Organisation Development and Strategic Intervention for Enterprise Sustainability: Empirical Evidence from Nigeria.

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Abstract
Organization development intervention (ODI) is a deliberately planned, organisation-wide effort to increase an organization's effectiveness or efficiency. Many enterprises today fail to exist because they lack the strategies for sustainability in term of intervention, ABC specialist hospital a medium size private owned medical facility is one of them. In order to revive the organisation from low level of profitability, frequent conflicts among the stakeholders, customer’s dissatisfaction / low quality of service and high unethical practices among the staff to mention just a few, the study becomes pertinent. The main objective of this study is to diagnose and determine ideal organisation development intervention strategy for ABC specialist hospital, Akure, Ondo State, Nigeria and proffer possible solution to the hospital management base on our findings. The research design adopted in this study is the survey research design using triangular approach. A sample size of Sixty-seven (67) respondents was selected with the help of the multi-stage stratified and the Systematic sampling techniques. The stated hypothesis was tested and analysis using chi-square inferential statistical tool and coefficient of correlation to measure the degree of relationship of the variables under study. It was revealed from the study that there is significant relationship between teamwork and performance, thus the study recommended human process interventions through team building in the organisation because team-building interventions are directed towards the analysis of the effectiveness of team processes such as problem solving, decision making and interpersonal relationships, a diagnosis and discussion of the issues and joint consideration of actions required to improve effectiveness (Armstrong, 2006).

Keywords: Organisational Development, Strategic Intervention, Enterprise Sustainability, Specialist Hospital and Nigeria.
1.0 Introduction

This paper x-ray ABC specialist hospital, Akure Ondo State Nigeria. It identified notable symptoms that call for diagnosis in the said hospital. Diagnosis method used in the study was discussed, and various problems associated with the organisation were identified. Also, the study proposed organisation development intervention (ODI) to address identified problems. Evaluation of the proposed ODI was also carried out to determine its suitability hence, conclusion were drawn.

1.1 Background of the Study

ABC specialist hospital is a medium size private owned medical facility located at Akure, Ondo State, South-west, Nigeria. The facility was established as a limited liability company with the mandate to offer quality medical services to the people of Akure and its environs. The organogram of the hospital comprises of the board of directors whose functions is to formulate feasible and viable policies and the management staff saddled with the responsibilities of running the day to day activities of the hospital as shown in figure 1 below:

![Organizational Chart of ABC Hospital, Akure, Ondo State.](image_url)

Figure 1: Organizational Chart of ABC Hospital, Akure, Ondo State.

1.2 Problem Statement

In other to x-ray current condition of an organisation, it is important to identify symptoms that the organisation possesses. Once this is achieved, the main cause of the identified symptoms should be examined and appropriate recommendations will be offered to avert the problem. By symptoms, we mean those peculiar signs that show the unhealthiest of the organisation.

As it applied to ABC specialist hospital Akure, the following symptoms were observed by the directors of the hospital which calls for ODI:

i. Low level of profitability

ii. Frequent conflicts among the stakeholders

iii. Customers dissatisfaction / low quality of service

iv. High unethical practices among the staff
Thus, this study is tailored towards investigating the likely causes of the above mentioned issues as pointed out by the directors of ABC specialist hospital, Akure. Hence, provide feasible and viable intervention strategies to addressing the problems.

1.3 Research Objectives

The main objective of this study is to diagnose and determine ideal organisation development intervention strategy for ABC specialist hospital, Akure, Ondo State, Nigeria.

The specific objectives are as follows:
1. To identify the main cause of the above listed symptoms in ABC specialist hospital.
2. To proffer possible solution to the hospital management base on our findings.

1.4 Research Hypothesis

In attempt to draw feasible inference from the findings of this study empirically, the consultant proposed this hypothesis:

Ho: There is no significant relationship between teamwork and organisation performance.

2.0 Literature Review

Organisational development intervention is necessary, when business has problem and the owner felt that in order to solve it, the company needs to revise its business plan and diagnose the business problem from inside out. In this study, previous literature on ODI is reviewed to link our study to philosophy of organizational development intervention.

2.1 Meaning and Concept of Organisational Development Intervention

Organization development intervention (ODI) is a deliberately planned, organisation-wide effort to increase an organization's effectiveness or efficiency. OD theorists and practitioners define it in various ways. Its multiplicity of definition reflects the complexity of the discipline and is responsible for its lack of understanding. Organizational development intervention (ODI) refers to any practice that serves to deliberately improve problem solving and renewal processes in organisations (French and Bell, 1998). The term ODI can also be define as range of planned activities that organisation and the OD practitioners design and execute together in the course of organisation development programme for the purpose of improvement (Cheung- Judge and Holbeche , 2011). The index in the above information shows that ODI refers to set of structured activities in which organisations engaged with a task or sequence of task where the task goals are related directly or indirectly to organisational improvement.

