

Do Not 'Hit and Miss' Or 'Spray and Pray', Diagnose First

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Abstract: This quantitative, cross-sectional study uses an integrated system evaluation process to diagnose eight variables (key tasks, structure, people relationships, motivation, support, management leadership, attitude towards change and performance) that contribute to effective organisations, with the aim of identifying gaps and suggesting corrective actions. The population comprised of all staff in a provincial trade and investment promotion agency in South Africa and a consensus approach was used through a cluster sampling technique, which secured an 85.4% response rate. Data was collected using questionnaires and analysed using both descriptive and inferential statistics. The psychometric properties (validity and reliability) of the questionnaires were statistically determined using Factor Analysis and Cronbach's Coefficient Alpha. The results indicate that employees perceive the eight elements of organisational diagnosis as having the potential to influence effectiveness in varying degrees. The element perceived to be functioning most effectively, having the least degree of shortfalls is Key Tasks, and the element requiring the greatest degree of improvement is Structure. Significant intercorrelations exist amongst these eight diagnostic variables. Based on the results of the study, strengths and areas for improvement in each of these diagnostic variables has been identified and recommendations are graphically depicted, which when effectively implemented has the potential to enhance each of the elements and overall organisational effectiveness.

Key words: *Organisational diagnosis, key tasks, structure, people relationships, motivation, support, management leadership, attitude towards change, performance*

1. Introduction

Today's organisations wrestle in a competitive environment, as strategic goals, changes and challenges, amongst others, make up the dynamics of organisational life. Organisational survival, success and effectiveness depend on the ability of the organisation to confront and adapt to the challenges, constant turbulence and uncertainty, competition and rapidly changing environments that it operates within. The implication is that in order to be competitive, the organisation must be flexible, innovative and must change to meet the demands of the environment. Researchers have emphasized the importance of flexibility and innovation as drivers for organisational success (Athey & Schmutzler, 1995; Cuijpers, Guenter & Hussiner, 2011; Mechling & Applegate, 2001; Torpey, 2007), for gaining competitive advantage (Ren, Zeng & Krabbendam, 2010), addressing global economic challenges (Eco Innovation Synthesis Report, 2009), for the development of a sustainable society and for economic growth (Markusson & Olofsdotter, 2001). However, many change initiatives fail to deliver the anticipated results of increased performance, morale, customer satisfaction and teamwork and, decreased costs, defects and wastage. Instead, they have simply brought about loss, grief, fear, deterioration of trust, confusion, ambiguity, self-preservation and immense struggle. Such failures in implementing change have often occurred as a result of organisational leaders intervening prematurely and adopting a 'spray and pray approach' to solve perceived organisational problems without a proper and planned diagnosis of the problem (Di Pofi, 2002; Harrison & Shirom, 1999; Rafferty & Griffin, 2001). The outcome then is a process of change that seems like a reshuffled pack of cards in which the content of each hand change but the nature of the game is constant (Mattacks, 2004). In fact, what is needed is a rigorous organisational assessment and diagnosis, that is, the process of examining the current functioning of the organisation, department, group, or job to unravel the sources of problems and areas for improvement so that appropriate guidelines may be developed to direct the change towards enhanced effectiveness (Cronshaw & McCulloch, 2008; Cummings & Worley, 2001 cited in van Tonder & Roodt, 2008). Undoubtedly, improving and changing organisations demand properly understanding and diagnosing them. Organisational diagnosis with systematic and pertinent data collection will unfold the way an organisation is functioning and will determine the current state of the organisation (Slocum & Hellriegel, 2007). It is an involved undertaking, which entails the

“interweaving of data from multiple sources to draw conclusions (inferences about what ails an organization and how it can be fixed or made better” (Lowman, 2005). Effective diagnosis entails assessing the forces which may enable or hinder the process of accomplishing the change objective (that is, what needs to be achieved out of it) (Grundy, 1995) and must be conducted in a manner that brings about meaning, reduces pain, and contributes to promoting the well-being of the organisation (Lowman, 2005). It helps the organisation to understand itself, its strengths, weaknesses and opportunities for improvement. Evidently, organisational diagnosis is an essential, first step and a critical management tool in every change effort to determine whether change is desirable and necessary to accomplish the purpose of the diagnosis.

In fact, properly planned and implemented change can be used to create a competitive strategy for the organisation. This means that the organisation must develop its competitive advantage through successfully aligning its capabilities, resources and strengths to the key success factors needed to address the needs of the market (Eaton, 2010; Lee & Brower, 2006; Tice, 2011). Since these capabilities are influenced by the organisational environment, it is imperative for organisations to create an effective environment through careful analysis of the context. This will enable a succinct definition of the gap between the current state and the future one towards which the organisation is directed in order to ensure success in the long-term (Baba, Cherecheș, Țiclău & Mora, 2009). Hence, creating the appropriate environment within the organisation is fundamentally about managing the gap between these two environments (Eaton, 2010). It is, therefore, important for diagnosis to precede intervention such that the results of organisational diagnosis are used to initiate interventions thereby leading to strategic organisational change. A diagnostic model identifies the variables, depicts the relationships among the variables, and describes how the performance of the system can be influenced (Burke, 2002). This, however, can only be attained if the organisation is viewed as a system comprising of various elements or components that interact with each other and that make up its architecture. Within the conceptual model of this study, these elements include key tasks, structure, people relationships, motivation, support, management leadership, attitude towards change and performance, each of which need to be carefully diagnosed using multiple lenses to zoom in on what diagnosticians see and what it means (Gallos, 2006). The eight variables that constitute the conceptual focus of this study provide hints and clues on what to diagnose in order to take corrective actions. Hence, organisational diagnosis is viewed, in this study, as a general, holistic, integrated system evaluation process rather than focussing on a specific sub-component or element. Therefore, this study aims to use an integrated system evaluation process to diagnose eight variables (key tasks, structure, people relationships, motivation, support, management leadership, attitude towards change and performance) that have the potential to contribute to effective organisations, with the aim of identifying gaps and suggesting corrective actions.

