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SENSEMAKING IN MENTAL HEALTH NON-PROFIT ORGANISATIONS:

A CASE STUDY FOCUSED ON THE IDEA OF QUALITY

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A Thesis submitted to the Faculty of Humanities, University of the Witwatersrand, Johannesburg, in fulfilment of the requirements of the Degree of Doctor of Philosophy.

Johannesburg, 2015

DECLARATION

I declare that this thesis is my own, unaided work. It is submitted for the degree of Doctor of Philosophy at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any other degree or examination in any other university.

ALLAN MARAM

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Date

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ABSTRACT

Sensemaking is the process through which people construct meaning around issues or events that are novel, ambiguous, confusing, or in some regard run contrary to expectations. Drawing on key insights from the work of Karl Weick on sensemaking, the aim of this study was to explore how staff members and volunteers at a non-profit human service organisation make sense of and enact the idea of quality in their environments. The study employed an interpretive approach and took the form of a single-case holistic case study. Using thematic analysis, several themes emerged from the data, which suggest that in order to deconstruct the idea of quality, as it exists in the minds and behaviours of organisational members, it is critical to obtain insight into the social and context driven processes that influence sensemaking. The findings also suggest that existing models and approaches to quality in the literature are incomplete in terms of their lack of a sensemaking focus. Practical recommendations are made for human services organisation administrators and managers to improve and monitor quality in their respective environments. The study concludes with a discussion of limitations as well as possible avenues for future research in light of the findings.

KEY WORDS:

Sensemaking, Quality, Social Constructivism, Human Services Organisations.

TABLE OF CONTENTS

DECLARATION ii
ACKNOWLEDGEMENTS iii
ABSTRACT iv
CHAPTER 1: INTRODUCTION 1
1.1. Quality and Mental Health Services 2
1.2. Quality and Sensemaking in Organisations 4
CHAPTER 2: STRUCTURE AND LAYOUT OF THE LITERATURE REVIEW 7
2.1. Composition and Overview 7
CHAPTER 3: UNIQUE CHARACTERISTICS OF HSOs 11
3.1. HSOs: Overview and Characteristics 11
CHAPTER 4: SENSEMAKING IN ORGANISATIONS 14
4.1. Social Constructivism: Theoretical Underpinnings 14
4.2. Sensemaking and the Interpretive Approach 18
4.3. Sensemaking in Organisations 19
4.4. Seven Properties of Sensemaking 23
4.5. Levels of Sensemaking in Organisations 30
4.6. Tight and Loose Coupling of Organisations 32
4.7. Sensemaking and Organisational Change 35
4.8. Conclusion 43
CHAPTER 5: QUALITY AND HSOS 45
5.1. The Quality Concept: Defining Quality 45
5.2. Quality and HSOs 51
5.3. The Nature of Services and the Idea of Quality 59
5.4. Process and Technical Quality 61
5.5. The Client Satisfaction Approach 65
5.6. Outcomes-Based Evaluations (OBE) 68
5.7. Conclusion 71
CHAPTER 6: SUMMARY OF WEICK'S CONTRIBUTION 73
CHAPTER 7: METHODOLOGY 77
7.1. Setting for the Study 77
7.2. Research Design 78
7.3. Data Sources 80

7.4. Data Collection and Analysis 82
7.5. Conclusions and Verification 85
7.6. Meeting Standards of Rigour 85
7.7. Ethical Considerations 91
CHAPTER 8: THICK DESCRIPTION AND FINDINGS 93
8.1. Archival Analysis: Constructing the Field 93
8.1.1. The Organisation's Website 94
8.1.2. Orientation into the Organisation 95
8.1.3. Policy Framework for the Accreditation of Diversion Services in South Africa 97
8.1.4. The * Manual 107
8.2. Archival Data Analysis - Summary 118
8.3. Interview Analysis 120
8.4. Research Question 1A 121
8.5. Summary - Research Question 1A 147
8.6. Research Question 1B: 149
8.7. Summary - Research Question 1B 172
8.8. Research Question 1C: 173
8.9. Summary - Research Question 1C 184
8.10. Observational Data 185
8.11. Conclusion – Observational Data 192
8.12. Conclusion – Analysis of Data 193
CHAPTER 9: DISCUSSION 196
9.1. Dual Systems of Reference for Quality in the Organisation 196
9.2. Funding Crisis 199
9.3. Organisational Controls and Coupling 203
9.4. Shared versus Unique Constructions of Quality 206
9.5. Open Culture 209
9.6. Mindfulness and the Idea of Quality 211
9.7. Ethics 212
9.8. Summary 214
9.9. Conclusion 216
CHAPTER 10: CONTRIBUTION AND LIMITATIONS 218
10.1. Contribution to the Academic Literature 218
10.2. Practical Implications for HSO Administrators and Managers 223