2.2 Types of Organisational Development Interventions

According to McNamara (2009) four types of OD intervention was identified as follows:

i. Human process intervention: These types of intervention help the members of the organisation to enhance themselves and the way they work together. It helps to change contradicting cultures and conflicts within the organisation.

ii. Techno-structural Intervention: These types of intervention programme are targeted at improving the overall performance of the organisation by changing the procedures, technology, operation, structure and rules.

iii. Human Resource Management Intervention: This intervention strategy aim to improve the organisation performance by improving the performances of individual and groups within the organisation.
iv. Strategic Intervention: This is to change many aspects like employees, technologies, product and so on by focusing on organisation interaction with the external environment.

2.3 Diagnostic Models

An organizational model is a representation of an organization that helps us to understand more clearly and quickly what we are observing in the organisations. The following are the major organisational development diagnostic model frequently discussed in the literatures

i. Force Field Analysis (1951)
ii. Leavitt’s Model (1965)
iii. Likert System Analysis (1967)
v. Weisbord’s six Box Model (1976)
vi. Congruence Model for Organization Analysis (1977)
x. Diagnosing Individual and Group Behavior (1987)
xi. Burke -Litwin Model of Organizational Performance and Change (1992) and
xii. Falletta’s Organizational Intelligence Model (2008).

2.4 ODI Evaluation Techniques

Organisational development intervention evaluation techniques explain a planned process of assessment of the extent to which intervention scheme that was implemented in an organisation delivered its intended objectives (French, 989). ODI evaluation is usually employed to determine what can be done to improve or refine the implementation of the intervention (Chao and Lee, 2012). That is, a mechanism of feedback from the client on if the ODI scheme that was suggested addresses the problem identified. Thus, achieving feasible and viable ODI effort requires that the OD consultant need to take into consideration the following issues: Implementation and evaluation feedback, Measurement mechanism (i.e. select the right variables, design good measurement to include operational, reliable and valid), Research design (i.e., qualitative or quantitative). Chao and Lee (2012) suggested the following criteria for evaluating ODI to include: Usefulness (i.e. if the information is useful for the organisation after ODI), Feasibility (i.e. evaluation based on practical and cost effectiveness), Ethicality (i.e. if the evaluation is conducted fairly and ethically) and Technical adequacy (i.e. necessary technical support to carry out the evaluation).

2.5 Conceptual Framework

This is the organisational model that help understand more precisely and concisely the organisation under study (Howard, 1994). It shows the organisational behaviours, categorise data of the organisation, interpret data of the organisation and help to provide a common short-hand language used in the organisation. Organisation model also assist to identify variables which has been hypothesized by previous studies and show the relationship between these variables.

It’s worthy to note that without model the collection and interpretation of organisation data will be very challenging by diagnostician because model provides the systematic procedure of collecting and categorising organisation data. OD consultants can either comes
up with a model or adopt a model relevant to the study. Burke cited in Howard (1994) warn diagnostician about adhering rigidity to a particularly model due to the fact that one might be trapped in a chosen model. Therefore, choosing an organisation model should be in conformity with important information needed in the organisation.

For the purpose of this study, Weisbord’s Six-Box model (1976) was adopted. This model was chosen because it focuses on relationships that exist within the organisation. Such as the interaction that exit among units of the organisation from its purpose, structure, technology up to the leadership and environmental influences to mention few. Therefore, this model was considered ideal for this study based on the information gathered from the hospital stakeholders.

Weisbord’s (1976) cited in Falletta (2008) identified six major categories of contents in his model to show the interaction that exist in the organisation which including purpose, structure, leadership, rewards, relationship and helpful mechanism. Weisbord’s refers to purpose as mission and vision statement of the organisation; structure as the way in which the organisation were organised in order to achieve its objectives; leadership as the process of influencing others to achieve the organisation goal; rewards as the outcome of every performance which could be intrinsic or extrinsic; relationship as a means of interaction among the parties which eventually lead to conflicts or cooperation in the organisation while helpful mechanism are the managerial functions towards the goal attainment of the organisation. Although, environmental influence was also mentioned by Weisbord’s as a mean of changing the attitude of people working in the organisation, as shown in figure 2.

![Weisbord’s Six-Box model (1976).](image-url)

Figure 2: Weisbord’s Six-Box model (1976).
Weisbord’s identifies money, time, energy, people, idea as the input that an organisation need while the output includes the products and services produced by the organisation. Conclusively, the model was adopted because it concentrates on internal issues that affect organisation performances particularly in the area of interaction within the organisation like ABC specialist hospital case. That is, Weisbord’s model establishes a systematic approach for analysing the relationships among variables that influence how an organization is managed (Weisbord’s, 1976). Therefore, the study will base its questions on the construct highlighted in the model in order to identify the peculiar problem facing the organisation and what need to be done to avert the problem.