2. Key tasks

The vision of the institution must be clearly understood by all employees so that each is aware of the core values and purpose that serves as a common goal and provides direction to the organisation. It is imperative for an employee to understand how his/her key tasks contribute to the vision and objectives of the organisation. Tasks should, therefore, be designed such that work roles are clear and meaningful and, they generate a high level of challenge, employee fulfilment and productivity. A clearly known vision can kindle and energize commitment to change by providing employees with a common goal and a compelling rationale for why revitalization or change is necessary and worth the effort (Kotter, 2008 cited in Jamaludin, Abdullah, Yahya & Huridi, 2012). In this way, employees can play an active role in shaping the desired future and hence, be more committed to accomplishing the desired future state.

Structure: Structure refers to “the formal reporting relationships, roles and clusters of activity within an organisation” (Grundy, 1995). The organisational structure emphasizes the importance of designing structures that are congruent with the organisation’s goals, task, technology and environment and, incorporates the formal structure and organisation of work, chain of command/lines of authority, relations between organisational subsystems, division of tasks, coordination mechanisms, formalisation, standard operating procedures, spans of control and level of flexibility. Here work structures, processes and procedures are examined, diagnosed, re-engineered, implemented and evaluated. Diagnosing the structure of the organisation should clarify employees’ responsibilities and accountability (Tice, 2011). The structural stream of inquiry clarifies the perceived need for strategic and tactical change, maps the dependencies of all organisational processes, documents and diagnoses existing processes, clarifies gaps,

designs new processes and compares the new process design against existing processes whilst taking note of differences (Dooley, 1998). The aim is to consider whether the changes are systemically desirable and culturally feasible and to bring about effective and efficient work processes, continuous improvement of work processes, effective peer teaching and mentoring and customer focus. Daft (2005) believes that some of the most demanding changes are those that relate to structure, such as, redesigning departments, jobs or divisions, redefining positions and responsibilities, downsizing the company or reengineering the organisation. Central tensions that have the potential to occur within the organisation include the bipolar characteristics of differentiation and integration, centralisation and decentralisation, tight boundaries and openness to the environment, bureaucracy and entrepreneurship (Gallos, 2006). Possible interventions that may be used to align structure to the organisational mission and purpose include the use of systems tools for diagnosis, design and implementation, business process methodology, professional experience, teamwork and skill-building (Dooley, 1998), restructuring, infrastructure adjustments, vertical and lateral coordinating mechanisms, technology upgrade, environmental scanning and, job design/redesign (Gallos, 2006).

People relationships: Organisational goals can only be productively achieved through the skilful utilisation of resources and human talents. Hence, a symbiotic relationship exists between individuals and organisations whereby individuals need opportunities to utilise their skills and talents and organisations require human energy and contribution to sustain their efforts, thereby implying that when the fit is right, both will benefit (Bolman & Deal, 2003). The challenge for organisations is to manage the complexity of human nature by facilitating workplace relationships that trigger, enhance and foster high levels of satisfaction and performance (Gallos, 2006). The areas of focus with regards to human resources relate to needs, skills, work relationships and cooperation, norms, perceptions and attitudes, morale, motivation, training and development, interpersonal and group dynamics, supervision, teams, job satisfaction, participation and involvement, informal organisation, support, respect for diversity and, formal and informal leadership (Gallos, 2006). Organisational diagnosis is needed to assess the quality of relationships and for the early identification of the existence of dysfunctional relationships, whereby people are unable to work well together (Stahl, 1997). In the context of diagnosis and change, the involvement of and consultation with people affected by the changes becomes crucial and greater challenges can be expected when diverse cultures exist. It is important not to 'sell' change to people with a view of accelerating agreement and implementation as this is not a sustainable strategy for success (Chapman, 2010). Instead, change needs to be understood and managed such that people can cope effectively with it. It is imperative to ensure that people affected by the change agree with, or at least understand the need, reasons and aims for the change, and ways of responding positively according to their own situations and capabilities. Furthermore, they must have an input into how the change will be managed and must be involved in the planning and implementation of the change process (Chapman, 2010). In other words, change must involve the people concerned and must not be imposed upon them because constructive dialogue reduces resistance to change. Otherwise, central tensions are more likely to occur within the organisation about the bipolar characteristics of autonomy and interdependence, employee participation and authoritative decision-making, self-regulation and external control, and meeting individual needs and meeting organisational needs (Gallos, 2006). Possible interventions that may be used to facilitate the fit between individual and organisational needs include training and education, selection and recruitment practices, redesign of work, job enlargement, job rotation, job enrichment, teambuilding, participative decision-making, empowering employees, counselling, mentoring and coaching and survey feedback.

Motivation: The motivational approach to work design advocates that employee needs and satisfaction are the primary determinants of effectiveness of organisational activities and aims to enrich jobs in order to enhance employee performance and satisfaction (Cummings & Worley, 2001). According to Hackman and Oldham (cited in Cummings & Worley, 2001), the basic steps for job enrichment include:

- Making a thorough diagnosis of the situation in order to determine the motivational potential of the job in terms of the experienced meaningfulness, autonomy and feedback. Satisfaction with pay, co-workers and supervision are also assessed.
- Forming natural work units whereby interrelated task activities are grouped together so as to enhance task identity and task significance as they contribute to the meaningfulness of work.
- Combining tasks into a new and larger one increases task identity and allows an employee to use a greater variety of skills. Self-inspection of work can result in enhanced task significance, autonomy and feedback from the job itself.