10.3. Limitations and Recommendations for Future Research 225
10.4. Conclusion.....228
REFERENCE LIST 229
APPENDIX 1.....243
APPENDIX 2.....244
APPENDIX 3.....245
APPENDIX 4.....247
APPENDIX 5.....249
APPENDIX 6.....251

CHAPTER 1: INTRODUCTION

In recent years, the need for improved quality in mental health services has received much focus around the world. South Africa is no exception. The importance of quality in mental health services in South Africa has received considerable attention on the legislative agenda. However, mental health spending in South Africa as a percentage of total health spending ranges from one percent to eight percent, depending on the respective province (Omar et al., 2010). This lack of financing has impeded efforts to improve quality in the sector, due to factors such as poor conditions in mental health facilities, shortages of mental health professionals, and underdeveloped community mental health services. Therefore, while several policy initiatives have been introduced to improve quality in mental health services provision in South Africa, problems persist (Omar et al., 2010).

The National Policy on Quality in Health Care for South Africa (National Department of Health, 2007) recognises that quality of health care in South Africa is a national issue. The policy document outlines several quality problems with health care delivery in South Africa including poor delivery systems, shortages of medicines, improperly kept records, inadequate referral systems, inefficient use of resources, incorrect diagnosis and treatment, disregard for human dignity, inefficient use of or lack of resources, variations in services offered, and avoidable errors.

Mental health care was integrated with primary health care in the Mental Health Act of 2002 (National Department of Health, 2002). The Act also advocates a human rights approach to mental health care delivery as well as community-based care. It is relevant to note that both the national policy and the Act highlight the importance of both Non-governmental Organisations (NGOs) and

Community-based Organisations (CBOs) in the delivery of quality healthcare services. In other words, effective Government–non-profit partnerships are recognised as being one of the key elements of a comprehensive approach to the delivery of quality health care services. Hence, the quality of non-profit human service organisations (HSOs) delivering mental health services in South Africa is recognised as a key priority.

1.1. Quality and Mental Health Services

In order to improve quality in mental health services it is important first to define what quality means in this context. The World Health Organisation (WHO) states, "in mental health care, quality is a measure of whether services increase the likelihood of desired mental health outcomes and are consistent with current evidence-based practice" (WHO, 2003, p. 2). This definition incorporates two components. For people with mental disorders, their families and the population as a whole, it emphasises that services should produce positive outcomes. For practitioners, service planners and policy makers, it emphasises the best use of current knowledge and technology.

The WHO (2003) report states that further key characteristics of quality in mental health settings include:

- Ensuring that resources are used efficiently and not wasted;
- Incorporating the latest scientific knowledge and new technologies into mental health treatment;

- Overcoming the barriers of stigma, discrimination, and violation of rights of people with mental health disabilities so that people with mental health disorders seek and obtain the services that they require;

- Helping to build trust in the system from the perspective of funders, the general public, people with mental health disorders and their families; and

- Providing policy makers with the opportunity to improve quality from a systemic perspective working within a national framework, which serves to guide and enable local quality efforts around the adequacy of clinical care.

The report also refers to various types of organisations delivering mental health services, including non-profit HSOs, which are recognised as being instrumental in the delivery of such services. In comparison to other types of organisations, HSOs are unique in many respects, and this influences the manner in which mental health services are delivered. For example, HSOs have clients as their primary inputs or 'raw materials', for whom they provide treatment, education or socialisation in order to alter their psychological, social, or cultural attributes. Such clients have diverse characteristics and motivations. HSO staff members depend on clients to provide feedback about their techniques and treatments and to respond to the provided treatments. The programmes or treatments required for their transformation often require professional judgements that are difficult to predict or standardise. This is because non-profit HSOs produce non-standardised outputs. For example, no two treatment plans are necessarily the same (Hasenfeld, 2010).

Further complicating the idea of quality in non-profit HSOs is that there are typically two classes of external inputs, clients and funding source customers. Consequently, funder requirements often drive programme refinements rather than the understanding and applied analysis of staff members. There is also pressure from external funders and other entities in the external environment to utilise best practices that have documented empirical evidence of effectiveness. Each funder has its own rules, reporting requirements and fiscal requirements that the HSO has to manage. At some level, managers may be required to work against these forces in order to deliver tools and techniques that are most likely to affect client outcomes. Therefore, it is argued that such organisations employ techniques and technologies that are often ambiguous, complex and indeterminate (Hasenfeld, 2010). Recent research indicates that HSO frontline managers experience multiple and competing goals, conflicting interests and efficiency requirements that lead them to feel vulnerable (Österlind, 2011).

