisational culture is used to inform this study.

Schein believes organisational culture to be the accumulation of shared learning arising from a shared history, and views it as a means by which to explain
behaviours and responses within groups. Central to the way that groups behave is the need to address two fundamental problems related to survival, growth and adaption in the environment in which they operate, and the internal integration that permits functioning and adaption.

Three levels of culture were proposed by Schein, (1990): behaviours, values and artefacts, with each level being progressively more difficult to measure. Behaviours consist of the physical and social environment, which makes this the clearest and easiest level of culture to measure, values are based on underlying meanings that allow patterns of behaviour to be understood with basic assumptions, symbols representing the unconscious level of culture and therefore representing the most challenging to measure and change.

Hofstede et al (1990) referenced dimensions of culture as process versus results, employee versus job orientated, parochial versus professional, open systems versus closed, loose versus tight control, and normative versus pragmatic. Yiing and Ahmad (2009) posit that organisational culture may be studied across a multitude of aspects and dimensions, leading to various conceptual frameworks.

2.3 Homogeneity and Heterogeneity of Organisational Culture

Homogeneity of culture is believed to occur through three key mechanisms according to Van den Steen (2010): recruitment, an organisation is more likely to select would-be employees who hold similar beliefs to their own; self-selection, staff are more likely to want to work in an organisation where there is a good fit with values and beliefs; and through the shared experiences of staff, which in turn influences beliefs. However, Bednar et al. (2010) disagree that culture is homogenous and state that social conformity and individual consistency are the key behavioural drivers in creating a heterogeneous culture. Intra-cultural heterogeneity and intra-cultural consistency facilitate differences within and across set cultures.

Organisations organise individuals in order to complete tasks (Pugh and Hickson, 1997). Morgan likens organisations to mini-societies, each having their own ‘distinct patterns of cultures and sub-cultures’ (1997:129). Organisations rarely have a single, consistent culture and sub-cultures may vary by occupational group, organisational roles, an individual’s position in the hierarchy, the functional or professional identity of the member (Howard-Grenville, 2006) or exist as a ‘blended culture’ without a dominant cultural type (Jacobs et al, 2013). Subcultures may develop around a shared meaning (Giddens, 1984), provide members with different organisational
positions and relative power and may be loosely coupled with other subcultures thus interacting in an integrated, differentiated or fragmented way (Howard-Grenville, 2006).

Institutional logic views culture as heterogeneous and as existing in a context which is defined by one of several institutional orders; family, religion, state, market, profession and corporation (Thornton et al., 2012). Institutional logic scholars view power as culturally and organisationally bound (Thornton et al., 2012), with power being created through actions and applied through the ‘intentional strategic choice’ of actors (2012:65).

The role of managers in developing the organisation’s culture has received some attention (Kane-Urrabazo, 2006, Handy, 1985). Their role in developing important cultural components such as trust, empowerment and delegation, consistency and mentorship are believed to impact on the overall culture (Kane-Urrabazo, 2006).

2.4 Approaches to Measurement

Denison and Spreitzer (1991) note that there is little agreement on effective measures and methods for studying organisational culture. Wilkins and Ouchi (1983) have contributed to the debate on qualitative and quantitative methods in organisational culture. Quantitative methods are criticised for an inability to assess assumptions and values (Schein, 1985); however, they offer a competitive advantage when sampling large numbers for measuring organisational culture (Sackman, 1991). Hofstede et al. (1990) suggests a need to use comparative techniques, although ethnographic methods are considered limited due to an inability to study relationships with performance, poor generalisability and objectivity (Ott, 1989; Denison and Spreitzer, 1991). The diverse and multiple types of surveys tools available to measure organisational culture are associated with measurement challenges in linking across research that uses many different tools (Sackmann, 1991).

Several large-scale reviews have sought to measure and assess a range of organisational culture tools (Mannion et al., 2005; Scott et al., 2003; Jung et al., 2008). For any measurement tool to be effective, clarity is required on defining exactly what is being measured. A common error in the field of organisational culture is a confusion of organisational culture and climate, terms which are sometimes used interchangeably; however, there is a growing consensus that the two terms have distinct meanings. ‘Climate’ is said to refer to a specific aspect of an organisation’s current cultural state, for example the safety climate (Glendon and Stanton, 2000).
Rousseau (1988) developed 13 definitions of climate, including staff attitudes and a focus on human resource management. Climate is situational, and although able to influence the performance of an organisation, Falconer (2006) believes its effects to be less enduring than the impact of organisational culture in its entirety.

In a review of 93 studies on culture in international settings, Tsui et al. (2007) posits that culture may be categorised as either an independent variable (type I) or a moderator (type II) variable which alters the impact of the independent variable. Scott et al. add that culture may be viewed as an internal variable, as organisations are ‘culture producing as well as culture consuming’ (2003:17), and associate this with organisational development.

2.5 Relationship with Performance

Researchers have sought to develop a deeper understanding of the relationship between culture and performance over many decades (Schein, 1985; Denison, 1990; Hofstede et al., 1990; Scott et al., 2003; Sackmann, 1991), often selecting one or more key elements of culture as factors responsible for the phenomenon, including chief executive officer (CEO) values (Berson et al., 2008), trustworthiness and trust (Kane-Urrabazo, 2006) and learning organisations (Elmer and Kirkpatrick, 2008).

The influence of country and context may render some elements of culture as enhancers of performance in one national setting whilst adversely affecting performance in another (Rose et al., 2008). In a study exploring national culture on the use of information and managerial performance, Chow et al. found that performance is ‘subject to culturally biased assessments’ (1999:190).

Consistency is synonymous with the ‘strength of culture’ (Fisher and Alford, 2000) and is an important means of control when organisations face unfamiliar situations or are required to manage unpredictability in a changing environment (Denison, 1990). This is salient given that the current UK health economy is rapidly changing due to economic challenges and policy changes. In contrast, Van den Steen (2010) suggests that it is the strength of organisational performance, which creates a strong culture.

Denison (1990) notes that organisations with an ‘internal orientated culture’ are more likely to grow slower than externally orientated peers; however, when these organisations have a strong culture of involvement and consistency, balanced with adaptability, then they are better able to deliver on indicators of profitability, efficiency
and quality. The importance of an adaptive culture is further reinforced by Ross (2000) who believes that the survival of organisations in competitive environments is associated with adaptability. In markets where there is a high degree of uncertainty for example, the volatility of the current NHS, the benefits of a strong culture are less apparent (Sorensen, 2002). However, in Kotter and Heskitt’s (1992) study of 180 firms, across 19 markets, the relationship between strength of culture and economic performance could not be proven.

Evidence for a positive, adaptive association between organisational cultures and performance was proposed by Kotter (1996) and Senge (1990), who suggest that adaptability is linked to an ability to consider the demands of the external environment to create change, an appetite for risk, and to learn from experiences. Features of adaptable organisational cultures are also seen in innovative organisations, which Ogbonna and Harris (2000, 2002) report as the only variable to result in a significant effect on performance.

Support for a relationship between organisational culture and healthcare performance can be found in a number of studies (Davies et al., 2007; Mannion et al., 2005; Salge and Vera, 2009) but not in others (Reymann, 2009; Hernandez, 2010; Gregory et al., 2009). In interpreting the mixed findings of these studies it is important to reflect on the research subject matter being measuring, how it is measured, the variables used, and the ‘type’ of culture in the organisation.

Mission, with its emphasis on stability rather than adapting to change, is associated with long-term direction and an external focus (Denison and Neale, 2006). Davies et al. (2007) notes that organisations with internal facing cultural domains tend to be smaller in size, more resilient to mergers, have shorter waiting times, higher levels of specialisation, better data quality, higher scores from patient surveys, and higher staff morale.

Innovation in the context of organisational culture studies has been defined as two distinct entities, science based innovation and service based innovation. Science based innovation is primarily derived from technology, scientific developments and practice based innovation, which manifests as working in new ways and is found to influence culture and performance both directly and indirectly (Salge and Vera, 2009). Service based innovation is associated with improved clinical performance, notably hospital standardised mortality ratios (HSMRs) and patient satisfaction. This finding may have an association with the dominant institutional logic, for example.
science or professional logic versus a culture, which develops and responds to a managerial logic.

The impact of a balanced culture on organisational performance is the subject of a study by Gregory et al. (2009). While group culture and patient satisfaction are found to have a direct link, there is no significant difference in controllable expenses between balanced and unbalanced cultures. In a balanced culture there is perhaps an inference that competing logics are ‘neutralised’ and therefore any creativity arising from organisational tensions from loose or tight coupling is also lost.

A study examining leadership and culture and performance found improved customer satisfaction scores with a transformational leadership style; however, financial performance, whilst showing an upward trend, did not improve significantly under new leadership within the study period (Reymann, 2009).

The competing values framework (CVF) has been used to explore cultural types within NHS acute hospitals over three points in time from 2001 to 2008 (Jacobs et al., 2013). The four culture types are: clan, an internal, organic focus that values cohesion; rational, an external focus of control and competitive; developmental, an adaptive and external focus; and hierarchical, a culture type bonded by rules. Healthcare organisations rated poor performers in national performance ratings are more likely to possess clan and rational culture types, while those with developmental cultures are associated with the higher performance ratings awarded by NHS regulatory bodies (Jacobs et al., 2013). There are some limitations in the methodology of this study, as the NHS performance-rating framework was changed during the study period and could not be included throughout, and the performance measures selected included resources and process measures that may not directly measure performance.

Different cultural patterns are also noted in organisations classed as ‘high’ or ‘low’ performers for NHS acute services based on the ‘star’ rating system from the Commission for Healthcare Improvement (Mannion et al., 2005). High performing cultures are described as encompassing ‘command and control’ leadership, with robust internal monitoring mechanisms and a proactive relationship with the local health economy. In contrast, lower performing organisations lack the skills necessary to deliver and sustain performance management systems, have reactive relationships with the local health economy, and possess a ‘pro-professional culture'
where a small group of senior medical staff have a disproportionate influence on business decisions.

A number of limitations can be found within the general evidence base for culture and performance, and defining and therefore measuring culture and performance poses many challenges. Weinzierl (2008) provides a review of such challenges, and cautions that results vary across studies in part due to lack of a consistent measurement of culture. The lack of replication, and thus validation, has yielded ambiguous criterion validity-related results, consequently confusing any direct relationship between culture and performance. The reciprocal influence of culture on successful performance and the way in which successful performance may influence organisational culture has also been highlighted (Denison and Mishra, 1995).

2.5.1 Denison Theory - Building in Organisational Culture

The CVF developed by Quinn (1988) is a metatheory and as such seeks to explain differences in the values of organisations, focusing on system tensions and conflicts, notably those related to stability and change (Denison and Spreitzer, 1991). Cameron and Quinn (1999) extended the theory to enable it to analyse culture as a framework. The framework was influential in the development of the Denison model of organisational culture.

In a review of approaches to cultural research, Denison and Spreitzer produced a continuum of studies ranging from naturalistic through to those that developed ‘traits and typologies’ (1991:8). The Denison model and organisational culture survey tool were selected for use in this study for the following reasons; it is developed from a strong research base (Rose et al., 2008) and has published evidence of its high reliability and validity. In addition, Denison stated that certain cultural traits are more likely to improve specific elements of performance, which makes it a valuable form of measurement when testing culture and performance. The tool was developed using over twenty years of research with more than 160 organisations (Denison, 1995).

Central to the Denison model is a requirement for organisations to effectively balance opposing forces: internal and external environmental requirements and states of consistency and flexibility, in order to adapt and survive. The full survey tool is shown in Appendix 2.
2.6 Current Discourse: Challenges and Gaps in Knowledge

Several challenges face a researcher working within the field of organisational culture and healthcare performance; notably inconsistencies have been noted in terms of the data collection methodology used to measure culture (Tsui et al., 2007). In culture-performance studies researchers may use inconsistent definitions of corporate culture, resulting in different, and sometime competing, research frameworks (Howad-Grenville, 2006). The importance and value of certain variables within one organisation may be perceived differently in another organisation, and thus may impact on generalisability (Lai, 1995).

The current discourse on organisational culture recognises that culture to an individual member of an organisation is unique, yet this uniqueness is frequently found in similar organisations (Martin et al., 1983). Organisational culture is a ‘coordinating device’ (Throsby, 2003) that plays a critical role, as ‘culture establishes a distinct identity so that members of a group can differentiate themselves from other groups’ (Jacobs et al., 2013:115).

The institutional logic perspective informs the academic debate by proposing that it is through ‘culture and cognition’ that individuals develop an understanding of organisational ordering of systems, such as ‘norms and regulations’ (Thornton et al., 2012:39). A disconnect between the values of an organisation and its individual members, may lead to serious failings. This is perhaps best illustrated in a healthcare setting through the example of the Mid-Staffordshire NHS Foundation Trust, where there was a severe failing concerning basic standards on a grand scale and it is believed a significant number of patient deaths could have been avoided if appropriate standards of care had been provided by the organisation. In summing up his inquiry, Sir Robert Francis noted an ‘Insidious negative culture involving a tolerance of poor standards and a disengagement from managerial and leadership responsibilities.’ He highlighted that the organisation had a culture ‘focused on doing the system’s business – not that of the patients; an institutional culture which ascribed more weight to positive information about the service than to information capable of implying cause for concern’ (Department of Health, 2013:3).

The research questions in this study are viewed through the lens of institutional logic and seek to understand the moderating influence of organisational culture on organisational identity and the relationship of the constructs with performance in the context of a merged AHSC in the NHS. This study will address a gap in the current
body of literature by developing knowledge on what happens to a merged AHSC in relation to its culture, identity, and healthcare performance. It seeks to answer questions on how the relative perceptions of staff may vary according to a number of specific characteristics, and any impact this may have on performance. In addition, the study addresses further gaps in the literature by carrying out the research during a period of national austerity and unprecedented financial challenge within the NHS, and in doing so may generate findings that are salient not only to other NHS healthcare providers, but also to partnerships with public and private health providers and to the wider public sector.

2.7 Summary

Organisational culture is the behavioural patterns learnt by organisational members based on a shared history. Actors use culture as a toolkit, which is sensitive to environmental cues. Sub-cultures may exist in the overall culture of an organisation.

There is evidence of a relationship with performance, albeit somewhat unclear, with evidence of linkages with individual indicators and specific cultural traits to aspects of performance ranging from financial, customer or patient experience, safety and employee relations. This relationship increases in salience when organisations are required to function in competitive environments or when undergoing transformational change.

The literature on organisational culture contains many references and associations with this construct and the construct of organisational identity. The following chapter explores this relationship and generates knowledge on how organisational culture and organisational identity interact, and the effects of this interaction.
Chapter 3 - Relationship between Organisational Culture and Organisational Identity

Chapter two presented the origins and evolution of organisational culture and Schein’s (1985) definition of culture, which is used to inform this study. Evidence to support a relationship between organisational culture and performance has been found in many studies across nations (Rose, 2008), industries (Scott et al., 2003; Rose, 2008; Kotter, 1996; Ogbonna and Harris, 2000, 2002,), and in the characteristics of high-performing organisations (Denison and Mishra, 1995), notwithstanding the challenges identified in measuring culture as a construct (Lim, 1995).

Throughout the extant literature on organisational culture there are references and associations with organisational identity (Throsby, 2003; Jacobs et al., 2013). In this chapter I seek to advance the understanding of the relationship between organisational culture and organisational identity. The chapter is structured into four key sections: i) conceptualising and understanding organisational identity; ii) how organisational identity and identification develop, including specific forms of identity found in organisations; iii) the interface between organisational identity and behaviours; and iv) the relationship between organisational culture and organisational identity, with key themes emerging from a scoping review, adapted from extant research from Arksey and O’Malley (2005).

3.1 Conceptualising and Understanding Organisational Identity

To explore organisational identity it is first necessary to understand what constitutes an organisation. The concept of a formal organisation is often stated as having its origins in Weber’s ‘Theory of Bureaucracy’ (Blau and Meyer, 1971). As a construct it provides a view from the worker and managerial positions, with the worker’s interest in the ‘cooperation dilemma’ and the manager’s ‘opportunistic rule-settling behaviour’ (Wagner-Tsukamoto, 2007:106) with the arrangements for determining power and actions that take place within its confines. Schematic rules are believed to underpin an organisation, offering multiple possible responses or ‘performances’ by members arising from their expectations and a need to comply with these rules (Selznick, 1948). Bittner’s (1965) definition of organisations adds purposefulness and specificity, in that they are described as stable associations of individuals engaged in specific activities directed to achieving defined objectives.
Organisational identity may be viewed as a ‘question, construct or a metaphor’, with the viewpoint determined by the assumed ontology and epistemology of the phenomenon under review (Puusa, 2006). It is variously described as a cognitive construct (Pratt, 1998), a means of defining one-self (Dutton et al., 1994), a relational construct (Hatch and Schultz, 2002), and a cognitive and affective construct (Riketta, 2005).

‘Organisational Identity’ was introduced as an academic term by Stuart Albert and David Whetten in 1985 as a relational construct which is formed in the interactions with others, and it is frequently cited as being that which is central, enduring and distinctive about an organisation’s character (Albert and Whetten, 1985). It may be viewed as that which members use as a self-defining description of their collective being (Corley, 2004) and the congruence of individual and organisational values (Hall and Schneider, 1972). When members’ values and organisational values are aligned in a close fit, organisational identity results (Dutton and Dukerich, 1991) and allows members to perceive ‘belonging to or having oneness with the organisation’ (Ashforth and Mael, 1989). It is the process by which individual’s categorise themselves as members of groups within their organisational setting and as a means of comparing themselves with others, notably competitors (Alvesson and Empson, 2008).

Clarity of definition in identity and related constructs is of importance. Boros (2008) presents definitions from the literature, where organisational commitment is variously described as an attitude or an orientation that links the identity of the person to the organisation (Meyer and Allen, 1991) or a psychological bond between the employee and the organisation (O'Reilly and Chatman, 1986). Counter claims are proped by Solinger et al. (2008) who suggest that organisational commitment is an attitude and presents a body of evidence to support their claim (Allen and Meyer, 1990; Angle and Perry, 1981, O'Reilly and Chatman, 1986). Corley refines Albert and Whetten’s seminal definition and presents organisational identity as:

‘That which members of an organisation use as a self-defining description of their collective based on those things perceived to be most central and distinctive about their continuing existence as an organisation’, (2004:1148)

It is this definition of organisational identity that is used throughout this study.

The development of organisational identity occurs largely through language, expressions, similarities and affiliations with groups (Cheney and Tompkins, 1987). It
encompasses emotions, feelings of pride, and membership, and as a construct is linked to motivational processes, including job performance, decision-making and the retention of staff (O'Reilly and Chatman, 1986).

3.2 How do Organisational Identity and Identification Evolve in Organisations

Identity as phenomena is suitable for investigation across multiple levels, primarily at an individual, group or organisational level (Puusa, 2006). The individual plays a pivotal and reciprocal role in developing an organisation’s identity through a process of defining and re-defining their self-concept, and for this reason Gioia and Thomas (1996) extend the proposition that organisational identity provides a response to the question of ‘Who are we?’ to include personal reflection on ‘Who am I?’ at an individual level (Alvesson and Empson, 2008). Pratt (1998) further attempts to contextualise the question by positioning it within an environmental and comparative construct; ‘Who am I in relation to the organisation?’

Organisational identification is proposed as a ‘root construct’ in organisational behaviour based on an ability to provide the connection between an individual and an organisation and as a definition Dutton et al. posit organisational identification as ‘the degree to which a member defines himself or herself by the same attributes that he or she believes define the organisation’ (1994:239). Members are considered to identify with an organisation when they define themselves at least partly in terms of what the organisation is thought to represent (Kreiner and Ashforth, 2003).

Organisational identities may influence and be influenced by collective or group identities, such as peers, professional groups or hierarchical structures (Tajfel and Turner, 1985). Bartel (2001) views organisational identity as changing in strength in response to interactions with such groups, and in the relative value that members ascribe to their work duties and roles. Alternatively, it is suggested that strong organisational identification occurs when the self-concept of a member shares similar characteristics with an organisation (Dutton et al., 1994). Members may also assimilate the characteristics of the organisation into their self-concept, leading Postmes et al (2005) to refer to this process as depersonalisation. Markus and Kitayama (1991) state that individuals differ in the degree to which they view their self-concept as interdependent or independent from others within an organisation, known as the ‘need for organisational identification’ (NOID).
The complexity of an organisation’s systems is derived from the interrelated elements and multiple sub-systems that interact through non-linear relationships to develop an organisation’s unique identity over time (Millet, 1998; Coiera, 2007). In attempts to increase their own distinctiveness, individuals identify with organisations which they judge to be capable of increasing their self-esteem through high social status or socially desirable characteristics and which are kept under review by an individual with changes in an organisation’s position reflected in changes in the strength of identification (Bartel, 2001).

The origins of organisational identification are thought to derive from the two key approaches of social identification: social identity theory and self-categorisation theory (Eggins et al, 2002).

Social identity theory, with its social psychological perspective, offers views on classification within organisational identity. Individuals classify themselves and others into groups based on demographics, affiliations, lifestyle choices and characteristics (Ashforth and Mael, 1989). Classification enables stratification by characteristics, thereby allowing an individual to locate or define themselves within an organisational entity; in self-definition of identity and in ascribing identity to others, the construct is relational and comparative (Tajfel and Turner, 1985). Personal and group identities are defined within social identity theory. While intergroup attitudes and established collective behaviour are central to the development of the self-definition of identification, the focus is largely on actions occurring within groups as the means of developing identification according to self-categorisation theorists (Ekmekci, 2011).

For several years the seminal work of Albert and Whetton (1985) remained largely unchallenged in its description of the core characteristics of organisational identity. With increasing empirical studies being published in this field, a number of researchers began to question the Albert and Whetton definition of organisational identity (Gioia et al, 2000, Foreman & Whetton, 2002, Scott, 1997, Pratt and Foreman, 2000). Although Albert and Whetton acknowledged that identity could change, they also argued that change occurs slowly over time (Corley, 2004).

Temporality, or the on-going relationship between past, present and future (Schultz and Hernes, 2012), is viewed as influential in how members develop organisational identity. During times of crisis, or when identity is unclear, members call upon their memories of an organisation so that previous experiences are re-lived and transformed into aspirations and goals for future organisational identity.
Gioia et al. (2000) posited that organisational identity is dynamic and adaptive, and introduced the construct of ‘adaptive instability’ into organisational research. A close reciprocal relationship between organisational image and identity is pivotal in the framework proposed by Gioia et al., as it is advantageous for organisations to react and adapt to environmental changes, with instability believed to foster adaptability. An organisation’s identity may change proactively, often for strategic business purposes, or reactively, frequently in response to its portrayal by the media. Notable examples of media triggered identity change are cited as IBM and Shell.

Self-categorisation theory is positioned within, and is integral to, social identity theory, which is concerned with the creation of identification within the group and the behaviours associated with group behaviours (Turner, 1987). It is distinct from the social identity theory of intergroup relations proposed by Tajfel and Turner (1985), which focuses primarily on motivational factors within a group.

Some researchers suggest that an organisation has within it multiple identities (Foreman and Whetten, 2002). Social identity theory provides explanations concerning how members self-select identity categories and how they assign such categories to others using prototypical characteristics (Ashforth and Mael, 1989). This process is both a means of bringing order to an organisational setting and enabling members to define themselves within a specific context, thus attaining social identification (Ashforth and Mael, 1989). However, social identification is a multi-faceted construct, and members may also identify with associations such as professional groups, departments and age groups, as a small number of examples. Albert and Whetten (1985) describe two distinct manifestations of multiple identities; ideographic multiplicity of identities, where ‘multiple identities exist in different parts of the same organisation’, and holographic multiplicity, where ‘multiple identities are held by all members.’ Multiple identities may increase tension for members as multiple parties compete for their attention (Scott, 1997). Pratt and Foreman (2000) suggest managing and containing the adverse effects of multiple identities, rather than attempting to totally eradicate them from organisational life. Additionally, they caution that multiple identities may expend time and resources that are taken away from productive tasks.

Comparison, logic, and support are the main strategies that Larson and Pepper (2003) report that members use in their attempts to manage multiple identities. Comparison strategy consists of constitutive methods, benefits and consequences, case in point, and reconciliation, and employees may reconcile multiple identities by
‘juxtaposing them and developing an amalgamation of the two’ (Larson and Pepper, 2003).

In modern societies with diverse religious, ethical or political cultures, institutional logic theory believes that individuals and their organisations may adopt ‘multiple roles and identities, creating conflicting pressures’ (Thornton et al., 2012:57). This proposition has its origins in role theory and role conflict, as individuals may choose one identity over another through rational reasoning using logic from within the organisation or ‘figurative logic’ which is representational knowledge (Thornton et al, 2012).

Agency is believed to be influenced by social identities and identification (Thornton et al., 2012), and it is social contexts which determine which of the ‘multiple social identities (Thornton et al, 2012:80) will be called into play. Identity verification describes the attempts made by an actor to validate identities using symbolic exchanges (2012:86). Common collective identity describes the categorisation of actors around a shared purpose, with variations in identities experienced when there is a ‘shift in the internal political dynamics’ or when practices and roles are modified’ (Thornton et al., 2012:137).

Exploring the linkages between identity and institutional logic reveals that a close bond between the two arises from continuous use of practices and identities, rendering the two interrelated. This relationship is important in understanding organisational change from a logics perspective. Research into variations occurring in organisational practices believes that these arise from ‘exogenous shocks or evolutionary dynamics’ (Thornton et al., 2012:141).

Hybrid–identity organisations are a specific type of multiple identity organisations. Foreman and Whettan proffer a definition of hybrid identities as ‘an organisation whose identity is composed of two or more types that would not normally be expected to go together’ (2002:621). Foreman and Whettan emphasise that organisations of this type are viewed by both members and externally as having two distinct identities. Hybrid–identity organisations are further viewed as existing with opposing value systems: normative, based on traditions and altruisms; and utilitarian, with its focus on profits and self-interest (Foreman and Whettan, 2002). AHSCs, are a partnership between a hospital and a university, and are an example of a hybrid-identity organisation. Managers who combine a professional background with managerial skills and responsibilities are described as ‘hybrid leaders’ or ‘hybrid
management’ (Spehar et al., 2014). An AHSC is the setting for this study and its identity and organisational form will be described in Chapter 6.

Hood and Scott (2000) associate the rise in regulation with a new culture of managerialism. Paliadelis, (2008) states that hybrid managers function within a tension created by a need to maintain professional identity in a work role, which may at times give precedence to their managerial responsibilities or conflict with their professional and personal values. These tensions arise from conflicting values of care, cost containment and the allocation of resources (Newell and Dopson, 1996); more simply, it may be seen as the manifestation of disconnect between the duty of care and a duty to manage resources.

Nested identities occur when group memberships overlap (Ashforth and Johnson, 2001), and are found as either higher or lower order constructs, relative to each other. They are further defined by their propensity towards inclusivity, abstractness and distance (Meisenbach and Kramer, 2014). Work groups are considered lower order identities when they have restrictive membership, are bound by specific work related behaviours, and possess identities that have a ‘direct and immediate impact’ on a member (Meisenbach and Kramer, 2014). Conversely, higher order identities tend to be inclusive, with lower order identities able to be accommodated, possess more abstract, broader definitions, and have an impact on individual members which in comparison with lower order identities is less direct or immediate. Members identify most strongly with the lowest level group in nested identities due to the proximity and salience of these groups (Ellemers and Rink, 2005; Riketta and Van Dick, 2005), and therefore value-based commitment will be strongest in groups that are the lower levels of nested identities (Meyer et al., 2006). Not all nested identities neatly overlap, and Ellemers and Rink, (2005) report that in some situations types of group membership, such as professional identity, organisational identity and familial identity, do not overlap. The resultant duelling identities are described by Meyer et al. (2006) as diluting or reinforcing each other. During times when a member’s identities are incompatible or complimentary, affective commitment will be strongest towards the more salient group (Meyer et al., 2006). This has relevance in relation to mergers, where staff may experience a transitioning period of moving from one identity and identification, the unmerged entity, to that of the merged entity.

The corporate community is viewed as an institutional order by logic theorists, where it facilitates the transfer and adoption of norms and values, and plays a role in the performance and growth of organisations (Thornton et al., 2012). Communities
develop around specific identities, including academics and occupational groups, and may be viewed as specific types of identities, such as a professional identity. In organisational collaborations, studies show that actors are required to ‘leave behind their old identity and develop a new identity associated with the collaboration’ (Reay and Hinings, 2009:633). Others, such as Fiol et al. (2009), believe that by maintaining older and separate identities actors may avoid identity conflict (Reay and Hinings, 2009). These points are germane to the exploration of identity in the context of an AHSC and are explored further below.

### 3.2.1 Professional and Occupational Identities

Some of the earlier literature on professional identity stems from the sociological theory of professions (Hughes, 1963). This states that power and prestige are associated with professional groups, largely due to the accumulation of knowledge necessary for members to become a 'professional'. Professional commitment develops during the socialisation of members into a group, and as such may precede organisational identification. Professionals may have many competing identities, such as those related to their professional bodies, regulators of professional practice, teams or clients (Currie et al., 2010). Institutional logics state occupational or professional identities, group and role identities may overlap. A hierarchy of identities may develop with commitment to the identities variable (Thornton et al, 2012).

The importance of work related identities is viewed by some scholars as of greater importance in developing self-identity than demographic characteristics (Johnson, 2007). Several researchers have focused on the development of professional identity in healthcare, most frequently by exploring medical professional identity (Pratt and Rafaeli, 1997, Dukerich et al, 2002). This research has resulted in propositions that medical staff identify more strongly with their professional groups than the organisation and that this form of identification may result in cooperative behaviours (Johnson, 2009). In a study exploring the introduction of family-centred medicine in Bosnia and Herzegovinia, Atun et al (2006) found that the influence of consensus in adopting new forms of healthcare, impacted on professional identity.

### 3.2.2 Identity Conflict

Organisational-professional conflict, with its origins in organisational control systems, occurs when there are significant differences between the code of conduct of a
professional body and the espoused values and beliefs of a member’s employing organisation (Aranya and Ferris, 1984).

In a study exploring the organisational-professional conflict of US and Canadian based accountants, the professional status of an employer was noted as a factor, with accountants employed in professional organisations reporting lower scores for organisational-professional conflict than those in government or industry settings (Aranya and Ferris, 1984). Within professional organisations conflict has been found to be inversely associated with a member’s position in an organisation’s hierarchy, with perceived conflict negatively associated with job satisfaction and positively associated with member intention to leave (Aranya and Ferris, 1984). In a later study within a healthcare setting, Pratt et al. (2006) found that professionals define themselves not by their employing organisation, but by the work that they do. A further study conducted within the Australian healthcare system found that the dual role of clinical managers influences their professional identity in several ways, namely the need to balance clinical care with organisational business interests and an increase in occupational-professional conflict, which may manifest in job-related stress, reduced job satisfaction and individual performance standards (Fitzgerald et al, 2008).

An individual’s position in the hierarchy of an organisation is said to influence different group’s perceptions of identity. In a study by Corley (2004) exploring identity after organisational change in a spinout company, conflicting views on identity at the senior manager, middle manager and operational staff levels within an organisation were reported. While senior managers associated identity with an organisation’s mission, operational staff viewed identity as culturally bound, residing in the values and beliefs of a company, and middle managers ‘acted as a bridge’ between the two other staff groups (Corley, 2004:159). The role of managers in identity construction was also the subject of a study by Prati et al. (2009), where the emotional intelligence of managers was proposed as a key contributory factor in the attachments necessary for organisational identity to develop.

In relation to healthcare, the NHS is viewed as having a ‘recognisable, unified identity and espouses certain core values’ (Scott et al., 2003:22), which manifest as an overall organisational culture with subcultures. In a study on staff participation in the 100,000 Lives safety campaign, Sinkowitz-Cochran et al. (2012) found differences in the culture survey scores, with executive level staff having higher scores than middle managers and frontline staff. Tensions may arise when there is a divergence in views
on organisational goals between managerial and professional staff (Fitzgerald and Dadich, 2008).

### 3.2.3 Identification with Peers

Organisational commitment views the staff-employer relationship as a ‘series of social exchanges’ (Cole and Bruch, 2006:586) through which reciprocal obligations are established (Blau, 1964). Some researchers believe that the empirical evidence is limited in defining organisational identity and organisational commitment as distinct constructs (Cole and Brunch, 2006; Gautam et al, 2004). Organisational commitment is described as ‘an individual’s emotional attachment to and involvement in an employing organisation’ (Cole and Bruch, 2006:588) or as ‘the relative strength of an individual’s identification and involvement in a particular organisation’ (Mowday et al, 1982:27). It is suggested that identity and commitment are derived from different origins, with commitment developing in work-based relationships and primarily in exchanges between hierarchical levels of an organisation (Pratt, 1998). In a study based in a Dutch University, van Knippenberg and Sleebos (2006) found organisational membership and commitment to be correlated to perceived organisational support, job satisfaction and the intention to leave (Cole and Bruch, 2006).