- Establishing client relationships requires the employee to develop interpersonal skills thereby enhancing skill variety and the personal responsibility of managing client relationship increases autonomy.
- Vertical loading aims to decrease the gap between doing the job and controlling the job and thereby requires responsibilities and control, which enhance autonomy and bring about feelings of personal accountability.
- Opening feedback channels informs the employee of whether his/her performance is the same, improving or deteriorating. Direct and immediate feedback is motivating.

This motivational method, therefore, provides people with the core job dimensions of skill variety, task identity, task significance, autonomy and performance feedback (Hackman & Oldham, 1980 cited in Cummings & Worley, 2001). Motivation is also enhanced when employees are encouraged to develop to their full potential, are given opportunities for promotion and when work is reviewed against agreed standards of performance.

Support: Change cannot be imposed. Instead, people and teams need to be empowered to find their own solutions and responses, with facilitation and support from managers, and tolerance and compassion from the leaders and the executives (Chapman, 2010). Management and leadership style and behaviour play a more integral role in the diagnostic and change processes than well formulated procedures and policies because during this process employees need to be able to trust the organisation (Chapman, 2010). Managers and leaders need to provide support by providing resources, allowing for mistakes, and protecting/defending people when needed (Brewster, Carey, Grobler, Holland & Warnich, 2009). Guiding employees and helping them to brainstorm and generate ideas as they participate in decisions regarding change is important because it stimulates commitment and because a “healthy organisation is characterised by trust, authenticity, openness, and a supportive climate” (Robbins & Judge, 2007). Departments too need to work cohesively with each other, offering assistance and co-operation rather than working in silos. Without support, there are greater chances that demands of responsibilities, resources, pressures and uncertainties will lead to employee stress (Robbins & Judge, 2007). Lack of support also enhances the occurrence of resistance to change which often results when employees face fear of the unknown and, insecurity and job loss, amongst others. Although resistance to change forces stakeholders to engage over the merits of the ideas resulting in a better decision, it hinders adaptation and progress (Robbins & Judge, 2007). Whilst something salient can be exchanged to lessen the resistance, its occurrence in the first place can be prevented with proper support.

Management leadership: Tushman and Anderson (1997) emphasize that revolutionary, frame-breaking change requires leadership that is strong and effective in communicating and guiding employees to where the organisation is heading. Organisational change is less successful when top management fails to inform employees about the change process. Management skills, such as planning, providing feedback and recognising success factors are core factors in any successful change initiative. According to Higgs and Rowland (2000), managers should have change-management competencies, such as, change impact, change leadership, change execution and change presence, amongst others, in order to succeed. Furthermore, achieving effectiveness over changing organisational conditions demands that leaders manage “fundamentally different kinds of organizations and different kinds of change” (Tushman & Anderson, 1997). Factors that are management-related are potential sources of organisational success and organisational failure (Vecchio & Appelbaum, 1995 cited in Appelbaum, St-Pierre & Glavas, 1998). In most organisations, managers and leaders are the conduits for change who need to overcome obstacles to change. A host of management-related factors include enhancing skills, determining what should be changed, knowing the people, modelling the change, planning for resistance and providing support (Brewster *et al.*, 2009). Permanent changes could be more difficult to execute and, hence, managers must be knowledgeable and effectively schooled in intervention techniques to provide guidance to employees to attain organisational objectives (Nel, Werner, Haasbroek, Poisat, Sono & Schultz, 2008). By including client participation in the diagnosis and the development of alternatives, a better understanding will take place. To influence the circumstances that contribute to change success, instead of controlling its outcomes, a leader should avoid temptations to over-engineer the change process and include the organisation’s intelligence and wisdom, amongst others; issue directives for the change to engage commitment from people; work step-by-step and adjust what is needed; and with diverse and informal groups of people this will represent a cross section of the population, and in this way the interconnectedness will begin to change the larger system (Rowland & Higgs, 2008). According to Cummings and Worley (2009), a needs assessment suitably assesses the competencies considered to be

characteristic of effective leadership in the organisation. Coaching interventions aim to help individuals assess goals, address potential obstacles, lead the change process, and improve performance (Cummings & Worley, 2009).

Attitudes towards change: According to Beer and Nohria (2000), seventy percent of change initiatives fail, and the main reason is due to change resistance (Deloitte & Touche, 1996 cited in Vakola & Nikolaou, 2005) which is connected to the development of negative attitudes to change. Positive attitudes to change are considered to be of importance in achieving organisational goals and in succeeding in change programmes (Eby, Adams, Russel & Gaby, 2000; Gilmore & Barnett, 1992 cited in Vakola & Nikolaou, 2005; Kotter, 1996; Martin, 1998), and evidence shows that negative change attitudes have negative results for the organisation. Beliefs, people's perceptions and attitudes are critical aspects in successful change (Armenakis, Harris & Mossholder, 1993). Employees' attitudes toward change can have an impact on their goal design and achievement, competitive behaviour, personal aspirations, demeanour, individual and collective morale, level and quality of work effort, productivity and turnover intentions (Eby *et al.*, 2000; Pech & Slade, 2004). Stress triggered by organisational change will create negative attitudes toward change, hence making stress an inhibitor (Vakola & Nikolaou, 2005). The mediation of organisational change is always through individual changes (Schein, 1980) and if people are not willing to change, there will be no organisational change (Schneider, Brief & Guzzo, 1996). However, employees with a high level of organisational commitment are more willing to exert more effort in a change initiative and, therefore, are more likely to develop positive attitudes towards the organisational change process (Iverson, 1996; Guest, 1987 cited in Vakola & Nikolaou, 2005). It is evident that researchers have identified various employee responses to organisational change efforts ranging from strong positive attitudes expressing that the change is essential for the success of the organisation to strong negative attitudes reflecting the view that the change would ruin the institution (Piderit, 2000). Therefore, change can be received with excitement and happiness with the corresponding positive intentions to support it or anger and fear with the associated negative intentions to oppose it (Vakola & Nikolaou, 2005).