3.0 Research Methodology

This refers to the approach utilized by the researcher in gathering data for the study before arriving at an empirical conclusion (Azika, 2008). This comprises of research design, population for the study, sample size/sampling techniques, instrument for data collection as well as its administration, processing of data procedure and analyzing the data collected, field experience and the methodology limitation.

3.1 Research Design

The research design used in this study is descriptive survey research design. Thus, data were collected using a triangular approach, i.e. use of the questionnaires, interview and documented evidences.

3.2 Population of the study

The population of this study comprises of ninety (90) staff in ABC specialist hospital, Akure, Ondo State, South-west, Nigeria. But, emphasis was focused on the Nurses, Doctors, Matron, Midwives, Administrators and host of others stakeholders that are literate in the hospital. This is so, because of the nature of the research instrument to be used for the study which must be understand by the selected respondents and for easy interpretation.

3.3 Sample and sampling techniques

In a survey research, it is usually necessary to select a sample size that will represent the generality of the population in order to facilitate manageability of the study (Olusanya, 2000). A sample size of Sixty-seven (67) respondents was selected and this researcher considered adequately represent the population under study, and it cut across workers in both medical and non-medical departments of the hospital. Thus a combination of the multi-stage stratified and the Systematic sampling techniques were adopted as sampling techniques.

3.4 Research Instrument

As earlier mentioned in collecting data for the purpose of this study, a triangular approach peculiar to a survey research was adopted i.e. the use of questionnaires, oral interview and documented evidence. The questionnaire was structured into two parts namely: Section A and Section B.

Section ‘A’ dealt with the demographic variable of the respondents, such as sex, age, marital status, educational background, work category and income. While the section ‘B’ was focused extensively on the research instrument adopted for the study which was developed by Roberto preziosi on Organisation Diagnosis Questionnaires (ODQ) but modified to sooth the purpose of this study. The purpose of the ODQ is to provide a survey feedback on the data for the intensive diagnostic efforts (Falletta, 2008).

The instrument has 35 items which cut across all the variables identified by the theorist and the measurement was based on seven likert scale. Also the questionnaires was complemented by an expert interview to get first-hand information directly from the
stakeholders of ABC specialist hospital, Akure on their perception on the subject matter while journals, textbooks and other documented evidences were used for literature review part of the study.

3.5 Validity and reliability of the instrument
To validate the research instrument, the instruments was given to an expert in organisation development and change for context validation while a pre-test was carried out on ten (10) respondents, who were randomly selected across all the departments of ABC specialist hospital Akure, Ondo State to test the reliability of the instruments before field administration. The instrument was considered valid and reliable for the study before administration.

3.6 Method of data Analysis
Analysis of the data collected was done manually through coding and tabulation of the responses derived from each questionnaire according to the variables involved. The analysis was carried out through the conversion of the raw scores into percentages for easy interpretation of demographic characteristics of the respondents with respect to age, sex, marital status, level of education among others. The coding facilitates easy cross tabulation and presentation of data in the form of tables in order to further enhance our data analysis. Finally, in the test of hypotheses, a chi-square inferential statistic tool was used and this was accompanied by the coefficient of contingency to show the degree of association between the variables of research. The test was carried out at 5% level of significance at appropriate degrees of freedom while seven by five contingency was used to calculate the expected frequency of the respondents.

4.0 Data Analysis and Findings
The data collected in the process of this study are presented, analysed and interpreted. Raw data collected are converted into simple percentage for easy analysis on the demographic variables while the hypothesis formulated was also tested in this study.

Table 1 Questionnaire Distribution Responses Analysis

<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distributed</td>
<td>67</td>
<td>100</td>
</tr>
<tr>
<td>Fill and Returned</td>
<td>45</td>
<td>67.16</td>
</tr>
<tr>
<td>Invalid</td>
<td>10</td>
<td>14.90</td>
</tr>
</tbody>
</table>


From table 1, it is evident that a total of 67 copies of the questionnaires were distributed to the respondents online. However, 45 copies were eventually retrieved out of which 10 were rejected on the ground that they were not properly completed. This means that a response rate of 52.24 % was achieved.