Researchers propose that both identity and commitment are associated with workplace behaviours (Riketta and van Dick, 2005). Mintzberg (2011) stated that an individual’s position within an organisation’s hierarchy is of the greatest importance when selecting membership of groups. This salient social category is ‘shared with other members of an in-group and not shared with members of an out-group.’

Organisational commitment has been used as a form of measurement in determining the strength of an individual’s peer identification within an organisation. Pate et al, (2009) used the organisational commitment scale of Cook and Wall (1980) to measure peer identification in a UK private sector organisation, but found no relationship between the strength of identity and hierarchical positions of staff.

Relational identity is an individual’s dyadic relationship with others (Brewer and Gardner, 1996) and includes relationships with co-workers or peers and supervisors (Robbins, 2011). Peer (and professional) identity is a specific bounded form of social comparison and can lead to members feeling more positive about their work (Steele, 1988).
3.3 Interface between Organisational Identity and Organisational Behaviours

Studies have identified many benefits associated with organisational identity (Dutton and Dukerich, 1991, Riketta, 2005), whilst others have stressed the benefits associated with a manager/organisational identity fit (Posner et al, 1985). These benefits include increased feelings of personal success, organisational commitment, self-confidence and increased ethical conduct. Employees who report strong identification with their organisation display positive work behaviours, such as obedience, loyalty, greater participation, assisting new employees, working on long-term organisational projects, and providing ideas for organisational improvement (Van Dyne et al., 1994) and hold a more positive image of their organisation (Dutton et al., 1994). Identification with organisational values positively influences workforce measures, such as turnover, intention to stay in an organisation (O'Reilly and Chatman, 1986), motivation (Posner et al., 1985; Sheridan, 1992) and better brand performance (Cable and DeRue, 2002), while managers who value congruence experience enhanced creditability with staff (Posner and Schmidt, 1993).

Identification theory (Patchen, 1970) outlines three key elements that contextualise organisational identity: Provide solidarity with an organisation, support desired attitudes and behaviours, and perceptions of the shared characteristics of other members of an organisation. Organisational identity affects both member satisfaction and the behaviour of employees, including their ability to work effectively (Ashforth and Mael, 1989). The organisational identity dynamics model suggests that dysfunction may lead an organisation to lose the interest and support of its stakeholders (Hatch and Schultz, 2002). The disassociation between internal and external definitions of an organisation may have severe implications for an organisation’s ability to prosper or survive (Albert and Whetton, 1985). The greater the discrepancy between the views of an organisation on identity, the greater the health of an organisation may be affected, manifesting primarily as decreased effectiveness (Albert and Whetton, 1985).

Identity ambiguity has been categorised by He and Baruch (2009), and occurs when members are not certain of what an organisation stands for or what its strategic direction is. It can be triggered by changes in how an organisation compares or benchmarks itself with peers or during periods of change when an organisation is uncertain of external perceptions. Senior managers during such periods may
instigate sense-making initiatives to support the development of identity meaning for members. Such a phenomenon may commonly occur during mergers, acquisitions and diversifications. Empson (2004) reported on a study of an acquisition of a mid-size UK accountancy firm by a global firm, cautioning that ‘managers attempts to regulate organizational identity will only prove effective if organizational members identify fully with the organization’ (Empson 2004:764). A particular sub-group with members of mergers are those who have ‘survived earlier culls’ (Empson, 2004:766), with this group being more likely to exhibit conformity and organisational commitment.

3.4 Interdependence of Organisational Culture and Organisational Identity

Chapter 2 presented an overview of organisational culture, its characteristics, development, typologies, measurement, importance and limitations, therefore only a concise overview is presented here in order to provide context for exploring the relationship between organisational culture and organisational identity.

Organisational culture is a popular research subject, with significant numbers of articles devoted to its origins, what it seeks to define, the debate on a consensus on what organisational culture is, and its potential to influence performance in non-healthcare settings (Denison and Mishra, 1995, Van der Post et al. (1998) and healthcare settings (Scott et al, 2003, Mannion et al, 2005). It comprises theoretical perspectives from social anthropology, organisational sociology (Ouchi and Wilkins, 1985,), organisational and social psychology (Scott et al, 2003) and economics (Moorhead and Griffin, 1989).

Integral to the development of organisational culture are material aspects, such as an organisational name, symbols, products or services. Hatch and Schultz (1997) view organisational culture and organisational identity as interdependencies, with culture as the context within which identity is formed and evolves. Organisational culture provides contextualisation of the identity or image projected by a member of an organisation (Hatch and Schultz, 1997). In addition, it is organisational culture which provides the external context for those outside the organisational sphere to interpret an organisation’s identity (Hatch and Schultz, 1997). This cyclic process facilitates reflection and inference necessary to derive or attach meaning with regard to
organisational identity, leading Hatch and Schultz (1997) to describe organisational identity as a self-reflexive product of the dynamic processes of organisational culture.

While a number of scholars have made reference to a relationship between organisational culture and identity (Corley, 2004, Hatch and Schultz 2002), these articles tend to omit detailed descriptions of the exact nature of the relationship, whilst others have left readers with further questions, such as is culture part of organisational identity. The relationship of culture or any other aspect of an organisation to the concept of identity is both an empirical question (does the organisation include identity among those things that are central, distinctive and enduring?) and a theoretical one (does the theoretical characterisation of an organisation predict that culture will be a central, distinctive, and enduring aspect?) (Hatch and Schultz, 2002). Other scholars have identified difficulties in defining the relationship due to the two concepts being ‘inextricably interrelated by the fact that they are so often used to define one another’ (Hatch and Schultz, 2002).

### 3.5 Scoping Review

In seeking to contribute to the literature and to mine knowledge for the development of the hypothesis, a scoping review was conducted to identify and synthesise key research on organisational culture and organisational identity. The approach was adapted from work by Arksey and O’Malley (2005) and selected due to its ability to rapidly identify key studies and the main sources of knowledge, in addition to identifying gaps in the literature (Levac et al., 2010).

Broad search terms were used:

‘Organisational Culture and Organisational Identity’

And

‘Organizational Culture and Organizational Identity’

A search for articles available in English listed on the Web of Science and OVID with a publication date of 2004 to the present was completed. The search terms were restricted to those included in the title and/or abstract. A total of 253 articles were retrieved and nine duplicates removed. In total, 42 abstracts were reviewed to confirm that the subject matter was related to culture and identity, and 23 papers were excluded based on their failure to meet the inclusion criteria, leaving 19 articles for full review.
It was a requirement for inclusion that a methodology should be stated within each article; however, the methods of the studies were not limited to empirical testing for a relationship between organisational culture and identity, in order to enable the widest possible review of the related literature. Just over a third (n=15) of the publications were reviewed by a second reviewer to acknowledge the need for reflexivity throughout the study. A constant, comparative dialogue was used to develop agreement by consensus in relation to the inclusion or exclusion of studies. In total, nine papers were deemed eligible for inclusion in the scoping review and synthesis of knowledge. The process is presented in Figure 3.1.
3.5.1 Emerging Themes

From the nine papers included in the evidence synthesis of the relationship between organisational culture and organisational identity, the majority were published in peer reviewed journals (Cian and Cervai, 2014; Hatch and Schultz, 2002; He and Baruch, 2009; Jacobs et al., 2008; Prati et al., 2009; Ravasi and Schultz, 2006; Corley, 2004), one was a doctoral thesis (Ahmadi, 2005), and one was in book form (Smith et al., 2012). The industries in which the culture and identity relationship were explored consisted of settings covering multiple industries (Cian and Cervai, 2014; Hatch and Schultz, 2002; Prati, 2009), the public sector - police force, Jacobs et al., 2008), manufacturing (Ravasi and Schultz, 2006), finance (He and Baruch, 2009), sport (Smith et al., 2012), information technology (Corley, 2004) and business (Ahmadi, 2005). The majority of the studies originated from the US (Ahmadi, 2005; Cian and Cervai, 2014; Prati and Schultz, 2009; Smith et al., 2012; Corley, 2004), three were based in Europe (Jacobs, 2008; Ravasi and Schultz, 2006; He and Baruch, 2009) and one was a multi-national study (Hatch and Schultz, 2002). The most recently published was from 2014 (Cian and Cervai) and the oldest dated back to 2002 (Hatch and Schultz.).
In conceptualising organisational culture the studies fell into five main groups, those that frame the definition using an adaptive response (Ahmadi, 2005; Cian and Cervai, 2014), as an approved organisational behavioural code (Prati et al, 2009), and those which define organisational culture as a construct which enables sense-making (He and Baruch, 2009), with the addition of sense-giving to facilitate the development of an acceptable behaviour code (Ravasi and Schultz, 2006), or as a means by which organisations may develop decision making capabilities, including cooperation and coordination (Jacobs et al, 2008). In studies by Smith (2012) and Corley (2004), the definitions focused upon shared values, beliefs and norms.

Organisational identity was defined primarily as a relational construct (Ravasi and Schultz, 2006), often as a means of answering the question ‘who are we as an organisation’ or a larger social system (Cian and Cerval, 2014; Ahmadi, 2005), as a social construct from the interchange between internal and external definitions of the organisation (Hatch and Schultz, 2002, Corley, 2004, Smith, 2012). Hatch and Schultz (2002) suggesting that organisational identity may be viewed as the organisational ‘me’; that which is generated during the process of mirroring.’ Oneness with an organisation is the definition of organisational identity used in the study by Prati et al. (2009),

Schein (1985) believes organisational culture is the accumulation of shared learning arising from a shared history, and sees it as a means to explain behaviours and responses within groups. Central to the way that groups behave is the need to address two fundamental problems related to survival, growth and adaption in the environment in which they operate, and the internal integration that permits functioning and adaption.

In synthesising the emerging themes in the relationship between organisational culture and organisational identity, five themes were identified: the reciprocal and temporal nature of the relationship, association with image, contribution to sense-making, identity threats, and perceptions across organisational hierarchies

i. Reciprocal Influence

In a study seeking to uncover factors involved in the creation of organisational identity in a recently divested strategy-consulting firm in the USA, Ahmadi (2005) found that organisational identity is externally focused and orientates members in defining their core value creation proposition. Organisational identity precedes organisational culture and is developed through aspects of culture, such as artefacts
and internal communications combined with storytelling and socialisation, with founding members tending to initiate organisational identity. However, it is also believed that identity and culture may develop in parallel and exert mutual influence over one another, acting together to form the foundation of an organisation’s sense-making system, with culture described as the language members use to comprehend and express their identity. The study by Ahmadi is the only one in the narrative review to propose that organisational identity and organisational culture are externally (identity) and internally (culture) directed expressions of the same phenomenon.

Corporate image, organisational identity, construed image, and organisational culture are interrelated and together form reputation (Cian and Cervai, 2014). There is a reciprocal relationship with organisational identity and organisational culture, in that reputation references aspects of both.

In exploring the relationship between organisational culture and identity in professional sports, Smith et al (2012) add to the debate on the reciprocal dynamic manner in which culture and identity exist. Organisational identity is viewed as the manifestation and artefacts of culture, as presented in the organisational identity dynamics model, (Hatch and Schultz, 2002). Smith et al proposes a view that organisational culture cannot develop in isolation and is vulnerable to many variables, the most powerful of these being organisational identity (2012).

**ii. Association with Image**

The reciprocal nature of the relationship between organisational culture, organisational identity and organisational image has been described as an 'on-going conversation or dance' (Hatch and Schultz 2002), highlighting the turn–taking elements and response to cues. Hatch and Schultz describe four processes that link culture, identity and image: mirroring, the image perceived by others; reflecting, how identity is embedded in culture; expressing, ways in which culture is expressed through ‘identity claims’; and impressing, the impact that identity has on others. Cian and Cervai (2014) also note the association with identity, culture and image.

The organisational identity dynamics model is an identity-mediated relationship, which uses mirroring of organisational identity as viewed by stakeholders to develop images and cultural understanding. Culture and image are interrelated processes that construct organisational identity through internal and external organisational self-definition. When this occurs, identity is reinforced or changed through the process of
reflecting on identity in relation to deep cultural values and assumptions that are activated by the reflection process (Hatch and Schutz, 2002).

Organisational culture provides context for forming identities, in addition to blueprints for actions, deriving meanings and projecting images. Therefore, both identity and culture should be considered in defining organisational identity as a social construct. When members reflect on their identity, they do so using cultural understandings, or basic assumptions and values (Schein, 1985).

**iii. Sense-making**

The most frequently occurring theme from the scoping review was the importance of sense-making in understanding the relationship between organisational culture and identity. Sense-making in the context of this study adopts the institutional logics description that sense-making is an ‘on-going retrospective process that rationalises organisational behaviour’ (Thornton et al., 2012).

Several studies present views that organisational culture informs and supports sense-making processes (Ravasi and Schultz, 2006; Jacobs et al., 2008) and provides the context within which sense-making may occur (Prati et al., 2009) or the fertile environment from which to explore organisational identity (He and Baruch, 2009).

The importance of the organisational self continues with Fiol et al (1998) who purports that organisational identity is an aspect of culturally embedded sense-making that is self-focused. Sense-making is essential in developing a cohesive organisational identity. Sense-making involves three key requirements of an individual (perceptions, interpretations and actions), which are often viewed as being transformative and continuous (Weber and Glynn, 2006). This process-orientated theory is built upon seven properties: identity construction, concerns, retrospective (of experience), enactive of sensible environments, social, ongoing, focused on and by extracted cues, and plausibility (Weick, 1995). As a collective process it has been viewed as a mechanism, which may support the development of new organisations and new identities (Scott, 2001). Expected behaviours or roles are contained within the blueprint of an organisation’s identity (Elisaph and Lichterman, 2003). When roles are paired with action repertoires then this provides guidance or scripts on how members should act in certain situations, and possibly how members may experience such events cognitively and emotionally (Elisaph and Lichterman, 2003).
Ravasi and Schultz (2006) in response to Fiol et al. (1998) attribute organisational identity as providing the context for members to interpret and assign profound meaning to surface level behaviour, with organisational culture presenting the sense-making context so that identity definitions are grounded in and made sense of using cultural assumptions and organisational values (Ravasi and Schultz, 2006).

iv. Identity Threats

The study by Jacobs et al. (2008) is set within the German police force during periods of threats to their identity. Organisational identity is believed to define a certain range of acceptable or unacceptable behaviour, taken-for-granted norms. Organisational culture can preserve a sense of continuity during periods when organisational identity undergoes a re-evaluation in response to environmental threats. Organisational culture is a context for sense-making efforts. Three notable additions to Weik’s model include prime sense-making, by providing social cues, social feedback processes that allow organisations to interpret sense-making, and organisations active use of contradiction and ambivalence in their practices to elicit sense-making behaviours from their members (Jacobs et al., 2008).

Organisational culture acts as a signifier of organisational identity, and provides the context from which to answer ‘who are we as an organisation’ during periods of turbulence in the external environment or market position. In times of change or threat, cultural heritage comes to the fore (Hatch and Schultz, 2002). In a longitudinal study of threats and reinvention of identity in an electrical goods manufacturer in Denmark, Hatch describes members reflecting on cultural practices and artefacts, the legacy of a shared past and attributes that were once seen to influence the organisation’s success and the characteristics that give the organisation its distinctiveness and distance from competitors.

Organisational leaders influence accounts and official narratives of organisational identity, while organisational culture supports and mediates inter-organisational comparisons. The redefinition of organisational identity is influenced by the construed external image, and culture is the central construct in understanding the evolution of organisational identity in times of environmental change, preserving distinctiveness and continuity (Ravasi and Schultz, 2006).

The study by He and Baruch (2009) on UK building societies during a period of change, report that identity change should be supported by changes in cultural artefacts and leadership shift legitimacy management. Culture was stated as the
context within which identity is embedded, and sense-giving is realised through this context and through the management of the organisation’s culture and leadership. This is evidenced by participants in recanting their experiences during organisational change and noting of two significant enablers; culture and leadership, with a change in leadership said to trigger culture change and subsequently enable identity change. The study concludes that identity change requires incremental changes in artefacts, which may be proactively utilised to support identity change.

\textbf{v. Hierarchy}

In theoretical approaches to organisational identity, individual identities are entwined with shared values (Jenkins, 2008). The meeting of internal and external definitions of an organisation’s self is open to greater influence by those with power. Corley (2004) explores the impact of hierarchical structures on organisational identity, and in a case study centred on a global information technology spin off company, hierarchical differences in organisational identity discrepancies were found. For employees at lower levels of the hierarchy, perceptions of organisational identity shifted to more of a cultural perspective, where answers to the question ‘who are we as an organisation?’ were answered with statements about values and beliefs. Prati et al. (2009) agree that there is a reciprocal relationship between culture and identity, before noting the importance of a manager’s values and beliefs in influencing how subordinate members identify with an organisation.

\textbf{3.5.2 Synthesis of the Emerging Themes}

There is an overriding theme in the literature that organisational culture provides the contextual requirements necessary for organisational identity to develop. I view culture as an enabling organisational construct in this study and assert that culture, through institution logic, has a facilitatory relationship with organisational identity.

Not all employees use sense-making in the same way, and this variation can be traced to a member’s positioning within an organisation and their professional standing. This is partly determined by their own temporal history and their position in the organisational hierarchy. Culture does not develop in isolation, there are involvements with images and there is a symbiotic relationship that results in adaptation across the two constructs of culture and identity.
3.5.3 Gaps in the Literature

Very few empirical studies were identified and no healthcare based studies or research directly related to merged or merging healthcare organisations were located. No studies were identified that used institutional logic as the guiding theoretical framework.

3.6 Summary

This chapter has conceptualised organisational identity within the research context and has provided the definition that will be used throughout this study. It described the evolution of organisational identity, drawing attention to complexities within organisations. Evidence to support multiple organisational identities was found; hybrid-identities and common collective identities which are shaped around organisational groups with a shared purpose, nested identities where group identities overlap have been presented, and specific types of identity, such as professional and peer, introduced. The chapter outlined identity conflict before presenting the process and key findings of a scoping review into the relationship between organisational identity and organisational culture. A synthesis of the knowledge generated by the scoping review uncovered five factors of importance in the relationship between culture and identity; a reciprocal influence, association with image, sense-making, identity threats and hierarchy. The chapter also provided a high level introduction to the concept of AHSCs.
Chapter 4 - Literature Review: Exploring the Relationship between Organisational Identity and Performance

In Chapter three the relationship between organisational culture and organisational identity was explored and the key factors that underpin the relationship emerged from a scoping review. An interface with organisational identity, behaviours and subsequently organisational performance was identified.

This chapter is organised into three sections. The concept of performance, the direction of policy setting, the complexity of measurement and its place within the healthcare setting are explored in the first section in order to contextualise performance. The second section details the methodology of the literature review conducted to discover emerging knowledge on the relationship between organisational identity and performance. It sets out the process used to develop the review methodology, including the iterative nature by which the searches were revised and extended as knowledge arose from the emerging publications. The results for each iteration of the literature search are presented in Appendix 3 in full. Section three brings together and synthesises the results and emerging themes, concluding with the limitations of the studies, gaps identified in the literature, and the contribution made to the literature by this review.

4.1 Performance as a Construct: Origins and Evolution

Performance measurement as a construct has its origins in industrial management theory, notably the work of the Ford Motor Company in the 1940s and its use of company data to understand the business, followed approximately a decade later by the highly influential work of Deming (1994). Measurement processes which were sensitive to identifying variations in quality and a focus on valuing staff were central to Deming's approach (Anderson et al, 1994) and remain important in modern management theories.

A growing movement during the 1980s concurred that organisations, as complex constructs, could not be assessed as successful purely on the basis of their financial performance. To be able to determine how an organisation was truly performing, measures that were able to capture data on market position and the realisation of strategy were needed. Cost focused measurement systems were able to provide a historic view of performance and in ever increasingly complex operating
environments, organisations needed to develop systems to measure current performance and future projected performance (Neely, 1999).

In the Performance Measurement Manifesto, Eccles (1991) proposed that financial measures alone could not fully reflect the performance of a business. Rather he suggested a series of multiple measures such as customer satisfaction, innovation and market share should be used to track performance. A number of essential enabling activities were identified for performance measurement systems to be effective; an information infrastructure, the embedding of technologies, aligning rewards and incentives to performance, identification of external resources, internal monitoring processes and the continuing support of senior leaders. Several similarities with performance measurement in the public sector are apparent.

Two features of performance measurement are important in the public sector. Popper and Wilson (2003) highlight that bureaucrats often serve several masters, including diverse stakeholders such as users of the service, funders, government and professional organisations and as result of these complex relationships have numerous agendas to address. Performance management is key to public sector reforms (Hood and Lodge, 2004) and is frequently used to draw comparisons between acceptable operating standards and to bring about improvements in organisations under scrutiny for unacceptable performances.

The UK health policy from the late 1980s has been directed towards an improvement-based focus (Department of Health, 1991). The Conservative Government led by Prime Minister John Major was the first to introduce national targets into acute healthcare, primarily targets for waiting times for non–emergency surgery and for reducing death rates from specific diseases.

The succeeding Labour government led by Prime Minister Tony Blair embraced the notion of targets and increased both the number and type (Nuffield Trust, 2015) with the first NHS annual performance ratings introduced in 2001 together with the establishment of the Commission for Healthcare Improvement (CHI). There followed a period of turnover concerning the regulatory bodies responsible for measuring NHS performance, the Healthcare Commission (HCC) replaced the CHI in 2004, and was itself replaced by the Care Quality Commission (CQC) in 2009. Monitor, the regulator of financial performance, governance and quality targets was established in 2004 (Nuffield Trust, 2015).
‘Targets and terror’ was a phrase devised by Bevan and Hood (2006) to describe the impact of the new performance regime and the negative public profile linked to failing to meet targets. Bevan and Hood write on the adverse effects of NHS targets and succinctly outlines the short-comings of this approach in the context of performance measurement; ‘regulation by targets assumes that priorities can be targeted, the part that is measured can stand for the whole, and what is omitted does not matter’ (2006:420). Healthcare acquired infections have been high-profile targets for several decades and several researchers believe that they are sensitive to organisational changes and are best managed within a safety-orientated culture (Castro-Sanchez and Holmes, 2015).

Organisational theory identifies the varied needs and preferences of multiple stakeholders as central to the challenge of developing a clear concept of a performance system (Minvielle et al., 2008). This line of enquiry is taken forward by institutional theorists, who cite performance as defined by the institutional factors that determine the interests pursued by an organisation. Multiple operational and analytical challenges are reported in identifying, using effective measures of performance and in ensuring that the indicators selected to measure organisational performance are important, valid, feasible and meaningful (Pencheon, 2008).

In summary, performance measurement has been a health policy priority for several decades. Several methodological issues exist in developing measurements of performance, notably the influence of organisational logic and stakeholder views. These complexities in measuring performance should be considered when evaluating the legitimacy claims emerging from the literature in the following review of performance and organisational identity.

4.2 An Overview of the Scope and Methodology

A literature search is a comprehensive study and interpretation of the literature in a specific field (Aveyard, 2010). The literature review employed in this study, while not approaching the Cochrane Review methodology (Whittemore and Knaft, 2005) benefits from using some of the principles of a systematic review (Jesson et al., 2011), namely it uses explicit inclusion and exclusion criteria, applies a quality assessment and presents a synthesis of the themes emerging from the literature. The initial literature search was undertaken using broad based terms to generate the highest number of returned articles.
Inclusion and exclusion criteria were established. Studies available in English, published between 1995 to date (2013), which set out plans to test for a relationship between organisational identity and aspects of work-related performance were all included. Grey literature, in the form of published PhD theses, were also considered if the inclusion criteria was satisfied. Articles not available in English, pre-dated 1995, or were studies that did not test for a relationship between organisational identity and performance, and focused on organisational culture or climate only were not included. Conference abstracts were also excluded.

A process of critical appraisal was developed which was adapted from the work of Sackett et al. (1996). This required each study to be carefully reviewed against the following two questions:

*Validity*: does the article include either a hypothesis for testing the effect of organisational identity on performance AND/OR does it include a clear description of a robust study design, e.g. inclusion of the sampling technique, variables, the methods of analysis?

*Relevant*: does the article state explicitly that a measure of performance is included in the testing of the effect of organisational identity on performance? Such measures may be objective or self-reported.

To be included, articles were required to score positively for each question, with a total score of two points necessary for inclusion. Throughout all stages of the literature review, including the critical appraisal, each iteration of the work was saved by date on an excel spread sheet to maintain an audit trail of decisions.

The quality rating or appraisal of studies is defined as providing confidence that the design, conduct and analysis have minimised or avoided bias in the comparisons (Shea et al, 2009). Due to complexities in the identification of methodological quality, academic challenges, ambiguity related to defining performance as a construct and the author’s background in healthcare performance, the studies were the subject of appraisal by a second reviewer, independent from the study. Each reviewer completed the data extraction process separately, without consultation until all of the studies had been assessed. Where areas of discrepancy arose, the reviewers debated the merits and scoring of the papers until a consensus was reached.

An initial review was carried out using the search terms:

‘Organisational identity or organizational identity and performance’
A comprehensive series of databases were selected in order to identify studies across a wide range of research fields. These included: Social Science Abstracts, Social Science Citation Index, Business Source Complete, CINAHL, JSTOR, OVID-EMBASE, MEDLINE, Health Management Information Consortium, Psychinfo, EBSCO, and Cochrane.

As the abstracts were reviewed and as a deeper understanding of the subject matter developed, the original search terms were revised:

‘Organisational identity or organizational identity and performance, Organisational identity or organizational identity and Organisational or organizational performance’

The references cited in the studies included in the critical appraisal were then hand searched to identify additional papers. Following this exercise only one further paper was identified as being applicable for review: Brickson (2000), ‘Impact of identity orientation on individual and organisational outcomes in demographically diverse setting’, which was referenced in Das et al (2008). This paper presented an illuminating opportunity to expand the search terms, as Brickson (2000) wrote of organisational outcomes and identity. It seemed possible that outcomes could have been used as an alternative term for performance and potentially articles of interest had been missed. Therefore a final iteration of the search was carried out, employing the following consolidated search terms:

‘((organisational identity or organizational identity) and (performance or organisational performance or organizational performance or organisational outcome or organizational outcomes or organisational outcome or organizational outcomes))’
4.3 Results of the Literature Search

The combined search processes are shown in Figure 4.1

In total, the searches retrieved 281 papers that contained the search terms in either their title or abstract. The abstracts of 109 articles were reviewed to determine if the paper met the inclusion criteria and were therefore appropriate for critical appraisal. A total of 20 abstracts did meet the inclusion criteria and the full papers were reviewed with a quality assessment tool to determine if they met the criteria for validity and reliability, and therefore were eligible for inclusion in the final synthesis of the literature. A total of 13 papers did not meet the inclusion criteria, and so seven papers were ultimately included in the knowledge synthesis. Appendix 3 contains the results of all the searches.
4.3.1 Emerging Themes

Publication dates for the seven selected studies ranged from 2001 to 2012 with five published in peer-reviewed journals (Ackerman, 2010; Das et al, 2008; Li et al, 2012; Voss et al, 2006; Bartel, 2001). The remaining two studies were doctoral theses published through academic open access websites (Johnson, 2009; Robbins, 2011).

No studies were carried out across multiple countries and neither were any situated in Europe or the Middle East. The majority of the studies were based in the US (Robbins, 2011; Voss et al, 2006; Bartel, 2001; Johnson 2009; Ackerman, 2010), (71%, n=5) with one taking place in India (Das et al, 2008) and one in China (Li et al, 2012).

There were a variety of study settings, spanning business, the armed forces, arts and an organisation's corporate responsibility schemes. Two studies included research across more than one industry (Ackerman, 2010; Johnson, 2009), two were based in information technology (IT) related settings, one in a call centre (Das et al, 2008) and the second in IT services and environmental sustainability (Li et al, 2012). The study by Robbins (2011) was situated in the US army and specifically sampled new recruits to an officer-training programme. Voss et al (2006) used not for profit theatres to explore the views of director level staff, and finally, the study by Bartel (2001) was across a number of outreach programmes for workers employed by a manufacturing company.

The approach used for the identification of articles in the literature review was based on one developed by Scott et al. (2003) who explored the relationship between organisational culture and performance in healthcare. The authors propose that a synthesis, rather than a quantitative aggregation, of the literature is most suited to research in this field. A narrative summation of each study is the preferred means of information transcription, using a synthesis of the following key issues as focal points in the discussion:

1. Context and definition of organisational identity
2. Is organisational identity measured and if so, what is the process?
3. What aspects of performance are under review and what is the form of analysis?
4. What are the key themes and main findings?
5. What are the limitations of the study?
4.3.2 Context and Definition of Organisational Identity

The influence of several seminal researchers in the field of organisational behaviour is reflected in the selection of the definitions used in the included studies and in the theoretical lenses chosen to explore the subjects under enquiry. Albert and Whettan’s (1985) position that organisational identity is a central, enduring and distinctive feature of an organisation and that organisations should address the pivotal question of ‘who are we?’ was used in three of the studies. Ackerman (2010), selected international, national and regional multi-industries, including vision care, health insurance and managed care, industrial manufacturing, internet media services and institutional food services based in the US as the setting for his study, Li et al. (2012) undertook research into manufacturing firms in South and North China who included IT staff among their personnel, and the study by Voss et al. (2006) focused on non-profit professional theatre companies in the US.

The belief that organisational identity is a perception of belonging and oneness with an organisation, as posited by Mael and Ashforth (1992), was used in two studies (Bartel, 2001; Robbins, 2011). The study population of Bartel (2001) was employees of one company in the US who had elected to enrol in one of the company’s four fixed-term community outreach programmes, while Robbins (2011) carried out research in the US Army on new junior officers participating in a training programme. Robbin’s thesis set out to develop and test an interactional model of organisational commitment, based on the proposition that social identity theory can be used to specify how commitment develops, including the impact of variables such as organisational identity. Deep structured organisational identity (DSOI) is proposed as an important attribute, in that it describes and defines the extent to which employee membership is integrated into the self-concept, whilst organisational identity is defined as a specific form of social identification (Robbins, 2011), in which the reference group is the organisation. It is believed to be context specific with the potential to yield positive affective commitment due to the emotional bonds it creates and therefore feelings of belonging.

The value-based definition of Schmidt and Posner (1983), which views organisational identity to be the congruence between an organisation’s values and an employee’s values, was utilised by Johnson (2009). This study was also conducted in a multi-industry setting that comprised ten organisations in the US, including a bottling and distribution company, wholesale bakery, insurance company, car parts manufacturer,
building parts manufacturer, delivery company, utility company, and three banks, which were all part of regional or national chains.

The final study (Das et al, 2008) was centred on third-party, mid-size, outbound international call centres in Calcutta, India. Das et al (2008) provided an original definition, building on the belief that affiliations are the cornerstone of organisational identity development.

4.3.3 Fixed or Flexible, Single or Multiple Organisational Identities?

Divergent views were uncovered in each of the authors’ stances regarding the fixed or flexible nature of organisational identity. Two studies presented the view that organisational identity is flexible (Bartel, 2001; Robbins, 2011). Organisational identity is flexible and adaptable in response to experiences according to Bartel (2001). Multiple perceptions of identity exist among organisational members, notably occurring through intergroup social comparisons motivated by a need for high self-esteem that ‘constitutes the psychological fuel that drives organisational identification’ (Bartel, 2001:379). Self-categorisation and social comparisons create a group prototype of organisational identity that sets out acceptable attitudes and behaviours. When threats are present social comparisons with other groups are a strategic form of organisational self-defence, re-directing attention towards positive features of an organisation (Steele, 1988).

The model of commitment and identity by Meyer et al (2006) is applied in the research by Robbins (2011), where there is a belief that organisational identity is the antecedent to commitment. Members of organisations may be part of multiple groups, with membership overlapping in a nested manner. Individuals are thought to identify strongly with the lowest level group to which they belong due to the proximity and salience of these groups. (Robbins, 2011). Not all groups facilitate overlapping membership, including those related to professional identity and familial identity. Issues may arise if duelling identities weaken identification and commitment to the wider organisation (Ellemers and Rink, 2005).