Performance: One method in the diagnostic process is to determine the performance gap, that is, the disparity between what the organisation could do "by virtue of its opportunity in its environment and what it actually does" (Brown & Harvey, 2006). An organisational assessment that is well organised is a first stage to understanding organisational behaviour, and action taking based on the outcomes of the diagnostic process is the second stage to shaping organisational behaviour and impacting organisational performance (Di Pofi, 2002). An effectively implemented organisational diagnostic process fosters and nurtures a continuous learning environment that affects the organisation's ability to speedily adapt to change as well as positively influence its organisational performance and overall effectiveness (Kontoghiorghe, Awbrey & Feurig, 2005; Martins & Coetzee, 2009). The focus of diagnosing organisational performance is on the total organisation and its issues and needs (McLagan, 1995) and hence, it is imperative to assess performance variables. Diagnostic models identify organisational gaps and critical areas. Managers in successful organisations usually attempt to enhance performance by obtaining employees' consensus, and together managers and employees may set performance goals that are mutually agreeable (Appelbaum *et al.*, 1998). Without collaboration, this could result in a lack of work-team spirit and ultimate failure. Performance analysis increases the probability of success and the highest return on investment (Sun, 2008). According to Appelbaum, *et al.* (1998), some employees' performance under a change environment might be motivated by extrinsic factors, such as pay, job security, working conditions and explicit working rules. Taking cognisance of the external environment, the change-landscape and strategic vision of organisations, top managers need to establish flexibility with infrastructure that should guide the organisation to higher performance levels in the future (Appelbaum, *et al.*, 1998). Other criteria for optimizing performance include employee commitment to performance targets, cost consciousness and effective utilisation of resources, engaging in necessary work using effective work methods and the desire to constantly perform tasks optimally.

3. Methodology

Research approach: The research methodology has been designed to undertake a quantitative, cross-sectional study of the conceptual model made up of eight variables (key tasks, structure, people relationships, motivation, support, management leadership, attitude towards change and performance), all of which will be carefully diagnosed in an integrated system evaluation process in order to identify gaps and suggest corrective actions.

Respondents: The population comprised of all staff in a provincial trade and investment promotion agency in South Africa that aims to promote the province as an investment destination as well as drive the business of trade by assisting companies in the province concerned to identify markets and export their products. Due to the small staff complement, the consensus approach was used through a cluster sampling technique and an 85.4% response rate was secured. The adequacy of the sample was determined using the Kaiser-Meyer-Olkin Measure of Sampling Adequacy (0.280) and the Bartlett's Test of Sphericity (1608.414, $p = 0.000$) which respectively indicated suitability and significance. The results indicate that the normality and homoscedasticity preconditions are satisfied. In terms of the composition of sample, the majority of the sample comprised of female employees (63.4%) with 36.6% being males and, were between the ages of 30-39 years of age (63.4%), followed by those between 40-49 years old (26.8%) and lastly, those between 20-29 years of age (9.8%). Evidently, the staffs in the organisation are fairly young. In addition, 41.5% occupy professional posts, 31.7% hold managerial posts and 26.8% comprise of support staff. Whilst the majority of the employees (36.6%) are in the organisation for 5 to 7 years, an equal percentage (26.8%) have a tenure of less than 2 years and, 2 to 4 years each and 9.7% are in employment in the organisation for more than 8 years.

Measuring Instrument: Data was collected using a questionnaire consisting of two sections. Section A related to the biographical information (gender, age, position, tenure) and was collected using a nominal scale with pre-coded option categories. Section B comprised of 40 items and measured the eight elements of the conceptual model of organisational diagnosis (key tasks, structure, people relationships, motivation, support, management leadership, attitude towards change and performance) using a 1 to 7 point itemised rating scale ranging from disagree strongly (1), disagree (2), disagree slightly (3), neutral (4), agree slightly (5), agree (6) to agree strongly (7) and is drawn from an established questionnaire cited in Carnall (2007). Five items each were used to measure each of the elements. In-house pretesting was adopted to assess the suitability of the instrument. Pilot testing was also carried out using 8 subjects, selected using the same procedures and protocols adopted for the larger sample. The feedback from the pilot testing confirmed that the questionnaire was appropriate in terms of relevance and construction.

Measures: The validity of the questionnaire was assessed using Factor Analysis. A principal component analysis was used to extract initial factors and an iterated principal factor analysis was performed using SPSS with an Orthogonal Varimax Rotation. In terms of the elements of the conceptual model of organisational diagnosis (Section B), eight factors with latent roots greater than unity (Table 1) were extracted from the factor loading matrix and only items with loadings >0.5 were considered to be significant. Furthermore, when items were significantly loaded on more than one factor only that with the highest value was selected.

Table 1: Factor Analysis - Validity of the instrument measuring the dimensions of Organisational Diagnosis

Factor	Eigenvalue	% of Total Variance
1	5.770	14.79
2	4.581	11.75
3	4.364	11.19
4	4.184	10.73
5	3.879	9.95
6	2.933	7.52
7	2.404	6.16
8	1.590	4.08

The reliability of Section B of the questionnaire relating to the elements of the conceptual model of organisational diagnosis was determined using Cronbach's Coefficient Alpha ($\text{Alpha} = 0.948$). This alpha coefficient indicates a very high level of internal consistency of the items and, hence, a high degree of reliability with item reliabilities ranging from 0.945 to 0.950 and reliabilities of dimensions of organisational diagnosis ranging from above moderate (Motivation: 0.588, Attitudes to change: 0.594) to high (Structure: 0.821, People Relationships: 0.826, Management Leadership: 0.836) (Table 2).

Administration of the measuring instrument: The questionnaires were administered personally by the researchers during a staff meeting and training session and, therefore, allowed opportunity for building rapport, clarification and a better response rate.