Table 2: Sex distribution of the respondents

<table>
<thead>
<tr>
<th>Sex</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>12</td>
<td>34.3</td>
</tr>
<tr>
<td>Female</td>
<td>23</td>
<td>65.7</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100</td>
</tr>
</tbody>
</table>


Table 2 above shows that the number of male respondents represents 34.3% while that of female was 65.7%. This implies that there more female than male in the hospital. This might be attributed to the nature of the organisation which is caring outfit that concern on human treatment that is peculiar to female gender.
Table 3: Age distribution of the respondents

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 20</td>
<td>05</td>
<td>14.3</td>
</tr>
<tr>
<td>21-30</td>
<td>11</td>
<td>31.4</td>
</tr>
<tr>
<td>31-40</td>
<td>13</td>
<td>37.1</td>
</tr>
<tr>
<td>41-50</td>
<td>03</td>
<td>8.6</td>
</tr>
<tr>
<td>51 Above</td>
<td>03</td>
<td>8.6</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100</td>
</tr>
</tbody>
</table>


Table 3 above, 14.3% of the respondents were below the age of 20 while 31.4% were within the age bracket of 21 to 30 years old. 37.1% which represented the highest percentage were staff within the age bracket of 31 to 40 years while 8.6% represent staff within the age bracket of 41 to 50 and 51 years above respectively. This shows that majority of the respondents fall between the age bracket of 31 and 40 years. Thus, it indicates the reason while the questionnaires administered were able to filled and returned.

Table 4: Marital status of respondents

<table>
<thead>
<tr>
<th>Status</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>05</td>
<td>14.3</td>
</tr>
<tr>
<td>Married</td>
<td>28</td>
<td>80</td>
</tr>
<tr>
<td>Divorced</td>
<td>02</td>
<td>5.7</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100</td>
</tr>
</tbody>
</table>


Table 4 above, shows the marital status of the respondent’s. It revealed that 14.3% of the respondents were single while 5.7% were divorced and 80% representing the highest percentage was married among the respondents. This indicates that the outcome of the study can be relied upon because majority of the respondents were married and it shows that they are responsible set of people which might be useful for a reasonable conclusion.

Table 5: Educational Qualification of the respondents

<table>
<thead>
<tr>
<th>Educational level</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pry school leaving Certificate</td>
<td>03</td>
<td>8.6</td>
</tr>
<tr>
<td>WAEC/GCE/SSCE</td>
<td>07</td>
<td>20</td>
</tr>
<tr>
<td>OND/NCE</td>
<td>11</td>
<td>31.4</td>
</tr>
<tr>
<td>B.sc/HND</td>
<td>05</td>
<td>14.3</td>
</tr>
<tr>
<td>M.sc/MBA</td>
<td>07</td>
<td>20</td>
</tr>
<tr>
<td>Others</td>
<td>02</td>
<td>5.7</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100</td>
</tr>
</tbody>
</table>


Table 5 above, educational background of the respondents reveals that 8.6% owes primary school certificate, 20% possess WAEC/GCE/SSCE certificates, 31.4% of the respondents were OND/NCE certificate holders, 14.3% possess B.sc/HND certificate while another 20% owes Master degree certificate and only 5.7% owes other professional qualifications. This implies that all the respondents are literatures and this might be the reason for their employment in the ABC specialist hospital, Akure, Ondo state Nigeria.

Table 6: Employment status of the respondents

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Staff</td>
<td>25</td>
<td>71.4</td>
</tr>
<tr>
<td>Non-medical Staff</td>
<td>10</td>
<td>28.6</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100</td>
</tr>
</tbody>
</table>

From table 6 above, employment status of the respondents reveals that majority of the respondents representing 71.4% were in the medical status of the hospital while the remaining 28.6% were in the Non-medical categories. This might be unconnected to the activities carried out in the ABC specialist hospital, which is basically medical facility for healing sick people of Akure and its environs’.

**Table 7: Work Experience of the respondents**

<table>
<thead>
<tr>
<th>Duration</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 year</td>
<td>03</td>
<td>8.6</td>
</tr>
<tr>
<td>1-5 years</td>
<td>12</td>
<td>34.3</td>
</tr>
<tr>
<td>6-10 years</td>
<td>20</td>
<td>57.1</td>
</tr>
<tr>
<td>11 years above</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Field survey, 2013

From table 7 above, considering the years of experiences, the table shows that 8.6% of the respondents only spent less than one year in the hospital while 34.3% of the respondents have spent between 1 to 5 years in the hospital. The majority of the respondents representing 57.1% have spent the duration of 6 to 10 years with the hospital while no respondents have spent above 11 years in the hospital. This implies that the hospital is still young and this can pave way for constructive diagnosis of the hospital problems.

4.1 Analysis of Respondents’ Perception with respect to the Questionnaires Administered (ODQ) developed by Robert .C. Preziosi.