Das et al (2008) believes that occupational identity is a form of nested identity. Identity centrality, a construct used in understanding situations when there are multiple identities within the workplace, is viewed as being relatively stable across situations; however, some forms of identity, such as nationality or occupational identity, may become more salient as situational cues change. Identity centrality has been further explained as the extent to which a person defines themselves as a
member of a particular social category or the subjective importance of one set of identities (Ashforth, 2001). Das et al (2008) studied national centrality as a moderating factor in the relationship between identity and performance through work related outcomes in Indian call centres in the mid-to-late 1990s. This study provides a detailed description of a work-specific identity for call centre staff based in one country who provide out-bound services to other nations; such work roles require flexibility and adaption. In this complex field of identification multiplicity, referred to as virtual migration, workers were required to balance national identity, occupational identity and organisational identity.

Different schools of thought regarding the permanency of organisational identity were discussed by Ackerman (2010). These included scholarly opinions on those that view organisational identity as primarily fixed, notably Albert and Whetten (1985), and those that believe organisational identity is flexible and may change in response to environmental demands (Gioia and Thomas, 1996) before confirming an opinion that organisational identity is fixed; however, its manifestations are changeable and are key to understanding and predicting business success. As evidence of multiple identities, Ackerman (2010) refers to the proposition of five identities by Balmer and Greyser (2002): actual, the current and distinct attributes of an organisation; communicated, what an organisation communicates about itself; conceived, the perceptions of the stakeholders; ideal, the optimum positioning for an organisation; and desired, the corporate vision as perceived by an organisation’s top team. Rather confusingly, Ackerman (2010) concludes that organisations cannot have multiple identities, as to do so would be to the detriment of an organisation.

An alternative view is that a static interpretation of organisational identity, while creating harmony, may affirm ‘complacency and protectionist behaviours that ignore new market opportunities’ (Voss et al, 2006:743). While Voss et al do not overtly confirm a belief in flexible identities, he does note that there is value to be gained from a continuous reflection on ‘who we really are as an organisation’ in a study that primarily focuses on the positive/negative impact of leader disagreement on organisational identity, calling on conflict literature and the concept of loose coupling.

Two studies provide limited information on the characteristics of organisational identity. Johnson (2009) excluded views on fixed/flexible and single or multiple identities, instead focusing on person-organisation fit. This study was primarily included in the review due to its hypothesis that specifically targeted the impact of organisational identity on performance. Li et al. (2012) did not present a view on the
fixed or flexible nature of organisational identity; however, the presence of multiple identities is confirmed in the adoption of the model of organisational identification by Brickson (2000): individualistic, the organisation’s self-concept of being a sole entity; relational, the self-concept of relationships with stakeholders; and collectivistic, the self–concept of being part of a wider group or community.

4.3.4 Measurement of Organisational Identity

Organisational identity is frequently referred to as a loosely coupled set of distinctions or concepts (Albert and Whetten, 1985) and presents significant challenges in measurement terms when the conceptual meaning is operationalised within a research setting (Van Rekom and Van Diel, 2000).

Four of the seven studies (Li et al, 2008; Das et al, 2008; Robbins, 2011; Bartel, 2001) used a formal process for the measurement of organisational identity that had been previously tested. Two of these studies adapted the measurement tools to meet the specific needs of their research (Li et al, 2008; Das et al, 2008) and included tests of reliability in their methodology. The three remaining studies developed their own processes to measure organisational identity (Ackerman, 2010; Voss et al, 2006; Bartel, 2001) and these were all based on a survey design. It is interesting to note that no one measurement tool was used across more than one study.

4.3.5 Aspects of Performance and Analysis

Financial indicators were used as performance measures in three studies (Das et al, 2008; Johnson, 2009; Voss et al, 2006) and comprised of net sales revenue and net profits. Four studies measured performance across a single domain (Li et al, 2008; Robbins, 2011; Voss et al, 2006), while three studies measured performance across multiple domains, workforce and productivity (Ackerman, 2010), Finance and workforce (Das et al, 2008) and productivity and workforce (Bartel, 2001). The most frequently used performance indicators in the studies selected were those related to the workforce domain. No studies used quality, safety, and customer satisfaction as measures of performance.

A variety of correlational and modelling techniques were used for the statistical analysis of the results and these are discussed in more detail under limitations of the studies.
4.3.6 Key Themes, Findings and Limitations of the Studies in the Critical Appraisal

Ackerman (2010) hypothesised that identity strength influences employee engagement, and in turn business performance, and used an identity impact survey to measure organisational identity and individual identity across a range of staff groups. The survey included around 2,000 respondents from five companies. While the exact contents of the tool were not described, it was stated as measuring organisational identity and individual identity strength as both separate and combined results. The hypothesis tested was identity strength influences employee engagement, which subsequently influences business performance.

There were four key findings. Identity strength was a measure of business performance, and organisational identity strength is more influential than individual identity strength in increasing employee engagement and in business performance. However, the combined effects are greater still, and an increase in identity strength translates into increases in revenue and other economic benefits (Ackerman (2010)).

While the study offers an interesting perspective through surveying the results of organisational identity and individual identity separately and then combined, its limitations pose challenges. Using revenue growth as a measure of successful performance is appropriate; however, there is a lack of specificity around this indicator and no data is included to support the relationship reported. The Identity Impact Survey was developed to support the study and the paper lacks information on how, or if, the reliability and validity of this survey had been tested previously. The correlations between identity strength, employee engagement, and business performance are reported as very high, but without reproduction of the statistical analysis this claim is difficult to substantiate. Furthermore, the lack of information made available on the survey tool means that it is not possible to determine the exact data set and therefore comparisons and generalisability to other organisational identity survey tools and subsequently studies are limited.

The study by Das et al (2008) utilises a number of dependent variables to signify performance effects, such as average net sales per month (for a two month period) for each employee, in addition to measures for the intention to leave, stress the scale and employee burn out. Multiple organisational identities were surveyed, such as organisational identity centrality, through the use of a professional identity scale, national identity and religious identity centrality. Numerous hypotheses were tested
and those of relevance were a positive association for organisational identity in role performance, a higher national identity centrality is negatively related to employee performance, and a higher religious identity centrality is negatively related to performance. Hierarchical linear regression was used to test the hypotheses. In summary, the results found that the highest predictor of performance was national identity centrality; increased national identity centrality resulted in a significantly decreased performance. Professional and religious identity centrality did not have a significant effect on performance. High organisational identity and low national identity responders exhibited significantly better performances than everyone else. Other notable results were that organisational identity and occupational identity were negatively associated with stress and burn out. These findings reinforce the importance of organisational identity for positive workforce outcomes.

Das et al (2008) present a study grounded in the established work of others, using tried and tested survey tools to understand identification and performance within a unique market. The levels of analysis linked to the hypotheses are clearly outlined and are statistically driven. Possible limitations include the smaller sub-set within the overall sample where performance data was available for testing, and not separating the results by different roles, in particular the direct customer focusing role and purely administrative ‘back-room’ staff who were less likely to be required to adopt the characteristics described as being linked to virtual migration.

The setting for the study by Johnson (2009) was 10 organisations in the American south, comprising a bottling and distribution-company, wholesale bakery, insurance company, car parts manufacturer, building parts manufacturer, package delivery company, utility company, and three banks. All the companies were part of regional or national chains. Person-organisation fit was selected as the measurement tool and the study used secondary financial data from six years of profitability data in the form of net profit margins, to test for a relationship with performance.

An expert panel developed a survey to evaluate the perceived relative importance of a number of organisational values. The employee survey included individual views on awareness of the values, perceptions of values, relative importance, and how staff identified with their organisation. Multiple hypotheses, eight in total, were based on organisational identity and included work related behaviours and a positive association with customer care (Johnson, 2009).
The study has a considerable number of limitations. In selecting the person-organisation fit survey, the analysis of the staff views collected may not allow for a deep understanding of organisational identity perceptions. Statistical analysis is detailed; however, some of the results were below acceptable levels, including Cronbach alphas used to test reliability in relation to the survey tools, and despite reporting issues with reliability these results were not excluded from the final analysis. The composition and recruitment process of the expert panel is not provided, and all the results were taken from a small sample with a 6% response rate.

Li et al (2012) studied human resource management (HRM) practices in IT for manufacturing firms in China. Firms were selected based on whether or not they had an IT manager leading human resources in an IT department or division. This setting was selected due to the abundance of manufacturing in China and because as a region it is relatively under researched. The study focused on organisational identity orientation as a variable within a firm’s internal operating environment, and predicted a positive relationship between collectivist identity and performance in sustainable developments. Sustainable developments are described as organisational resources which can generate long-term profitability and contribute to wider societal gains, frequently presented as intentions within a corporate sustainability business strategy. Li posited that firms with competitive IT functions were likely to perform well for sustainable development.

It was hypothesised that organisational identity orientation, and in particular collectivist orientation, may moderate the relationship between HRM in IT teams and the firms performance in sustainable development (Li et al, 2012).

Long-term profitability was identified as the dependent variable under investigation and was related to a firm’s use of resources and internal environmental factors. Organisational identity orientation was reported to have a moderating effect on the relationship between HRM and performance. The study referenced cost reduction as part of the strategic methods to increase performance, and further hypothesised that HRM would have a positive effect on performance as it results in the improved use of resources or skills.

A tool developed to capture collectivistic and individualistic organisational cultures was used to measure collectivist organisational identity or individualistic organisational identity. External stakeholders were interviewed about their
impressions of the firms using key words to reflect characteristics. Responses were coded along a seven-point scale to produce results of the firms’ organisational identity orientation. IT managers were requested to respond to measures of relational identity. The study quoted a need for two sets of measures of organisational identity, external and internal, as it believed that while these forms of organisational identity are closely related, they may comprise different perceptions and dissonance may cause inter-organisational tension.

Firm performance in sustainable development was measured using an instrument with areas scored on a seven-point scale; reliability was 0.83. HRM was measured using a four-item instrument, which explored the skills and adaptability of the workforce. Control variables were listed and included length of tenure, firm size and levels of IT dependency in the sub-industry, and regression analysis was the selected form of analysis. Firm size and information intensity had positive effects on sustainable development, with larger firms the better performers.

The hypothesis that a collectivist identity orientation would be positively related to sustainable development performance was not supported by the results. However, the results did identify that a positive effect of HRM in IT is more likely to be seen when there is a high level of collectivist organisational identity. Individualistic organisational identity had no observable effects on performance and relational identity had a negative effect on performance.

The study sought to reduce common method bias, and provided detailed information on the descriptive statistics, including Cronbach alpha values and correlations. Control variables were clearly stated and included tenure, firm size, sub-industry, and location. The study is limited by the incomplete measurement of performance in terms of sustainable development, as it uses only environmental protection as the performance measure, and other measurements, such as corporate social responsibility, could have been considered. Therefore, in summarising Li et al. offer findings that collectivistic identity has a moderating, rather than direct positive impact on performance.

Robbins (2011) hypothesised that DSOI would be positively associated with employee tenure and affective commitment but negatively associated with continuance commitment. The population examined were new junior US army officers enrolled on the Officer Candidate Programme (OCP), a 12-week training period which is used to measure performance against metrics for academic
performance, leadership qualities and fitness, to identify military graduates with the potential for promotion to the next rank. Performance was measured using the following metrics: DSOI organisational commitment, intent to stay, satisfaction, performance (via OCP records); need for organisational identity, negative and positive affectivity, and achievement orientation. A latent variable approach was used to examine the structural model. Robbins found that continuance commitment was negatively associated with performance, and failed to predict employee breach of contracts or intent to stay. Affective commitment failed to predict performance and both failed to predict satisfaction. The hypothesis related to affective and continuance commitment mediating the relationship between DSOI and OCP performance was partially substantiated.

Robbins presents a complex study design, which hypothesises and measures numerous types of relationships in the context of commitment and DSOI. The total sample size was not sufficiently large enough to test the entire measurement model in a single attempt, and the study population was distinct, in that individuals could not leave the organisation as the army recruits had signed up for a period of service of several years, which might influence views of the organisation. The results failed to substantially support the hypothesis.

Non-profit professional theatres in the US is the study setting for Voss et al (2006) who sought to uncover whether organisational performance is positively or negatively related to organisational identity disagreement between the top two leaders in a theatre management team, each with distinct organisational responsibilities. The top positions were the roles of the managing director and the marketing director. A total of 407 theatres were approached to participate in the study, with a response rate of around 30%. Organisational identity was measured using a scale which explored perceptions about core values and ideology, using five organisational value dimensions across 15 items and a 7-point Likert scale; artistic, creativity and independence, prosocial (expanding community access and appreciation for art), market (customer satisfaction), achievement (striving for public recognition and acclaim) and financial (stability and security).

Two measures are selected to operationalise firm performance; ticket sales revenue and net income, which were selected as each, are related to the key responsibilities of the senior leaders under examination. Cluster analysis was used to develop three clusters that were built from the responses of the senior leaders.
Disagreement on organisational identity, as measured through the value statements, had a negative value impact on four out of the five values, and only a positive impact on market values. This finding is worthy of further exploration. Balanced views on organisational identity were said to exist when senior staff were focused on the values most closely aligned to their corporate responsibilities, rather than the diffusion of values throughout an organisation.

Limitations begin with the study setting, which is a highly specific environment. Only two senior members of staff were interviewed and their views were included in the study as part of the methodology to identify disagreement on organisational identity. This is at odds with previous works that stress the importance of understanding organisational identity across a range of staff groups and stakeholders. The achievement scale used only had low reliability on testing, and as with all self-reported survey measures, caution should be exercised when interpreting the results.

Bartel (2001) investigated experiences in a community outreach setting using a mixed method design, which included surveys, interviews and observations. The outreach programme was a voluntary scheme that workers from one company were invited to sign up to as volunteers for a time limited period. The specific hypotheses of note are as follows: boundary-spanning experiences that strengthen members' organisational identification will increase the frequency of their affiliation and assistance behaviours at work; boundary-spanning experiences that strengthen members' organisational identification will also increase their level of work effort; and boundary spanning experiences that strengthen members' organisational identification will also increase their level of advocacy participation at work. Organisational identity explained 6% of the variance in assistance co-operation and 9% of the variance in affiliation co-operation (providing support for the first hypothesis described above).

This longitudinal study had a complex methodology that involved multiple measurement tools. A number of limitations were identified including only two complete sets of data across matched staff and supervisor pairs being available for analysis. In general, the interviews commenced two weeks before the outreach programme started, and therefore by committing to the programme it could be argued that this staff sample were already displaying some of the pro-social characteristics that were later to be tested. Some of the performance data that underpins the results is derived from interviews with supervisors; however, it is
acknowledged that not all the supervisors reported positive work-related behavioural changes in staff following participation in the outreach programme.

4.4 Gaps in the Literature

A number of gaps in the literature were identified during the systematic review. Following the appraisal of the studies only a small number of high quality articles that focused on the specific subject matter met the inclusion criteria. Issues of reliability and generalisability were noted within some of the included studies. Theoretical perspectives were limited within the publications and few studies sought to develop theory.

There was a relatively limited geographical coverage within the studies selected, as only three countries were used as the settings for the research; US, China and India. The studies primarily used single domains through which to measure performance, whereas it has been suggested that performance should be measured across multiple domains. Analysis was at a macro organisational level, with no evidence to suggest that the relationship between identity and performance had been conducted to explore intra-organisational performance and division level analysis. Finally, there were no studies that were based in an acute healthcare setting.

4.5 Limitations of the Literature Review

The initial data retrieval for the systematic review was undertaken a year before completion of this thesis. While this was necessary to identify evidence for hypothesis generation, new texts may have been published, and due to the cut off dates applied during the search it would be possible to locate these during any further searches.

4.6 Summary

This chapter sought to generate knowledge on the relationship between organisational identity and performance through a systematic review, the methodology of which has been described in detail. A synthesis of the characteristics and key findings of the small number of studies that met the critical appraisal inclusion criteria has highlighted several gaps in the knowledge and provides support for this study, which is needed to address shortfalls in the organisational identity, healthcare and performance agenda. In addition, the findings provide an evidence base for the development of the hypotheses, which are presented in Chapter 6, and
which are grounded in the theoretical concepts of organisational culture, identity and the phenomenon of mergers.
Chapter 5 - Mergers

Chapter four presented evidence on the definition of organisational identity, how as a construct it may be measured and through a literature review explored the relationship between organisational identity and performance. Chapter five focuses on the phenomena of mergers. This chapter is structured as two main sections; first it presents an exploration of mergers with a focus on success, the development of organisational culture and the effects on identity, and secondly it identifies the emerging themes from the extant literature on mergers in healthcare, and specifically reviews of mergers and organisational integration in Academic Health Science Centres (AHSCs).

5.1 An Exploration of Mergers - Success, Development of Organisational Culture and Organisational Identity

Major or transformational organisational change is any intentional change in how the organisation conducts its operations that affects the strategic position of the organisation vis-à-vis its competition’ (Smith, 2002). Mergers clearly fit within this category as transformational events.

A frequently cited statistic is that approximately one half of all mergers fail (Weber and Drori, 2011), although others report differently (Moeller et al., 2005) and believe the success or failure evaluation of mergers is dependent upon how both these terms are defined (DePamphilis, 2012). A research study conducted by KPMG found that:

‘17% of deals had added value to the combined company, 30% produced no discernible difference, and as many as 53% actually destroyed value. In other words, 83% of mergers were unsuccessful in producing any business benefit as regards shareholder value’ (1999:2).

The period of time over which mergers are measured as successful or non-successful should exceed two years, and ideally be viewed seven years post-merger (Quah and Young, 2005). Reich (nd) cites cultural distance, organisational turbulence, trust, communication and leadership as examples of factors that influence the failure or success of mergers. On occasions when mergers are deemed to be successful, drawbacks and un-intentioned negative consequences that are often overlooked or underestimated by both policy-makers and managers may occur (Fulop et al., 2005).
The magnitude of organisational change associated with mergers is highly variable, as is the motivation to merge and the type of the merger (Seo, 2005). There are two main types of mergers; vertical and horizontal. Mergers are rarely between organisations of equal size or prestige (Giessner, 2006). How identity develops during the merger process is influenced by the pre-merger status of the merging organisations, perceived power, and merger patterns, with intergroup dynamics central to achieving success (Giessner, 2006). In merger settings status is often associated with economic factors and power is related to dominance within the merging organizations, as a new identity is often forced on to one of the merging parties an ‘us versus them’ perception arises and creates a ‘heightened salient with the premerger group membership’ (Giessner, 2006:339).

In early research into mergers, Schoennauer (1967) posited three main merger patterns; assimilation, integration and transformation. Assimilation or absorb is when a low status group is absorbed into a higher status group and is thought to account for the majority of mergers, whilst integration is a blend of former identities that remain distinctly recognisable. In transformation patterns the identities of the former organisations are combined to the extent that the new identity bears no resemblance to either of the former’s, and a wholly new organisational identity is formed.

When unequal organisations merge power is played out in the organisational response. In a series of studies by Giessner (2006), where participants were asked to role-play being members of merging organisations each ascribed as high or low status, differences in perceptions of the merger were found. High status group members supported the merger, evaluated it positively and experienced the event as less threatening. The degree of threat to a group member was related to the effects of perceived inter-group status and the merger pattern, with legitimacy concerns found to be stronger in the perceptions of low status members. In summary, members were found to support merger patterns that best served their own interests and which posed the least threat to the continuity of their status and identity. The results of this study support both the need for continuity in an organisation, as expressed within social identity theory (Ashforth and Mael, 1989) and the impact of the dominant group in determining the characteristics of the merged entity and their increased identification with it, as set out within the social identity model of post-merger identification (van Leeuwen et al., 2003). As groups come together during mergers, be it by their own volition or under non-voluntary actions, new group dynamics arise from the change process. Reich (2011) discusses how the
assimilation of new groups and revisions to old groups occur in two ways; convergent assimilation, the creation of a new cohesive group, and cultural assimilation, where a weaker group adopts the traits and characteristics of a larger or dominant group. Schuler and Jackson (2001) report the importance of the workforce in the process of stabilisation and integration following a merger. Staff issues therefore play a significant, if under-estimated, role in the success or failure of mergers.

Role conflict theory believes that tension will occur if members are required to carry out incompatible multiple roles (Katz and Kahn, 1978) and experience uncertainty concerning expectations of them in the form of role ambiguity (Katz and Kahn, 1978). During mergers members are faced with new job related demands, and conflict relating to loyalty to previous organisations and the new entity.

Many employees experience anxiety in the run up to a merger, primarily associated with uncertainties regarding their future jobs according to anxiety theorists (Seo, 2005). Merger associated anxiety may present with self-survival behaviour, which can manifest in ways which negatively impact upon performance (Seo, 2005, Ivancevich, et al, 1987). Conversely, co-operative behaviours following a merger are influenced by organisational structures which affect the development of employee networks (French et al., 2014).

5.1.1 Development of Organisational Culture in a Merged Organisation

Acculturation (Berry et al, 2006) describes a process that ‘groups and individuals use to understand how to live together; adopting varies strategies that will allow them to adapt to living intraculturally’ (2006:305). It involves cultural and psychological change, occurs over time, and may be affected by demographics (Berry et al, 2006). Research into acculturation among adolescent immigrants (Berry and Sam, 1997) reports four spaces that are created as individuals seek to adapt; assimilation, separation, marginalisation and integration. Acculturation develops through a series of mutual exchanges, with the cultural categorisation dictated by the perceived salience of the particular membership group.

Seo (2005) proposes acculturation as culture changes that occur between groups and may arise due to combining cultures or one culture dominating another during mergers. This phenomenon is also been referred to as a culture clash (Bligh, 2006). This arises when there are observable differences in organisational processes, such as communications, business planning or teamwork, and where one groups believes that their way of doing a specific task is better than the other groups. Such differing
opinions may lead to low morale and other workforce issues, as members attack and defend their positions (Seo 2005).

The speed at which changes occur during mergers influences an organisation’s ability to adapt. Rapid change ‘inhibits the successful re-engineering of the culture during mergers’ (Kavanagh and Askkanasy, 2006:1) and as such members’ perceptions become important as measures of how well a merger is managed and how the new culture develops. Leaders play a pivotal role in fostering change by creating vision (Kavanagh and Askkanasy, 2006). In times of transformational change leadership takes centre stage and may be viewed as ‘the art of mobilising others to want to struggle for shared aspirations’ (Kavanagh and Askkanasy, 2006). Shared aspirations are often espoused in an organisation’s mission statement and vision.

Weber and Drori (2011) state that the literature on the effects of culture clash on merger performance is inconclusive; however, in a study to develop a theoretical framework using social identity theory to explain post-merger integration processes, Weber and Drori (2011) emphasise a need to focus on whether synergy can be realised in the post-merger period. Strategic and financial decisions should not be made in isolation, and identity and identification are important in ‘understanding the mechanisms of cooperation in mergers and acquisitions (Weber and Drori, 2011:88).

Overseeing the development and implementation of a unique or compelling vision for a merged organisation is a primary function for leaders and requires expert handling (Gantz, 2009). A compelling vision is one that moves people to action, changes their behaviours, focuses on key priorities, and follows the pathway that the leader lays out (Gantz, 2009). Compelling visions comprise four main features: content, context, credibility, and the ability to engage key stakeholders (Gantz, 2009).

**5.1.2 Development of Organisational Identity in a Merged Organisation**

Several forms of identity are vulnerable during mergers according to social identity theory, notably organisational identity, professional identity and work group identity (Seo, 2005). Social identity theory emphasises that members need to try to establish a positive outcome for their group as the merger process develops, which may lead to conflict between the predecessor organisations (Haunschild et al, 1998).
5.2 The Policy Context: Mergers in Healthcare

The healthcare purchaser and provider split that arose from the White Paper Working for Patients (1989), is credited with introducing an internal market to realise efficiencies through competition, including through mergers and acquisitions. A number of policy initiatives were introduced to improve the use of healthcare related resources across London. The Tomlinson Report (1992) reviewed healthcare, research and education, and is responsible for some of the largest mergers in London and the wider NHS. Tomlinson identified pairs of vulnerable organisations ripe for merger: University College and the Middlesex (merged 2005); St Bartholomew's and the Royal London (merged 2012); St Thomas's and Guy's (merged 1993); and Charing Cross and the Chelsea and Westminster (not merged as one entity). Charing Cross was identified as having the highest level of excess costs. The Tomlinson report is notable in its foreshadowing of the principles that underpin the Five Year Forward View (2014); a disproportionate amount of NHS funds are spent on acute care while primary care remains underdeveloped, consequently funding should be diverted to secondary care to raise standards. A greater variety in service models was championed to address the financial challenges, which could render several teaching hospitals unviable in their current form.

High Quality Care for All (2008) championed the introduction of AHSCs into the NHS landscape. A year prior to this, the Cooksey Review (2006) had identified gaps in translational medicine, and by 2009 there was talk of unprecedented financial challenges, with the NHS required to make between £15 bn to £20 bn savings between 2011-2014. Between 2011 and 2014 the effects of major reorganisation began to be felt, with the abolition of old performance management and commissioning arrangements leading to substantial change. As the predicted financial challenges increased, there was a further call to deliver care through a consolidated, smaller number of acute providers, and highly specialised service providers (Kings Fund, 2015).

Mergers have been a prominent feature in the health care sector of the US and the UK over the last 30 years with the challenge of meeting the planned objectives of mergers receiving considerable academic attention (Fulop et al., 2005).

Healthcare related mergers occupy a specific position in academic literature. Gaynor et al. (2012) proposed the decision to merge a hospital in the UK ‘depends not just
on financial or clinical performance, as in a private market, but on national politics’ (2012:1). When economic gains are a key objective in healthcare mergers they may often be viewed as arising from economies of scale or from service rationalisations (Fulop et al., 2005).

From 1994 to 2014 there were 60 mergers of NHS acute providers, excluding all mental health, specialist trusts and community and integrated care provider mergers. There are 155 NHS acute trusts, and merged entities comprise 40% of the membership of this group. In the first ten years of this period, 43 acute trusts merged, with 17 mergers occurring in the period from 2004 to 2014, and six mergers completed during 2014. From the 17 NHS acute trusts in special measures, defined as when action is taken by healthcare regulators to improve hospital services (Department of Health, 2015) between 2013-14, 47% of the organisations were merged trusts (n=8) (Source: review of all NHS acute trust annual accounts up to and including 2013-14).

Latterly, health policy has again called into question the viability of small hospitals as standalone health providers, with organisations encouraged to pursue new organisational forms, such as merged entities or through new models of care (Department of Health, 2014). The benefits associated with mergers to create a larger organisation are often cited as linked to the critical mass of staff, patients and services (Department of Health, 2014). Fulop et al. (2005) suggests that with size comes several disadvantages; remoteness of senior managers from staff, loss of informality, a decrease in autonomy and delegated decision making, poor communication, and on occasions increased travelling time for patients as services are consolidated across wide geographical areas. A particular type of tension may occur when the changes in management structures and teams are perceived by members to be largely derived from one of the merging organisations, leading members to make value judgements on which of the constituent organisations reigns as dominant or which one ‘won’ (Fulop et al, 2005). Using research across a number of merged trusts, Fulop et al identified ‘stated and unstated’ drivers. Stated drivers are those made explicit in a trust’s merger consultation documents, and unstated drivers are personal beliefs and were identified in interviews as part of the study. Difficulties were thought to occur when there was a discrepancy between stated and unstated merger drivers.
5.2.1 Academic Health Science Centres: Mergers and Organisational Integration

With their tripartite mission of clinical care, research and education, AHSCs are complex pluralistic entities (Kitchener, 2002) which display Mintzberg’s (2011) ascribed characteristics of professional bureaucracy and functioning with decentralised decision making structures, professional autonomy and power (Kitchener, 2002). AHSCs high order complexity is thought to impact negatively on managerial interventions such as mergers for the following reasons, powerful professional members view decision making as an inclusive process and require that this expectation is fulfilled, support for the merger must be gained both internally and supra-organisationally which may be lengthen the process and loosely coupled professional teams may hinder progress in rationalizing services (Greenwood & Hinings, 1996, Hardy et al, 2001).

Several authors have researched mergers or integration among academic healthcare institutions. Specifically, case studies have explored the challenges and failings of two highly prestigious academic healthcare providers merging in an unsettled US market (Kitchener, 2002), a successful UK early AHSC which achieved integration of clinical academic services (Fischer et al., 2013), and a European merger of public hospitals affiliated to the same university (Choi and Brommels., 2009).

The merger of the public University of California San Francisco (UCSF) Medical Centre and the private Stanford Health Services became official in 1997, establishing the ill-fated UCSF Stanford Health Care (USHC) as a not for profit organisation. The merger was dissolved two years later in April 2000, reporting significant financial failings and a public loss of confidence in the senior team. The original drivers for the merger were to mitigate the negative effects of a worsening financial market by achieving cost efficiencies through economies of scale, to secure a position as a leader in complex care, to lobby for better funding and to enhance the academic mission. Kitchener is sceptical of the evidence that mergers are an effective means of improving AHSCs’ operating position, and uses the term ‘rationalised myth’ (2002:397) to describe a phenomenon which gives organisational legitimacy to management logic and the repression of professionalism. Throughout the merger process the AHSC senior team worked to manipulate the analysis of information which supported the merger, which is likened to impression management, and to legitimise their decision to merge through the careful use of management consultants (Kitchener, 2002).
The pre-merger period failed to gain support from the unions, saw a decision to exclude the medical schools from the merger, and the resignation of one of the merger’s key figureheads. Consolidating clinical services across the main sites was problematic, due to a need to maintain teaching at each campus and not to be seen to disadvantage either of the constituent organisations. By the end of year one the predicted profit of $10m was replaced by a deficit of $10m, with projected losses of $170m over the following two years (Kitchener, 2002). The introduction of a new IT system, the consolidation of historic systems resulting in an information lag and a spiralling of IT project cost fees by $1 million, the resignation of two key staff and dwindling support for the merger from multiple stakeholders, resulted in the merger being dissolved two years after inception.

Eastbury is the pseudonym of a UK first generation AHSC designated in 2009, and the basis of a case study carried by Fischer et al. (2013). The study framework is an adaption of Kitchener’s approach and is developed within the context of a ‘merger between AHSC organisations, rather than the creation of a new one’ (2002:5). It is perhaps more accurate to describe the study as exploring institutional logics during an important organisational development period during which Eastbury’s AHSC model progressed to a federated, legal partnership across its university and three trusts, and not a formal merger. Indeed each of the partner organisations retained their own governance structures, financial systems of control, and their individual organisational identities, with the partnership’s primary concern being to progress the shared strategic aims of the AHSC mission (Fischer et al, 2013).

In a case study on the Karolinska Hospital and Huddinge University Hospital merger in 2004, Choi and Brommels (2009) report on the challenges in implementing a top down change programme in an environment of competing logics and a compelling vision that is heavily influenced by delivering significant efficiency savings. Managerial hubris is used to describe an over-confidence in the benefits likely to arise from the merger (Choi and Brommels 2009). In this merger the management team were responsible for restructuring 125 clinical departments by 50%. While the organisation appointed senior clinical as leaders, once appointed they were required to give up clinical commitments and act as full-time managers, thereby creating tensions at an individual and organisational level as the dominant logic of professionalism was eroded by that of managerialism.

The Karolinska study believes it is the conflict and confusion associated with competing logics which is the most detrimental factor in the context of mergers. The
study found that professionals are able to ‘alter the pace of integration (of the merger) through obstruction, thus contributing to delays in implementing the change process’ (Choi and Brommels, 2009:19).

5.2.2 Mergers in AHSCs: Emerging Themes

Several themes emerge from the discourse in the extant literature on mergers in AHSCs, namely: competing managerial and professional logics may adversely affect transformational change; the degree of integration between partners should be sufficient to develop and deliver on the compelling vision; and developing legitimacy adds credibility and support to the compelling vision. There is limited evidence that mergers positively impact on performance across multiple metrics (Gaynor et al., 2012), and the introduction of technology and reconciliation of legacy systems in the early post-merger period poses substantial risks.

5.3 Summary

This chapter has explored mergers in the context of their rate of success, failure and how these are defined, and the evolution of organisational culture and identity through the lens of institutional logics. The emergence of mergers into an organisation as a means of service reconfiguration within international healthcare, the NHS and finally in AHSCs, was explored together with the key themes arising from the literature.
Chapter 6 - Methodology

Chapter five presented current academic thinking on mergers. The key constructs underpinning the study have been discussed. The methodology of the study will now be explored. This chapter contains four key sections. Firstly, it outlines the research framework which gives direction to this mixed methods study by presenting the paradigms, ontologies, epistemologies and theories that help shape my world-views, beliefs and approach as a researcher, and the reasons for selecting each are highlighted. Section two comprises the methodology of the study and describes in detail the quantitative and qualitative streams of work that seek to address the research questions. The third section sets out the method used to conduct a qualitative analysis of staff perceptions of the study results, and finally in section four the empirical setting is defined and described.