Statistical analysis: Descriptive (means, standard deviations) and inferential (correlation, ANOVA, t-test) statistics were used to analyse the quantitative data. Whilst the descriptive statistics and correlation were used to assess the elements of organisational diagnosis, ANOVA and t-test were used to assess biographical influences. The data was captured using Excel (2007), processed with SPSS Version 19.0 and presented using tabular and graphical representations.

Table 2: Cronbach's Coefficient Alpha - Overall Reliability and Reliabilities per dimension of Organisational Diagnosis

Dimension	Cronbach's Coefficient Alpha
Overall Organisational Diagnosis	0.948
Key Tasks	0.776
Structure	0.821
People Relationships	0.826
Motivation	0.588
Support	0.787
Management Leadership	0.836
Attitudes to Change	0.594
Performance	0.736

4. Results

Descriptive Analyses: Assessment of the Elements of Organisational Diagnosis: An analysis of employee perceptions of the eight elements that constitute the conceptual focus of organisational diagnosis was undertaken using a 1 to 7 point itemised rating scale to provide hints and clues on where corrective actions are needed. The higher the mean score value, the greater the extent to which the dimension is being fulfilled and the lesser the gaps and vice versa.

Table 3: Descriptive Statistics – Elements of Organisational Diagnosis

Dimension	Mean	Variance	Std. Dev.	Min	Max	Confidence Interval Lower	Upper
Key Tasks	5.776	0.806	0.898	3.2	7.0	5.492	6.059
Structure	4.985	1.325	1.151	1.6	6.8	4.622	5.349
People Relationships	5.063	1.301	1.141	2.2	6.8	4.703	5.423
Motivation	5.020	0.774	0.880	2.8	6.4	4.742	5.297
Support	5.015	1.171	1.082	2.0	6.8	4.673	5.356
Management Leadership	5.049	1.622	1.273	1.8	7.0	4.647	5.451
Attitudes to Change	5.268	0.897	0.947	1.6	6.8	4.969	5.567
Performance	5.239	0.904	0.951	2.8	6.4	4.939	5.539

Table 3 indicates that employees perceive the eight elements of organisational diagnosis in varying degrees. The element perceived to be functioning most effectively and having the least degree of shortfalls is Key Tasks and the element requiring the greatest degree of improvement is Structure. Table 3 indicates that the elements in increasing level of corrective action needed (based on mean score values) are as follows:

- Key Tasks (Mean = 5.776)
- Attitudes to Change (Mean = 5.268)
- Performance (Mean = 5.239)
- People Relationships (Mean = 5.063)
- Management Leadership (Mean = 5.049)
- Motivation (Mean = 5.020)
- Support (Mean = 5.015)
- Structure (Mean = 4.985)

Whilst the aforementioned would indicate that efforts to ensuring organisational effectiveness are productive, when the mean scores are compared against a maximum attainable score of 7 it clearly reflects room for improvement/need for change. The gaps for each of the elements of organisational diagnosis have been assessed using frequency analyses. In terms of key tasks, it was found that the

majority of employees agreed (36.6%) or strongly agreed (58.5%) that they understand the objectives of the organisation and that they are clearly stated (56.1% agreed and a further 36.6% strongly agreed). In addition, 63.4% of the employees agreed and another 26.8% strongly agreed that they are motivated by the work they do. Whilst 70.7% of the employees agreed and a further 26.8% strongly agreed that the priorities of the organisation are understood by its employees, of concern is that 7.3% disagreed with this statement and 9.8% remained neutral. Likewise, whilst 43.9% of the employees agreed and another 36.6% strongly agreed that in their own work, area objectives are clearly stated and each person's work role is clearly identified, of concern is that 9.8% disagreed with this view and 9.8% remained neutral. In terms of structure, it was found that 60.9% of the employees agreed and a further 14.6% strongly agreed that the organisation of work is effective and the majority felt that there is constant search for ways of improving the way they work (78.1%). However, concern was noted that 19.5% of the employees were neutral on and a further 22% disagreed that jobs and lines of authority are flexible. Similar levels of disagreement was noted when assessing whether the way in which the work tasks are divided is sensible and clear (36.6%) and produced general satisfaction (34.1%). In terms of people relationships, there was overwhelming support (90.2% of the employees either agreed or strongly agreed) that their relationships with other members of their work group are good. Furthermore, 51.2% of the employees agreed and another 24.4% strongly agreed that they can always talk to someone at work if they have a work-related problem. However, whilst 56.1% of the employees felt that managers will always listen to ideas and conflicts of view are resolved by solutions, which are understood and accepted the remaining 43.9% were not convinced. In addition, about 34.2% of the respondents were not convinced that they cooperate effectively in order to get the work done. About motivation, positive views were held in terms of being encouraged to develop to full potential (87.9%), individual work performance being reviewed against agreed standards (88.3%) and encouragement and recognition being given for all jobs and tasks in the organisation (73.2%). However, 36.5% of the employees felt that the salary that they receive is not commensurate with the job that they perform. Of major concern is that 68.3% of the employees were not convinced that there are opportunities for promotion and increased responsibility in the organisation.

In terms of support, it was noted that whilst internal support (boss/supervisor) was recognised and appreciated, inter-departmental support was lacking. It was found that 39% of the employees agreed and another 39% strongly agreed that their immediate boss has ideas that are helpful to them and their work group. Furthermore, 75.6% agreed that the organisation sets realistic plans and 73.1% believed that they have all the information and resources that they need to do a good job. However, concern was expressed (24.4%) that other departments are not helpful to their own department whenever necessary. Of concern is that 58.6% of the employees were not convinced that departments work well together to achieve good performance. In terms of management leadership, a significant 85.4% of the employees felt that their immediate boss is supportive and helps them in their work, 82.9% maintained that their boss regularly reviews their performance and 80.5% believed that their boss's management style helps them in the performance of their own work. However, of concern is that 46.3% were not convinced that the management style adopted by senior management is helpful and effective and that the management team provides effective and inspiring leadership (56.2%). In terms of attitudes to change, positive views were held regarding willingness to make changes in their job (88.5), the organisation having the capacity to change (82.8%), creativity and initiative being encouraged (78.1%) and having relevant and up-to-date policies and procedures in the organisation (75.6%). However, 41.5% of the employees were not convinced that they constantly review their methods and introduce improvements. In terms of performance, 92.6% of the employees maintained that they regularly achieve their objectives, 80.5% felt that the work they do is always necessary and effective and 80.4% believed that results are obtained because people are committed to them. However, employees were not convinced that people are always concerned to do a good job (31.8%) and are cost conscious and do not always seek to make the best use of resources (48.8%).