**Directions:** Do not put your name anywhere on this questionnaire. Please answer all thirty five questions. Be open and honest. For each of the thirty-five statements circle only one (1) number to indicate your thinking.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Agree slightly</th>
<th>Neutral</th>
<th>Disagree slightly</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3 (8.6%)</td>
<td>12(34.3%)</td>
<td>-</td>
<td>2 (5.7%)</td>
<td>4(11.4%)</td>
<td>1 (2.9%)</td>
<td>13 (37.1%)</td>
</tr>
<tr>
<td>2</td>
<td>2 (5.7%)</td>
<td>5 (14.3%)</td>
<td>1 (2.9%)</td>
<td>1 (2.9%)</td>
<td>4 (11.4%)</td>
<td>7 (20%)</td>
<td>15 (42.8%)</td>
</tr>
<tr>
<td>3</td>
<td>1 (2.9%)</td>
<td>1 (2.9%)</td>
<td>2 (5.7%)</td>
<td>4 (11.4%)</td>
<td>5 (14.3%)</td>
<td>7 (20%)</td>
<td>15 (42.8%)</td>
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<tr>
<td>4*</td>
<td>3 (8.6%)</td>
<td>12(34.3%)</td>
<td>-</td>
<td>1 (2.9%)</td>
<td>4 (11.4%)</td>
<td>11 (31.4%)</td>
<td>13 (37.1%)</td>
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<tr>
<td>5</td>
<td>-</td>
<td>1 (2.9%)</td>
<td>4 (11.4%)</td>
<td>1 (2.9%)</td>
<td>5 (14.3%)</td>
<td>11 (31.4%)</td>
<td>13 (37.1%)</td>
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<tr>
<td>6</td>
<td>1 (2.9%)</td>
<td>1 (2.9%)</td>
<td>2 (5.7%)</td>
<td>4 (11.4%)</td>
<td>5 (14.3%)</td>
<td>7 (20%)</td>
<td>15 (42.8%)</td>
</tr>
<tr>
<td>7</td>
<td>4 (11.4%)</td>
<td>2 (5.7%)</td>
<td>1 (2.9%)</td>
<td>-</td>
<td>5 (14.3%)</td>
<td>7 (20%)</td>
<td>16 (45.7%)</td>
</tr>
<tr>
<td>8</td>
<td>3 (8.6%)</td>
<td>4 (11.4%)</td>
<td>3 (8.6%)</td>
<td>2 (5.7%)</td>
<td>5 (14.3%)</td>
<td>7 (20%)</td>
<td>11 (31.4%)</td>
</tr>
<tr>
<td>9</td>
<td>3 (8.6%)</td>
<td>2 (5.7%)</td>
<td>1 (2.9%)</td>
<td>-</td>
<td>4 (11.4%)</td>
<td>5 (14.3%)</td>
<td>20 (57.1%)</td>
</tr>
<tr>
<td>10</td>
<td>3 (8.6%)</td>
<td>12(34.3%)</td>
<td>2 (5.7%)</td>
<td>-</td>
<td>1 (2.9%)</td>
<td>4 (11.4%)</td>
<td>13 (37.1%)</td>
</tr>
<tr>
<td>11*</td>
<td>3 (8.6%)</td>
<td>4 (11.4%)</td>
<td>3 (8.6%)</td>
<td>2 (5.7%)</td>
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<td>11 (31.4%)</td>
</tr>
<tr>
<td>12</td>
<td>1 (2.9%)</td>
<td>1 (2.9%)</td>
<td>2 (5.7%)</td>
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<td>1 (2.9%)</td>
<td>-</td>
<td>4 (11.4%)</td>
<td>5 (14.3%)</td>
<td>20 (57.1%)</td>
</tr>
</tbody>
</table>
14 This organization treat each employee equitably. 3 (8.6%) 12 (34.3%) - 2 (5.7%) 4 (11.4%) 1 (2.9%) 13 (37.1%)

15 I understand the purpose of this organization. 4 (11.4%) 2 (5.7%) 1 (2.9%) - 5 (14.3%) 7 (20%) 16 (45.7%)

16 The manner in which work tasks are divided is a logical one. 3 (8.6%) 4 (11.4%) 3 (8.6%) 2 (5.7%) 5 (14.3%) 7 (20%) 11 (31.4%)

17 This organization’s leadership efforts result in the organization’s Fulfillment of its purposes. - 1 (2.9%) 4 (11.4%) 1 (2.9%) 5 (14.3%) 11 (31.4%) 13 (37.1%)

18 * My relationships with members of my work group are friendly as well as professional. 2 (5.7%) 5 (14.3%) 1 (2.9%) 1 (2.9%) 4 (11.4%) 7 (20%) 15 (42.8%)

19 The opportunity for promotion exists in this organization. 3 (8.6%) 4 (11.4%) 3 (8.6%) 2 (5.7%) 5 (14.3%) 7 (20%) 11 (31.4%)

20 This organization has adequate mechanisms for binding itself together. 1 (2.9%) 1 (2.9%) 2 (5.7%) 4 (11.4%) 5 (14.3%) 7 (20%) 15 (42.8%)