6.1 Research Strategy

A paradigm provides a conceptual framework for seeing and making sense of the social world, and ‘to be located in a particular paradigm is to view the world in a particular way’ (Burrell and Morgan, 1979:24). On a practical level, this means that the beliefs I hold will be reflected in the way that I develop the research framework, including how data is both collected and analysed, and how research results are interpreted.

6.1.1 Mixed Methods Research

Support for the convergence, or use of multiple paradigms, is found in the literature, for example as classification for a combination of research methods. Tashakkori and Teddi (2003) refer to a third paradigm as a means of defining mixed methods research. It has been proposed that no single research methodology is intrinsically better than any other methodology, and that a combination of research methods may be necessary to improve the quality of the research (Kaplan and Duchon, 1988).

The terms multi and mixed methods have a tendency to be used interchangeably; however, they have distinct meanings (Tashakkori and Teddi, 2003). I use Johnson et al (2007) definition of mixed methods research which was described in detail in Section 1.5.
6.1.2 Paradigms, Ontologies, Epistemologies and Theories

Component parts of different paradigms may be used within a single study (Guba and Lincoln, 2005) providing a non–purist view. Greene and Caracelli (1997) emphasise that each paradigm in a mixed methods study provides opportunities for the researcher to discover new insights while Creswell and Plano (2007) suggest linking paradigms to specific stages of the design. This approach is used in the research strategy of this thesis.

Guba and Lincoln's (1994) stance is that paradigms comprise three component parts: ontology, assumptions on the nature of reality; epistemology, relationship between the knower and the known; and methods, how can the enquirer find out what it is they believe can be known. There is no conventional proof that one paradigm is better than another and they are merely the 'most informed and sophisticated view' (Guba and Lincoln, 1994:108) a researcher has been able to arrive at given their individualised approach to the questions within the paradigm. Human constructs are open to errors; therefore each paradigm should seek to address persuasiveness and utility (Guba and Lincoln, 1994:108). I consider these foci in developing the research framework.

Table: 6.1 Paradigms, ontologies, epistemologies, methodologies and methods

<table>
<thead>
<tr>
<th>Research Component</th>
<th>Paradigm</th>
<th>Ontology</th>
<th>Epistemology</th>
<th>Methodology</th>
<th>Methods</th>
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<td>Basic belief system, worldview of researcher</td>
<td>Assumptions on the nature of reality</td>
<td>Relationship between knower and the known</td>
<td>Theory and analysis of how research should proceed</td>
<td>Techniques for gathering evidence</td>
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<tr>
<td>Literature Review OI &amp; Performance</td>
<td>Post-positivism</td>
<td>Critical Realism</td>
<td>Modified Objectivist</td>
<td>Quantitative</td>
<td>Literature review and synthesis</td>
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<td>Scoping Review OC &amp; OI</td>
<td>Post-positivism</td>
<td>Critical Realism</td>
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<td>Scoping review and synthesis</td>
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<td>OC &amp; OI Survey</td>
<td>Post-positivism</td>
<td>Critical Realism</td>
<td>Modified Objectivist</td>
<td>Quantitative</td>
<td>Survey tool</td>
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<td>Developing, Implementing Performance Framework</td>
<td>Constructivism</td>
<td>Relativist</td>
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<td>Quantitative &amp; Qualitative</td>
<td>Comparative ranking of performance indicators Semi-structured interviews</td>
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<tr>
<td>Interpretation of Results</td>
<td>Constructivism</td>
<td>Relativist</td>
<td>Transactional subjectivist</td>
<td>Qualitative</td>
<td>Interviews to explore multiple logics</td>
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6.2 Developing the Research Framework

The study has a mixed methods composition, with a quantitative core component to gather evidence and a qualitative component to improve the description of emerging knowledge (Morse et al., 2006). There is increasing support for the use of multiple paradigms in research, as it has been suggested that no single research methodology is intrinsically better than any other methodology and that a combination of research methods may be necessary to improve the quality of the research (Kaplan and Duchon, 1988).

There are two key paradigms of relevance to this study: post-positivism and constructivism. Each is now considered by summarising their organising principles, key criticisms and my reasons for selecting each for use in this thesis.

6.2.1 Quantitative Research

The basic belief system in the positivist paradigm is that knowledge is absolute and objective and that a single objective reality exists external to individuals (De Villiers, 2005). From the 1950s onwards the popularity of positivism has waned (Toulmin,
1957) as researchers questioned its legitimacy. Phillips and Barbula state that post-positivist researchers are 'united in believing that human knowledge is not based on unchallengeable, rock-solid foundation – it is conjectural' (2000:25-26). Post-positivism is the belief system used in developing the literature reviews in this thesis due to its propensity for describing causal relationships which can be used to develop hypotheses for testing (Philips and Burbula, 2000). I chose to conduct the literature reviews using post-positivist beliefs for the following reasons: as a deterministic philosophy in which causes probably determine effects or outcomes (Cresswell and Plano, 2007); to develop statements of truth or near truth to describe the causal relationship between culture, identity and performance; and to acknowledge that objectivity is an essential attribute when conducting literature reviews. I approached the literature on organisational culture and organisational identity with a degree of theoretical knowledge and the outputs of a pilot survey using the same survey tool which helped to inform the research questions.

**Ontology and Epistemology**

Critical realism accepts that there are alternative views of a phenomenon and that there are different valid perspectives on reality’ (Tashakkori and Teddlie, 2003). This assumption on the nature of reality is applicable in my study as the aims of the literature reviews are to provide the broadest evidence or valid perspectives on causal relationships. In relation to the staff surveys, I am seeking to discover differences in perspectives temporally and across organisational hierarchies and occupational groups.

A modified objectivist stance on the relationship between the knower and the known provides the process by which I will ascertain if the findings of the quantitative research conducted in this study fit with pre-existing knowledge and with discourse from the critical community (Guba and Lincoln, 1994), such as researchers in organisational studies, institutional theory and health service research.

**6.2.2 Qualitative Research**

Constructivism as a metaphor of cognitive psychology was introduced in the 1970s (Gergen, 1985), and is also referred to as the interpretive humanistic, or naturalistic paradigm. The work of Denzin, (1997), Denzin and Lincoln (2005) and Guba and Lincoln (2005) has shaped the development of this research framework, and their definition of constructivism is used throughout.
Constructivism’s basic premise is that the mind is active in the construction of knowledge. It makes or invents concepts, models and schemes to make sense of experiences, which are then redefined as new experiences which bring new knowledge, historical and sociocultural dimensions contribute to shared understandings, practices and language to which Denzin (1997) advocates for research which studies experiences that are temporally and culturally bounded. Emerging knowledge has a relative consensus, although multiple knowledge can coexist when characteristics of the sample, such as gender, social or political profiles, provide different interpretations (Guba and Lincoln, 1994).

This paradigm provides the necessary guidance to explore staff views on organisational culture and identity, primarily facilitated by constructivism’s focus on understanding what has caused the phenomenon under inquiry to develop. It is exactly the influence of events over time on the cultural perceptions and identification of staff that I wish to understand and to determine if responses to the survey questions are shaped differently by certain characteristics within the sample.

**Ontologies and Epistemologies**

Relativist assumptions on realities are found in the form of multiple, intangible mental constructions that can span social origins, local or specific contexts (Lincoln and Guba, 1994). As these forms of reality are believed to be shared among individuals and cultures, they are useful in viewing perceptions of staff.

Transactional subjectivist provides a means of understanding the relationship between a researcher and the subject under inquiry, in as much as knowledge is created in interactions between the researcher and the subjects (Lincoln and Guba, 1994).

### 6.3 Case Study Theoretical Approach: Institutional Theory and Institutional Logics

Neoinstitutional theory has provided a means of conceptually analysing organisations and organising over several decades (Lounsbury, 2008). Attempts to understand rational action over time developed into a contextualisation of logic which ‘refers to broader cultural beliefs and rules that structure cognition and guide decision making in a field’ (Lounsbury, 2008:350).

The institutional logics perspective is a ‘metatheoretical framework for analysing the inter-relationships among institutions, individuals and organisations’ (Thornton et al.,
Thornton and Ocasio’s definition is used in this study; ‘the socially constructed, historical patterns of cultural symbols and material practices, including assumptions, values and beliefs, by which individuals and organisations provide meaning to their lives and experiences’ (2008:2). Each institutional order provides discrete organising principles, practices and symbols (Thornton and Ocasio, 2008) that influence behaviour and through frames of references facilitate interpretation in areas of motivation, action and identity.

DiMaggio and Powell (1983) have contributed to the research concerning institutions, change and adaption. Actors construct an environment that can subsequently constrain their ability to change or adapt in later years. At a macro level, in the structuration of an organisation the results of change at an individual level can lessen diversity in the organisational field, resulting in isomorphism, where organisational units take on similar identities through adaption with the same environmental constraints. Imitation and isomorphism are more common in non-profit and government organisations than in for-profit businesses (DiMaggio and Powell, 1983).

Lounsbury (2008) posits that organisations in the early days of their inception, such as in the post-merger period, exude diversity in form and structure. As an organisation becomes established, so it moves towards a more homogenised state (2008). Dimaggio and Powell (1983) view homogeneity as developing over time, with highly structured and professionalised fields being more prone to this process. Isomorphism (Hawley, 1968) defines an evolutionary process, whereby constraining processes on an organisation, such as competition, force a given population to resemble other populations that are subjected to similar environmental pressures. Greater efficiencies are not linked to homogenisation (Giddens, 1979), although the more ambitious an organisation’s goals are, the more likely it will be to model itself on a perceived successful organisation, as there is a greater need to build legitimacy and suppress conflict.

Professionalisation is prevalent in industries where there is a high level of staff credentialing, and may encourage isomorphism through the selection of staff and socialisation into an organisational culture that reinforces isomorphism in the exchange of information between professionals (Dimaggio and Powell, 1983). New directions in institutional rationality in the form of multiple, competing logics are proposed by Lounsbury (2008). He states that the near exclusive focus on isomorphism is flawed because it separates the ideas of rational decision-making and technical force with those of irrationality and institutional force.
In pluralist societies with diverse political, motivational and ethical influences, institutional logics theory believes that individuals or actors adopt ‘multiple roles and identities, creating conflicts and pressure’ (Thornton et al., 2012:57). A common collective identity is the cognitive and normative views of actors that develop around a shared purpose, which seeks to promote compliance to specific organisational behaviours.

Cultural entrepreneurs are skilled and influential actors who are capable of creating new or modifying old institutional logics as they have access to resources that support self-interests and use framing categorisation and narratives to justify their visions (Thornton et al., 2012) it is noted that the literature provides examples where ‘entrepreneurial and innovative behaviours occur at increased rates during periods of technological disruption’ (2012:107). Institutional entrepreneurship, originally described by DiMaggio in 1982, is viewed as helpful, as it provides an evaluation process to judge the possibility of an individual succeeding in creating organisational change.

Dominant logic, which was conceptualised by Prahalad and Bettis (1986), describes how managerial attention is focused on specific information. Competing logics occur when there is competition between the alternative institutional logics, often as an antecedent or consequence of organisational change and may also support resistance to change (Thornton et al., 2012). Institutional logics believes that each order or logic is developed over a period time, enabling the logic to be categorised by its age with historical contingency used to describe cyclic patterns as logics emerge and re-emerge (Thornton et al., 2012).

Professionalism and managerialism (Reay and Hinings, 2009) are well-established logics. My reference point for this study is the attempt by the senior leadership of the case study organisation to develop a dominant hybrid clinical academic logic, with roots in medical professionalism and science and a shift in power away from traditionalist managerial command and control processes to a loosely coupled, local accountability structure.

Common criticisms levied at works using institutional theory are the multiple views of what an institution is, and a lack of consensus regarding the factors that shape behaviour within institutions. Thornton et al, (2012) sought to address these issues by utilising clear and consistent definitions for both constructs.
6.4 Reflexivity in Organisational Studies

Reflexivity within this thesis is defined as ‘the researchers scrutiny of his or her research experience, decisions and interpretations in ways that bring the researcher into the process and allow the reader to assess how and to what extent the researcher’s interest, position and assumptions influenced inquiry’ (Charmaz, 2006:188-189).

It is therefore concerned with the transparency of biases through personal disclosure (Hardy et al., 2001:5350) often using critical self-appraisal (Rhodes, 2009). Reflexivity has been the subject of much academic debate over the last 30 years (Weick 1995). In the field of organisational studies, Rhodes describes a ‘deep-seated anxiety over the extent to which researchers could be regarded as objective researchers (2009:653). Such anxieties relate to the moral obligation of researchers to present factual accounts of their studies, with the compounding recognition that researchers are not passive instruments in shaping knowledge. This was elucidated by Steedman (1991) as knowledge cannot be separated from the knower. Derrida’s theoretical positioning on ethics and undecidability retains an importance in organisational inquiry and is particularly salient in the healthcare field, given the political nature of health policy (Trifonas and Peters, 2005).

Rhodes (2009) summarises the key criticisms of reflexivity in organisational studies as narcissism (Weick 1995), where the researcher believes their views to be the most attractive ones, and entrenchment, where in attempting to understand personal biases the researcher may become more entrenched in their personal motives and values (Rhodes, 2009). An opposing view is presented that legitimate knowledge is generated when researchers in the field ‘have lived or experienced their material in some fashion’ (Silverman, 1997:232). The reflexive approach used in this study aims to develop a clear account of the socio-political context of the research setting. I will use continuous critical self-awareness including questioning of assumptions and values, and an independent second researcher who is not involved in the study, to provide constructive challenge to my own world views in specific areas of the research pathway most vulnerable to bias, such as in developing the framework approach and the themes emerging from the semi–structured interviews which is supportive of a self-reflective critique (Cresswell and Plano, 2007). Finally, temporal distance is used when reflecting and re-reflecting on emerging themes.
It is recommended that researchers reflect on the impact that lived experiences may have in the interpretations which shape the research outputs (Alvesson and Skoldberg, 2000). Within the confines of this study I have multiple identities and competing logics to consider, namely as a clinician, a senior manager, a student researcher, and a consumer of NHS healthcare. My clinical background provides experience of working in and across multi-professional teams, and potentially the formulation of assumptions on the dynamics between professional groups and clinical and non-clinical staff groups. During the merger of the trust I was employed to work on the merger as a risk and governance lead. I am currently employed at a director level in strategy in the case study setting. This position potentially allows me access to approach staff for participation in the interviews and through informal networks developed over a number of years as a trust employee, and thereby may have helped to secure staff participation in the interviews.

6.5 The Empirical Context

The research setting is a purposeful, embedded case study design (Yin, 2003) sited at a large, London multi-site academic acute trust, formed from a merger in 2007 of two well respected teaching hospitals in 2007 (herein known as ‘the trust’). A case study design was selected for its ability to support within case analysis enabling research into the prevailing logics at the organisation; it is a highly iterative process with strong data linkages and is suitable for use in new fields (Eisenhardt, 1989), such as in this study.

The trust provides services across five main sites, providing acute and specialist services to the local community with a population of 2 million, and a smaller number of highly specialised services to a regional and national population. It employs almost 10,000 staff and had an operating budget of £979,312 for 2013/14 (Annual Accounts, 2014). It was designated an AHSC by the Department of Health through a competitive process in 2009, and again in 2014, (Department of Health, 2013).

AHSCs are among the most complex of organisations and often encompass a range of business units, each with their own micro-economies (Wietecha et al., 2009).

AHSCs were formally introduced into the UK in 2009 and have been promoted as the preferred mechanism by which to deliver high quality care through translational research, excellence in education, and as having the means to generate economic and knowledge benefits (Department of Health, 2008). While relatively new in the
UK, AHSCs are well-established organisational forms in the US, Canada and parts of Europe. The first AHSC is thought to have been formed in the 1920s through the creation of the Columbia – Presbyterian Medical Centre, USA (Columbia – Presbyterian Medical Centre, USA (Columbia – Presbyterian Medical Centre, 1996).

6.5.1 Overview of the Legacy Trusts

Hammersmith Hospitals

From the constituent organisations that make up the merged organisation, Queen Charlotte’s and Chelsea Hospital (QCCH) is the oldest, dating back to 1752. This maternity hospital is located on the Hammersmith Hospital site (in East Acton, London). Charing Cross Hospital was originally called the West London Infirmary and was established as a voluntary hospital, originally based in central London in 1818 with 12 beds. It established one of the early medical schools and moved to its present address in West London in 1973, merging with Hammersmith to form Hammersmith Hospitals NHS Trust (HHNT) in 1994. Hammersmith Hospital was established as a workhouse infirmary in 1912, and later as a short-term military hospital. The British Post Graduate Medical School, awarded royal status in 1935, was pivotal to the image and reputation of the HHNT. Senior academic staff provided clinical services and played a significant role in the leadership of the hospital. From 1947 it was known as the British Postgraduate Medical Foundation, then the Postgraduate Medical School of London, and in 1974 was granted independence with a new charter as the Royal Postgraduate Medical School. The school merged with Imperial College School of Medicine at the time of its inception in 1997 (Imperial College, 2015).

St Mary’s Hospital

In 1845 St Mary’s Hospital (SMH) was a voluntary general hospital. It is quoted as being one of the first teaching hospitals in Britain (Ballantyne, 2004). It is reported that SMH in an attempt to almost double its bed numbers, to remain recognised as a teaching hospital, incorporated a number of local specialist hospitals leading to the creation of new academic divisions. The Western Eye Hospital was incorporated into SMH in 1948. St Mary’s independent medical school continued until 1988, when according to Ballantye, after much controversy the school merged with Imperial College (2004).
At the time the merger was initiated several differences are seen in the organisational structures of the legacy organisations. Both trusts provide services from multiple sites, have the same academic partner, Imperial College London, and were rated ‘good’ by the healthcare regulator of that period, the HCC. In relation to size, the HHNT had 42% more income and 39% more staff than SMH. However, Hammersmith’s financial position was less positive than SMH, with an accumulated deficit of £13.4million. Both trusts had met the A&E 4 hour wait target and were ranked in the Dr Foster Top Ten performing hospitals although St Mary’s had failed to reduce healthcare associated infection (HCAI) MRSA numbers to the specified target. Full details are shown in Table 6.
Table 6.2: Organisational, financial and performance characteristics of the legacy trusts prior to merger in 2006/07
Source: Annual Accounts 2006/07

<table>
<thead>
<tr>
<th>Measure</th>
<th>HHNT 2006/07</th>
<th>SMH 2006/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Staff</td>
<td>6,059</td>
<td>3,683</td>
</tr>
<tr>
<td>Number of Main Sites</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Finance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Income</td>
<td>£500,269</td>
<td>£291,303</td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>£484,259</td>
<td>£277,398</td>
</tr>
<tr>
<td>Retained Surplus</td>
<td>£5.1million</td>
<td>£8.5million</td>
</tr>
<tr>
<td></td>
<td>(9.8% income)</td>
<td>(34.2% income)</td>
</tr>
<tr>
<td>Accumulated Deficit</td>
<td>£13.4million*</td>
<td>£00</td>
</tr>
<tr>
<td>Performance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regulatory Rating Healthcare</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Commission</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A&amp;E 4 Hour Wait</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRSA Reductions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Foster Top Ten Hospital</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*£2million core services, £11.4million Ravenscourt Park Hospital (Leased to HHNT)

6.6 Study Methodology

The Health Research Authority ethics approval process deemed the study a service evaluation (Health Research Authority, 2015). The trust local research office, Chief Executive and Cauldicott Guardian gave approval for the study to precede, see Appendices 4, 5, and 6. Approval to use the Denison Organisational Culture Survey is included in Appendix 7.

6.6.1 Research Questions

1. How do institutional logic/s develop after a merger in an AHSC?

Methodology: An exploration of how institutional logics develop in the merged entity is conducted using a review of key documents to explore the development of logic/s along the timeline of the merger - an analysis of the compelling vision used to gain the support of staff, patients and wider stakeholders, organisational structures and appointments to senior roles, reports to the Trust Board, the Trust Annual Accounts from 2007/08 to 2014/15 and examples of press releases.
2. How does a merger influence an organisation’s culture?

Methodology: hypotheses 1 and 2, shown below, provide the testing for this research question.

3. What is the relationship between organisational culture and organisational identity after a healthcare merger and what factors influence this relationship?

Methodology: hypotheses 1 and 5, shown below, provide the testing for this research question.

4. What is the relationship between organisational culture and organisational identity and performance in a post-merger healthcare setting?

Methodology: hypothesis 6, shown below, provides the testing for this research question.

6.6.2 Hypotheses

The emerging knowledge from the literature identified in this study has been presented in the previous chapters, and so it is the intention here to provide only a summation of the salient points to evidence how the hypotheses were developed.

Organisational culture has been described as the phenomenon within which identity is embedded (He and Baruch, 2009). It is said to act as a signifier of identity and to provide the context from which to answer ‘who are we as an organisation?’ (Hatch and Schultz, 2002). DiMaggio (1997) refers to culture as a ‘toolkit’. How culture is used as a toolkit by actors depends on situational cues in the local environment, as actors are viewed as partially autonomous in developing cognitive organisational processes (Thornton et al., 2012). The question of identity often contains statements of an individual’s values and belief (Prati et al., 2009) that add to the interface with organisational culture.

H1. Perceptions of organisational culture scores are associated with perceptions of organisational identity

Organisational culture is the belief systems and related practices in a field (Reay and Hinings, 2009). It is the accumulation of shared learning (Schein, 1985), and in the comparative nature of how the concept is understood, it is processed differently from one group to another (Hofstede et al., 1990). Organisations rarely have a single, consistent culture and sub-cultures may vary by occupational group, organisational
roles, an individual’s position in the hierarchy, the functional or professional identity of the member (Howard-Grenville, 2006) or exist as a ‘blended culture’ without a dominant cultural type (Jacobs et al, 2013). Subcultures may develop around a shared meaning (Giddens, 1984), provide members with different organisational positions and relative power and may be loosely coupled with other subcultures thus interacting in an integrated, differentiated or fragmented way (Howard-Grenville, 2006). Subcultures may vary by units or groups with a shared common purpose (Morgan, 1986).

**H2. Pre- and post-merger appointment, staff band and occupational group are predictors of organisational culture scores**

Nested identities occur when group memberships overlap (Ashforth and Johnson, 2011), and are found as either higher or lower order constructs, relative to each other. They are further defined by their propensity towards inclusivity, abstractness and distance (Meisenbach and Kramer, 2014).

Work groups are considered lower order identities when they have restrictive membership, are bound by specific work related behaviours, and possess identities that have a ‘direct and immediate impact’ on a member (Meisenbach and Kramer, 2014).

Professionals may have many competing identities (Currie et al., 2010). Institutional Logics state occupational or professional identities, group and role identities may overlap, a hierarchy of identities may develop with commitment to the identities variable (Thornton et al, 2012). Power is associated with rank (or staff band) within an organisation’s hierarchy and in the credentialing of professional occupational groups (Hughes, 1963). It is hypothesised that pre- and post-merger appointment, staff band and occupational group are associated with perceptions of professional identity.

**H3. Pre- and post-merger appointment, staff band and occupational group are predictors of professional identity scores**

Mintzberg (1983) stated that an individual’s position within an organisation’s hierarchy is of the greatest importance when selecting membership of groups. This
salient social category is shared with other members of an in-group and not shared with members of an out-group. In a meta-analysis of workgroup and organisational identification. Riketta and Van Dick (2005) found that work group attachment is the stronger form of attachment for individuals. As individuals strive to balance the need for distinctiveness with inclusion in groups, they are more likely to identity when a group holds shared characteristics. Van Knippenberg and Van Schie (2000) cite familiarity and cohesion as key influencing factors in work-group identification.

**H4. Pre- and post-merger appointment, staff band and occupational group are predictors of identification with peer scores**

Hybrid identity organisations (Foreman and Whetton, 2002) are organisations whose identity comprises two or more groups with distinct identities. AHSCs may fit this description. Opposing value systems may contribute to the formation of nested identities, some of which may contribute to abstractness and distance (Meisenbach and Kramer, 2014). An individual’s position within an organisation’s hierarchy influences their perceptions of identity (Corley, 2004). Identity conflict can occur when there are divergent views between a professional code of conduct and an organisation’s espoused values (Aranya and Ferris, 1984). When members are not certain of an organisation’s strategic direction, identity ambiguity and conflict may arise. Such events may occur during mergers (Empson, 2004).

**H5. Pre- and post-merger appointment, staff band and occupational group are predictors of identity conflict scores**

Organisational culture and organisational identity in regard to their relationship with performance is a very under-researched field, with little research available on the singular effects of these constructs on performance.

Kotter (1996) and Senge (1990) state that there is a positive adaptive association between organisational culture and performance which is linked to the demands of the external environment. Evidence to support a culture-performance link is found in several studies (Davies et al., 2007; Mannion et al., 2005; Salge and Vera, 2009). Certain cultural traits are also associated with high and low organisational performance (Denison and Mishra, 1995).
In regard to the literature review within this study, several limitations were identified in the methodologies of the studies identified in the review; these are detailed in section 4.3.6. A study of relevance here is by Li et al (2012) that found collectivist identity had a moderating impact on performance.

**H6. Organisational culture and organisational identity scores are predictors of healthcare performance**

**6.7 Data Management Strategy**

The inherent difficulties in measuring and analysing attitudinal traits are reported in the literature (Russell and Bobko, 1992). In an attempt to address these challenges, Likert (1932) developed a scale using a series of five questions which are combined to create an attitudinal measurement scale, with data analysis based on the composite score and not on the analysis of individual questions (Dittrich et al, 2005). Four or more items are combined into a single composite for analysis as an interval measurement scale, with options to use the mean, standard deviation, t-tests, ANOVA and regression techniques (Boone and Boone, 2012). In Likert type scales the responses are not aggregated into a scale (Dittrich et al, 2005). Several criticisms are directed at Likert scales, including that they require subjects to reduce their responses to fit the established scale, which may influence the results of regression analyses (Russell and Bobko, 1992). Rasmussen (1989) in testing for type I and type II errors using Likert scale data found that parametric testing was superior to non-parametric testing using this type of data.

The Denison Organisational Culture Survey (DOC) (Denison and Mishra, 1995) measures: Perceptions of culture at two levels of abstraction: the indexes present culture information around 12 content areas and the traits organise these concepts into broader principles that are portable across organisational contexts and support the theoretical grounding and relevance of the model (Denison and Mishra, 1995)

All items use a five-point Likert scale for response categories and scores are tested for differences between the mean culture scores (Denison et al., 2006). Several researchers have written on the standardisation of the tool and its properties, including generalisability (Gillespie et al., 2008), predictive validity (Fey and Denison, 2003) and internal reliability (Denison et al. 2006). Research by Denison and Mishra (1995) suggests that each of the four culture traits in the DOC measure different aspects of an organisation’s culture which are associated with specific organisational performance capabilities, therefore this study will analyse differences between the
mean scores at a trait level in testing for a relationship with performance.

### Table 6.3: Denison organisational culture traits and indices

<table>
<thead>
<tr>
<th>Trait</th>
<th>Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involvement</td>
<td>• Empowerment</td>
</tr>
<tr>
<td></td>
<td>• Team orientation</td>
</tr>
<tr>
<td></td>
<td>• Capability development</td>
</tr>
<tr>
<td>Consistency</td>
<td>• Core values</td>
</tr>
<tr>
<td></td>
<td>• Agreement</td>
</tr>
<tr>
<td></td>
<td>• Co-ordination and integration</td>
</tr>
<tr>
<td>Adaptability</td>
<td>• Creating change</td>
</tr>
<tr>
<td></td>
<td>• Customer focus</td>
</tr>
<tr>
<td></td>
<td>• Organisational learning</td>
</tr>
<tr>
<td>Mission</td>
<td>• Strategic direction and intent</td>
</tr>
<tr>
<td></td>
<td>• Goals and objectives</td>
</tr>
<tr>
<td></td>
<td>• Vision</td>
</tr>
</tbody>
</table>

The survey tools to measure the three foci of organisational identity are tested and have been published in research journals. Peer identification (Cook and Wall, 1980) confirmatory factor analyses found that the ‘positive six-item version of the scale was psychometrically superior to the nine-item version’, and the measurement properties were stable over time (Guest et al, 1993). The survey tools to measure professional identification (Blau, 1989) and the identity conflict survey tool (Kreiner and Ashforth, 2003) were used in a study by Pate et al (2009) and were identified as capturing distinct yet complimentary perceptions on foci of identity which are of relevance to this empirical setting. Each of these survey tools also measured responses on a 1-5 Likert scale, with 5 the most positive response and 1 the least positive response, thereby converting aggregated scores for single questions to an overall score. Briefly, the survey consisted of 60 questions on organisational culture and 16 questions on the three organisational identity foci, giving a total of 76 questions.

### 6.7.1 Organisational Culture and Organisational Identity: the Sample

The target population comprised all employees registered on the human resources workforce database during June 2014. To be eligible for invitation to take part in the survey, staff had to be employed in a team that had more than 100 staff. All four clinical divisions and six corporate divisions were included in the survey. Four corporate divisions, Governance, Communications, Medical Directorates Office, Corporate Nursing, consisted of less than 100 staff in each and were therefore not eligible to take part.
The data collection period ran from the 10th June 2014 to 1st July 2014 and the demographic details collected included main place of work (hospital site), length of tenure, type of contract, date employment commenced (to identify pre- and post-merger employees), division, specialty, staff group and grade - either Agenda for Change bands 1 to 6 or bands 7 and above. Agenda for Change is the NHS national pay scale for hospital staff, excluding doctors. The category band 7 and above includes all doctors and is used to differentiate largely between non-managers (1 to 6) and managers (7 and above).

There are conflicting opinions on factors that influence participation in email or postal surveys. A number of studies have found that survey length did not influence participation rates (Bruvold and Comer, 1988), although others have found a negative response associated with surveys of longer length (Yammarino et al 1991). Issues such as respondent contacts and topic salience may also influence response rates (Bean and Roszkowski, 1995).

An electronic survey was selected for this study, as electronic communications are the most frequently used for intra-trust communication, and this type of distribution allowed for regular updates on response rates and generated e-reminders. In an attempt to maximise participation rates a number of email reminders were sent out to the sample, as there is some evidence that this can increase response rates (Sheehan and Hoy, 1997). Marcano Belisario et al (2015), in a narrative synthesis report that currently there is insufficient evidence on the use of apps for smart phones and tablets as a means of providing access to surveys.

Descriptive statistics are used to explore differences in mean scores between the traits in the organisational culture survey and for the identity surveys. Levels of analysis are by pre- and post-merger status, staff band, and occupational group. Simple regression is the methodology used to test hypothesis H1, as this is appropriate for a hypothesis where one dependent variable and a single independent variable are being tested (Field, 2012).

SPSS version 23 (2014/15) is used to perform the statistical testing throughout the study.

Hypotheses H2 to H5 are tested using multivariable regression with three predictor dichotomous categorical variables, as shown in

Table 6.
Table 6.4: Predictor dichotomous categorical variables

<table>
<thead>
<tr>
<th>Variable in Regression Model</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Merger</td>
<td>0</td>
</tr>
<tr>
<td>Post-Merger</td>
<td>1</td>
</tr>
<tr>
<td>Band 1-6</td>
<td>0</td>
</tr>
<tr>
<td>Band 7 and above</td>
<td>1</td>
</tr>
<tr>
<td>Occupation Non-Clinical</td>
<td>1</td>
</tr>
<tr>
<td>Occupational Clinical</td>
<td>2</td>
</tr>
</tbody>
</table>

A review of the key documents, the analysis of emerging interview themes, and literature in the field are used to explore how institutional logics develop.

A regression analysis is selected as the form of analysis, to develop an overall understanding of the relationship between the dependent and independent variables, to understand the extent to which each independent variable contributes to this relationship, and whether the association has a positive or negative effect (Field, 2012).

Forced entry is the method used to enter variables into the regression model. This is selected as the most appropriate method to use in this study. All variables are entered into the model simultaneously, as there is limited research in this emerging field to determine a hierarchical effect of any of the selected variables (H2 to H5) (Field, 2012)

6.8 Qualitative Methodologies

6.8.1 Framework Approach: Performance Measurement

The framework approach has gained popularity in health services multi-disciplinary research over the last two decades (Gale et al., 2013). It is positioned within the same organising field as thematic analysis. While it is not a suitable method for use with very heterogeneous data, it supports the analysis of data across and within cases. It is selected for use in this study as through the use of a coding matrix, developed from iterations of analysis from coded transcripts, it provides opportunities for in-depth analysis across and within cases, which is essential for revealing and understanding the views of staff across hierarchies, occupational groups and organisations.
In the context of this study the framework approach is described as a set of codes organised into categories that can be used to manage and organise the data (Gale et al, 2013).