Inferential Statistics

Hypothesis 1: The eight elements that constitute the conceptual focus of organisational diagnosis significantly correlate with each other (Table 4).

Table 4: Interco relations – Elements of Organizational Diagnosis

Elements	r/p	KT	STR	PR	MOT	SUP	ML	AC	PERF
Key Tasks (KT)	r	1.000							
Structure (STR)	r	0.620	1.000						
	p	0.000*							
People Relationships (PR)	r	0.560	0.794	1.000					
	p	0.000*	0.000*						
Motivation (MOT)	r	0.468	0.576	0.729	1.000				
	p	0.002**	0.000*	0.000*					
Support (SUP)	r	0.412	0.695	0.828	0.611	1.000			
	p	0.007*	0.000*	0.000*	0.000*				
Management Leadership (ML)	r	0.339	0.741	0.738	0.647	0.785	1.000		
	p	0.030**	0.000*	0.000*	0.000*	0.000*			
Attitudes to Change (AC)	r	0.426	0.517	0.750	0.663	0.681	0.668	1.000	
	p	0.005*	0.001*	0.000*	0.000*	0.000*	0.000*		
Performance (PERF)	r	0.715	0.434	0.525	0.398	0.438	0.297	0.559	1.000
	p	0.000*	0.005*	0.000*	0.010*	0.004*	0.000*	0.000*	

* $p \leq 0.01$, ** $p < 0.05$

Table 4 indicates that the eight elements of the conceptual focus of organisational diagnosis (key tasks, structure, people relationships, motivation, support, management leadership, and attitudes to change, performance) significantly intercorrelate with each other at, at least the 5% level of significance. Hence, Hypothesis 1 may be accepted. In particular, the following strong, significant relationships are noted at the 1% level of significance:-

- Key Tasks and Performance ($r = 0.715$).
- Structure and People Relationships ($r = 0.794$) and Management Leadership ($r = 0.741$) respectively.
- People Relationships and Management Leadership ($r = 0.738$) and Attitudes to Change ($r = 0.750$) respectively.
- Support and Management Leadership ($r = 0.785$)

Hypothesis 2: Employees varying in biographical profiles (gender, age, position, tenure) differ significantly in their perceptions of the elements of organisation diagnosis (key tasks, structure, people relationships, motivation, support, management leadership, attitudes to change, performance) respectively (Table 5 and Table 6).

Table 5: t-Test (Gender) and ANOVA (Age, Position, and Tenure) and perceptions of the elements of organizational diagnosis

Dimension	t-Test Gender		ANOVA Age		Position		Tenure	
	t	p	F	p	F	p	F	p
Key Tasks	0.130	0.897	0.181	0.835	0.448	0.642	0.743	0.533
Structure	0.677	0.502	0.659	0.523	0.145	0.865	1.202	0.323
People Relationships	0.980	0.333	1.324	0.278	0.562	0.575	2.140	0.112
Motivation	0.625	0.536	1.428	0.252	1.444	0.249	4.080	0.013**
Support	1.075	0.289	0.764	0.473	0.266	0.768	2.942	0.046**
Management Leadership	2.575	0.014**	2.241	0.120	0.396	0.676	1.922	0.143
Attitudes to Change	0.672	0.506	1.073	0.352	1.551	0.225	0.788	0.508
Performance	-0.197	0.845	1.212	0.309	0.250	0.780	0.620	0.607

** $p < 0.05$

Table 5 indicates that male and female employees differ significantly in their perceptions of management leadership at the 5% level of significance. In order to assess exactly where these significant differences lie, mean analyses were assessed (Table 6) and it is noted that male employees had a more positive view

of their management leadership than their female counterparts did. No other significant differences were noted in terms of gender. Furthermore, age and position did not influence employee perceptions of the elements of organisational diagnosis. Table 5 also reflects that employees varying in tenure differ significantly in their perceptions of motivation and support at the 5% level of significance. In order to assess exactly where these significant differences lie, mean analyses were assessed (Table 6).