Such insights have critical implications for the manner in which HSO workers construct meaning around the idea of quality and how such meanings materialise in worker–client relations, on a day-to-day basis. These insights are critical for efforts directed towards improving quality within HSOs. To date, limited studies have explored the idea of quality within non-profit HSOs, in relation to the above insights.

1.2. Quality and Sensemaking in Organisations

A promising avenue of enquiry into addressing the above considerations as they pertain to non-profit HSOs, is Karl Weick's work on sensemaking in organisations. Implicit in the

idea of sensemaking is that equivocality or ambiguity in organisations can be reduced through effective sensemaking processes. From an HSO perspective, it is important to understand how effective sensemaking processes may serve to reduce uncertainty and ambiguity around the idea of quality. Establishing routines and habits through experience is one way to cope with day-to-day events; but, in many cases insufficient to meet the demands of HSO environments (Avby, 2014). Implicit in the idea of sensemaking is that behaviour is both enabled and constrained by context where norms, values and expectations provide frameworks for explanations and understanding. Context thereby serves to limit explanations offered and the manner in which events and ideas in environments are understood (Weick, 1995). This has important implications for understanding the manner in which HSO workers make sense of and enact prevailing quality practices in their environments.

Weick (1995) considers how employee behaviour is constrained by macro structures (for example, external accreditation and funding requirements) on the one hand, as well as by micro processes (for example, organisational rules and structures) on the other hand and how employees make sense of these often competing requirements. His work thereby offers a promising lens, though which the above-mentioned insights and questions can be studied, particularly around the idea of quality within the human services context.

In sum, the importance of non-profit HSOs delivering mental health services in South Africa is recognised as a key priority. The WHO (2003) report identifies so called key "objective" characteristics of quality in mental health settings. However, non-profit HSOs have unique characteristics which may influence how employees in these environments construct meaning around the idea of quality. A comprehensive discussion of quality in HSOs must therefore incorporate an understanding of how meanings around clients and quality practices materialise over time and inform behaviour in the work place. Implicit in the sensemaking process is the focus on contextual and social processes, which is central to the work of Karl Weick. An understanding of quality which considers the influence of contextual and social processes in HSOs may thereby offer a more comprehensive and informed approach towards improving, monitoring and measuring quality in these environments.

CHAPTER 2: STRUCTURE AND LAYOUT OF THE LITERATURE REVIEW

2.1. Composition and Overview

The literature review comprises five chapters, beginning with Chapter 2. A decision to divide the literature review into distinct chapters was based on the fact that literature review draws on several disparate disciplinary areas. While the decision to divide the literature review into distinct chapters is not typical of a Doctoral Thesis, the decision to address each disparate disciplinary area separately was made to provide the reader with a more logical flow of the literature presented and to provide more insightful account of each disciplinary area in relation to the broader themes and propositions addressed by the overall study.

Chapter 3 addresses the unique characteristics of HSOs and the implications for understanding quality are outlined. It is important to highlight these characteristics upfront, as the nature of such environments has important implications for how HSO employees understand the idea of quality in their daily work.

Against this backdrop, the Chapter 4 proceeds with a discussion relating to the idea of sensemaking in organisations. Initially, the theoretical and philosophical underpinnings of sensemaking are discussed. The idea of social constructivism is addressed in some detail and the literature review considers a well-known work in the literature, written by Berger and Luckmann (1966) in the late 1960's which is still widely cited by several preeminent contemporary interpretive authors, such as Devorah Yanow (Yanow, 2000) as well as

Weick (1995). Next, Weick's sensemaking theory is introduced, and the relevance of his work for purposes of the study is then provided.

It is important to note that Weick's contribution to the sensemaking literature has evolved over several decades, starting in the 1960s. His work is widely cited and studied across many types of industries and organisations, including the non-profit sector. Initially, key building blocks of his work are addressed in this study, such as the influence of macro and micro structures on the process of sensemaking in organisations, the significance of language, as well as key sensemaking concepts such as paradigms, premises and schemas (Weick, 1995). This chapter addresses what Weick (1995) describes as the seven properties of sensemaking, which explains how sensemaking works in practice and from where problems can ensue for the sense-maker.

Weick's (1982) concept of 'loosely coupled' systems is introduced and the relevance for HSOs and quality is discussed. The idea of loosely coupled is important in addressing aspects of how employees in HSOs construct meaning around the idea of quality and how such employees address discretion in their daily work; another important aspect of quality in this context.

Chapter 4 concludes with a discussion of Weick's (2000) perspective on organisational change in organisations. The relevance of Weick's approach to organisational change, in relation to HSOs, is discussed at length and relevant studies are examined. The section on organisational change is important if the manner in which existing quality practices are

altered over time is considered, and how new quality practices in HSOs emerge. Weick has written extensively on the topic of change in organisations from a sensemaking perspective and a number of his insights can be applied towards understanding how and why new quality practices emerge in HSO environments.