For these reasons the framework approach is used to capture, structure and analyse qualitative research data for two parts of the study: Firstly, the exploration of performance measurement and secondly, to explore stakeholder perceptions on the study results. The framework approach methodology to explore performance measurement will be described first.

Subject matter experts were selected using purposeful sampling to identify those with skills and experience in following areas: performance measurement and intelligence, assurance, patient safety research, improvement science, patient membership group, population health and epidemiology, finance, board member, clinician and non-clinician healthcare management.

Prior to the interview each participant was given a briefing sheet that outlined the purpose of the interview see appendix 8. Assurance was given that responses would be non-attributable and information was provided on the recording, transcription and future use of the information.

The interviews on performance comprised two distinct parts: Part one was open-ended questions used to elicit views and attitudes on identifying good/poor performance, challenges in performance measurement and identification of comparators to judge performance.

A demographics question (Q1) was included to develop a profile of respondents based on their background, professional qualifications, skills and experience in healthcare performance and years of experience. This enabled stratification of responses.

Questions 2 to 5 sought to elicit respondent’s views on performance measurement and are presented below;

Q2. How do you recognise good or high performance in assessing organisational performance?

Q3. How do you recognise poor or low performance when assessing organisational performance
Q4. Do you feel that organisational performance should be measured over time, against an institutional target, or using comparative benchmarking within or across institutions?

Q5. What do you feel are the key challenges in measurement of organisational performance?

The Shelford Group comprises ten leading NHS multi-specialty academic healthcare organisations (Shelford Group, 2016) and was used as the study population. A review of the publically accessible acute provider performance reports for the Shelford Group was carried out. A total of 23 performance indicators were selected for inclusion in the interviews, based on their ability to measure performance across domains and based on an ability to measure performance at a divisional level. A likert scale was used to measure responses using a scale ranging from 5 – very valuable to 1 – not at all valuable.

Respondents were asked two final questions;

Q7. Do you feel there are any are valuable measures of organisational performance that have not been included in the list?

Q8. What is the one measure you would use to assess organisational performance?

The analytical steps followed involved recording the interviews, a verbatim transcription of the interviews, familiarisation with the interview transcripts, open coding line-by-line and the development of a working analytical framework (Gale et al, 2013).

A second researcher, independent to the study, read and coded the interview transcripts. Iterations of the coded framework were dated and reviewed. Where discrepancies between the primary researcher and the independent researcher existed, these were discussed until a consensus was reached.

6.9 Thematic Analysis: Framework Approach and Triangulation of the Study Results

Denzin (1997) describes triangulation as a means of exploring a given phenomenon using a combination of methods that together add value to the research.
Purposeful sampling was used to identify study participants for semi-structured which sought to explore stakeholder views on the results of the study. Recognising a need to develop a sample with experience of the merger either directly in the course of their employment at one of the legacy trusts or at the merged entity, experience of the merger and post-merger through the provision of services to the trust such as legal advisors or by employment as staff of a peer organisation, a list of skills and experience were used to identify the purposeful sample. Participants were provided with information on the study protocol, see appendix 9.

The analytical steps used were the same as those employed in developing the performance indicators for use in the study, through the use of a Framework Approach, described in 6.8.1.

Each interview began with a summary recapping the purpose of the study. Respondents were provided with key results for each of the hypotheses and were asked to describe factors that they felt might have contributed to or influenced the results. The interviews were structured around the following:

- A demographics question was included to develop a profile of respondents based on their background, professional qualifications, skills and experience and if their interactions with the trust began pre or post-merger. This enabled stratification of responses
- The relationship with organisational culture and organisational identity
- Differences in survey mean scores for organisational culture and organisational identity analysed by:
  - Pre and post-merger appointment
  - Staff band
  - Occupational groups
- Predictors of organisational culture
- Predictors of organisational identity
- The influence of organisational culture and organisational identity and healthcare performance

All qualitative analysis in the study was conducted using NVIVO 2014 for data analysis.
6.10 Summary

This chapter presents the theoretical perspectives used to set out my worldview as a researcher, how they interact and inform the relationship with emerging knowledge, the justification for the data management and analysis framework used to explore the relationship between culture, identity and performance, and the influence of institutional logics in a healthcare setting. The research process has been outlined and the tools and techniques used to facilitate the mixed methods study described. The strengths and limitations of the theoretical and methodological approaches have also been described.
Chapter 7 - Results

Chapter 6 outlined the statistical and thematic analysis of the study data and revealed significant findings in understanding the relationship between organisational cultures, foci of organisational identity and healthcare performance in a merged AHSC. In this chapter I present the results of the study as constructed in three key sections. First is an exploration of the development of institutional logics in the merged entity, followed by the results of an organisational culture and identity survey, analysed with descriptive statistics, simple regression and multivariable regression. Finally, to support the triangulation of the data, the emerging themes from interviews with staff, which explored their perceptions and interpretations of the study results are presented.

7.1 Developing the Institutional Logic/s of a Merged AHSC

In May 2007 Hammersmith Hospitals and St Mary’s Hospital, two NHS trusts, and Imperial College (referred to as the partners) released a public consultation document as part of the approval process to merge organisations. The document stated ‘this consultation proposes the merger of Hammersmith Hospitals NHS Trust with St Mary's NHS Trust and integration with Imperial College London’ (AHSC, 2007) An analysis of the merger’s compelling vision is conducted using the framework developed by Gantz (2009) and uses institutional logics as the primary lens through which the analysis is conducted.

The document describes the future vision of a healthcare provider, who as an AHSC, will deliver services through the best staff equipped with knowledge of the latest technology and innovation, will employ the world’s top professionals, provide access to life-saving treatments and cures, with more services occurring in the community, and enhanced health promotion and prevention. Improvements will also be seen in hospital administration as ‘academic scrutiny will challenge conventional wisdom to determine the most effective use of staff, research and budgets to improve patient care and save lives’ (2007:5), implying academics will be the new hospital leaders.

It promises that the people of West London, and indeed the population of the UK, will see health gains commensurate with the best in the world. The text combines hyperbolic expression with a utopian vision; in that the AHSC will create an ideal (academic healthcare) state, which does not currently exist anywhere else.
Argumentation describes actions or process of reasoning systematically in support of an idea and is most prevalent in groups comprising multiple occupations (Fischer et al., 2013), such as an AHSC, where science based argumentation is integral to generating knowledge and acts as an occupational culture construct. The argument presented in the consultation document is that through the merger of the two trusts and an integration with the Faculty of Medicine, the merged entity would become an Academic Foundation Trust that is ‘one that brings together the understanding of patient needs, the expectations of Primary Care Trusts, the expertise of clinicians and the enquiring nature of academics and researchers to develop a healthcare service that will revolutionise healthcare’ (AHSC, 2007:21). In the very limited references to non-clinicians within the document, these occur in the context of ‘staff’ will value working with experts.

Thornton and Occasio (1999) write on the effects of shifts in institutional logics and how these influence organisational politics, power and executive succession. Factors, such as position and rank within the hierarchy, organisational size, competition and the struggle for corporate control, are thought to shape institutional logics. Classifying the dominant institutional logic, which is the socially constructed assumptions, practice, values and beliefs, used to give meaning to social reality (Thornton and Ocasio, 1999), of the constituent trusts is not without challenge. As has been described previously, both were organisations steeped in academic tradition, had long standing medical schools and close university relationships. In addition, both were governed along traditional NHS lines; clinical directors reporting to trust chief executives and separate leadership posts for research and education.

The proposal to include a tripartite leadership board with the University introduces a new complexity in how power is allocated in the organisation, and possibly attaches an element of prestige to those close to this board through virtue of a prevailing academic or scientific logic. This is divergent from the traditional corporate logic, which views employees as controlled by managers, not functioning as a quasi-independent expert group (Thornton et al., 2012).

The importance of narrative in the development of institutions, using stories that work on an emotional rather than an intellectual basis to gain support (Thornton et al., 2012), can be seen throughout the compelling vision, and is contextualised primarily in two main arguments which may be simplified as an AHSC will save lives and will support the policy initiatives which view healthcare in London and in the UK as requiring improvement.
The compelling vision employs the three sources of public legitimacy that Thornton et al. believe generate rationalised myth (2012). Complex relational networks are seen in the plans for a quasi-integration with the Faculty of Medicine, and the collective organisation of the environment in the proposed governance structures is based around a tripartite board, joint leadership roles across the merged entity and the University, and finally in ‘institutionalising goals in the rules of state and professional authorities’, by declaring an intent to submit the first ‘Academic Foundation Trust’ application sponsored by the University.

The consultation document uses historical contingency to bring credibility to the proposals, notably through the use of case studies detailing healthcare successes in discovery science. One of the key benefits cited in the consultation document is that ‘organisational boundaries that currently inhibit or prevent closer working between related services will disappear’ (AHSC, 2007:23), thus making it easier for a variety of stakeholders to interact with the merged entity. Stakeholders are identified as the local population, the wider national population, patients, medical students, staff and community services.

7.1.1 Timeline of the Merger

Chapter 1 described how one of the key drivers for the merger of the trust was the failure of the Paddington Health Campus (PCH). In July 2006 the boards of the three partners resolved to create the UK’s first AHSC through the merger of the two trusts and closer working with the Faculty of Medicine at Imperial College. An AHSC programme team was put in place and in December 2006 the two trusts were awarded Biomedical Research Centre (BRC) status from the Department of Health in partnership with Imperial College (Imperial College Healthcare NHS Trust, 2015).

- **May 2007** – The three organisations announce a public consultation on the creation of the AHSC, to run from 1 May to 31 July.

- **August 2007** – The results of the consultation show public support for the creation of the AHSC.

- **August 2007** – The UK Secretary Of State approves the merger between Hammersmith Hospitals NHS Trust and St Mary’s NHS Trust and integration with Imperial College London
  - A single Chief Executive for the trust and Principal for the Faculty of Medicine announced
1 October 2007 – The trust merger commences with press releases celebrating the UK’s first AHSC (Imperial College Healthcare NHS Trust, 2015).

In November 2010 the joint CEO/Principal post was dissolved and the incumbent became the Pro Rector of Health at the College, a position without a portfolio. By 5th April 2011 the CEO and Pro Rector had resigned and the organisation began a search for a new CEO. An interim CEO was appointed in May 2011, a former management consultant without a clinical or academic background, and became substantive in February 2012. He had previously acted as the interim CEO at both the legacy trusts simultaneously when the substantive CEOs resigned shortly after the agreement to merge was announced (Imperial College Healthcare NHS Trust, 2015).

The trust was initially organised round six, and later seven, clinical programme groups (CPGs), each with a clinical academic as the divisional director, who held a senior academic role in the Faculty of Medicine. With the appointment of a new Chief Operating Officer in 2013 and at the request of the CEO, the trust carried out an internal restructuring moving to four clinical divisions. There was no longer a requirement for clinical directors to hold senior University positions.

Linked to the restructuring was the dissolution of a prestigious academic Primary Care and Population Health CPG. The academic function reverted to the Faculty of Medicine and patient services were subsumed into the Division of Medicine. In addition, following the restructuring the Director of Research/AHSC Director and the Director of Education no longer had direct accountability to the CEO, and as the Medical Director now managed them were not invited to attend trust executive team committees or regular executive meetings.

The Academic Foundation Trust (FT) application promoted in the consultation document did not materialise, although the trust has remained an aspirant FT throughout its establishment. The applications process to date has been based on a traditional NHS FT model, with delays to authorisation primarily related to finances.

From the leadership team that successfully delivered the merger, there are now only two members of the original team still in post; the trust AHSC Director of Research, who also holds an appointment as the Director of Research at the Faculty of Medicine, and the Director of Infection Prevention and Control, a senior clinical academic and national clinical advisor on hospital acquired infection. Both embody
the image of hybrid clinical academic managers by maintaining clinical commitments with academic leadership roles.

From the authorisation of the merger to the present day the turnover of staff (including replacements) at the top tier of the organisation includes two Chairmen, two Deputy Chairs, nine Non-Executive Directors, five Chief Executives (including two as a joint appointment), a Managing Director, three Chief Financial Officers, four Medical Directors, two Directors of Nursing, four Directors of Communications, three Directors of Estates, three Directors of Information and Communication Technology, two Directors of Governance, three Directors of Human Resources, two Directors of Strategy, and a Director of Performance (sourced from the Annual Accounts 2007-08 to 2013-14). A considerable number of leadership changes occurred during 2011 to 2013, when the trust predicted a £35 million deficit (2011-12), and due to issues related to the management of waiting lists, had to suspend reporting of national referral to treatment times (BBC, 2012).

Table 7.1: Characteristics of the merged organisation 2013-14 compared to the legacy trusts

<table>
<thead>
<tr>
<th></th>
<th>HHNT</th>
<th>SMH</th>
<th>Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Staff</td>
<td>6,059</td>
<td>3,683</td>
<td>9,990</td>
</tr>
<tr>
<td>Number of Main Sites</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Total Income</td>
<td>£500,269</td>
<td>£291,303</td>
<td>£979,312</td>
</tr>
<tr>
<td>Total Expenditure</td>
<td>£484,259</td>
<td>£277,398</td>
<td>£1,062,284</td>
</tr>
<tr>
<td>Retained Surplus</td>
<td>£5.1million (9.8% income)</td>
<td>£8.5million (34.2% income)</td>
<td>£15.1million</td>
</tr>
<tr>
<td>Accumulated Deficit</td>
<td>£13.4million*</td>
<td>£0</td>
<td>Not known</td>
</tr>
<tr>
<td>Performance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regulatory Rating</td>
<td>Good</td>
<td>Good</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>Commission</td>
<td>Healthcare Care Quality Commission 2013-14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A&amp;E 4 Hour Wait</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MRSA Reductions</td>
<td>Dr Foster Top Ten Hospital*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Dr Foster rating not comparable in 2013-14

7.2 Results of the Organisational Survey

A total of 8,091 trust staff were identified as eligible to participate in the survey, from these 1,978 respondents completed the organisational culture survey and the three
identity surveys, giving a response rate of 24%. The characteristics of the sample are presented in Table 7.2, Table 7.3 and Table 7.4.

Table 7.2: Survey response rate

<table>
<thead>
<tr>
<th>Survey</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Respondents</td>
<td>1,978</td>
</tr>
<tr>
<td>% Response Rate</td>
<td>24%</td>
</tr>
</tbody>
</table>

Table 7.3: Survey responses by site as main work base

<table>
<thead>
<tr>
<th>Hospital Site as Main Work Base</th>
<th>N</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charing Cross</td>
<td>511</td>
<td>24</td>
</tr>
<tr>
<td>Hammersmith</td>
<td>407</td>
<td>21</td>
</tr>
<tr>
<td>Multiple Sites</td>
<td>19</td>
<td>21</td>
</tr>
<tr>
<td>St Mary's</td>
<td>548</td>
<td>28</td>
</tr>
<tr>
<td>Western Eye</td>
<td>19</td>
<td>1</td>
</tr>
<tr>
<td>Satellite Units</td>
<td>35</td>
<td>2</td>
</tr>
<tr>
<td>Queen</td>
<td>38</td>
<td>2</td>
</tr>
<tr>
<td>Charlottes and Chelsea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No site specified</td>
<td>401</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>1978</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 7.4: Survey response rates by staff group

<table>
<thead>
<tr>
<th>Groups</th>
<th>No. Employed in Staff Group*</th>
<th>% Staff Group from Total Staff</th>
<th>Respondents (N)</th>
<th>Response Rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bands 1-6 All</td>
<td>5,201</td>
<td>64</td>
<td>1,300</td>
<td>25</td>
</tr>
<tr>
<td>Bands 1-6 A&amp;C</td>
<td>1,324</td>
<td>16</td>
<td>411</td>
<td>31</td>
</tr>
<tr>
<td>Bands 1-6 Clinical</td>
<td>3,877</td>
<td>47</td>
<td>889</td>
<td>23</td>
</tr>
<tr>
<td>Bands 7+above All</td>
<td>2,890</td>
<td>36</td>
<td>678</td>
<td>23</td>
</tr>
<tr>
<td>Bands 7+above Clinical</td>
<td>1,272</td>
<td>18</td>
<td>569</td>
<td>45</td>
</tr>
<tr>
<td>Bands 7+ above Managerial</td>
<td>281</td>
<td>3</td>
<td>109</td>
<td>39</td>
</tr>
<tr>
<td>Doctors all</td>
<td>1,334</td>
<td>16</td>
<td>149</td>
<td>11</td>
</tr>
</tbody>
</table>

*Eligible to participate in the survey, i.e. member of a division comprising 100+ staff.

From the overall respondents, those employed at bands 7+above in managerial posts, comprised the highest response rate (n=39%) with doctors (all grades) demonstrating the lowest response rate (11%). The number of staff employed pre-
and post-merger are equally split within the workforce (50.5% vs. 49.5%) and details are provided in Table 7.5. The average length of tenure was 8.2 years and ranged from a minimum of 6 months to 41.3 years.

Table 7.5: Sample profiles by pre- and post-merger appointment, staff band and occupational group

<table>
<thead>
<tr>
<th>Staff Characteristic</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre – Post Merger Appointment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-merger</td>
<td>998</td>
<td>50.5</td>
</tr>
<tr>
<td>Post-merger</td>
<td>980</td>
<td>49.5</td>
</tr>
<tr>
<td>Total</td>
<td>1978</td>
<td>100</td>
</tr>
<tr>
<td><strong>Staff Band</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 to 6</td>
<td>1300</td>
<td>65.7</td>
</tr>
<tr>
<td>7+</td>
<td>678</td>
<td>34.3</td>
</tr>
<tr>
<td>Total</td>
<td>1978</td>
<td>100</td>
</tr>
<tr>
<td><strong>Occupational Group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A&amp;C, Managerial</td>
<td>519</td>
<td>26.2</td>
</tr>
<tr>
<td>Health Professionals</td>
<td>1459</td>
<td>73.8</td>
</tr>
<tr>
<td>Total</td>
<td>1978</td>
<td>100</td>
</tr>
<tr>
<td><strong>Employment Contract Type</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanent</td>
<td>1776</td>
<td>89.8</td>
</tr>
<tr>
<td>Fixed term</td>
<td>188</td>
<td>9.5</td>
</tr>
<tr>
<td>Locum</td>
<td>2</td>
<td>0.1</td>
</tr>
<tr>
<td>Honorary</td>
<td>9</td>
<td>0.5</td>
</tr>
<tr>
<td>Undefined</td>
<td>3</td>
<td>0.2</td>
</tr>
<tr>
<td>Total</td>
<td>1978</td>
<td>100</td>
</tr>
<tr>
<td><strong>Tenure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean (SD) in years</td>
<td>8.2</td>
<td>Minimum</td>
</tr>
<tr>
<td></td>
<td>0.6</td>
<td>(Range)</td>
</tr>
</tbody>
</table>

7.2.1 Reliability Statistics

Cronbach's Alpha

Organisational Culture Survey Reliability:

- Involvement 0.913
- Consistency 0.894
- Adaptability 0.890
- Mission 0.933
- Combined survey 0.972

Organisational Identity Survey Reliability:

- Professional identity 0.868 (items= 7)
- Identification with Peer .905, items (items=6)
- Identity conflict .891 (items =3)
7.2.2 Normality of Data

The survey data was screened for missing data and violation of assumptions prior to analysis. There were no missing data. Normality of data was assessed graphically and numerically. The findings were ambiguous. Results for all assumptions are available on request.

Due to the sample size (1,978), it was considered acceptable to use parametric tests. The results for these tests follow.

As an additional measure of checking, post hoc testing using non-parametric tests (Mann Whitney) were also conducted to test for differences between survey scores for the sample. These tests showed the same areas of significance and non-significance as the parametric tests with one exception, one of the culture traits (Adaptability) was non-significant using parametric test, no other results differed.

7.2.3 Descriptive Statistics

Descriptive statistics or the results of the survey tool are presented to enable identification of patterns within the data.
Table 7.6: Descriptive statistics of survey items
Mean responses to scale variables (standard deviation), split by pre- & post-merger appointment, staff band and occupational group

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>Mean Pre-Merger Appointment (SD)</th>
<th>Mean Post-Merger Appointment (SD)</th>
<th>Mean Staff Band 1-6 (SD)</th>
<th>Mean Staff Band 7 &amp; above (SD)</th>
<th>Mean Occupational Group (Non-Clinical) (SD)</th>
<th>Mean Occupational Group (Clinical) (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organisational Culture Survey</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Culture Combined</td>
<td>3.18 (0.608)</td>
<td>3.26 (0.577)</td>
<td>3.31 (0.578)</td>
<td>3.04 (0.586)</td>
<td>3.11 (0.600)</td>
<td>3.25 (0.589)</td>
</tr>
<tr>
<td><strong>Culture Traits</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involvement</td>
<td>3.25 (0.708)</td>
<td>3.33 (0.666)</td>
<td>3.37 (0.692)</td>
<td>3.13 (0.655)</td>
<td>3.17 (0.706)</td>
<td>3.33 (0.678)</td>
</tr>
<tr>
<td>Consistency</td>
<td>3.14 (0.611)</td>
<td>3.23 (0.590)</td>
<td>3.29 (0.582)</td>
<td>3.00 (0.597)</td>
<td>3.13 (0.632)</td>
<td>3.21 (0.591)</td>
</tr>
<tr>
<td>Adaptability</td>
<td>3.17 (0.621)</td>
<td>3.23 (0.582)</td>
<td>3.31 (0.577)</td>
<td>3.00 (0.600)</td>
<td>3.11 (0.607)</td>
<td>3.23 (0.599)</td>
</tr>
<tr>
<td>Mission</td>
<td>3.12 (0.676)</td>
<td>3.17 (0.661)</td>
<td>3.25 (0.639)</td>
<td>2.95 (0.673)</td>
<td>3.10 (0.668)</td>
<td>3.25 (0.783)</td>
</tr>
</tbody>
</table>

| **Identity Surveys** | | | | | | |
| Professional Identity | 3.42 (0.846) | 3.57 (0.828) | 3.44 (0.825) | 3.54 (0.861) | 3.29 (0.801) | 3.55 (0.843) |
| Identification with Peers | 3.73 (0.806) | 3.74 (0.800) | 3.70 (0.819) | 3.80 (0.769) | 3.73 (0.866) | 3.73 (0.779) |
| Identity Conflict * | 3.05 (0.958) | 3.19 (0.958) | 3.19 (0.927) | 2.99 (1.00) | 3.15 (0.983) | 3.10 (0.952) |

*Lower scores indicated less identity conflict

7.2.4 Results of the Difference between the Mean Scores of the Survey Tools

i) Difference in Survey Mean Scores: Pre- and Post-Merger Appointment

Independent t-tests looking for differences between the mean scores of survey responses for pre and post-merger appointments

**Aggregated Organisational Culture Score: Pre- and Post-Merger**

There is a significant difference, $t$ (1976) = -2.861 $p = 0.004$, with the post-merger group reporting higher scores $M = 3.26$ (SD=0.57791) compared to the pre-merger group $M = 3.18$ (SD=0.60866), $d =-0.128$ [95% CI (-0.12874, -0.02403)].

**Professional identity:** There is a statistically significant difference, $t$ (1653) = -2.972 $p = 0.003$, with the post-merger group reporting higher scores $M = 3.57$ (SD =
0.82898) compared to the pre-merger group $M = 3.42$ (SD = 0.84653), $d=0.15$ [95% CI (-0.203, -0.041)].

No statistically significant differences are found between the mean scores for the two scores for **identification with peers**, $t$ (1653) = -0.188 $p = 0.851$.

**Identity Conflict**: There is a statistically significant difference, $t$ (1653) = -3.007 $p = 0.003$, with the post-merger group reporting higher scores $M = 3.19$ (SD = 0.95830) compared to the pre-merger group $M = 3.05$ (SD = 0.95818), $d=0.15$ [95% CI (-0.234, -0.049)].

**ii) Difference in Survey Mean Scores: Staff Band**

Independent t-tests looking for differences between the mean scores of survey responses for staff employed at bands 1-6 and staff employed at bands 7 and above.

**Aggregated Organisational Culture Score: Staff Band**

There is a significant difference, $t$ (1976) = 9.752 $p < 0.0001$ with the bands 1-6 group reporting higher scores $M = 3.31$ (SD=0.57825) compared to the bands 7+ group, $M = 3.04$ (SD = 0.58634), $d = 0.460$ [95% CI (0.21445, -0.32241)]

For the identity surveys there are statistically significant differences between the mean scores of the two groups for staff bands 1-6 and staff bands 7 and above.

**Professional identification**: There is a statistically significant difference, $t$ (1653) = -2.376 $p = 0.0184$, with the bands 7 and above group reporting higher scores $M = 3.54$ (SD = 0.86164) compared to the bands 1-6 group $M = 3.44$ (SD = 0.82590), $d=0.12$ [95% CI (-0.186, -0.017)].

**Identification with Peers**: There is a significant difference, $t$ (1653) = -2.469 $p = 0.014$, with the bands 7 and above group reporting higher scores $M = 3.80$ (SD = 0.76945) compared to the bands 1-6 group $M = 3.70$ (SD = 0.81977), $d=0.13$ [95% CI (-0.181, -0.020)].

**Identity conflict**: There is a statistically significant difference, $t$ (1653) = 3.940 $p <0.0001$ $p = 0.000$, with the bands 1-6 group reporting higher scores $M = 3.19$ (SD = 0.92707) compared to the bands 7 and above group $M = 2.99$ (SD =1.00547), $d=0.20$ [95% CI (0.098, 0.295)].
**iii) Difference in Survey Mean Scores: Occupational Group**

Independent t-tests looking for differences between the mean scores of survey responses for occupational groups, clinical and non-clinical.

**Aggregated Organisational Culture Score: Occupational group**

There is a significant difference, $t(1976) = -4.074, p < 0.0001$, with the clinical group reporting higher scores $M = 3.25$ (SD=0.58961) compared to the non-clinical group $M = 3.11$ (SD=0.60006), $d =-0.207$ [95% CI (-0.18273, -0.06397)].

For identity there are statistically significant differences between the mean scores of the clinical staff and non-clinical staff for one of the identity surveys.

**Professional identity:** there is a statistically significant difference results $t(1653) = -5.471, p < 0.0001$, with the clinical group reporting higher scores $M = 3.55$ (SD = 0.84378) compared to the non-clinical group $M = 3.29$ (SD = 0.80176), $d=0.31$ [95% CI (-0.345, -0.163)].

There is no statistically significant difference between the **identification with peers** results $t(1653) = -0.43, p = 0.666$, with the clinical staff group reporting the same scores as the non-clinical staff group ($M = 3.73$).

There is no statistically significant difference between the **identity conflict** results $t(1653) = 0.870, p = 0.385$, with the non-clinical staff group reporting higher numerical scores $M = 3.15$ (SD = 0.98343) compared to the clinical staff group ($M = 3.10$) (SD = 0.95236).

**7.3 Results of the Hypotheses Testing**

**Univariate Regression Results**

**H1. Perceptions of Organisational Culture are related to perceptions of Organisational Identity**

i) A simple linear regression was calculated to predict the effects of organisational culture on the professional identity survey scores. A statistically significant regression equation is found ($F(1, 1655) = 318.145, P<0.000$ with an R square of 0.161 [95% CI (0.718, 0.854)].

ii) A simple linear regression was calculated to predict the effects of organisational culture on the peer identification survey scores. A statistically significant regression
equation is found \((F_1, 1655) = 460.684, P<0.000\) with an R square of 0.218 [95% CI (0.572, 0.687)].

iii) A simple linear regression was calculated to predict the effects of organisational culture on the identity conflict survey scores. A statistically significant regression equation is found \((F_1, 1655) = 515.657 P<0.000\) with an R square of 0.238 [95% CI (0.718, 0.854)]. Tests to see if the data met the assumption of collinearity indicated that multicollinearity was not a concern.

**H2 Results of Regression Analysis Pre and Post Merger Appointment, Staff Band and Occupational Group are Predictors of Organisational Culture Scores**

A first version of the model included main place of work (site) coded as a dummy variable in all multiple regression analyses however, this resulted in unacceptably high multi-collinearity and the variable of site was removed from subsequent versions of the model.

**Table 7.7: Model summary: organisational culture scores**

<table>
<thead>
<tr>
<th>Model Summary</th>
<th>R</th>
<th>R Square</th>
<th>R Square Change</th>
<th>F Change</th>
<th>Significance of F Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-, Post-Merger, Band, Occupational group</td>
<td>0.155</td>
<td>0.024</td>
<td>0.024</td>
<td>13.618</td>
<td>0.000</td>
</tr>
</tbody>
</table>

**Table 7.8: Regression coefficients: organisational culture scores**

<table>
<thead>
<tr>
<th>Model</th>
<th>B</th>
<th>Beta</th>
<th>p</th>
<th>95% CI for B</th>
<th>95% CI for B Lower bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>3.005</td>
<td>0.027</td>
<td>0.000</td>
<td>2.899</td>
<td>3.110</td>
</tr>
<tr>
<td>Pre-merger</td>
<td>-0.019</td>
<td>-0.232</td>
<td>0.219</td>
<td>-0.019</td>
<td>0.084</td>
</tr>
<tr>
<td>Post-merger Band</td>
<td>-0.291</td>
<td>0.128</td>
<td>0.000***</td>
<td>-0.346</td>
<td>-0.236</td>
</tr>
<tr>
<td>Occupational Group</td>
<td>0.173</td>
<td>0.000***</td>
<td>0.115</td>
<td>0.232</td>
<td></td>
</tr>
</tbody>
</table>

*p<0.05, **p<0.01, ***p<0.001*

A multivariable linear regression was calculated to predict organisational culture scores based on pre- and post-merger appointment, occupational group and staff
A statistically significant regression equation was found (F3, 1978) = 44.415, *p* = 0.000 with an R square of 0.24.

Organisational culture scores were on average 0.291 points lower for those participants who were band 7+ above compared with scores for bands 1-6 group. This difference in score was adjusted for occupation (clinical/non-clinical) and also pre- and post-merger appointment status. This result was deemed statically important (95% CI: 0.346 to -0.236, *p*<0.001).

Organisational culture scores were on average 0.173 points higher for those participants in a clinical occupational group compared to those in a non-clinical group. This difference in score was adjusted for staff band (bands 1-6 and 7+above) and also pre- and post-merger appointment status. This result was also deemed statically important (95% CI: -0.115 to 0.232, *p*<0.001).

### H3 Results of Regression Analysis Pre and Post Merger Appointment, Staff Band and Occupational Group as Predictors of Professional Identity Scores

<table>
<thead>
<tr>
<th>Model Summary</th>
<th>R</th>
<th>R Square</th>
<th>R Square Change</th>
<th>F Change</th>
<th>Significance of F Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-, Post-Merger, Band, Occupational group</td>
<td>0.155</td>
<td>0.024</td>
<td>0.024</td>
<td>13.618</td>
<td>0.000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Model</th>
<th>B</th>
<th>Beta</th>
<th>Sig.</th>
<th>95% CI for B Lower bound</th>
<th>95% CI for B Lower bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-merger</td>
<td>2.994</td>
<td>0.072</td>
<td>0.000</td>
<td>2.828</td>
<td>0.202</td>
</tr>
<tr>
<td>Post-merger</td>
<td>0.121</td>
<td>0.046</td>
<td>0.003*</td>
<td>0.040</td>
<td>0.166</td>
</tr>
<tr>
<td>Band</td>
<td>0.080</td>
<td>0.122</td>
<td>0.065</td>
<td>-0.005</td>
<td>0.324</td>
</tr>
<tr>
<td>Occupational Group</td>
<td>0.232</td>
<td>0.122</td>
<td>0.000***</td>
<td>0.139</td>
<td></td>
</tr>
</tbody>
</table>

*p*<0.05, **p**<0.01, ***(p)*<0.001

A multivariable linear regression was calculated to predict professional identity scores based on pre- and post-merger appointment, occupational group and staff band. A statistically significant regression equation was found (F3, 1651) = 13.618, *p*>0.001 with an R squared value of 0.024.
Professional identity scores were on average 0.232 points higher for those staff in a clinical occupational group compared to those in a non-clinical occupational group. This difference in score was adjusted for band (bands 1-6, bands 7 and above) and also pre- and post-merger appointment status. This result was deemed statically important (95% CI: -0.35 to -0.24, p<0.001).

Professional identity scores were also higher for staff employed as post–merger appointments. The scores for staff employed as post–merger appointments were on average 0.121 higher than those staff appointed pre-merger. This difference in score was adjusted for occupational groups (clinical and non-clinical) and staff band (bands 1-6 and 7 and above). This result was deemed statistically important (95% CI: -0.040 to -0.202, p<0.05).