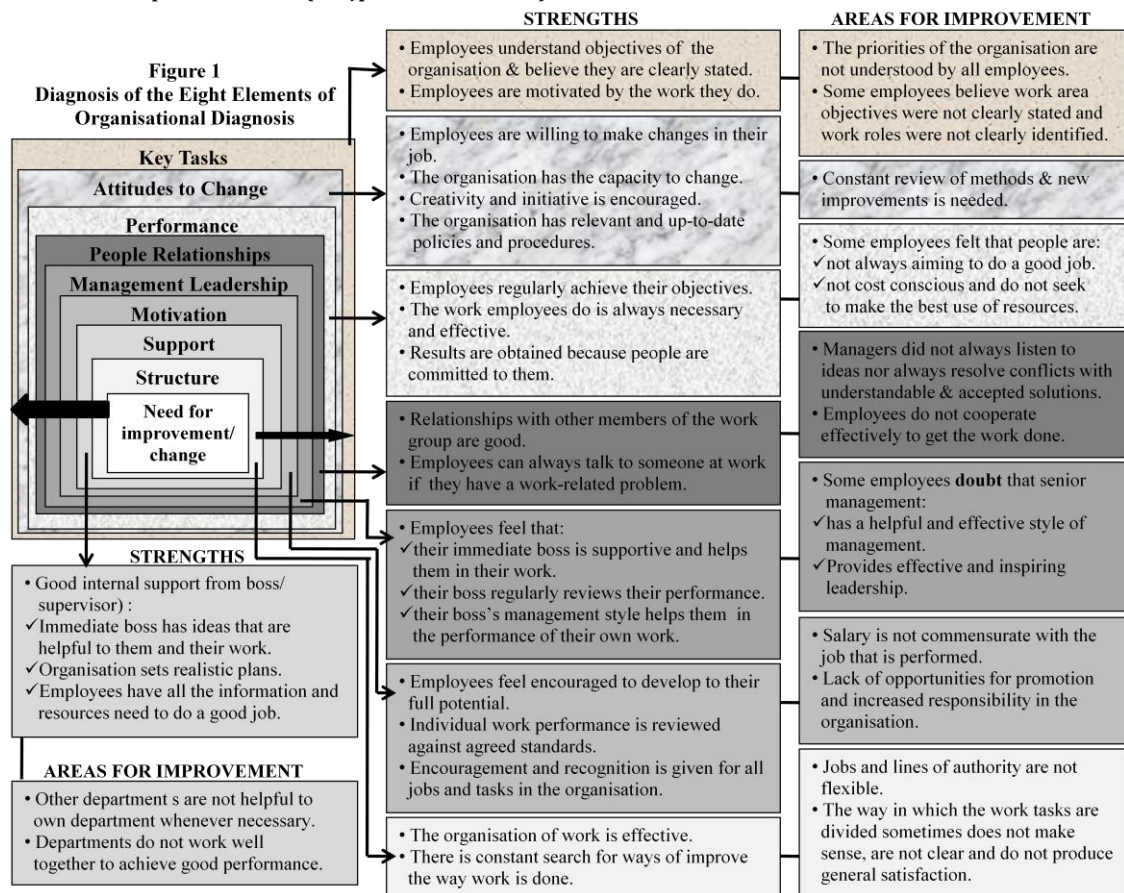
Table 6: t-Test (Gender) and ANOVA (Tenure) and differences in employee perceptions of the elements of organizational diagnosis

Dimension	t-Test Gender	Mean	Standard Deviation
Management Leadership	Male	5.680	1.2394
	Female	4.685	1.1651
Dimension	ANOVA		
	Tenure	Mean	Standard Deviation
Motivation	Below 2 years	5.509	0.5540
	2 to 4 years	4.818	0.8317
	5 to 7 years	4.613	0.9242
	8 years and over	5.750	0.6608
Support	Below 2 years	5.618	0.6290
	2 to 4 years	4.364	0.9584
	5 to 7 years	4.973	1.2233
	8 years and over	5.300	1.1136

In terms of motivation, it is noted that employees with a tenure of <2 years differ significantly from those working in the organisation for 2 to 7 years in that the latter recognise more gaps in motivation than the former. The results indicate that as tenure increases (up until 7 years), employees' perceptions of the ability of the work environment to motivate those decreases. In terms of support, the results indicate that employees working in the organisation for <2 years differ significantly from those with a tenure of 2 to 4 years in that the latter recognises more gaps in support than the former. No other significant differences were noted in terms of tenure.

Discussion: From the results, it can be diagnosed that all elements of the conceptual focus of organisational diagnosis need some degree of improvement (as noted from the deviation of the mean scores from the maximum attainable score of 7), with structure needing the greatest amount of corrective action/change. This is depicted in Figure 1 which indicates that the innermost segment (closest to the need for improvement/change) is least effective but as moves outward (as reflected by the black arrow), the degree of corrective action/change needed decreases (Figure 1). Figure 1 clearly depicts the strengths for each diagnostic element as well as areas for improvement. In terms of key tasks, attempts need to be made to ensure that all employees understand work area objectives and the priorities of the organisation and are clear on work roles. In order to improve attitudes to change, there must be more frequent review of methods adopted and improvements must be continuously introduced. Colbert and Witt (2009) concluded that when supervisors or managers define and communicate organisational objectives and priorities succinctly and convert them into work unit level priorities, dedicated and conscientious employees perform at higher levels than they do in the absence of such clarity. In terms of performance, supervisors must ensure that employees constantly aim to do a good job, are cost conscious and always seek to make the best use of resources. Engel (2011) believes that companies must first review processes that need improvement and do so frequently if not constantly to bring them up to date. To enhance people relationships, managers need to listen to employees' ideas and need to manage conflict by providing understandable and accepted solutions. Managers must also ensure that employees cooperate effectively to get the work done. Line managers should have the skills, knowledge and confidence to identify and manage disagreements in the workplace timorously before the problems escalate out of proportion (CIPD Guide, 2008). In order to improve management leadership, senior management needs to develop and display a visibly effective and inspiring management style. Beck (2004) believes that exceptional leadership inspires people to give their best effort. He adds that being productive, having good time management skills and good judgement is important and necessary but not sufficient. Beck (2004) believes that exceptional leadership encompasses relating to people in a manner that inspires them to give off their best effort for themselves, their organisation, their community, their family and/or their world. In terms of motivation, it must be ensured that salaries are commensurate with the job that is

performed and that there are opportunities for promotion and increased responsibility. This is important because motivated employees work efficiently and effectively and leads the organisation towards growth, prosperity and productivity (Manzoor, 2012). In terms of support, enhanced inter-departmental collaboration must be stimulated. Research found that inter-departmental innovation collaboration facilitates innovation performance (Cuijpers *et al.*, 2011).