With Chapters 3 and 4 as a foundation, Chapter 5 considers whether the literature on quality takes account of the uniqueness of HSOs, as well as Weick's contribution to the sensemaking literature, which is useful to understand the idea of quality from an interpretative perspective. One of the key arguments of Chapter 5 is that existing models and approaches to quality in the literature must incorporate insights from the sensemaking literature. By doing so, a more comprehensive account of the idea of quality can then be portrayed. Therefore, existing approaches to quality in the literature are not incorrect, but rather incomplete.

This chapter also considers various models and theoretical frameworks on quality in relation to HSOs. These models/frameworks were selected as they are widely cited in the literature on quality and HSOs and are seen as 'best practice' models for many HSOs around the world in terms of understanding and improving quality in their environments. In addition, Chapter 5 addresses the idea of quality in terms of organisations that provide services as opposed to products. The measurement and evaluation of quality in HSOs is another topic that is addressed by the chapter. Initially, the client satisfaction approach is discussed in this regard. The idea of outcomes based measurement is discussed and the

chapter concludes with a discussion around programme evaluation in HSOs, highlighting some of the challenges of applying this approach in HSOs.

The final chapter of the literature review, Chapter 6, analyses Weick's contribution in terms of enhancing an understanding of how employees in HSOs understand and enact quality in their day-to-day work. Several areas of his work are addressed, such as the idea of loose coupling, the seven properties of sensemaking and how sensemaking theory helps us to understand the idea of discretion, in the work of HSOs, in an insightful way.

The chapter concludes by arguing that existing approaches towards understanding quality in the literature can be enhanced by employing a sensemaking perspective, which provides a more holistic and informed understanding of how quality is understood and enacted by employees in HSOs. A summary of Weick's insights is presented and the research questions investigated by the study are then outlined.

CHAPTER 3: UNIQUE CHARACTERISTICS OF HSOs

HSOs have several unique characteristics that influence the manner in which employees make sense of and enact the idea of quality. The purpose of this chapter is to highlight the characteristics that serve as a backdrop for Chapter 5, which elaborate on the idea of quality in relation to HSOs.

3.1. HSOs: Overview and Characteristics

HSOs, such as schools, social service agencies, and hospitals, play a critical role in society as they enhance, maintain and protect the well-being of individuals and families. They offer a broad range of services including childcare, health, education, employment, mental health and home care (Hasenfeld, 2010). The level of quality experienced by clients interacting with HSO workers will be dependent, in part, on the manner in which such workers understand the idea of quality and deliver practices accordingly. HSOs have several unique characteristics, which influence how quality is understood and delivered in the workplace and a discussion of such characteristics is therefore important.

Chapter 1 mentioned that the primary raw materials or inputs to HSOs are people. Hasenfeld (2010) argues that by gaining access into the lives of people, HSOs engage in moral work. When carrying out such work, HSO workers cannot avoid making moral judgments about their clients and thereby convey some statement of social worth (Hasenfeld, 2010). For example, Lutfey and Freese (2005) found that the socio-economic status of diabetes patients affected the quality of access to services available. Moral judgments influence how HSO workers perceive the social worth of clients, their

assumptions about who is a deserving patient and what is considered a legitimate demand on their work capacity (Hasenfeld, 2010).

Given the moral dimensions inherent in HSO work, HSOs gain legitimacy by complying with institutional moral values and systems as well as cultural frames that are inherent in the external environment. Many of these values and frames are not consistent across all major stakeholders in the environment, such as accreditation bodies, funding agencies, and donors. Moral values also change over time, and HSOs are therefore required to adjust their own internal moral systems in relation to institutional stakeholders (Hasenfeld, 2010). HSOs may thereby attempt to influence the prevailing constructions of the moral categorisations of their clients.

In addition, HSOs may also attempt to influence prevailing constructions around the technologies they employ. According to Sandfort (2010), technologies in mental health settings refer to treatment, socialisation or education to alter the physical, psychological, social or cultural attributes of clients. Therefore, technologies selected by HSOs may not necessarily be selected based on scientifically evidenced efficacy, but rather on the symbols and meanings associated with such technologies (Hasenfeld & Gidron, 2005; Scott, 2008). This can thereby affect the nature and quality of services delivered to clients.