**H4. Results of Regression Analysis Pre and Post Merger Appointment, Staff Band and Occupational Group as Predictors of Peer Identity Scores**

Table 7.11: Model summary: overview of statistics peer identity scores

<table>
<thead>
<tr>
<th>Model Summary</th>
<th>R</th>
<th>R Square</th>
<th>R Square Change</th>
<th>F Change</th>
<th>Significance of F Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-, Post-Merger, Band, Occupational Group</td>
<td>0.063</td>
<td>0.004</td>
<td>0.004</td>
<td>2.172</td>
<td>0.089</td>
</tr>
</tbody>
</table>

Table 7.12: Regression coefficients: peer identity scores

<table>
<thead>
<tr>
<th>Model</th>
<th>B</th>
<th>Beta</th>
<th>Sig.</th>
<th>95% CI for B Lower bound</th>
<th>95% CI for B Lower bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>3.723</td>
<td>0.013</td>
<td>0.000</td>
<td>3.563</td>
<td>3.883</td>
</tr>
<tr>
<td>Pre-merger</td>
<td>0.021</td>
<td>0.064</td>
<td>0.603</td>
<td>0.057</td>
<td>0.099</td>
</tr>
<tr>
<td>Post-merger Band</td>
<td>0.107</td>
<td>-0.011</td>
<td>0.011</td>
<td>0.25</td>
<td>0.189</td>
</tr>
<tr>
<td>Occupational Group</td>
<td>-0.020</td>
<td>0.667</td>
<td>-0.109</td>
<td>0.70</td>
<td></td>
</tr>
</tbody>
</table>

*p<0.05, **p<0.01, ***p<0.001

A multivariate linear regression was calculated to predict peer identity scores based on pre- and post-merger appointment, occupational band and staff band.

No statistically significant regression equation was found (F4, 1609) = 2.172 p = 0.089 with an R squared value of 0.004.
H5 Results of Regression Analysis: Pre and Post Merger Appointment, Staff Band and Occupational Group as Predictors of Identity Conflict Scores

Table 7.13: Model summary: overview of statistics identity conflict

<table>
<thead>
<tr>
<th>Model Summary</th>
<th>R</th>
<th>R Square</th>
<th>R Square Change</th>
<th>F Change</th>
<th>Significance of F Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-, Post-merger, Band, Occupational Group</td>
<td>0.117</td>
<td>0.014</td>
<td>0.014</td>
<td>7.639</td>
<td>0.000</td>
</tr>
</tbody>
</table>

Table 7.14: Regression coefficients: identity conflict

<table>
<thead>
<tr>
<th>Model</th>
<th>B</th>
<th>Beta</th>
<th>Sig.</th>
<th>95% CI for B Lower Bound</th>
<th>95% CI for B Lower Bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>3.161</td>
<td>-0.009</td>
<td>0.000</td>
<td>2.970</td>
<td>3.351</td>
</tr>
<tr>
<td>Pre-merger</td>
<td>0.122</td>
<td>-0.089</td>
<td>0.711</td>
<td>0.029</td>
<td>0.215</td>
</tr>
<tr>
<td>Post-merger</td>
<td>-0.179</td>
<td>0.063</td>
<td>0.000***</td>
<td>-0.277</td>
<td>-0.080</td>
</tr>
<tr>
<td>Band</td>
<td>-0.020</td>
<td>0.010</td>
<td>0.000***</td>
<td>-0.126</td>
<td>0.086</td>
</tr>
<tr>
<td>Occupational Group</td>
<td>-0.020</td>
<td>0.010</td>
<td>0.000***</td>
<td>-0.126</td>
<td>0.086</td>
</tr>
</tbody>
</table>

*p<0.05, **p<0.01, ***p<0.001

A multivariable linear regression was calculated to predict identity conflict scores. A statistically significant regression equation was found, \((F3, 1651) = 7.639, p=0.00\) with an R square of 0.014.

Identity conflict scores decreased on average -0.179 units for staff at bands 7 and above, compared to staff at bands 1-6. This difference in score was adjusted for occupational group (clinical and non-clinical) and for pre- and post-merger appointment status. This result was deemed statically important (95% CI: -0.126, -0.088, p<0.001).

Table 7.15: Significance and direction of association for each independent variable

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Organisational Culture</th>
<th>Professional Identity</th>
<th>Identity Conflict</th>
<th>Identification with Peers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-, Post-Merger Appointment</td>
<td>X</td>
<td>Y (+)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Staff Band</td>
<td>Y (-)</td>
<td>X</td>
<td>Y (-)</td>
<td>X</td>
</tr>
<tr>
<td>Occupational Group</td>
<td>Y (+)</td>
<td>Y (+)</td>
<td>Y (-)</td>
<td>X</td>
</tr>
</tbody>
</table>
H6. Organisational culture and organisational identity influence healthcare performance

From the review of board papers of Shelford Group trusts 23 performance indicators were included in a series of semi-structured interviews to rate the quality of the indicators as a means of measuring hospital performance. Participants were asked a series of questions related to what makes an effective performance measurement system and to rate the comparative value of each of the indicators using a 1 to 5 scale, when 5 is the highest rating.

From a purposeful sample of 28 identified subjects, 20 participated, giving an overall response rate of 71%. From this total 80% (n=16) were carried out as face-to-face interviews and 20% (n=4) as telephone interviews. The respondents were employed by 15 organisations. The average length of experience was 22 years, and this ranged from 3.5 to 37.5 years. In total, 35% (n=7) of respondents defined themselves as having a clinical or health professional background, while 65% (n=13) described themselves as non-clinical/healthcare. In total, 45% (n=9) of the sample were in positions which allowed them to contribute to the development of healthcare policy and 55% (n=11) were responsible for implementing health policies. The interviews were recorded and transcribed verbatim; they ranged in length from 17 to 62 minutes, with 33 minutes as the mean average interview duration.

The performance indicator most frequently rated as the highest value was HCAI, which was selected by 50% of the study population (n=10). Conversely, the individual indicator selected by the least number of respondents as having the highest value were commissioning for quality & innovation, friends and family test, and cost improvement programmes, Table 7.16 presents the median scores per indicator.

The assumption of normality (assessed graphically and numerically) was rejected and therefore non-parametric tests were employed (Field, 2013).
Table 7.16: Median and range performance indicators

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>Median</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Standardised Mortality Rates (HSMR)</td>
<td>4.00</td>
<td>3.00</td>
</tr>
<tr>
<td>Standardised Hospital Mortality Index (SHMI)</td>
<td>4.00</td>
<td>3.00</td>
</tr>
<tr>
<td>Length of Stay (LOS)</td>
<td>3.00</td>
<td>3.00</td>
</tr>
<tr>
<td>Re-admission Rates</td>
<td>4.00</td>
<td>2.00</td>
</tr>
<tr>
<td>National Access Targets (Nat Acc)</td>
<td>4.00</td>
<td>5.00</td>
</tr>
<tr>
<td>Commissioning for Quality &amp; Innovation</td>
<td>3.25</td>
<td>4.00</td>
</tr>
<tr>
<td>Regulatory Rating (Reg rating)</td>
<td>3.50</td>
<td>3.00</td>
</tr>
<tr>
<td>Healthcare Acquired Infections (HCAI)</td>
<td>4.00</td>
<td>3.00</td>
</tr>
<tr>
<td>Incident reporting rate (inc rept)</td>
<td>3.00</td>
<td>3.00</td>
</tr>
<tr>
<td>Severe incident rate (Sev Inc)</td>
<td>4.00</td>
<td>3.00</td>
</tr>
<tr>
<td>Safety Thermometer (Safety)</td>
<td>3.25</td>
<td>3.00</td>
</tr>
<tr>
<td>NICE Guidance (NICE)</td>
<td>4.00</td>
<td>4.00</td>
</tr>
<tr>
<td>Patient Reported Outcomes (PROMS)</td>
<td>4.00</td>
<td>3.00</td>
</tr>
<tr>
<td>Complaints</td>
<td>4.00</td>
<td>3.00</td>
</tr>
<tr>
<td>National Patient Surveys</td>
<td>4.00</td>
<td>3.00</td>
</tr>
<tr>
<td>Local Patient Surveys (Local Staff)</td>
<td>3.00</td>
<td>3.00</td>
</tr>
<tr>
<td>Friends and Family Test (FFT)</td>
<td>3.00</td>
<td>3.00</td>
</tr>
<tr>
<td>National Staff Survey (Nat Staff)</td>
<td>4.00</td>
<td>3.00</td>
</tr>
<tr>
<td>Local Staff Survey (Local staff)</td>
<td>4.00</td>
<td>3.00</td>
</tr>
<tr>
<td>National Junior Doctor Survey (Jr Dr Survey)</td>
<td>3.00</td>
<td>3.00</td>
</tr>
<tr>
<td>Budget (managing to)</td>
<td>3.00</td>
<td>3.00</td>
</tr>
<tr>
<td>Cost improvement Programme (CIP)</td>
<td>3.00</td>
<td>2.50</td>
</tr>
<tr>
<td>Long Term Financial Plan (LTFP)</td>
<td>4.00</td>
<td>2.00</td>
</tr>
</tbody>
</table>

Figure 7.1: Frequency of each performance indicator rated as strongly agree
Indicators were selected for inclusion in the study on the basis of the frequency with which they rated the highest value indicator, their average score, and the availability of data for use in the study. The selected indicators are:

- HCAI MRSA
- HCAI *Clostridium difficile* (x2 measures based on the tests used to determine infection)
- Staff engagement composite score
- Performance to budget

Results for 2013-14 performance against the selected indicators and results for organisational culture and the organisational identity surveys were ranked by Division (Table 7.17). An independent t-test was used to compare the mean scores of the survey scores for the highest and lowest scoring pairs for each indicator.

The results are presented in Table 7.17; however, extreme caution should be exercised when reviewing the results. For a number of the high and low pairs the survey results are higher for the lower performing division. A review of the data limitations is found in Chapter 8.

Two of the indicators were in use across all 10 divisions, both corporate and clinical – staff engagement score and performance to budget, with the indicators for HCAI and re-admissions only applicable to the four clinical divisions. At the time the study was conducted, the Private Patients division was considered a corporate function in the trust’s management approach.
Table 7.17: Ranking of performance results and survey means by division

Note: rankings are shown in ( )

<table>
<thead>
<tr>
<th>Unit Measure</th>
<th>Trust</th>
<th>Surgery</th>
<th>Medicine</th>
<th>W&amp;C</th>
<th>Invest. Science</th>
<th>HR</th>
<th>Finance</th>
<th>Estates</th>
<th>ICT</th>
<th>PP</th>
<th>Ops</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Organisation-al Culture Trait Score</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involvement</td>
<td>3.29</td>
<td>3.28 (5)</td>
<td>3.35 (1)</td>
<td>3.35</td>
<td>3.25 (6)</td>
<td>3.06 (10)</td>
<td>3.33 (4)</td>
<td>3.19 (8)</td>
<td>3.21 (7)</td>
<td>3.15 (9)</td>
<td>3.35 (1)</td>
</tr>
<tr>
<td>Consistency</td>
<td>3.19</td>
<td>3.17 (4)</td>
<td>3.24 (3)</td>
<td>3.25</td>
<td>3.16 (1)</td>
<td>3.12 (6)</td>
<td>3.11 (9)</td>
<td>3.09 (10)</td>
<td>3.17 (4)</td>
<td>3.12 (6)</td>
<td>3.25 (1)</td>
</tr>
<tr>
<td>Adaptability</td>
<td>3.2</td>
<td>3.22 (7)</td>
<td>3.25 (4)</td>
<td>3.33</td>
<td>3.14 (8)</td>
<td>3.08 (5)</td>
<td>3.04 (3)</td>
<td>3.13 (7)</td>
<td>3.1 (10)</td>
<td>3.15 (5)</td>
<td>3.22 (3)</td>
</tr>
<tr>
<td>Mission</td>
<td>3.15</td>
<td>3.12 (7)</td>
<td>3.2 (4)</td>
<td>3.24</td>
<td>3.09 (8)</td>
<td>3.16 (5)</td>
<td>3.23 (3)</td>
<td>3.14 (6)</td>
<td>3.09 (8)</td>
<td>3.09 (8)</td>
<td>3.27 (1)</td>
</tr>
<tr>
<td><em>Identity Survey Scores</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Identity</td>
<td>3.48</td>
<td>3.52 (4)</td>
<td>3.53 (3)</td>
<td>3.63</td>
<td>3.39 (7)</td>
<td>3.5 (5)</td>
<td>3.39 (7)</td>
<td>3.42 (6)</td>
<td>3.37 (9)</td>
<td>3.3 (10)</td>
<td>3.55 (2)</td>
</tr>
<tr>
<td>Peer Identity</td>
<td>3.74</td>
<td>3.77 (7)</td>
<td>3.68 (8)</td>
<td>3.82</td>
<td>3.68 (8)</td>
<td>3.9 (3)</td>
<td>3.79 (6)</td>
<td>3.82 (4)</td>
<td>3.95 (2)</td>
<td>3.42 (10)</td>
<td>4.04 (1)</td>
</tr>
<tr>
<td>Identity Conflict</td>
<td>3.7</td>
<td>3.14 (5)</td>
<td>3.13 (4)</td>
<td>3.03</td>
<td>3.1 (3)</td>
<td>3.25 (9)</td>
<td>3.21 (10)</td>
<td>3.26 (9)</td>
<td>3.14 (5)</td>
<td>3.05 (2)</td>
<td>3.18 (7)</td>
</tr>
<tr>
<td>Ranking OC&amp;OI Scores</td>
<td>n/ap</td>
<td>p 4</td>
<td>3</td>
<td>2</td>
<td>8</td>
<td>7</td>
<td>5</td>
<td>9</td>
<td>5</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td><em>Performance</em></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Performance to budget</td>
<td>n/ap</td>
<td>100.95% (4)</td>
<td>104.06% (6)</td>
<td>104.06% (6)</td>
<td>101.08% (5)</td>
<td>92.32% (1)</td>
<td>98.02% (3)</td>
<td>113.24% (10)</td>
<td>112.25% (9)</td>
<td>104.06% (6)</td>
<td></td>
</tr>
<tr>
<td>Staff engagement</td>
<td>6.37</td>
<td>6.34 (6)</td>
<td>6.36 (5)</td>
<td>6.22</td>
<td>6.24 (8)</td>
<td>6.10 (10)</td>
<td>6.82 (2)</td>
<td>6.67 (3)</td>
<td>6.32 (7)</td>
<td>6.58 (4)</td>
<td>7.56 (1)</td>
</tr>
<tr>
<td>HCAI <em>C.difficile PCR</em>+</td>
<td>58</td>
<td>57.14% (3)</td>
<td>39.70% (2)</td>
<td>600% (4)</td>
<td>0 (1)*</td>
<td>n/ap</td>
<td>n/ap</td>
<td>n/ap</td>
<td>n/ap</td>
<td>n/ap</td>
<td></td>
</tr>
<tr>
<td>HCAI <em>C.difficile EIA</em></td>
<td>16.66% (1)</td>
<td>9.75% (2)</td>
<td>0% (4)</td>
<td>0% (4)</td>
<td>n/ap</td>
<td>n/ap</td>
<td>n/ap</td>
<td>n/ap</td>
<td>n/ap</td>
<td>n/ap</td>
<td></td>
</tr>
<tr>
<td>HCAI <em>MRSA</em></td>
<td>13</td>
<td>600% (3)</td>
<td>700% (4)</td>
<td>0% (1)</td>
<td>0% (1)</td>
<td>n/ap</td>
<td>n/ap</td>
<td>n/ap</td>
<td>n/ap</td>
<td>n/ap</td>
<td></td>
</tr>
<tr>
<td>Non Elective Readmission in Elective spell</td>
<td>n/ap</td>
<td>1% (4)</td>
<td>0.62% (3)</td>
<td>0.38% (2)</td>
<td>0% (1)</td>
<td>n/ap</td>
<td>n/ap</td>
<td>n/ap</td>
<td>n/ap</td>
<td>n/ap</td>
<td></td>
</tr>
<tr>
<td>Non Elective Readmission in Non-elective spell</td>
<td>n/ap</td>
<td>1.37% (3)</td>
<td>3.66% (4)</td>
<td>1.33% (2)</td>
<td>0% (1)</td>
<td>n/ap</td>
<td>n/ap</td>
<td>n/ap</td>
<td>n/ap</td>
<td>n/ap</td>
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</tbody>
</table>
7.3.1 Results by Performance Indicator

Performance to Budget

The highest performing division was Finance and the lowest performing division was Information, Communication & Technology (ICT).

An independent t-test looking for differences between the survey mean scores of the two divisions found no statistically significant differences in any organisational culture traits or any of the identity surveys.

Staff Engagement

The highest performing division was Operations, with an overall engagement score of 7.56, while the Human Resources Division was the lowest performing division with an overall score of 6.10.

An independent t-test looking for differences between the survey mean scores of the two divisions found no significant differences in organisational culture traits, identification with peers or any of the identity surveys.

HCAI Clostridium difficile PCR+

(This is performance against cases of Clostridium difficile measured using a rapid, sensitive test)

The highest performing division was the Investigative Sciences Division (0 cases) and the lowest performing was the Women’s and Children’s Division (600% cases above ceiling limit).

Two traits of organisational culture have statistically significant differences between the mean scores, Adaptability $t(628) = -3.743, p=0.000$ at 95% CI [-0.28640, -0.08931] with the Women’s and Children’s Division reporting higher scores ($M = 3.33, SD = 0.59142$) compared to the Investigative Sciences Division ($M = 3.32, SD = 0.77002$). Higher organisational culture survey scores were seen for the lower performer in relation to the C. difficile PCR+ score.

Mission shows significant differences between the mean scores, $t(601) = -2.570 p = 0.010$ at 95% CI [-0.26509, -0.03589], with the Women’s and Children’s Division reporting higher scores ($M = 3.24, SD = 0.64010$) compared to the Investigative Sciences Division ($M = 3.09, SD = 0.65448$).
There were no statistically significant results for involvement and consistency.

**Professional identity** has statistically significant differences between the mean scores, \( t(588) = -0.3107 \ p = 0.002 \) at 95% CI [-0.39677, -0.08941], with the Women’s and Children’s Division reporting higher scores (\( M = 3.63, \ SD = 0.81924 \)) compared to the Investigative Sciences Division (\( M = 3.09, \ SD = 0.65448 \)).

**HCAI Clostridium difficile EIA**

(This is performance against cases of *Clostridium difficile* measured using an enzyme immunoassay test).

There were two joint highest performer, the Women’s and Children’s Division (0) and the Investigative Sciences Division (0 cases), with the Division of Surgery and Cancer the lowest performer (16.6% above ceiling limit).

Testing the mean differences of scores for Women’s and Children’s Division with those of the Division of Surgery and Cancer, one organisational culture trait had a statistically significant result.

**Adaptability** has a statistically significant difference between the mean scores, \( t(615) = 2.039 \ p = 0.042 \) at 95% CI [0.04411, 0.21783], with the Women’s and Children’s Division reporting higher scores (\( M = 3.33, \ SD = 0.59142 \)) compared to the Surgery and Cancer Division (\( M = 3.22, \ SD = 0.63225 \)).

There were no statistically significant differences between the scores for involvement, Mission and Consistency from the organisational culture scores and no statistically significant difference between identification with peers or identity survey scores.

Testing the mean scores of the Investigative Sciences Division with those of the Division of Surgery and Cancer, there were no statistically significant differences found between the scores for any of the organisational culture traits.

Statistically significant differences were found between the mean scores for one of the identity surveys.

**Professional Identity** has statistically significant differences between the mean scores, \( t(822) = -2.159 \ p = 0.031 \) at 95% CI [-0.24828, -0.0179], with the Investigative Sciences Division reporting higher scores (\( M = 3.87, \ SD = 0.87477 \)) compared to the Division of Surgery and Cancer (\( M =3.51, \ SD .85348 \)).
HCAI MRSA

There were two joint highest performers to the externally set ceiling (or maximum number of cases), the Women’s and Children’s Division (0 cases) and the Investigative Sciences Division (0 cases), with the Medicine Division the lowest performer (700% above ceiling limit).

Testing the mean differences of the scores for the Women’s and Children’s Division with those of the Medicine Division, no organisational culture traits had a statistically significant result.

Statistically significant differences were found between the mean scores for the identification with peer surveys.

Identification with peers has statistically significant differences between the mean scores, \( t(586) = 1.967 \ p = 0.048 \) at 95% CI [-0.00142, - 0.28237], with the Medicine Division reporting \( (M = 3.87, \ SD = 0.87477) \) compared to the Medicine Division \( (M = 368, \ SD = 0.79673) \).

Testing the mean differences of the scores for the Investigative Sciences Division with those of the Medicine Division, there were statistically significant differences between the mean scores for all four organisational culture traits.

Adaptability has a statistically significant difference between the mean scores, \( t(899) = -2.601 \ p = .009 \) at 95% CI [-1.7939, -0.02511] with Medicine reporting higher scores \( (M=3.24, \ SD=0.61094) \) compared to Investigative Science Division \( (M=3.14, \ SD=0.56736) \). *NOTE not highest for performance score.

Mission has a statistically significant difference between the mean scores, \( t(861) = -2.250 \ p = 0.025 \) at 95% CI [-0.19028, -0.01297], with the Medicine Division reporting higher scores \( (M = 3.19 \ SD = 0.67216) \) compared to the Investigative Science Division \( (M = 3.09, \ SD = 0.65448) \). *NOTE not highest for performance score.

Involvement has a statistically significant difference between the mean scores, \( t(1004) = -2.243 \ p = 0.025 \) at 95% CI [-0.18661, -0.01297], with the Medicine Division reporting higher scores \( (M = 3.35 \ SD = 0.69955) \) compared to the Investigative Science Division \( (M = 3.25, \ SD = 0.70731) \). *NOTE not highest for performance score.
**Consistency** has a statistically significant difference between the mean scores, $t (933) = -2.023 \ p = 0.043$ at 95% CI [-0.15548, -0.15548], with the Medicine Division reporting higher scores ($M = 3.24 \ SD = 0.61692$) compared to the Investigative Science Division ($M = 3.16 \ SD = 0.57421$). *NOTE not highest for performance score.

**Professional Identity** has statistically significant differences between the mean scores, $t (838) = -2.399 \ p = 0.017$ at 95% CI [-0.25641, -0.02562], with the Medicine Division reporting higher scores ($M = 3.52, \ SD = 0.82845$) compared to the Investigative Science Division ($M = 3.38, \ SD = 0.87477$). *NOTE not highest for performance score.

**Non-Elective Readmissions - Within 30 Days of Discharge Elective Inpatient Spell**

The highest performing Division was Investigative Sciences (0%) and the lowest performing Division was Surgery and Cancer (1%).

Testing the mean differences of scores for the Investigative Sciences Division with those of the Surgery and Cancer Division there were no statistically significant differences between the mean scores for all four organisational culture traits.

Statistically significant differences were found between the mean scores for one of the identity surveys.

**Professional identity** has statistically significant differences between the mean scores, $t (822) = -2.159 \ p = 0.031$ at 95% CI [-0.24828, -0.01179], with the Surgery and Cancer Division ($M = 3.51, \ SD = 0.87477$) reporting higher scores than the Investigative Sciences Division ($M = 3.38, \ SD = 0.85348$). *NOTE not highest for performance score.

**Number of Non-Elective Readmissions - Within 30 Days Of Discharge Non-Elective Inpatient Spell**

The highest performer is the Investigative Sciences Division (0%) and the lowest performer is the Medicine Division (3.66%).

Testing the mean differences of the scores for the Investigative Sciences Division with those of the Medicine Division there were statistically significant differences between the mean scores for all four organisational culture traits.
Adaptability has a statistically significant difference between the mean scores, $t(899) = -2.601 \ p = 0.009$ at 95% CI [-0.17939, -0.02511] with the Medicine Division reporting higher scores ($M = 3.24$, $SD = 0.61094$) compared to the Investigative Science Division ($M = 3.14$, $SD = 0.56736$). *NOTE not highest for performance score.

Mission has a statistically significant difference between the mean scores, $t(861) = -2.250 \ p = 0.025$ at 95% CI [-0.19028, -0.01297], with the Medicine Division reporting higher scores ($M = 3.19\ SD = 0.67216$) compared to the Investigative Science Division ($M = 3.09$, $SD = 0.65448$). *NOTE not highest for performance score.

Involvement has a statistically significant difference between the mean scores, $t(1004) = -2.243 \ p = 0.025$ at 95% CI [-0.18661, -0.01297], with the Medicine Division reporting higher scores ($M = 3.35\ SD = 0.70731$) compared to the Investigative Division ($M = 3.25$, $SD = 0.70731$). *NOTE not highest for performance score.

Consistency has a statistically significant difference between the mean scores, $t(933) = -2.023 \ p = 0.043$ at 95% CI [-0.15548, -0.15548] with the Medicine Division reporting higher scores ($M = 3.24\ SD = 0.61692$.) compared to the Investigative Science Division ($M = 3.16 SD = 0.57421$). *NOTE not highest for performance score.

Statistically significant differences were found between the mean scores for one of the identity surveys.

Professional Identity has statistically significant differences between the mean scores, $t(838) = -2.399 \ p = 0.017$ at 95% CI [-0.25641, -0.02562] with the Medicine Division ($M = 3.52$, $SD = 0.87477$) reporting higher scores than the Investigative Science Division ($M = 3.38$, $SD = 0.82845$). *NOTE not highest for performance score.

7.4 Qualitative Research

7.4.1 Semi-Structured Interviews to Explore the Development of Institutional Logics in the Empirical Setting

Semi-structured interviews were conducted as a means of triangulating the research findings across quantitative and qualitative methodologies. This provided an
opportunity to explore the development of institutional logics in a merged AHSC through discourse of the emerging themes from the testing of the hypotheses in this study.

Purposeful sampling (Battaglia, 2008) identified 30 individuals, who based on their relationship with the trust, either having direct experience of the merger, a post-merger appointee, a joint appointee with the University, or someone contracted to provide services to the trust, were deemed likely to be able to contribute to developing views across stakeholders, hierarchical and occupational groups.

From the sample a total of 19 respondents agreed to participate in the interviews, giving a response rate of 63%. Interviewees were informed of the purpose of the study, that the interviews would be recorded and transcribed verbatim. Face to face interviews were carried out with 68% (n=13) of the sample and 32% (n=6) conducted as telephone interviews. The interviews ranged in duration from 14 minutes to 53 minutes, and on average were 23 minutes in length.

From the participants in total, 47% (n=9) had been appointed to the trust pre-merger and 52% (n=10) had joined after the merger. A range of staff bands were seen across the responders; from administrative (band 5, n=2), to junior management posts (band 7, n=5), senior managers (including a Consultant and a Partner, n=9,) and Board members (n=2).

A total of 26% of respondents (n=5) had a clinical background, including doctor, nurse and pharmacist.

10 trust divisions and two corporate partners were represented in the sample.

The characteristics of the respondents are shown in Table 7.18.
A framework methodology was employed to analyse the interviews with three key themes and seven sub-themes or codes emerged from the data. These are shown in Figure 7.2 and are presented with illustrative quotations from the respondents below.
Figure 7.2: Key themes and sub themes emerging from the framework analysis
7.4.2 Thematic Analysis

i). Historical Contingency

Loss was a recurring theme as staff expressed their feelings in relation to the events leading up to and occurring after the merger. Loss was a central construct found in the perceived identity, the psychological contract, and of local communities.

The legacy dimension describes the longevity of hospitals in the memories of staff, patients and communities.

“If hospitals have long, long, you know, centuries old and many decades old identity and I think people really sort of felt that loss as well.” (12)

“It’s a legacy dimension, because Hammersmith Hospital has had - you know, it’s one of those big hospitals that’s been around forever and it’s got a – every place has got its unique culture.” (14)

Organisational identity was viewed as being rooted in each of the trust sites and supported by the clinical services historically based at each site. This form of specific identity was felt to remain after the merger.

“And actually if you were to put St Mary’s on a map they could whereas I think Imperial they’d find harder. So I think there is a bit of that and I think within children’s (services) St Mary’s is a strong sort of place and identity and brand around things.” (14)

The organisational identity of the academic partner featured in the interview themes, with respondents noting the efforts that were made by the University to protect its distinct identity.

Losses born by staff in non-managerial grades (bands 1-6) were believed to be the greatest. While the merger gave many staff in these groups additional responsibilities and tasks, often providing cover for additional posts, staff commented that they were not remunerated for this work. For some, additional pay was viewed as recognition for their increased contributions during a period of substantial change.
“No extra money, they didn’t pay me more. So I had a lot more work put on me, sort of trying to just get my head around the whole….it was very hard and I’d personally not want to go through that again.” (2)

Respondents highlighted that administrative staff had gone through numerous contract reviews and were often required to more work for less pay. The importance of still having ‘a job, any job’ after the merger restructurings was cited as an important factor in understanding how this staff group had experienced the effects of the merger.

“As long as I pull my weight I’ll be fine. I think their contracts have been really chiselled down to the bare minimum.” (4)

“Because it’s the survival of the fittest.” (14)

Organisational turbulence is used to describes a phenomena based on a period of substantial uncertainty, significant organisational restructuring, staff and leadership changes. The effects of such events were thought to manifest as resistance to change and workplace stress.

The effects of organisational restructuring were felt at many organisational levels. While respondents commented on what appeared to them to be multiple restructurings, for example, from CPGs to Divisions, and the restructuring of all the teams below the top tier, others saw this as a process of streamlining management arrangements.

“I think that was quite a positive change as well because we don’t have so many, there used to be CPGs, to have fewer just means that we can have in place better people that know what they’re doing and I think with the fewer people we have, is the more consistency we have in what we introduce locally, on the wards, with our staff, so I think it has been really, really positive. I think that’s a great change.” (7)

Restructuring also led to an informal stakeholder mapping of competitive benchmarking processes when there was uncertainty and fear of losing an existing position in the restructuring post-merger.

“You know, we’ve got orthopaedics here, they’ve got orthopaedics there, what if we shut down? We’re smaller. A&E is a prime example of that. So, you know, there’s already like a stakeholder mapping, okay, they’re bigger than us, we’re bigger than them, I’ve got no hope here.” (14)

Those believed to have most acutely experienced the turbulence arising from restructuring were staff employed by the legacy trusts. Staff in post during the merger period were viewed as carrying the memories of difficult times with them, not only
restricted to the merger but as an accumulation of change and turbulence over their history in the legacy organisations, which has shaped their experience of the post-merger period and beyond.

“I would expect any kind of change takes a long time for people to accept, get used to, become happy with, and yes, the people coming in don’t know any of the history and the bad feeling and any of the turbulence that everybody went through when the change occurred.” (19)

“The people that’s joined since the merger, you join the trust as it is now so they haven’t seen as many changes and, you know, you take the job as you join it, don’t you, and you’re less likely to be annoyed about it maybe.” (10)

The emotional consequences of the merger were referenced with fear, a frequently cited response to the events leading up to the merger and during the periods of restructuring whilst the infrastructure of the new entity was constructed. Several factors triggered fear responses, competition from other sorts of players, and fear of the unknown, notably the uncertainty of winners and losers as post-merger service configurations were established. This fearfulness was viewed as a barrier to realising organisational change.

“Frankly, it’s fear, you know. I’m afraid of change generally because I don’t know what that’ll bring me…I’m concerned our department might be swallowed up by the other.” (14)

“Because prior to the merger the separate hospitals, for example, would have pride in their own, in their own entity, and then to have to make a transition to under a much bigger corporate banner then I think people fear change, they are reluctant often to change.” (1)

It was posited that stress was experienced differently across the organisational groups. Staff in senior posts were thought to be exposed to higher levels of stress during the pre and post-merger period.

“It’s a lot of stress for these people (staff on bands 7). Their work/life balance is not very balanced at all. I think work takes over 100% and when that happens there can’t be fulfilment and happiness” (7)

This was thought to be due to managerial staff’s closeness to the organisational source of power, the senior leadership team, which experienced a fast paced turnover of executive and non-executive directors, described as ‘churn’ and was cited as one of the reasons underpinning what some respondents described as a period of disharmony and unsettledness. The expectations placed on managerial staff were
also said to have increased in the new larger organisation, with work/life balance an area of concern.

“I’d be happy to stamp letters all day. At least I know that I’m done. But it’s not being able to switch off and all the pressures that come with it, and everything is high octane.” (2)

For staff in administrative roles it was felt that their relative distance from power mitigated some of the stress from the restructuring and merger activities, and that this staff group were more able to focus on routine tasks with the impact of the change less for them.