21 This organization favours change. 3 (8.6%) 2 (5.7%) 1 (2.9%) - 4 (11.4%) 5 (14.3%) 11 (31.4%) 13 (37.1%)

22 The structure of my work unit is well designed. 4 (11.4%) 2 (5.7%) 1 (2.9%) - 5 (14.3%) 7 (20%) 16 (45.7%)

23 It is clear to me whenever my boss is attempting to guide my work efforts. 1 (2.9%) 1 (2.9%) 2 (5.7%) 4 (11.4%) 5 (14.3%) 7 (20%) 15 (42.8%)

24 I have established the relationships that I need to do my job properly. - 1 (2.9%) 4 (11.4%) 1 (2.9%) 5 (14.3%) 11 (31.4%) 13 (37.1%)

25 * The salary that I receive is commensurate with the job that I perform. 1 (2.9%) 1 (2.9%) 2 (5.7%) 4 (11.4%) 5 (14.3%) 7 (20%) 15 (42.8%)

26 Other work units are helpful to my work unit whenever assistance is requested. 3 (8.6%) 4 (11.4%) 3 (8.6%) 2 (5.7%) 5 (14.3%) 7 (20%) 11 (31.4%)

27 Occasionally I like to change things about my job. 3 (8.6%) 12 (34.3%) - 2 (5.7%) 4 (11.4%) 1 (2.9%) 13 (37.1%)

28 I had enough input in deciding my work-unit goals. 3 (8.6%) 4 (11.4%) 3 (8.6%) 2 (5.7%) 5 (14.3%) 7 (20%) 11 (31.4%)

29 The division of labour in this organization actually helps it to reach its goals. 3 (8.6%) 2 (5.7%) 1 (2.9%) - 4 (11.4%) 5 (14.3%) 20 (57.1%)

30 I understand my boss’s efforts to influence me and the other members of the work unit. 4 (11.4%) 2 (5.7%) 1 (2.9%) - 5 (14.3%) 7 (20%) 16 (45.7%)

31 * There is no evidence of unresolved conflict in this organization. 1 (2.9%) 1 (2.9%) 2 (5.7%) 4 (11.4%) 5 (14.3%) 7 (20%) 15 (42.8%)

32 All tasks to be accomplished are associated with incentives. - 1 (2.9%) 4 (11.4%) 1 (2.9%) 5 (14.3%) 11 (31.4%) 13 (37.1%)

33 This organization’s planning and control efforts are helpful to its growth and development. 2 (5.7%) 5 (14.3%) 1 (2.9%) 1 (2.9%) 4 (11.4%) 7 (20%) 15 (42.8%)

34 This organization has the ability to change. 3 (8.6%) 4 (11.4%) 3 (8.6%) 2 (5.7%) 5 (14.3%) 7 (20%) 11 (31.4%)


4.2 Data Analysis [Discussion]

From the questionnaire adopted for the study which was designed by Preziosi (ODQ) it shows that the author structures the questions in line with Weissbord’s (1976) Six-Box model. The questions cut across the six identified variables needed for organisational
effectiveness and efficiency, namely: Purpose, structure, leadership, relationship, reward, helpful mechanism and attitudinal change which the theorist added as an external environmental factor that could influence perception to change in the organisation.

The questions on the questionnaire were designed as follows:

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Structure</th>
<th>Leadership</th>
<th>Relationships</th>
<th>Rewards</th>
<th>Help Mechanism</th>
<th>Attitude Towards change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>23</td>
<td>24</td>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
</tr>
<tr>
<td>29</td>
<td>30</td>
<td>31</td>
<td>32</td>
<td>33</td>
<td>34</td>
<td>35</td>
</tr>
<tr>
<td>Total: 5Q</td>
<td>Total: 5Q</td>
<td>Total: 5Q</td>
<td>Total: 5Q</td>
<td>Total: 5Q</td>
<td>Total: 5Q</td>
<td>Total: 5Q</td>
</tr>
</tbody>
</table>

This table shows that five (5) questions were used to test the response or perception of the respondent with respect to each variable under study as mentioned in Weissbord’s model to identify the problem an organisation is facing. The frequency of the respondent to the question from strongly agreed to strongly disagreed were figured out in the ODQ table, as well as showing the percentage of respondents to each question.

For instance, It can be observed from question (1) of the ODQ table above, that majority of the respondents, about 13 [37.1%] strongly disagreed with the question on “the goals of this organization are clearly stated”, 1 [2.9%] disagreed, 4 (11.4%) slightly disagree, 2 (5.7%) were neutral on the question while nobody among the respondents slightly agreed with the question but 12 [34.3%] agreed and 3 [8.6%] strongly agreed with the question respectively. Other questions were analysis in that sequential order.