Because human services technology is indeterminate, complex and ambiguous, HSO workers have some discretion in terms of the treatment options that follow. As these workers face clients, they confront situations where problems cannot necessarily be

resolved within the constraints of existing policies, service logic or technology. This is due to factors such as the indeterminate nature of various technologies, the awareness that the diagnostic categorisation system cannot always handle the diversity and range of attributes that clients present to them; problems presented are not always accommodated by the prevailing service repertoire and not all clients respond to prescribed treatment as expected. Based on such factors, HSO workers rely on their own knowledge, experience, values and intuition and in so doing, experiment with various practices. and obtain affirmation and advice from co-workers. Because co-workers share similar personal belief systems and moral conceptualisations, HSO workers are thereby able to rationalise problems and solutions based on their collective experiences, organisational expectations, and history as well as organisational constraints and opportunities (Hasenfeld, 2010; Sandfort, 2010; Weick, Sutcliffe, & Obstfeld, 2005).

Based on the above discussion, it is evident that non-profit HSOs have several unique characteristics that influence the idea of quality in this domain. Specifically, the manner in which HSO workers formulate moral constructions around the clients they serve, and the manner in which such workers construct meaning around the technology they use, influences how the idea of quality is understood and enacted in these environments. Therefore, a comprehensive discussion of quality in HSOs must incorporate an understanding of how meanings around clients and quality practices materialise over time and inform behaviour in the work place. The creation of social constructs is central to the concept of sensemaking, as discussed in Chapter 4.

CHAPTER 4: SENSEMAKING IN ORGANISATIONS

In order to understand how meanings around clients and quality practices materialise over time and inform behaviour in the work place, it is necessary to understand how social constructs are created. The idea of social constructs is a fundamental concept in the literature on sensemaking and is also central to the work of Weick. The purpose of this chapter is to introduce and elaborate on the insights and assertions of Weick's work with regard to social constructivism i.e., the creation of social constructs and its assistance with the exploration of the idea of quality in HSOs.

4.1. Social Constructivism: Theoretical Underpinnings

The primary purpose of this study is to understand how employees construct meaning around the idea of quality and how they enact this meaning in day-to-day practice. This includes the aspects of quality that employees attend to, how these so-called 'cues' are interpreted, and how these meanings inform behaviour in the workplace.

One way to understand social reality is as a social construction emerging through the sensemaking process. "Social construction theories are used to interpret the social world and to enhance understanding of how actors on societal, group and individual levels create, realise and reproduce social situations and structures" (Edvardson, Tronvoll & Gruber, 2011, p. 329). The idea of social construction was launched into the human sciences literature through the publication of Berger and Luckmann's (1966) book entitled, 'The Social Construction of Reality'. Berger and Luckmann (1966) posit that there is no reality outside that which is produced and reproduced in social interactions. Reality is socially

constructed through an ongoing ‘dialectical’ process between people and society. On the one hand, people create society, for example, they create laws and traditions, and everything else that society needs to function (objective reality). On the other hand, people are essentially a product of society, in the sense that through social interactions they identify with and internalise the social world they have created (subjective reality). According to Berger and Luckmann (1966), “all human activity is subject to habitualisation … any action that is repeated frequently becomes cast into a pattern” (p. 53). They use the term ‘institutions’ to describe social practices that are repeated regularly and continuously. Institutionalisation is the process through which social practices become sufficiently regular and continuous as to be described as institutions. The objectivity of the institutionalised world; what we take for granted as reality; is a humanly produced socially constructed reality, which is said to become objectivated through human action. In other words, the socially constructed reality attains objectivity through externalised human products. Objectivation and externalisation are key moments in an ongoing dialectical process whereby the human product acts back on the human producer as well. Internalisation refers to the process whereby the objectivated world is retrojected into consciousness through socialisation. However, it is important to note that the process of socialisation is ongoing. Therefore, while a significant part of behaviour is routinised, understanding and interpretation of the world continues throughout life, based on interaction with others (Berger & Luckmann, 1966).

As stated above, human expressivity or the manner in which the expression of social reality is objectivated in terms of human products that are available to both the producers

and others. The human production of signs is a significant case of objectivation. Human language can be considered the most important sign system of human society. An understanding of language provides an important insight, therefore, towards understanding social reality. While it has its origins in the face-to-face situation, it possesses a quality of detachment as well, which implies that meaning can be preserved in time and can thereby easily be transmitted to others in succeeding generations. Therefore, it has the capacity to transcend the here and now. Put differently, language is capable of constructing abstract signs and symbols, as well as bringing back these symbols such that they are apprehended as objective, real elements in everyday life. In sum, the common objectivations in everyday life are maintained through linguistic signification (Berger & Luckmann, 1966).