“The impact in terms of management and top leadership change wouldn’t impact as much on bands one to six as it would on seven where they are actually more involved in that whole area, and so would see a lot more of it and would undoubtedly therefore be a bit more concerned with the issues that were on-going.” (18)

“But I wonder if it’s because I suppose some of the lower bands just come to work... oh I don’t know if this sounds mean but comes to work as a job, you know, you do your job, you go home, whereas managers and people above, they’re more involved in the politics and more involved in... well everything really, budgets, they’ve got a lot more to be involved with in the trust and I suppose a lot more politics then, and perhaps that’s why they’re not so positive.” (10)

**Recovery and Adaption**

Staff in administrative bands experienced considerable changes in their employment terms and conditions. A period of recovery was noted when the last restructuring was completed and for some it felt as if the organisation was entering a period of stability.

““So maybe the TUPE element was an exercise that was very stressful and nowadays – they went through the tunnel. They’re just very grateful and they’re just happier to be part of the new system.” (14)

“In terms of the divisional structure across the campuses and the way that those sorts of things went about, I think initially those things were always very clunky but over time they start to work.” (16)

With the emerging stability in the organisation, divisions were able to develop their own identities

“And I guess there’s an element of perhaps divisions starting to form their own identities as well at that sort of stage, so they were becoming stronger and they probably had a greater sense of belonging and understanding where they were going within their own divisions, so that probably helped them.” (4)
Barriers to adaptability were stated as including residual historic identities, practices and the emotional response to merger activities. Resentment to the merger occurring was also considered to impede adaptability and progress.

**ii). Cultural Embeddedness**

The length of time necessary to embed a new culture was emphasised, as was establishing a settled organisation where the new culture could develop.

> "Whatever changes are going to happening, they will not happen quickly enough. So the change that you intend to make may not actually materialise... because so much will happen by then, the context will have changed. I think it’s hopeful, if I could add that, frankly. It is a hopeful culture." (11)

A key factor thought to assist in embedding the new culture was leadership.

> “The trick is how you galvanise 10,000 people to be moving in one direction, in terms of different clinical groups, different bands, to pre and post 2007, 2008 recruitment and, you know, different sites, different futures for the different sites in the strategy. So, yes, that’s exactly what my job is.” (9)

Embedding a shared culture in a large organisation such as the trust was felt be problematic, due to a need to develop the culture across “many, many layers” and across the three main sites. A perceived greater cohesion across the organisation, which had developed over time, was seen as one of the biggest differences in how the organisation felt seven years after the merger. With this cohesion or gelling together, staff were now “looking out for each other.”

Others believed that the embedding of the new culture was facilitated by staff changes, with the culture becoming more unified as disgruntled staff who were unhappy with the merger process moved on, staff who were content with the process stayed in the organisation, and the new divisional structures began to take effect operationally. Perceptions of integration and co-ordination in the trust were questioned by some staff who felt that the significant degree of change post-merger would negate success in these areas.

**Cultural Entrepreneur**

A cultural entrepreneur is a member of staff in a very senior leadership position, frequently the CEO, who is described as a catalyst in transforming the organisation using narratives and story-telling.
Characteristics of the cultural entrepreneur were cited as making a difference to the feel of the organisation were regular communications and an empowering style of leadership.

“It has allowed a lot of very good people lower down in the organisation to feel like they can stand up and in a sense can lead services and innovation.” (12)

“Changes in the CEO have always felt to have a huge impact on perceptions.” (17)

“It has had an enormous impact, once you start asking ‘how can we solve this?’ instead of ‘who do we sack?’.” (10)

The different styles of previous CEOs were evaluated by participants regarding their leadership. The distance maintained by the CEO/Principal from front line staff was evidenced in stories staff recanted, for example a visit to a ward was promoted in trust communications as a “special event, rather than good leadership.”

The decision to establish a joint interim CEO post comprising the medical director and Chief Financial Officer (2013-14) following the resignation of the CEO/Principal’s successor was met largely with derision. The dual system arrangement was seen to indicate that the trust was ‘in trouble’.

The arrangements put in place by the new and current CEO (2014-) were largely recognised as improving communication on the values and vision to staff across the organisation.

Others felt that a change in leadership had resulted in no overall improvements.

Citing

“A lack of joined-upness that stems from the political machinations of the Chief Exec and Board level.” (13)

“I think the very fact that there were several leadership changes in relatively quick succession I think I would myself interpret that as having the result that leadership wouldn’t have made all that much difference because my own belief is that usually, in normal circumstances anyway, leadership takes some time to have an impact.” (18)

**Sub-Cultures**

Sub-cultures were thought to exist across different professional groups and within professions, with organisational hierarchy creating additional sub-cultures. Existence of sub-cultures was reported to be expected within an organisation.
“It would be very unexpected if everybody was to respond in the same way. Different cultures already exist, differences in cultures between different professions and even within professions within different layers and within different trusts, so it would be surprising if it wasn’t this variety.” (16)

One of the reasons for the emergence of sub-cultures was cited as the speed of the merger.

“I think when we were merged professional groups were pushed together. Rather than just being as there is now one tribe of let’s say nurses, there were two tribes, and those two tribes have to form the one tribe and they know that they have their own ways of doing things and their own particular base of working and that has all changed for them.” (3)

“In terms of thinking about getting some consistency of the culture going forward, it means we will get to a tipping point where people feel like they are part of the trust rather than part of Mary’s or Charing Cross or Hammersmith. So that’s sort of good to know. Be interesting to know when that tipping point is and what percentage of your staff you need (to be post – merger appointees) to start to see that tipping point.” (9)

Multiple sub-cultures were identified by respondents, and the size of the merged organisation, its history and its workforce were key contributing factors.

A frequently cited source of a sub-culture was the geographical sites of the trust. St Mary's Hospital site is the official address of the trust and the location of the corporate offices for the Board and the executive team, which respondents associated with the organisation being ‘Mary's-centric'. The majority of the trust capital investment plans are focused on addressing the environmental issues at St Mary's and respondents saw this as further evidence of the sites dominance.

“I don’t notice it so much as an issue at Hammersmith but if I go down to Charing Cross it just feels very unloved and there’s no senior management there at all, you know.” (13)

“The other sites probably do see less of the senior management team than the Mary’s site. I think the other potential impactor on that is that in our site strategy it’s Mary’s that gets the re-development and not much happens at Hammersmith, and Charing Cross completely changes from a sort of acute hospital to a local hospital, so that may also be impacting (on the results).” (9)

The much earlier merger in 1997 of the former Hammersmith Hospital (including the Royal Post-Graduate Medical School, a Special Health Authority and an older academic logic) with Charing Cross Hospital to form HHNT was included in narratives of sub-cultures, in particular there was an emerging theme on the enduring nature of mergers.
The main site-based sub-cultures were thought to be St Mary’s and Hammersmith and Charing Cross. St Mary’s was viewed as having a different culture, at times referred to by pre-merger appointed staff as being more helpful. Others proposed a relationship between the site-based sub-cultures and aspects of healthcare performance.

Staff highlighted that a form of ‘merger fatigue’ as this was not the first merger the legacy trusts had been involved in.

“This trust went through a series of mergers so it wasn’t just St Mary’s and Charing Cross, it was a few trusts that eventually merged. So I think people were tired pre-merger”. (8)

Sub-cultures were felt to exist between employees based on their length of tenure in the organisation. Staff who joined the trust after the merger were identified as likely to be more positive, as they did not share the memories of the stressful times during the pre and post-merger period.

**iii). Logics**

Four key forms of institutional logics, or the organising principles and practices which support individuals to make sense of their environments were identified through the interview discourse: The logic of professions, managerial, organisational hierarchy, and academic. Within each logic exists the potential for individuals to experience competing drivers, conflicting values or uncertainty regarding the dominant logic, and this was evidenced in the discourse with staff.

**Competing for Dominance**

**Professional**

A professional logic facilitates the development of shared values among its membership. The networks that professional staff develop were cited as a positive factor in dealing with the merger and the subsequent changes.

“Again, I think I would go back to what I said previously about clinical people, I think they all lock together and, you know, are very focused on delivering high quality care. I suspect the non-clinical are probably more focused on the financial position and, you know, may well be under far more stress and strain to try and deliver financial savings, given the financial situation the trust’s in this year.” (13)
The networks that professionals develop was suggested as offering greater access to information about the organisation.

“Well I suppose the clinical people, medical people, hear more about how our hospital is performing clinically, as in, you know, within areas of expertise and things, maybe that’s what makes them more positive, perhaps they think, you know, their team is going really well in whatever clinical area it is, whereas admin people don’t really always get to hear about how the hospital’s excelling in different places.” (10)

The professional logic was thought to influence an internal reward system. This is centred on the individual’s role in giving direct patient care, credentialing of their expertise through considerable training programmes, and in the longevity of their relationship with a hospital. Professionalism was thought to offer some form of protection through times of challenge.

The primacy of direct patient contact as a motivational force and source of individual and organisational value was recanted by both clinical staff and non-clinical staff.

“I think that’s again down to fulfilment and actually being on the frontline and seeing the good work that they do, really and truly. For those that are not in those roles, we don’t often see the good work that goes on out there that we’re in. And we often are the people that are given the jobs to do in the background but are not given the thanks for it, whereas, those on the frontline, they are extremely valuable and they’ve worked really hard to get where they are, but they do get to see those end points and they get that patient personal experience. It’s not always a great experience, but when they do get the good experiences they actually get that thanks. And that’s really important.” (7)

“I just think the patient contact is the thing that give us our sense of energy and fun and privilege.” (14)

“So one of my theories that you might be able to disprove is that the 1 to 6s are the guys, the healthcare assistants and the frontline receptionists who are doing loads of patient related stuff and so they really have a true sense of what the values of the place are whereas the 7s are having to deal with stuff coming from all directions and, you know, you’ve got to report this and you’ve got to do that and actually aren’t getting enough patient time.” (14)

The nursing profession was highlighted for introducing fragmentation between hands-on care and seniority, which was believed to not be the case in medical career pathways.

There was a suggestion that professional staff, in particular consultant doctors, in signing up to work in a hospital were committing to that organisation for a substantial period of time. It would be natural therefore for them to live through leadership and
cultural changes with their identification more closely linked to their clinical specialties or training firms.

“And I think if once you embark on that journey yourself, I think that’s why they stay in it, because actually they can see the changes, they can see the good that’s being done, and the money doesn’t hurt!” (7)

Hierarchy

The hierarchical nature of the organisation was a theme linked its origins, competing logics and the statistics afforded from the academic partnership and AHSC designation.

“Really I mean hugely so, it’s a very hierarchical organisation. I think we were a really arrogant organisation in 2011 and if you look at the sort of criteria around things, around that’s a problem to some of these and I think if you look in the summer of 2014 we’re much less arrogant, I think we’re less hierarchical.” (14)

Hierarchy was associated with how clinical services manage their teams, with those reporting a flat structure working together more effectively. It was also believed to have a negative association with pre- and post-merger experiences, and workload.

“I guess it’s because it’s a very professional led organisation, isn’t it?” (16)

Managerial Logic

The subordination of the managerial logic to both the professional and academic logics was discussed in relation to the history of the legacy trusts, in the structures of the merged entity, and its espoused values.

“Being a very strong post-graduate teaching hospital background that Hammersmith had and very leading edge trust. The strapline of the values is about research and teaching, isn't it? So that would appeal very much to professional people.” (14)

Above all other groups it was felt that managers had experienced the brunt of the merger, with increased pressures imposed by the AHSC senior team.

“Very Doctor led, to the exclusion of managers”. (16)

Seniority in the organisation’s hierarchy for non-clinical staff drew negative associations and an ensuing increased need for support networks.
“You are in that sort of space ship now and you need to count on your peers.” (14)

Greater challenges in maintaining a work/life balance approach were identified and without the aforementioned intrinsic benefits of being a clinician, managerial staff were thought to have experienced greater challenges than clinical and administrative colleagues.

“In a sense the lower the band you are in in practice the less you are affected in your daily working life by a merger. Conversely, the higher you go up the management scale the more you are affected.” (18)

**Academic Logic**

Some cultural differences were mentioned between the legacy trusts, but it was in the academic logic and therefore the relationship with the University that differences were most marked.

“I think Imperial certainly doesn’t have that kind of family atmosphere and it certainly doesn’t feel more localised, whereas when you are looking at two organisations that came together to create a new organisation the workforce was a lot smaller and perhaps that has some impact; they remember the fact that it felt more of a community.” (3)

There are divergent views in the perceived value added by the University partner. For some the academic logic added prestige, whilst for others it was less positive. The dynamic between the academic logic and the more traditional professional or managerial logic was felt to be problematic.

The identity of the AHSC was viewed as complex and unclear, resulting in identity confusion and a loosening of organisational loyalty.

“I think that patchiness is a real... it’s a real problem. You never get it uniform but I think the fact that it’s... there are some groups who really struggle with it.” (12)

An opposing view was presented that the absence of a single identity or dominant logic was beneficial to an individual’s employment prospects.

“Career choices now are a different question because I feel secure in my job because of the duality that I have, and I could choose either camp.” (14)

Conflicting logics were evident in the interview responses and were thought to impact on the organisation’s abilities to perform, given challenges in integration and teamwork.
“You’ve almost got an organisation that is under a tension quite a bit of the time in the sense that the model we’ve tried to deliver across, so you have your divisions across sites, and by doing that you’re trying to bring people together and there’s always this constant battle because people who’ve been here pre-merger might be pulling still one way and the new organisation’s trying to pull another way.”

An association between positive experiences of culture and the willingness to adopt change were also seen as potentially impacting on organisational culture.

“I guess it has an impact on further change and further change is inevitable, it’s how people deal with that change. If the culture is very positive you are much more likely to react positively to change, and when it’s negative and disruptive you are much less likely to be able to respond. So I think overall it’s just going to affect the performance of the trust going forward.” (11)

**Agency and Opportunities**

The emerging new organisational cultural form and identity was thought to be moving forwards to a position whereby staff were empowered to make active decisions in the workplace.

**Staff Voice**

The communication and engagement processes instigated by the current CEO were recognised by many respondents as adding to an improving organisational culture, although for others the trust remained on a transition curve, where the vision had been communicated and more was now required to address integration issues

“We had a third of our staff taking part and giving us feedback on our clinical strategy.” (9)

“The CEO is now more exposed and she’s available and makes her self available.” (14)

**Opportunities from Scale and Prestige**

One key theme from the communication materials around the time of the merger was the gains that would be realised by the merger and the formal University partnership as an AHSC. This message is perpetuated by some respondents post-merger. A secondary gain due to the increase in size and scale of operations was thought to have led to an increase in prestige, power and control across the local health economy.
“So this merger isn’t about changing the name. It’s about a big idea in North West London, trying to establish the anchor, and that’s maybe what the confidence is all about.” (14)

The size of the merged trust was also thought to open up opportunities for staff, with an assumption by some that greater resources, including financial ones, would be available.

“There’s throughput and there’s all sorts of opportunities for great clinical things to be done in a bigger organisation; you have more money, more power and all that sort of stuff.” (6)

Prestige and pride were associated primarily with the association of the University, and the size and scale of the new merged organisation, and was not limited to any one staff group.

“I guess maybe there’s more of a professional pride in maybe a larger cohort with maybe more resources, more staff and maybe more promise as well of the future and the development of – there’s more momentum maybe in volume.” (1)

“To suddenly be in a more senior role or even if it’s as simple as having a bigger budget to deal with to deal with. All those things add a little bit of prestige.” (16)

“I think as an identity I feel I’ve upgraded in a sense together as a team, you know. We’re Imperial College. We’re bigger. We’re stronger. We are globally competitive.” (14)

7.5 Summary

This chapter presented a detailed account of the emerging themes from semi-structured interviews with a purposeful sample. It provides an opportunity to triangulate the findings from the statistical testing and literature reviews in order to provide discursive materials.

The interviews raised new themes, not captured either in the statistical tests or the literature reviews namely; that NHS trusts are likely to have experienced, or will experience, multiple mergers in their organisational lifespan and that staff experience merger related stress differently; for some groups this may be intense, continue over a set period of time and be framed around specific events. For other staff, the psychological effects of the merger and the impact of their work duties may play out over a longer time period.
Chapter 8 - Discussion

In this study I have explored the relationship between organisational culture and types of organisational identity, occupational identity, identity conflict and identification with peers, and organisational performance, in the empirical context of a merged AHSC in the NHS. The results of this mixed-methods study show that seven years after the merger occurred there are significant differences in the perceptions of staff based on their pre- or post-merger appointment status with regards to organisational culture and forms of organisational identity. No evidence was found to suggest that senior managers views on culture influenced the views of sub-ordinate staff. The results are a significant finding and challenge some of the existing research in this emerging field.

This chapter begins by providing an analysis of the results of the statistical testing of the survey data, and an exploration of the themes arising from the semi-structured interviews with staff. In doing so, it triangulates the evidence to answer the study’s research questions and hypotheses. Next by returning to the extant literature, primarily in the fields of organisational culture, identity and institutional logics, the key findings are explored in detail. Where research exists to support the findings or where the study findings offer divergent views, these will be explored. Where no a priori research is available, explanations for the findings will be put forward as together with why these findings are important. I then define my contribution to the knowledge in this academic field and in the policy context. The limitations of the study are presented and the steps taken to mitigate them. Opportunities for further research are identified before the chapter concludes with personal reflections on the research process.

8.1 Results

A total of 1,978 respondents (24% response rate) from the case study setting completed surveys on their perceptions of occupational culture (Denison and Mishra, 1995) and three foci of organisational identity: professional identity (Blau, 1989), identification with peers (Cook and Wall, 1980) and identity conflict (Kreiner and Ashforth, 2003).

Two levels of statistical analysis were employed, descriptive statistics, linear and multivariable regressions, and finally a thematic analysis of the interviews with staff was used to triangulate the findings.
8.2 How do Institutional Logics Develop in a Merged AHSC

Institutional logics view culture as heterogeneous and existing in a context bounded by the dominant or competing logics (Thornton et al., 2012). Thornton and Occasio (1999) note the effects of shifts in institutional logics and how these influence organisational politics, power and executive succession. Factors such as position and rank within a hierarchy, organisational size, competition and the struggle for corporate control are all thought to shape institutional logics. Classifying the dominant institutional logic, that is the socially constructed assumptions, practice, values and beliefs, is used to give meaning to social reality (Thornton and Ocasio, 1999).

The legacy trusts began formulating plans to merge, accompanied by their University partner, around the time that the Paddington Health Campus (PHC) scheme failed in 2005/06. Less than a year later a formal consultation process began, with a focus on a compelling vision to develop the UK’s first AHSC, with benefits identified as delivering world class care, research and education in an organisation that would appear to be primarily led by clinical academics. A joint CEO/Principal of the Faculty of Medicine post was introduced with a supporting infrastructure that included joint trust and Faculty of Medicine posts and reciprocal attendance at senior committees of both organisations. With the resignation of the CEO/Principal in 2011 the trust appointed a traditional non–academic CEO and the joint leadership post was dissolved.

The development of an initial clinical academic logic is evidenced from the inception of the merger process, and is reflected in the establishment of a joint CEO/Principal Faculty of Medicine post, which required a clinical academic to lead the AHSC development and the merger. As both legacy trusts had strong clinical leadership prior to the merger, the shift in logics was primarily one away from the competing logic of professional (medical) and managerial to a dominant logic of clinical academic.

DiMaggio and Powell (1983) have written on the role of cultural entrepreneurs in using narratives and story-telling to persuade others of the benefits of their vision. The trust Annual Reports are important source materials as they are used to portray the desired image of the organisation to staff and stakeholders. From 2007/08 to 2011/12 the reports followed the format of the compelling vision with the content focused on AHSC business.
The organisational structure was based around six and then later seven CPGs. Each had its own director with a research portfolio, joint research and education appointments with the University, and regular AHSC meetings with senior trust and Faculty of Medicine staff in attendance. With the financial challenges in 2012 and a predicted deficit position the CEO/Principal resigned and the joint leadership post was dissolved. With the appointment of a new CEO (2012 to 2014), a non-clinician and non-academic, and later a new Medical Director and Chief Operating Officer, an organisational restructuring was instigated and a more traditional divisional structure introduced. The large multi-organisational AHSC meetings stopped and a small subset of trust and Faculty of Medicine executive teams began to meet instead. The cessation of the joint leadership post, clinical academic led structures and reciprocal attendance at senior meetings could be considered as an erosion of the clinical academic logic, possibly reverting to professional and managerial competing logics.

Isomorphism (Hawley, 1968) is the evolutionary process whereby constraining processes on an organisation, such as competition, force a given population to resemble other populations that are subjected to similar environmental pressures. The more ambitious an organisation’s goals are, the more likely it will be to model itself on a perceived successful organisation, as there is a greater need to build legitimacy and suppress conflict (Giddens, 1979). Professionalisation, prevalent in sectors where there is a high level of staff credentialing, such as an AHSC, may encourage isomorphism through section of staff and socialisation into an organisational culture that reinforces isomorphism in the exchange of information between professionals. There are divergent views in the area of institutional logics of the adoption of Hawley’s work by DiMaggio and Powell (1983), with Thornton at al. (2012) citing that organisations have values situated in different institutional orders and are capable of exercising autonomy in realising change.

In this study it is proposed that a shift in institutional logics arose from the dissolution of the AHSC figurehead post during a period of financial and operational instability. The organisational transformation away from the strong academic beginnings of the merged entity, while not passively isomorphic, was driven by the professional and managerial logics in an attempt to bring stability to the trust’s position.

The finding that significant differences exist in the perceptions of pre- and post-merger staff, although appointment status was not a predictor of the scores, is interesting, and is made salient by the emerging themes in the staff interviews and a priori literature in other empirical settings. Interview respondents discussed the
change in organisational culture and stated it had occurred gradually. Quah and Young (2015) state that the effects of mergers are too often reviewed at years one to two when organisations are still in the early stages of their development, and suggests year seven onwards as the most appropriate time to explore responses to the organisational change and the maturity of the organisation. Respondents acknowledged the inherent difficulty for pre-merger staff in adapting to the new culture of the merged organisation. Staff opined that with new leadership, following the CEO appointed in April 2014, a new cohesiveness had developed, with staff once again looking out for each other. The composition of staff appointed pre- and post-merger in the study sample was balanced (pre-merger appointees 50.5%, post-merger appointees 49.5%). It was proposed that a further factor in reconciling pre- and post-merger cultural differences was that disgruntled staff had possibly moved on, while those staff who felt that the organisation’s values and beliefs were a close-fit with their own had elected to stay.

Acculturation (Berry et al) describes a process that ‘groups and individuals use to understand how to live together, adopting varies strategies that will allow them to adapt to living intraculturally’ (2006:305). It involves cultural and psychological change, occurs over time, and may be affected by demographics (Berry et al, 2006). Research into acculturation reports that four spaces are created as individuals seek to adapt: assimilation, separation, marginalisation and integration. Acculturation develops through a series of mutual exchanges, with the cultural categorisation dictated by the perceived salience of the particular membership group (Berry and Sams, 1997). Acculturation appears to offer a means of understanding the culture change identified in the qualitative research in this study, and the finding that merger appointment status did not predict culture scores as staff become assimilated and later integrated into the new culture.

The speed at which changes occur during mergers influences an organisation’s ability to adapt. Rapid change ‘inhibits the successful re-engineering of the culture during mergers’ (Kavanagh and Askkanasy, 2006:1) and as such members’ perceptions become important as measures of how well the merger is managed and how the new culture develops. Leaders play a pivotal role in fostering change by creating vision (Kavanagh and Askkanasy, 2006). In times of transformational change leadership takes centre stage and may be viewed as a means of mobilising others to want to strive for shared aspirations (Posner et al., 1985). Shared aspirations are often espoused within an organisation’s mission statement and
vision. The merger described in this study was planned and executed in just over a year, and the initial compelling vision and dominant logic were centred on clinical academics with a vision to transform the hospital services from first class to world class. Respondents commented that it was only after the arrival of the current CEO that they started to receive communications outlining the vision, values and strategic plans. It is interesting to note that the mission trait within the organisational culture survey, which includes perceptions of these areas, had no difference in mean scores across any of the independent variables.

Seo (2005) proposes acculturation as culture changes that happen between groups, and which may occur due to combining cultures or one culture dominating the other during a merger. This phenomenon is also referred to as a culture clash (Weber and Drori 2011). Differing opinions may lead to low morale and other workforce issues as members attack and defend their positions (Seo 2005).

Weber and Drori state that research on the effects of a culture clash on merger performance is inconclusive. They emphasise a need to focus on whether synergy can be realised in the post-merger period, and strategic and financial decisions should not be made in isolation, as identity and identification are important in ‘understanding the mechanisms of cooperation in mergers and acquisitions’ (2011:88).

### 8.3 Organisational Culture as a Predictor of Organisational Identity

A series of simple linear regressions were calculated to predict the effect of organisational culture on the three foci of organisational identity. In each regression organisational culture was a significant and positive predictor of organisational identity. The extant literature provides several studies that corroborate the findings of this study (Cian and Cevai, 2014; Hatch and Shultz, 2002; He and Baruch, 2009; Jacobs, 2008; Prati et al, 2009; Ravasi and Schultz, 2006; Corley 2004).

### 8.4 Predictors of Organisational Culture

The mean scores for the organisational culture survey were numerically higher for post-merger appointed staff when compared to the scores for pre-merger appointed staff. For three of the four traits the differences in means were statistically significant; involvement, consistency and adaptability, with no difference for the mean scores for mission. However, the results of a multivariable regression found that pre- and post-merger appointment was not a significant predictor of organisational culture scores.
When the differences in the mean scores for organisational culture are analysed by staff band as a marker of an individual's position within the organisation's hierarchy, the scores of staff at bands 1-6 are numerically higher throughout and are statistically significant for the difference in mean scores, compared to staff at bands 7 and above for three out of the four cultural traits; involvement, consistency and adaptability. The results of a multivariable regression analysis revealed that staff band was a significant predictor of organisational culture scores, with a negative relationship for staff at bands 7 and above, indicating an association with higher staff band and lower scores.

The third and final level of analysis was occupational group and organisational culture scores. Staff were categorised into two groups: non-clinical and clinical. The scores were numerically higher for the group categorised as clinical staff, with statistically significant differences in means scores for three of the organisational culture traits, involvement, consistency and adaptability. The results of a multivariable regression analysis found that occupational group was a significant predictor of organisational culture scores, and a positive relationship for clinical staff with higher scores than for non-clinical staff.

8.5 Staff Band as a Predictor of Organisational Culture

A finding of particular importance in this study is the revelation that staff perceive organisational culture differently based on their ranking within the hierarchy of the organisation and the occupational group to which they belong. The relationship between hierarchy and culture will be considered first, followed by occupational group status and culture.

8.5.1 Hierarchy and Organisational Culture

The mean scores for the organisational culture survey were numerically higher for staff at bands 1-6 compared to scores for staff at bands 7 and above. For all four traits the differences in means were statistically significant, involvement, consistency adaptability, and mission) when compared to the mean scores of staff at bands 7 and above. The results of a multivariable regression found that a staff band of 7 and above was a significant negative predictor of organisational culture scores.

A key theme emerging from the thematic analysis of the interview data was identified as the influence of hierarchy or staff ranking, in determining responses to the merger. Staff at bands 1-6 were identified as the most affected by a loosening of the
psychological contract, in particular the reported numerous restructurings requiring administrative staff to re-apply for their existing jobs, which in some instances had been re-graded at lower pay bands. The ability of staff in administrative bands to compartmentalise their roles, minimise their exposure to corporate politics, work at a distance from power, and to receive trust news through formal rather than informal channels, were viewed as mitigating some of the merger and post-implementation stresses, leading to a period of recovery and adaption to the new organisational culture for this staff group.

Staff in bands 7 and above were described as the staff group most significantly affected by the merger and ways of working in the merged entity. Staff in managerial posts were viewed as psychologically vulnerable due to their hierarchical closeness to the organisational source of power, the executive team. The term ‘churn’ was used to describe a perceived high-turnover of board level and senior staff, which added to the organisational turbulence and uncertainty. The managerial logic had been greatly reduced during the first four years post-merger, as the dominant logic was that of clinical academics. Respondents also commented on the lack of a work/life balance for this staff group and proposed that they experienced greater levels of stress.

The literature on the relationship between hierarchy and organisational culture is limited and the few studies that are available fail to reach an empirical consensus. Keeton and Mengistu (1992) found differences in the cultural views between levels of management in US government units. Partial support was found for aspects of culture being experienced differently across staff bands, with positive associations seen in feelings of pride and openness (Helms and Stern, 2001). A manager’s ability to influence culture through shared beliefs was identified in research by Van den Steen (2010).

This study in a merged AHSC in the NHS is the first of its kind to find a significant negative association with staff band. It is of particular importance given the body of literature that emphasises a manager’s role in shaping the organisational culture and in doing so creating a positive work environment (Kane-Urrabzo, 2006). Staff group differences in cultural aspects of a patient safety campaign in the USA were identified and Sinkowitz-Cochran et al. (2012) report that executive level staff have higher average scores than staff on lower bands.

The study finding that staff on lower bands experienced organisational culture more positively in the case study setting is noteworthy and is rarely reported in research in
this field; in addition, it is contrary to the findings of other researchers (Sinkowitz-Cochran et al. 2012; Kane-Urrabzo, 2006).

8.5.2 Occupational Group and Culture

The mean scores for the organisational culture survey were numerically higher for staff in the clinical occupational group compared to the scores for staff in the non-clinical occupational group. For three traits the differences in means were statistically significant, involvement, consistency and adaptability, when compared to the mean scores of staff in non-clinical occupational groups. The results of a multivariable regression found that the clinical occupation group was a significant positive predictor of organisational culture scores.

A number of emerging themes from the staff interviews were concerned with the inherent benefits of working as a clinician. The influence of professional logic was very clearly an important factor in increased organisational culture scores. It was stated that this logic facilitated the development of shared value among its members. The networks built around clinical staff were believed to offer greater access to information about the organisation, and an internal reward system was reported for those individuals involved in giving direct patient care. The credentialing of their expertise through extensive training programmes was felt to contribute to the longevity of the relationship between the clinician and the employing organisation. Privilege, motivational forces and feeling valued were associated with clinical roles and these in turn facilitated an enhanced perception of the organisation’s culture.

8.6 Professional Identity

Occupational group was found to be a significant predictor of professional identity in the regression analysis, with a positive association with the clinical staff group. When testing for a difference in the mean scores between the two staff groups, there were statistically significant differences, with the mean scores of clinical staff higher than those of non-clinical staff.

Occupational or professional identity refers to how an individual internalises the occupational identity as a means of self-definition (Ashforth et al., 2013). Occupational or professional identity may change during the course of a career and is viewed as comprising a number of sub-identities with common elements, referred to as the core (Hall and Schneider, 1972). Goffman (1959) describes ‘the face’ in sub-identities, which is the persona revealed to others in role related identities, such
as professional identities within a work environment.

Adjustment with work roles and satisfaction with a chosen career are not automatically related constructs (Hall and Schneider, 1972). Prior research suggests individuals may identify more closely with their occupational groups than with their employing organisation (Ashforth et al., 2013), as occupations are a ‘highly salient basis for constructing a sense of self in the workplace’ (2013:43).

Hierarchical privilege is said to allow certain occupational groups access to information, communications and decision-making forums (Brown, 2006). A key motivational force for individuals in identifying with certain occupational groups is a desire to enhance individual and collective self-esteem (Brown, 2006) and to gain knowledge (Ashforth, 2001).

In researching identity in hybrid-clinical professional managers in the NHS, McGivern et al. (2015) posit that organisational disruptions, confusions, and changing relations increase the need for identity. They continue that staff as willing hybrid managers may self-position into elite groups within an organisation. While Ashforth et al. (2013) suggest that work which is viewed as more cognitively challenging and requires considerable involvement may impact on the degree of occupational identity.

Institutional logics suggest that as identity verification becomes more positive in the symbolic exchanges between actors, so does commitment to that form of identity (Thornton et al., 2012). The subordination of the managerial logic to both the professional and the clinical academic logics was highlighted in staff interviews within the study, with a prevailing view that the merged entity was a very clinically led organisation.

The study finding that clinical group membership predicts professional identity is not surprising given the aforementioned evidence in the literature which provides support for this result. A less expected finding of this study was that post-merger appointment status was a positive predictor of professional identity, as demonstrated in the results of the multivariable regression analysis. This is particularly interesting given that pre- and post-merger appointment status were not predictors of organisational culture.