4.3 Test of Hypothesis

This part deals with testing of the hypothesis using chi-square inferential statistical method, the works of Olusanya [2000] and Azika [2008] are used as a guide for the calculation and analysis of the hypothesis.

A statistical hypothesis is made up of the Null hypothesis \([H_0]\) and Alternative hypothesis \([H_1]\). The null hypothesis deals with the assumption that there is no difference between the hypothesis and sample result while the alternative hypothesis is the opposite i.e. vice-versa. Null hypothesis is always in negative form while alternatives hypothesis is in a positive form.

Decision Rule

At 0.05 level of significance and a specified degree of freedom, the null hypothesis should be rejected where the value of the computed chi-square \([X^2 \text{ cal}]\) is greater than the value of the chi-square obtained from the table \([X^2 \text{ tab}]\) and the alternative hypothesis accepted.

However, if at 0.05 levels of significance and a specified degree of freedom \([d.f]\), the value of the computed chi-square obtained from the table \([X^2 \text{ tab}]\) is less than the calculated value, the null hypothesis should be accepted and the alternative hypothesis rejected.

Degree of freedom = \([\text{Column} – 1] \times [\text{Row} – 1]\)

\[D.f = [c – 1] \times [r – 1]\] at 0.05 level of significance

Hypothesis Testing

\(H_0\): There is no significant relationship between teamwork and organisation performance.
With reference to the observed symptom that was given by the stakeholder of ABC Specialist Hospital, Akure. The questions that are relevant or that would be used in testing the above hypothesis are question 4, 11, 18, 25 and 32 drawn from the questionnaire. This becomes so because the symptoms were indicating a sign of lack of relationship in the hospital. That is, conflict occurs as a result of how to manage people in the hospital which invariably affect the hospital performance.

### 4.4 Observed frequency table

<table>
<thead>
<tr>
<th>Response</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Agree slightly</th>
<th>Neutral</th>
<th>Disagree slightly</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q4</td>
<td>3</td>
<td>12</td>
<td>2</td>
<td>-</td>
<td>1</td>
<td>4</td>
<td>13</td>
<td>35</td>
</tr>
<tr>
<td>Q11</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>7</td>
<td>11</td>
<td>35</td>
</tr>
<tr>
<td>Q18</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>7</td>
<td>15</td>
<td>35</td>
</tr>
<tr>
<td>Q25</td>
<td>-</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>5</td>
<td>7</td>
<td>13</td>
<td>35</td>
</tr>
<tr>
<td>Q32</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>15</td>
<td>35</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>23</td>
<td>12</td>
<td>8</td>
<td>20</td>
<td>36</td>
<td>67</td>
<td>175</td>
</tr>
</tbody>
</table>

To test the stated hypothesis, the chi-square inferential statistical tool will be deployed.

The formula is shown below:

\[ X^2 = \sum \frac{(O-E)^2}{E} \]

Where;

- \( X^2 \) = Chi-square
- \( \sum \) = Summation
- \( O \) = Observed frequency
- \( E \) = Expected frequency

However, seven by five contingency was used by the researchers to calculate the expected frequency of the respondents. These are given as follows:

\[ E = \frac{RT \times CT}{GT} \]

Where;

- \( RT \) = Row total
- \( CT \) = Column total
- \( GT \) = Grade total
- \( E \) = Expected frequency

### Calculation on Expected Frequency

**Expected frequency = Row Total X Column Total**

Grand Total

<table>
<thead>
<tr>
<th>Summary of Expected Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>EQ4,1</td>
</tr>
<tr>
<td>1.8</td>
</tr>
<tr>
<td>EQ11,1</td>
</tr>
<tr>
<td>4.6</td>
</tr>
<tr>
<td>EQ18,1</td>
</tr>
<tr>
<td>4.6</td>
</tr>
<tr>
<td>EQ25,1</td>
</tr>
<tr>
<td>4.6</td>
</tr>
<tr>
<td>EQ32,1</td>
</tr>
<tr>
<td>4.6</td>
</tr>
</tbody>
</table>

Responses to question 4, 11, 18, 25 and 32 on the questionnaire were collected to determine the significant relationships between teamwork and organisation performance.
\[ X^2 = \sum \frac{(O-E)^2}{E} \]

\[ X^2 = 44.49 \]

Degree of freedom = [Row – 1][Column – 1]

\[ = [5 -1][7-1] \]

\[ = [4] (6) \]

D.F = 24 at 0.05 level of Significance.