Berger and Luckmann (1966) address the manner in which language objectifies roles in institutions. The individual is said to participate in the social world by playing certain roles, which are objectified linguistically. The social world becomes subjectively real through the internalisation of such roles. For example, a manager that enters a performance review meeting with an employee behaves in accordance with certain expectations in terms of that role. Such expectations are grounded in cultural elements of his or her organisation. The same manager may take on a different role with differing expectations, such as in the case of where he or she enters a wage negotiation meeting with a Union. The negotiation role is another socially constructed role that conforms to cultural expectations in terms of that role in an individual's environment.

In the social world, once an actor performs a certain action associated with a socially ascribed role, he or she then reflects on that action. Such reflection is internalised in consciousness by means of an 'internal conversation', projected into future repetitions of the actions. For example, a person observes a father 'thrashing' his child. The observer may understand such action as a legitimate course of action to control an insolent child. The observer then withdraws from the situation to allow the course of action to play out. The typification of actions requires that there be a linguistic objectification. For example, there will be a vocabulary referring to 'child thrashing', which is part of a broader linguistic structuring of a 'strict parent' and its associated rights and obligations. As the father conducts this action, he thinks, 'I am now thrashing my son'. A part of the self becomes objectified as a performer of this action. In other words, part of the self is objectified in terms of the socially available typifications (Berger & Luckmann, 1966).

All institutionalised conduct therefore involves socially ascribed roles. Once actors perform certain roles, their conduct is susceptible to enforcement, and the severity of sanctions then varies from case to case, depending on non-compliance. Roles therefore represent an institutional order.

Berger and Luckmann's (1966) work is important in the sense that it explains how 'social reality' is a social construction which emerges through social interaction. In other words, there is no reality outside that which is produced and reproduced in social interactions. Their work essentially highlights the idea that individuals as human actors socially construct meaning in their lives and that all institutionalised conduct involves socially

ascribed roles. Some of the fundamental ideas contained in their work, such as the idea of social constructivism, form the basis of subsequent thinking on the literature on sensemaking (Weick, 1995).

4.2. Sensemaking and the Interpretive Approach

Yanow (2000) argues that knowledge about the human, social world is filtered by the mind to perceive information from the senses and consequently organise such information through a process of sensemaking. As a result, different people may construe social 'reality' differently. The process of sensemaking from this perspective is iterative in the sense that a priori knowledge can be continuously shaped by new experiences, which influence subsequent experiences. As prior knowledge influences the process of sensemaking, it is important to note that sensemaking is a historically and socially contextualised process (Yanow, 2000). For example, when an HSO member enters the organisation, he or she will possess a unique, historically based understanding of the idea of quality. Through the process of socialisation in the organisation and subsequent interactions with other staff members, a modified understanding may emerge, which is reflective of a somewhat shared understanding in the organisation. This would then influence the manner in which the employee enacts the idea of quality in his or her day-to-day experience.

One of the key principles of the sensemaking approach is that it is through an ongoing and dynamic process of interaction with others, members of a group establish shared meanings of events and experiences and utilise the same language to describe them (Yanow, 2000).

The following section elaborates on the work of Weick which focuses specifically on the idea of sensemaking in the context of organisations.

4.3. Sensemaking in Organisations

Weick focuses on the social/organisational aspects of sensemaking. While the roots of sensemaking in the organisational literature can be traced to the beginning of the twentieth century (Dewey, 1922; James, 1890), sensemaking did not begin to emerge as a distinct topic of study until Weick's 1969 publication entitled 'The Social Psychology of Organising' (Maitlis & Christianson, 2014). Writing initially in the 1960's, Weick (1969) was dissatisfied with traditional approaches to organisational analysis that treated organisations as hierarchical, rational and goal-driven entities. In contrast, Weick drew on existing social-psychological theories in order to understand organisational behaviour from a different perspective. He considered organisational realities as social constructs as opposed to social facts. Weick (1969) emphasised the idea that external environments are not something that exist outside of the organisation as an objective fact. Rather, organisational members adapt to an enacted environment, which comprises the actions of interdependent actors within the organisation. Meaning is said to be attached to an attention process, which addresses that which has already occurred. Memory processes are said to influence how and what is recalled over time (Mills, 2003).

According to Weick (1995), the sensemaking perspective on organisations has a rich and extensive historical basis in the literature. Weick (1995) sees sensemaking as a framework for understanding how different people make sense of the same or similar events. He

describes the literature on sensemaking as an ongoing conversation rather than a body of knowledge and emphasises that sensemaking is not a metaphor but rather something that must be understood literally – sensemaking is literally concerned with how people make sense of things. He has synthesised and informed much of the ongoing conversation on sensemaking and has explained how such insights can be practically applied towards understanding organisational behaviour.