In attempts to increase individual distinctiveness, individuals identify with organisations which they believe will increase their self-esteem, either by having a high status or desirable characteristics (Bartel, 2001). Two themes emerged during
the interviews with staff which add to this discourse; greater opportunities are available to staff due to the scale and prestige of the merged entity, and staff appointed after the merger have more proactive feelings towards the organisation as they had not experienced the stressful events leading up to the merger.

The more employees see the merged organisation as a continuation of their pre-merger organisation, the closer their association between their pre-merger and post-merger identification. However, since most mergers are not mergers of equals, there is usually a status differential between both merger partners. As a result, one partner in the merger is usually more dominant than the other, and thus more influential in shaping the new organisation (Ullrich et al., 2005).

8.6.1 Identification with Peers

Peer identification is a specific bounded form of social comparison (Steele, 1988). None of the independent variables tested in this study were found to be predictors of identification with peers. The only difference between the mean scores was for staff band, with bands 7 and above having higher scores. There is scant literature on the factors that influence identification with peers. Hitchcock et al. (1995) in a review of university peer identification found that membership of similar professional associations was an influencing factor. A study of the social networks of nursing directors and clinical directors in the NHS found that networks were important for information flows, diffusion of innovations, and social influence. Nursing director peer networks were more centralised and hierarchical than those of clinical directors (West et al., 1999).

A theme that emerged from the staff interviews was that work-related stress is experienced differently across organisational levels. Staff in senior posts were exposed to higher levels of stress during the pre and post-merger period. Seniority in the organisation's hierarchy for non-clinical staff drew negative associations and an ensuing increased need for support networks due to isolation from colleagues outside their immediate groups. Earlier research provides some confirmation of this issue, as it has been found that as staff progress upwards in seniority then their needs for affiliation, esteem, and self-actualisation increase (Hall and Naigan, 1968).

8.6.2 Identity Conflict

The results of the study found a significant negative association with staff band (7
and above) using a multivariable regression analysis. Differences in mean scores were found between pre- and post-merger appointments, with post-merger staff having higher mean scores, and also the mean scores of staff bands, with staff at bands 1-6 having higher scores than those at bands 7 and above. Higher scores for the identity conflict survey equate to lower levels of perceived identity conflict by the respondents.

Professional or clinical employees vary in the extent to which they identify with both an organisation and profession (Bamber and Iyer, 2002; Johnson et al., 2007; Lee et al., 2000). Some professionals view themselves as professionals first and foremost and organisation members second; others hold the opposite view, while some perceive profession and organisation as more or less equally self-defining (Johnson et al., 2007).

When employees possess similar levels of organisational and professional identification, then they are likely to experience identity conflict. Identity conflict occurs when two aspects of self-concept, such as two types of social identification, direct individuals to engage in incompatible behaviours in a particular situation (Baumeister et al., 1985). Emerging themes from the interviews with staff cited the identity of the AHSC as complex and unclear, resulting in identity confusion and a loosening of organisational loyalty.

There is evidence in the literature that supports this study finding, where identity conflict is inversely associated with hierarchical position within an organisation (Aranya and Ferris, 1984). There are also opposing views to this study finding in research conducted by Fitzgerald et al. (2008), who note that the dual role of clinical managers brings an increase in occupational-professional conflict, although this phenomenon was not seen in the findings of this study.

8.7 Relationship between Organisational Culture and Organisational Identity and Performance

Scholars present findings on a relationship between organisational culture and identity and performance (Davies et al., 2007; Mannion et al., 2005; Salge and Vera, 2009) but not in others (Reymann, 2009; Hernandez, 2010; Gregory et al., 2009).

This study sought to explore the relationship using the mean scores of the survey tool and a series of NHS performance indicators where performance, and survey scores, were measured at a divisional level. Several limitations to statistical testing
were identified, not least the small number of data points for the clinical divisions (n=4). Performance against the indicators was ranked and mean scores for organisational culture; foci of identity were identified for the divisions with the highest and lowest performance rankings. The results were inconclusive and the hypotheses could not be substantiated.

8.8 Contribution to Knowledge

The study makes several contributions to knowledge in this emerging research field. The contribution is presented in four parts: i) Novel contributions, ii) Support to existing knowledge, iii) Contribution to policy, iv) Practical implications.

Novel Contributions

The study makes a significant contribution to new knowledge in the field of mergers, organisational culture and organisational identity. For the first time evidence is found on the longevity of a ‘merger effect’ in healthcare which impacts on staff perceptions of organisational culture and a facet of organisational identity, which is identity conflict. Seven years on from a merger there were statistically significant differences in the mean survey scores of staff employed pre-merger and those appointed post-merger.

This is an important finding as with the increasing political drive for new organisational forms to reduce financial challenges in the NHS, there is a possibility that organisations may experience the development of multiple merger influenced sub-cultures and identities as layers within their organisational structures. This finding may also lend support to academic debates on the length of time required to achieve cultural change following a merger and the time it takes for staff to identify with the new merged entity.

A second key finding in the study is divergent from some of the extant literature. Manager’s perceptions of organisational culture were less positive (that is staff on bands 7 and above) for mean scores on the organisational culture survey than the mean scores for administrative staff (staff on bands 1-6). There was no evidence to support the findings of previous studies, which have suggested that staff in management posts influence and shape the organisation’s culture.
Themes from the interviews appear to suggest staff reach a stage of ‘recovery and adaptation’ at the different stages post-merger. This is most affected by hierarchical positioning in the organisation. Administrative staff were reported as working through a series of traumatic events such as re-applying for their jobs, and at times being required to perform the same job at a lower rate of pay. While managerial staff were viewed as being most affected by changes to work/life balance which continued over a longer period of time.

A ‘merger effect’ was also seen in the higher scores of the post-merger appointees for identity conflict (scores are reversed on this survey tool and therefore this result is for lower identity conflict). While other studies have commented on an inverse relationship with hierarchical positioning and identity conflict, also found in this study, this is the first known study finding that merger appointment status effects perceptions of identity conflict.

Support to Existing Knowledge

Organisation culture was found to be a significant predictor of all three foci of organisational identity in this study.

While some indications of a relationship between organisational culture, identity and performance were found, the limitations of the methodology mean that the results were inconsistent and should therefore be interpreted with caution. Limitations in the study methodology are discussed in section 8.9.

The study revealed that in the empirical setting of a merged Academic Health Science Centre (AHSC) sub-cultures and multiple identities exist. In staff interviews a key factor in this development was believed to be the speed at which the merger was announced and completed, the history of the legacy trusts and a need for staff to develop networks based on certain organisational characteristics such as professional groups.

The study contributes evidence to the knowledge base of how institutional logics develop in merged organisations. Over the period of seven years since the merger was completed the dominant institutional logic had changed and the organisation had adopted many of the characteristics of traditional UK teaching hospitals, with an erosion of the clinical academic logic. Thus providing support to evidence dispute claims of isomorphism (DiMaggio and Powell, 1983). Rather, the adaption or
adoption to a competing professional and managerial logic is viewed as multi-factorial. The findings add two key elements to existing knowledge in this area; the influence of Chief Executives as cultural entrepreneurs (Thornton et al, 2012; Dimaggio, 1982) in developing the organisational logic and how organisational structures and changes to them either strengthen or weaken the dominant logic.

The study provides support for historical contingency (Thornton et al., 2012). Themes emerging from the staff interviews illustrate that during periods of organisational turbulence staff reverted to discussing their experiences at the legacy trusts positively. This was viewed as a coping mechanism during periods of organisational turbulence.

Finally, given the paucity of available literature in this field the study contributes evidence to under-researched areas of increasing interest given the NHS policy direction of new care models, including mergers and transformational change. Opportunities for further research are discussed in section 8.10

**Contribution to Policy**

The study findings make several contributions to an increasingly important area of health policy. With the literature on mergers in many sectors predicting high failure rates and as the number of healthcare related mergers increases due to policy directives it is crucial to understand how organisational dynamics develop along the continuum from decision to merge to post-merger operations.

With the evidence presented in this thesis that sub-cultures and multiple identities exist in a merged organisation for many years after the merger is completed, health policy makers may find it helpful to use these findings to recommend tailoring staff engagement processes specific to staff bands and occupational group.

Policy implications arise from the study findings. As the existence of divergent staff perceptions on culture and identity are associated with several organisational characteristics, the study suggests that these factors should be considered when planning mergers and in post-merger implementation actions, where a one-size fits all approach to organisational change and integration may be less effective at engaging and addressing staff.
The study findings make several contributions to organisational and health policy. With the literature on mergers in many sectors predicting high failure rates and as the number of healthcare related mergers increases due to policy directives it is crucial to understand the organisational dynamics that arise during a merge and post-merger integration.

Practical Implications

The study presents researchers and healthcare staff with several practical implications to improve the success of mergers in the future:

- The longevity of the 'merger effect' should be considered by those wishing to realise the benefits of the merger, as outlined in the compelling vision.

- Developing the organisational culture of the merged organisation requires careful management as staff experience culture different and identify differently with the organisation based on their pre-post merger appointment, their staff grade and occupational group. Those involved in mergers may wish to target engagement and programmes of post-merger integration as bespoke offering to these segments in the workforce.

- While not wholly within the remit of the study, a theme of staff and wellbeing during mergers as a factor in coping and adaption emerged from the interviews. Policy makers may wish to consider how staff are supported during mergers as events, which may result in workforce stress.

8.9 Study Limitations

In this study several limitations emerged during the research process to test hypothesis six, relationship between organisational culture, organisational identity and performance. As these challenges developed expert advice was sought from the Statistical Advisory Service at Imperial College and the analytical function within Population Heath. A series of performance indicators had been identified, through comparative review using semi-structured interviews, as being the most valuable to use in testing healthcare performance. The highest and lowest performing divisions per performance indicator were identified and their respective survey scores were
tested to identify any statistically significant differences between the mean scores of
the divisions. The level of analysis included scores for culture traits, as Denison and
Mishra (1995) have reported that traits have specific relationships with various types
of performance. However, with the small number of data points, linked to the small
number of divisions, meant that the selection of analytical techniques was
constrained.

Interpretation of the results for hypothesis six, the relationship between
organisational culture, organisational identity and performance, should be treated
with extreme caution as the relationship is inconsistent and therefore the findings
remain ambiguous. For a number of the lower performing divisions their survey
results were the highest and therefore no associations could be drawn. Other
limitations of the study and mitigating actions are discussed below.

A case study was the setting of the study. Scholars have criticised single case study
methodology for its inability to provide adequate generalisability. Flyvberg (2006)
disagrees with this argument and quotes Giddens (1984) in response; case studies
are important methodology in understanding agent’s reasons for actions. By using
multiple methods in study, large-scale survey data with semi-structured interviews, a
deeper understanding of actions and impact in this important and emerging field was
sought.

While the total number of survey respondents was large (n=1,978), the overall
response rate was 24%. To the study’s advantage however, was the comprehensive
nature of the survey tools that included over 70 questions in total.

Purposeful, expert sampling was used in both sets of interviews, the reference group
whose views shaped the performance indicators and in the staff group who provided
an interpretation of the study results. Issues with representation are rarely fully
mitigated in any sampling technique and so issues arising from the use of selected
rather than randomised subjects should be noted along with an understanding of the
benefits of engaging with a population who have lived-experience in the empirical
setting.

The dichotomous independent variables used in the regression analysis, in particular
staff band and occupational group are broad based categories and within these
groups there might exist opportunities for research using more granular sub-groups
and sub-identities, both worthy of study.
Difficulties exist in defining the constructs under investigation, in particular two foci of identity professional and peer identity. Hickson and Thomas (1969) have written on the challenges, which exist in defining ‘professional’ as an occupation, when professional may exist on a scale. The study used clinical and non-clinical as a means of categorising professional groups versus non-professional groups.

The study segmented the survey population by managerial and non-managerial responsibilities using classification by staff band. It is believed that this is an appropriate, albeit a high-level differentiation based on role responsibilities within the organisation’s hierarchy.

The issue of reflexivity is discussed in section 8.11.

8.10 Further Research

The study setting and findings offer opportunities to further explore the relationship between organisational culture, organisational identity and performance in the following ways;

- To conduct a longitudinal study on the persistence of the ‘merger’ effect as seen in this study
- To explore the factors that underpin peer identification in healthcare and in merged organisations as these were not identified on the study
- To further explore identity conflict across staff bands and identify organisational factors that are involved
- To develop an understanding of what might influence administrative staff views on organisational culture, when manager’s perception are not significant predictors of culture perceptions.

8.11 Reflections

Completing this thesis required a continuous process of self-reflection. In establishing the study from conception it was important to strive for reflexivity by acknowledging my role and experience as a healthcare manager and my own hybrid-identity as a researcher in a field where I had strategic and operational knowledge.
Supportive challenge was provided by my supervisors, from student colleagues, notably in during peer review presentations, which was at times challenging and from presenting chapters of the study as conference subjects and poster displays. These provided opportunities to reflect on my approach, progress and to limit assumptions to only those that were clearly emergent from the research.

A very important factor in the process of reflexivity was having access to challenge from a research psychologist and PhD student in a different field. They provided challenge in relation to the literature searches and in the categories I developed for use in the framework approaches to interview data.

There are several areas that where I would do things differently. I spent a significant period of time interviewing ‘experts’ on performance, conducting multiple levels of analysis on the comparative value of performance indicators before realising that this body of work added complexity, rather than value to the thesis and a very much shortened version is included in the thesis. In addition, I would seek to design the performance related hypothesis differently. In its current form with few data points the options for statically testing are limited.

Finally, a benefit associated with completing the thesis is being able to call upon the skills I have developed as a researcher in non-research settings such as working in a team in NHS healthcare.

**8.12 Concluding Remarks**

Organisational culture and organisational identity are closely linked, relational constructs. How they are experienced by members of organisations is partially dependent on a set of organisational characteristics such as hierarchical positioning in the organisation, occupational group, and for those staff in merged organisations, this will also be influenced by their status as pre or post-merger appointments to the legacy organisation or the new entity. It is possible that organisational culture and organisational identify have a relationship with performance. The challenge here is in developing ways to rigorously test for any such relationship.

Mergers in healthcare, especially those within AHSCs are an under-researched field of study yet they provide rich environments from which to study how complex organisations adapt, develop and grow.
References


Department of Health, (2008). High Quality Care for all; next stage review report.


Huey Yiing, L. and Zaman Bin Ahmad, K. (2009). The moderating effects of organizational culture on the relationships between leadership behaviour and organizational commitment and between organizational commitment and job


[Online]http://nhstimeline.nuffieldtrust.org.uk/?gclid=Cj0KEQiw04qvBRC6vfKG2Pi0_8gBEiQAAJq0vdwqxAHunGknL2Fx7HQNYDDmjrQZdvARNqPcofC_7iaAmeL8P8HAQ [Accessed 23rd August 2015].


Terry, D.J. Callan, V.J, Sartori, G. (1996). Employee Adjustment to an Organizational Merger: Stress, Coping and Intergroup Differences, Stress Medicine, 12, pp.105-122.


Times Higher Education


## Appendix 1 –

### AHSC Operating Budgets Annual Accounts

#### 2013-14

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Appendix 2 – Survey Tools

Denison Organizational Culture Survey

Questions

INVOLVEMENT

Empowerment

(1) Most employees are highly involved in their work

(2) Decisions are usually made at the level where the best information is available

(3) Information is widely shared so that everyone can get the information he or she needs when it is needed

(4) Everyone believes that he or she can have a positive impact

(5) Business planning is ongoing and involves everyone in the process to some degree

Team orientation

(1) Cooperation across different parts of the organization is actively encouraged

(2) People work like they are part of a team

(3) Teamwork is used to get work done

(4) Teams are our primary building blocks

(5) Work is organized so that each person can see the relationship between his or her job and the goals of the organization

Capability development

(1) Authority is delegated so that people can act on their own
(2) The “bench strength” (capability of people) is constantly improving

(3) There is continuous investment in the skills of employees

(4) The capabilities of people are viewed as an important source of competitive advantage

(5) Problems often arise because we do not have the skills necessary to do the job (R)

CONSISTENCY

Core values

(1) The leaders and managers “practice what they preach”

(2) There is a characteristic management style and a distinct set of management practices

(3) There is a clear and consistent set of values that governs the way we do business

(4) Ignoring core values will get you in trouble

(5) There is an ethical code that guides our behavior and tells us right from wrong

Agreement

(1) When disagreements occur, we work hard to achieve “win-win” solutions

(2) There is a “strong” culture

(3) It is easy to reach consensus, even on difficult issues

(4) We often have trouble reaching agreement on key issues (R)

(5) There is a clear agreement about the right way and the wrong way to do things

Coordination and integration

(1) Our approach in doing business is very consistent and predictable
(2) People from different parts of the organization share a common perspective

(3) It is easy to coordinate projects across different parts of the company

(4) Working with someone from another part of this organization is like working with someone from a different organization (R)

(5) There is a good alignment of goals across levels

ADAPTABILITY

Creating change

(1) The way things are done is very flexible and easy to change

(2) We respond well to competitors and other changes in the business environment

(3) New and improved ways to do work are continually adopted

(4) Attempts to create change usually meet with resistance (R)

(5) Different parts of the organization often cooperate to create change

Customer focus

(1) Customer comments and recommendations often lead to changes

(2) Customer input directly influences our decisions

(3) All members have a deep understanding of customer wants and needs

(4) The interests of the customer often get ignored in our decisions (R)

(5) We encourage direct contact with customers by our people

Organizational learning

(1) We view failure as an opportunity for learning and improvement
(2) Innovation and risk taking are encouraged and rewarded

(3) Lots of things “fall between the cracks” (R)

(4) Learning is an important objective in our day-to-day work

(5) We make certain that the “right hand knows what the left hand is doing”

MISSION

Strategic Direction and Intent

(1) There is a long-term purpose and direction

(2) Our strategy leads other organizations to change the way they compete in the industry

(3) There is a clear mission that gives meaning and direction to our work

(4) There is a clear strategy for the future

(5) Our strategic direction is unclear (R)

Goals and objectives

(1) There is widespread agreement about goals

(2) Leaders set goals that are ambitious, but realistic

(3) The leadership has “gone on record” about the objectives we are trying to meet

(4) We continuously track our progress against our stated goals

(5) People understand what needs to be done for us to succeed in the long run

Vision

(1) We have a shared vision of what the organization will be like in the future

(2) Leaders have a long-term viewpoint
(3) Short-term thinking often compromises our long-term vision (R)

(4) Our vision creates excitement and motivation for our employees

(5) We are able to meet short-term demands without compromising our long-term vision

=60 questions

**Professional Identity**

61. I like this career too well to give it up.

62. If I could go into a different profession which paid the same, I would probably take it. *

64. I definitely want a career for myself in this profession

65. If I had all the money I needed without working, I would probably still continue to work in this profession.

66. I am disappointed that I ever entered this profession. *

67. This is the ideal profession for a life’s work.

**Peer Identification**

68. If I got into difficulties at work I know my fellow workers would try and help me out.

69. I can trust the people I work with to lend me a hand if I need it.

69. Most of my fellow workers can be relied upon to do as they say they will do.

70. I have full confidence in the skills of my fellow workers.

71. Most of my fellow workers would get on with the job even if managers were not around.

73. I can rely on other workers not to make my job more difficult by careless work.
Identity Conflict

74. I have mixed feelings about my affiliation with the organisation. *

75. I’m torn between loving and hating the organisation. *

76. I have contradictory feelings about being part of the organisation. *

* The scores have been reversed for this negatively worded item. In all cases, a higher score indicates a more positive condition

All questions are scored with *5-point scale from strongly disagree to strongly agree
## Appendix 3 - Results for Each Iteration of the Literature Search

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From: Roper, Gary C  
Sent: 03 June 2015 10:46  
To: Mottram, Anne  
Subject: RE: Ethics Question

Hi Anne

Sounds like it’s all in order. Even with the recent changes, the HRA don’t currently require their approval for educational projects so you’re good to go.

Well done for getting through it.

Bw

Gary

From: Mottram, Anne  
Sent: 02 June 2015 14:02  
To: Roper, Gary C  
Subject: Ethics Question

Hi Gary

I hope you are well.

Could I ask your advice please. I’m submitting my PhD thesis at the end of August and wanted to check I have everything in order.

My pilot study was viewed as service evaluation by NRES, back in the times before HRA new process.

My final study is An Exploration of the Relationship between Organisational Culture and Organisational Identity and Performance in a merged Academic Health Science Centre.

It involves an e-survey on culture and identity to staff and two sets of interviews with NHS staff, the first to ask their views on performance measurement - these are all NHS Staff selected for the skills and experience associated with their current jobs and the final one is
Trust staff who were asked to give perceptions on the survey results - again selected based on their current jobs and the knowledge this brings.

For the final study I completed the HRA Decision Tool on-line which also said the project was not considered as needing ethics approval and to follow local procedures.

I have got Trust approval to procedure, registered the study with clinical governance as service evaluation and got IG approval re data collection.

Can I check if there is anything else I need to do?

Thank you

Best wishes

Anne
Dear Anne

I will be delighted to support you in your endeavour

Please let me know what if anything else I need to do

Best wishes
Mark

Mark Davies
Chief Executive
Imperial College Healthcare NHS Trust

Mobile

Sent from my HTC
Appendix 6– Cauldicott Guardian Study Approval

From: Robinson, Philip (IG Manager)
Sent: 10 June 2014 11:30
To: Mottram, Anne
Cc: Gautama, Sanjay; Information Governance Advice
Subject: Service Evaluation Organisational Culture Update:413194

Hi Anne,

Thank you for your patience whilst we reviewed your request. We reviewed the questionnaire yesterday and agreed that the answers to the questions do not lead to the identification of the respondent. However, Dr Gautama was concerned that the respondent could potentially be identified from their email responses.

He has provided Caldicott Approval subject to the caveat that the returned email is decoupled from the questionnaire and the incoming email must be fully deleted to prevent identification of the respondents.

I hope you will now be able to complete this important work. Please contact me if you have any outstanding concerns / issues.

Regards

Philip

Philip Robinson
Information Governance Manager
ICT Directorate
Imperial College Healthcare NHS Trust

Please click here to start your mandatory Information Governance Training

email: InformationGovernanceAdvice@imperial.nhs.uk
web: http://source/information_governance
Mobile: 
Landline:
Appendix 7 - Approval to use the Denison Organisational Culture Survey

From: Ken Uehara [Kuehara@denisonculture.com]
Sent: 29 May 2014 18:31
To: Mottram, Anne
Cc: Alice Wastag
Subject: RE: Thank you and clarification on essentials and desirables

Hi Anne,

Attached are the 60 items for the Denison Organizational Culture Survey, the UK items originally used in the 2011 survey, and a data template to record your data. If you have any questions, feel free to contact me. I am looking forward to seeing the results of your work.

Best,

Ken

From: Mottram, Anne [mailto:a.mottram08@imperial.ac.uk]
Sent: Wednesday, May 28, 2014 7:49 PM
To: Ken Uehara
Cc: Alice Wastag
Subject: RE: Thank you and clarification on essentials and desirables

Hi Ken

Thanks very much.

I have received the agreement and understand the terms.

Best wishes

Anne

From: Ken Uehara [Kuehara@denisonculture.com]
Sent: 28 May 2014 19:59
To: Mottram, Anne
Cc: Alice Wastag
Subject: RE: Thank you and clarification on essentials and desirables

Hello Anne,

Please review the attached Terms of Use for Researchers document. Please let me know if you have any questions on the Terms.
Cheers,

-Ken

Ken Uehara
Data Manager
kuehara@denisonculture.com

Direct Phone:
Denison Main:
Fax:
Appendix 8 – Participants Information Sheet

Information for Study Participants (survey)

Imperial College London,

Imperial College Healthcare NHS Trust

Summer 2014

Study Title; An exploration of the relationship between organisational culture, organizational identity and healthcare performance in a merged Academic Health Science Centre

1. What is the purpose of the study?

A catalogue of significant failings over the last decade have kept healthcare performance firmly in the media spotlight, with numerous investigations into individual and organisational lapses in the duty of care and in working together to provide quality services to patients. Cultural issues are frequently reported as contributory factors in these failings and a number of studies have found that certain types or aspects of organisational culture have an impact of the effectiveness of an organisation. For the purposes of the study organisational culture is defined as 'the way we do things around here'.

Organisational culture plays a part in how we identify with the place where work its values, pride in our work and motivation to carry out our roles.

By understanding the culture of an organisation and how we identify with our place of work, with our professional groups and colleagues, it may be possible to develop ways to improve the way people work together.

The study is purely for academic purposes and does not in any way replicate or replace surveys sent out by the Trust on engagement or other issues.

2. Why have I been asked to help?

To gain insight into what it feels like working at the Trust it is necessary to seek the views of a wide variety of people, working in different jobs, across all areas. Everyone’s opinion is very valuable and the greater the variety of people who contribute views to the study, the better to build up a clearer picture of how employees feel about the place where they work.

You have been selected to give your views based on the type of job you do within your area of work.

3. Do I have to take part?

Participating in the study is entirely your decision. If you decide to take part you may still withdraw at anytime.
4. What will happen if I chose to participate in the study?

The only requirement is that you agree to participate in a short interview which will last around 20-25 minutes. This interview may be face to face or by telephone, whichever method is the most convenient for you.

The interviews begin with a 5-minute overview of the results of the survey carried out at the Trust.

The interviews will be carried out over a two month period in 2014. You can request to be interviewed anytime during this period that is convenient to you.

5. Will the information I give remain confidential?

Yes, absolutely. The information is not stored with your name or ay other identifying data. Each interview is given a number.

6. What will happen to the results?

The results will be presented in a way so that responses are not attributable to any individuals, that is, it will not be possible to know who gave the responses in the results section of the study.

Themes from the interviews will be used in the discussion to explore the results of the study.

7. Who is overseeing the study?

The National Research Ethics Service (NRES) have reviewed the study and decided that it meets their criteria for service evaluation. This means that the study does not need ethics approval to proceed or consent from participants. The primary supervisors is Professor Rifat Atun, Professor of Global Health Systems Harvard and Faculty of Medicine Imperial College, with support from Professor Alison Holmes, Professor of Infectious Diseases, Co-Director National Centre for Infection Prevention Management (CIPM), Faculty of Medicine Imperial College and Director of Infection Prevention and Control, Imperial College Healthcare NHS Trust.

8. Who can I contact for more details?

If you have any questions about the survey or the research study please contact:

Anne Mottram
AHSC Director of Operations
Imperial College Healthcare NHS Trust
First Floor, North Admin
Hammersmith Hospital Site
Ducane Road
London
W12 OHS

Email: Anne.mottram@imperial.nhs.uk or amottram08@imperial.ac.uk

Telephone:

Thank you for taking the time to read this information
Appendix 9 – Participants Information Sheet

Information for Study Participants (Performance Interviews)

Imperial College London,
Imperial College Healthcare NHS Trust
2014 – 2015

Study Title: An exploration of the relationship between organisational culture, organizational identity and healthcare performance in a merged Academic Health Science Centre

1. What is the purpose of the study?

The study is purely for academic purposes and does not in any way replicate or replace surveys sent out by the Trust on engagement or other issues. To develop an understanding of performance measurement to use in testing for a relationship between organisational culture and identity.

2. Why have I been asked to help?

To gain insight into views on performance measurement and the relative value of a number of NHS performance indicators it is necessary to seek the views of a wide variety of people, working in different jobs, across all areas. Everyone’s opinion is very valuable and the greater the variety of people who contribute views to the study, the better to build up a clearer picture of how employees feel about the place where they work.

You have been selected to give your views based on the type of job you do within your area of work.

3. Do I have to take part?

Participating in the study is entirely your decision. If you decide to take part you may still withdraw at any time.

4. What will happen if I chose to participate in the study?

The only requirement is that you agree to participate in a short interview which will last around 30 minutes. This interview may be face to face or by telephone, whichever method is the most convenient for you.

The interviews will be carried out over a 4-week period; you can request to be interviewed anytime during this period that is convenient to you.

5. Will the information I give remain confidential?

Yes, absolutely. The information is not stored with your name or any other identifying data. Each interview is given a number.
6. What will happen to the results?

The results will be presented in a way so that responses are not attributable to any individuals, that is, it will not be possible to know who gave the responses in the results section of the study.

Themes from the interviews will be used to develop the performance measurement approach in the study and in selecting the performance indicators that will be used in testing the study hypothesis.

7. Who is overseeing the study?

The National Research Ethics Service (NRES) have reviewed the study and decided that it meets their criteria for service evaluation. This means that the study does not need ethics approval to proceed or consent from participants. The primary supervisor is Professor Rifat Atun, Professor of Global Health Systems Harvard and Faculty of Medicine Imperial College, with support from Professor Alison Holmes, Professor of Infectious Diseases, Co-Director National Centre for Infection Prevention Management (CIPM), Faculty of Medicine Imperial College and Director of Infection Prevention and Control, Imperial College Healthcare NHS Trust.

8. Who can I contact for more details?

If you have any questions about the survey or the research study please contacts:

Anne Mottram
AHSC Director of Operations
Imperial College Healthcare NHS Trust
First Floor, North Admin
Hammersmith Hospital Site
Ducane Road
London
W12 OHS
Email: Anne.mottram@imperial.nhs.uk or amottram08@imperial.ac.uk

Telephone:

Thank you for taking the time to read this information
Appendix 10 –

Participants Information Sheet

Information for Study Participants (Results Interviews)

Imperial College London,

Imperial College Healthcare NHS Trust

2014 – 2015

Study Title; An exploration of the relationship between organizational culture, organizational identity and healthcare performance in a merged Academic Health Science Centre

1. What is the purpose of the study?

*The study is purely for academic purposes and does not in any way replicate or replace surveys sent out by the Trust on engagement or other issues.* To develop an understanding of factors that might have impacted or influenced the results of the study and to explore stakeholder views on the results.

2. Why have I been asked to help?

To gain insight into stakeholder views on what factors might have contributed to the survey results.

Everyone’s opinion is very valuable and the greater the variety of people who contribute views to the study, the better to build up a clearer picture of how employees feel about the place where they work.

You have been selected to give your views based on the type of job you do within your area of work.

3. Do I have to take part?

Participating in the study is entirely your decision. If you decide to take part you may still withdraw at any time.

4. What will happen if I chose to participate in the study?

The only requirement is that you agree to participate in a short interview which will last around 30 minutes. This interview may be face to face or by telephone, whichever method is the most convenient for you.

The interviews will be carried out over a 4-week period; you can request to be interviewed anytime during this period that is convenient to you.
5. Will the information I give remain confidential?

Yes, absolutely. The information is not stored with your name or any other identifying data. Each interview is given a number.

6. What will happen to the results?

The results will be presented in a way so that responses are not attributable to any individuals, that is, it will not be possible to know who gave the responses in the results section of the study. Themes from the interviews will be used to develop the performance measurement approach in the study and in selecting the performance indicators that will be used in testing the study hypothesis.

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Ducane Road
London
W12 OHS
Email: Anne.mottram@imperial.nhs.uk or amottram08@imperial.ac.uk
Telephone:

Thank you for taking the time to read this information
A total of six doctoral theses were included as reference material in the study. From these it was possible to contact two of the authors, Lennox-Chhugani (2011) and Reymann (2009).

Searches including Universities, Google and LinkedIn failed to locate correspondence details for the remaining four, Hernandez (2010), Johnson (2009), Robbins, 2011), Ahmadi (2010).

25th August 2015

Dear Dr Reymann

I am completing my PhD thesis at Imperial College London entitled 'An Exploration of the Relationship between Organisational Culture, Organisational Identity and Healthcare Performance in a Merged Academic Health Science Centre'.

I seek your permission to reprint, in my thesis an extract from: Exploring the relationship of leadership and culture to organizational performance: A study of a mid-sized hospital.

The extract to be reproduced is: to reference your study as part of my literature search.

I would like to include the extract in the printed examination copy of my thesis and also the electronic version which will be added to Spiral, Imperial's online repository http://spiral.imperial.ac.uk/ and made available to the public under a Creative Commons Attribution-Non-commercial-NoDerivs licence.

If you are happy to grant me all the permissions requested, please return a signed copy of this letter. If you wish to grant only some of the permissions requested, please list these and then sign.

Yours sincerely,
Anne Mottram

25th August 2015

Dear Niamh

I am completing my PhD thesis at Imperial College London entitled 'An Exploration of the Relationship between Organisational Culture, Organisational Identity and Healthcare Performance in a Merged Academic Health Science Centre'.

I seek your permission to reprint, in my thesis an extract from: Power and Construction of Organisational Identity: Creating the United Kingdom’s First Academic Health Science Centre. The extract to be reproduced is: to reference your study as prior research in this field.

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Yours sincerely,

Anne Mottram