In order to enhance structure, more flexible jobs and lines of authority must be considered and, work tasks must be divided logically and clearly and produce general satisfaction. Variable work schedules, such as flexible scheduling, compressed workweeks and compensatory time off, are an inexpensive way for employers to offer their workers greater flexibility and for many employees; minor changes in schedules are all they need to assist them in managing work and life (Torpey, 2007). The results of the study also indicate that the diagnostic elements (key tasks, structure, people relationships, motivation, support, management leadership, and attitudes to change, performance) significantly intercorrelate with each other. The implication is that an improvement in these dimensions has the potential to have a rippling effect and enhance the effective functioning of the organisation as a whole. A combined improvement in key tasks, structure, people relationships, motivation, support, management leadership, attitudes to change and performance can, therefore, snowball and enhance the attainment of organisational goals and, hence, the overall functioning and strategic position of the organisation. Specifically, improvement in the management leadership has the potential to have a positive spiralling effect of all the other elements, particularly structure, people relationships and support as strong relationships with these elements have already been noted. Hence, it would be beneficial to invest in management leadership. The results of the study reflect that the perceptions of employees are partially influenced by their biographical profiles. Whilst significant differences were noted in terms of employee perceptions of management leadership based on gender in terms of management leadership with male employees showing significantly greater confidence in their management leadership than their female counterparts. It would be useful to assess if any expectations of female employees have not be met or whether are simply harder to please. Furthermore, tenure significantly influenced perceptions of motivation and support respectively with employees working below 2 years in the organisation being more confident about motivation and support received. Perhaps new recruits are easier to motivate and

are more appreciative of support and employees with longer tenure probably need of forms of motivation and support. No other significant differences were noted in terms of gender, age, position and tenure.

5. Conclusion and Recommendations

Very often organisations invest a tremendous amount of money on training. They 'hit' the employees with days of training but 'miss' completely because the training was implemented without proper diagnosis of the prevailing situation. It is always imperative to diagnose first as this saves time and money. The results of this diagnosis provide an impressive perspective of the functioning of this organisation. However, every organisation strives to perform optimally and in order to do so it is important to diagnose areas for improvement. Based on the results of the study, areas for enhancement were identified (Figure 1). In attempts to overcome these gaps, recommendations for each of the elements of organisational diagnosis have been presented (Figure 2).

Figure 2: Recommendations for the areas improvement in the eight elements of organisational diagnosis

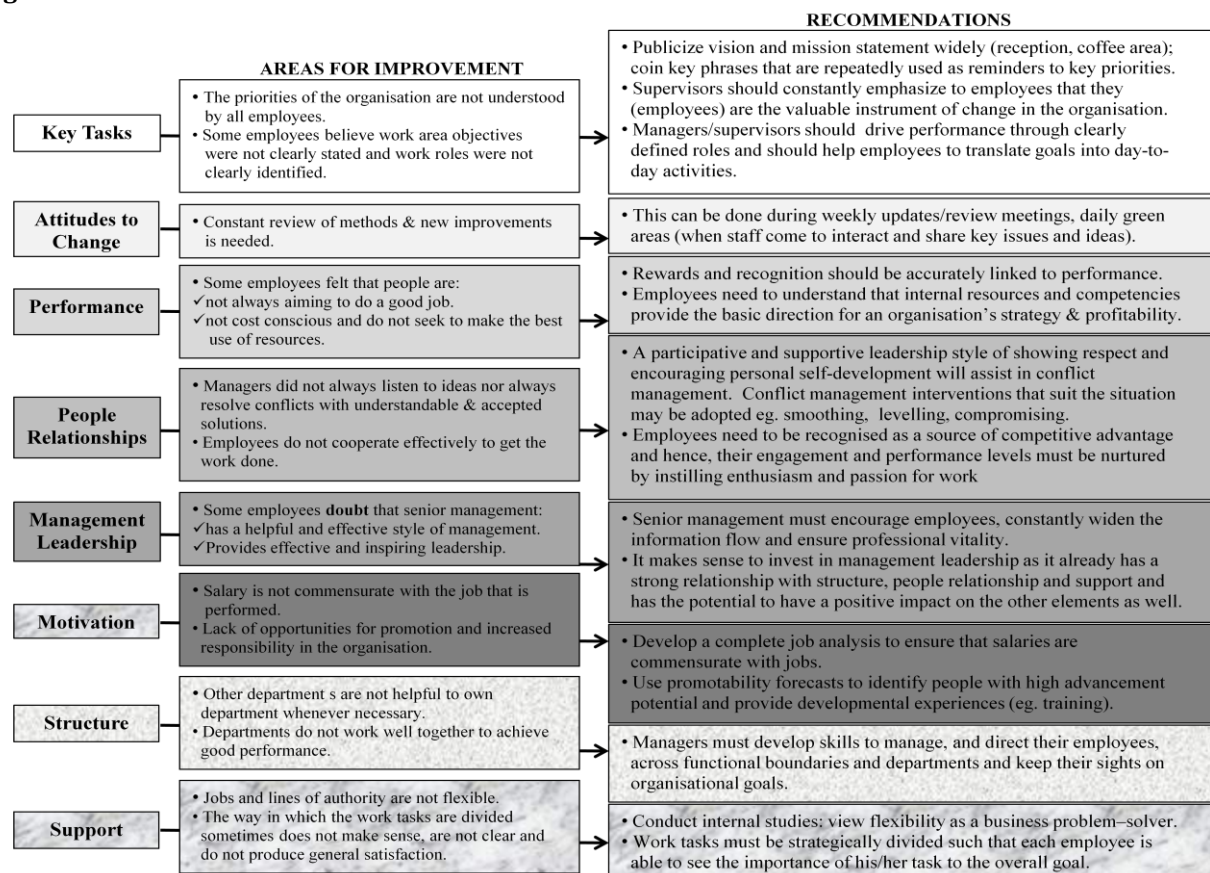


Figure 2 provides recommendations for closing the gaps identified in each of the elements (key tasks, attitudes, performance, people relationships, management leadership, motivation, structure, support), which when effectively implemented has the potential to enhance, organisational effectiveness.

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