Despite the diverse historical inputs into the topic of sensemaking, there are nevertheless coherent themes that run throughout. For example, much of the sensemaking literature can be traced back to dissonance theory, which considers the post-decisional efforts to justify former decisions that have negative consequences (Festinger, 1957). To reduce dissonance people tend to enhance the features of chosen alternatives while negating the negative features of unchosen alternatives. This reduces anxiety associated with former decisions. People start with a decision or action and retrospectively make the outcome sensible by constructing a plausible story that produced the decision or action. In other words, the process described not only shows the effect of cognition on action but also the effect of action on cognition (Weick, 1993).

Current thinking about sensemaking is also informed by ethnomethodology (Weick, 1995. The focus is on what people do in the presence of others to prove social competence and the rationality of actions. This is associated with dissonance theory in the sense that post-decisional efforts to justify former actions or decisions are essentially aimed at proving

social competence in the presence of real or imagined auditors. Weick (1995) states that the common emphases in the literature on sensemaking can be summarised as follows:

1. Sensemaking by justification, an idea that reflects an earlier emphasis on dissonance reduction by increasing the number of cognitive elements that are consistent with the decision;

2. Choice as the event that focuses sensemaking and justification, an idea that retains the emphasis on post decision behaviour;

3. Sensemaking by retrospect, an idea that retains dissonance theory's emphasis that post decision outcomes are used to reconstruct post decisional histories;

4. Discrepancy as the occasion for sensemaking, an idea that restates dissonance theory's starting point; namely action, that follows from the obverse of cognitions held by the author;

5. Social construction of justification, an idea that reflects dissonance reduction by means of social support and proselytizing; and

6. Action shapes cognition, an idea that is a composite of items 2 and 4 above (p. 12).

Weick (1993) draws on the work of Salancik (1977), who states that three conditions are important for justification of prior decisions to take place: choice, an irreversible action, and public awareness of that action. Within organisations, these conditions may be present as people make decisions based on uncertainty and ambiguity. In other words, real life decision making in organisations does not involve problems being presented to the decision-maker as a given. Rather, they must be constructed from problematic situations that are puzzling and ambiguous. Once a decision is made, it is often irreversible in organisational life. The decision-maker has to live with the consequences of that decision, which become apparent to other organisational members. Hence, organisations provide decision-makers with a unique reason to justify earlier actions or decisions in order to reduce anxiety associated with negative outcomes. By enhancing positive aspects of earlier decisions, such a justification often becomes a self-fulfilling prophesy, which influences subsequent behaviour (Weick, 1993). For example, Salancik (1977) describes a man who goes to a sales convention abroad and justifies this decision differently to different audiences. To his wife he may say that it was a business obligation, while he may explain such a decision to his boss in terms of understanding the competition among other sales representatives in his environment. By justifying his decision in these respects, he will start to behave as though conventions are an important business priority and a necessity in terms of understanding the competition in his environment. Therefore, justifications can strongly influence subsequent attention and behaviour; whereby the individual constructs and behaves in accordance with a reality that mirrors the justified decision (Weick, 1993).

4.4. Seven Properties of Sensemaking

Building on the above-mentioned themes regarding the literature on sensemaking and organisations, Weick (1995) describes what he calls 'seven properties of sensemaking'. He notes that the seven characteristics "serve as a rough guideline for inquiry into sensemaking, in the sense that they suggest what sensemaking is, how it works, and where it can fail" (Weick, 1995, p. 18). It is important to note that each of the properties is seen as integrally linked; separable only for the purpose of exploration and explanation. While Weick's (1995) work is geared towards understanding sensemaking in organisations, much of what he proposes is applicable to sensemaking in general. He sees the seven properties of sensemaking as a framework for understanding how different people make sense of the same or similar experiences (Weick, 1995).

According to Weick's first sensemaking property, sensemaking begins with a sensemaker who constructs his or her identity through the ongoing interaction with others. He notes that "depending on who I am, my definition of what is out there will also change" (Weick, 1995, p. 20). Therefore, how an event is made sense of is grounded in a sense of who the sense-maker is. However, individuals possess multiple identities, constructed out of the process of interaction. The sense maker presents varying conceptions of the self to others in order to decide which identity is most appropriate. Weick (1995) states that the identity and self-image of employees are influenced, in part, by employee perceptions of how others view their organisation. Therefore, there is a close link between the company's image and identity in the sense that "individuals are personally motivated to preserve a

positive organisational image and repair a negative one through association and dissociation on issues and actions" (Weick, 1995, p. 21). People try to promote self-enhancement, efficacy and consistency in terms of their self-images and this triggers sensemaking.