= 36.4 (Table Value)

Using chi-square goodness of fit test

\[ \sum \frac{(O-E)^2}{E} \]

Note: \( X^2_{cal} > X^2_{tab} \) = Reject the Ho and Accept Hi

\( X^2_{cal} < X^2_{tab} \) = Reject the Hi and Accept Ho
4.5 Decision Rule:
Since the calculated value, 44.49 are greater than the tabulated value $X^2 = 36.4$. We reject $H_0$ at 0.05 level of significance, while accept $H_1$, that is, there is a significant relationship between teamwork and organisational performance.

To determine the strength of association between the two variables, the test of coefficient of contingency was deployed.

\[
C = \sqrt{\frac{X^2}{X^2 + N}}
\]

Where; $X^2 = \text{Calculated chi-square}$

\[
\sqrt{\frac{44.49 + 35}{0.5597}} = \sqrt{79.49} = 44.49
\]

$c = 0.75$

This test also indicates a high degree of association or relationship between the two variables. The test therefore is strong enough to corroborate the earlier test of hypothesis. That is, there is a strong relationship between teamwork and organisation performance.

4.6 Interpretation of Result
The hypothesis revealed that there is significant relationship between teamwork and performance. These was attributed to the fact that teamwork is a key driver of organisational effectiveness in terms of performance, productivity, profitable, quality service, harmonious working relationship among others. However, the lack of teamwork will result to the outcomes of what was observed in ABC specialist hospital, Akure, Ondo state Nigeria.

This finding is in line with Armstrong (2006) survey feedback on the activities of traditional OD programme when he mentioned that “data are systematically collected by OD consultants about the system (organisation) and then fed back to groups to analyse and interpret as the basis for preparing action plans” (Armstrong, 2006: 341).

Thus, this study has identified empirically teamwork as the major challenges facing ABC specialist hospital, Akure having diagnosis the hospital. Therefore, to overcome the problem of low level of profitability, frequent conflicts among the stakeholders, customers’ dissatisfaction / low quality of service, high unethical practices among the staff etc calls for a good intervention strategy in the hospital.

5.0 Recommended Organisation Development Intervention (ODI) Strategy for ABC specialist Hospital, Akure, Ondo State Nigeria.
The term ‘intervention’ in OD refers to core structured activities involving clients and consultants. The activities can take the form of action research, survey feedback or any other diagnostic techniques (Armstrong, 2006). French and Bell (1998) Organisational Development intervention is define as a “set of structured activities in which selected organisational unit engage in a task or sequence of tasks with the goals of organisational improvement and individual development”.

There are many intervention strategies that OD consultants can proffer but must examine several factors in deciding upon an intervention. The OD consultants must determine
not only is depth of the desired intervention but must also the relative advantages and disadvantages of various possible interventions process to enhance team function and performance. Intervention techniques maybe classified in terms of the target system. The intervention may focus on the level in the organisation, ranging from the individual, team and inter-team levels of the total organisation system. That is, the aspect of the organisation that is being changed or the identified problem conditions will determine the type of intervention that is selected. Example of OD intervention includes: Human Process Intervention, Technostructural Intervention, Human resources management Intervention and Strategic Intervention.

For the purpose of this study and based on the identified problem of ABC specialist hospital, Akure. The OD consultants recommended human process intervention. As earlier mentioned, human process intervention is types of intervention that help the members of the organisation to enhance themselves and the way they work together. It helps to change contradicting cultures and conflicts within the organisation. Human process intervention comprises of process consulting, Third party intervention, Team building, Organisational confrontation meeting and intergroup relation intervention.

However, of all the categories of human process intervention highlighted above. The researchers shall concentrate on Team building because of the hypothesis and assumption stated earlier. It was revealed that there is a significant relationship between teamwork and organisational performance. Therefore building teamwork intervention is a perquisite to organisation performance. This is becomes pertinent because team-building intervention deal with permanent work teams or those set up to deal with projects or to solve particular problems like that of ABC specialist hospital, Akure, Nigeria.

Thus, team-building interventions are directed towards the analysis of the effectiveness of team processes such as problem solving, decision making and interpersonal relationships, a diagnosis and discussion of the issues and joint consideration of actions required to improve effectiveness (Armstrong, 2006).

6.0 Concluding Remarks
In order to measure the effectiveness of the suggested ODI, there is need to carry out an organisational development evaluation. This is usually employed to determine what can be done to improve or refine the implementation of the intervention. In the case of ABC specialist hospital, Akure, Nigeria the hospital can improve on teamwork spirit by treating the employees better and encourage them wisely on the important of group work in an organisation so that the benefit for the changes planned for the future can be achieved.

Thus, the study is marked with some limitations particularly in the area of methodology which might hindered the successful implementation of the recommended organisation development intervention (ODI), therefore further studies can be carried out to increase the sample size and research instrument used in the study can also be expanded to incorporate other variables.
References


Chao, C and Lee, A (2012) what every Practitioner should know about OD interventions. Centre for Organisation Development, Singapore; Civil Service College Publication.