If we consider Weick's (1995) idea of organisational identity within the context of HSOs, an interesting question arises concerning whether volunteers and paid staff members in these contexts construct meaning differently around the idea of quality. A significant amount of literature published on the role of volunteers in non-profit HSOs demonstrates that volunteer and paid staff members have been shown to have divergent and sometimes conflicting perceptions of how they understand the identity of the organisation. For example, Jehn, Northcraft and Neale (1999) found that conflicting perceptions of what the mission or goal of the organisation should be, has implications for morale and performance in the workplace. Kreutzer and Jager (2010) conducted a qualitative study, which considered possible areas of conflict between volunteer and paid staff members as they relate to organisational identity. They found considerable differences between volunteer and staff members, which related to organisational identity across two areas, namely, scarcity of resources and service delivery. While volunteer identity emphasised services elements such as creativity, emotional proximity to the target group, and a readiness to help others; managerial identity was characterised by ideas of professional fundraising, predictability, and investment concerning resources. Conflicting perceptions of service delivery could have important implications for the manner in which such members enact the idea of quality in these contexts.

Weick's (1995) second property states that sensemaking is retrospective in the sense that action precedes sensemaking. People act and then make sense of what they did. He goes on to state that "people can know what they are doing only after they have done it" (Weick, 1995, p. 24). Therefore, sensemaking is influenced by what people notice in past events, how accurately they remember such events, and how far they look into the past. These factors would determine to what extent their grasp of what is happening in their environment is sound (Weick, 2000). Piaget (1988) studied the retrospective quality of sensemaking with regard to wrong diagnoses and mistakes in medical work. She emphasises that an act is not mistaken – it becomes mistaken as it is labelled as such in the aftermath of activity. In other words, an act becomes problematic once it has gone wrong, not at the point of action. Such insights have important implications for how quality practices may be compromised at various points over time and how such problems may only become known subsequently when labelled as such.

Weick (1995) states further that memory influences what and how events are recalled. For example, whether or not an outcome is considered as a success or failure will be influenced by the way in which prior experiences are recalled to emphasise such issues as corrective actions and flawed analyses. Managers therefore need to pay attention to sensemaking processes that influence memory. Failure to do this leads to a reconstruction of events giving weight to certain factors over others and ignoring the role of sensemaking in previous outcomes (Mills, 2003).

The third property of sensemaking is concerned with ‘making’ or ‘enacting’ that which is sensed. According to Weick (1995), in organisational life, people often produce part of the environment they face. In other words, reality is not only perceived or interpreted, it is created. Therefore, sensemaking is not the equivalent of interpretation. Sensemaking is about both reading the text as well as writing it. When people face something that is unexpected or where something that is expected to occur fails to materialise, they start to notice. They then act in order to reduce equivocality or ambiguity in their environment. Such acts are based on plausible assumptions that are derived through conversations with referent others in a given context. The purpose of such actions is to justify previous decisions that have not materialised as planned. In other words, people that are ultimately accountable for such decisions interact with referent others in a particular social and historical context in order to ensure that the so-called justifications now become accepted as being plausible in that context. If accepted, a new reality around the justification is socially constructed. In HSOs, decisions around new or altered quality practices may in the same manner require justification over time.

The fourth property of sensemaking proposes that sensemaking is social in the sense that it is contingent upon interaction with others (actual, implied or imaginative presence of others). It is through interactions with others that people make sense of things. Sensible meanings tend to be supported and validated by people in their social context. When ‘social anchors’ (people with considerable influence in one’s social context) begin to disappear, for example in a crisis situation, the ability to make sense of things begins to loosen (Weick, 2000). It can be argued that from a quality perspective, it is the social

anchors within a social or referent context may have considerable influence on the manner in which meaning is constructed around the idea of quality.

The next two properties of sensemaking state that it is ongoing and focuses on extracted cues. People attend to certain cues in the environment, based largely on unconscious processes or 'cognitive frames'. As mentioned above, sensemaking is not the equivalent of interpretation. When people face something that is unexpected or when something that is expected fails to materialise, they start to pay attention. People bracket or single out for attention, certain aspects of the undifferentiated flow of raw experience. Cues that are more salient in terms of what people attend to, influence and affect their ability to make sense of a situation (Weick, 2000). Once bracketed, people label and give meaning to the experience. Therefore, it is important to understand what cues are more salient in the HSO context, as this influences what HSO members must attend to regarding the idea of quality. For example, a particular HSO may measure quality in terms of outputs, such as the number of clients seen in a given month. A sudden drop in this indicator may serve as an important cue, which serves as an impetus for noticing and bracketing as well as associated labels that are applied, namely a decrease in quality.

Lastly, Weick (1995) emphasises the idea that sensemaking is driven by plausibility rather than accuracy. For example, plausible sensemaking is grounded in the support and validation available in one's social context, the recent past; salient cues and actions that have tangible effects. Therefore, plausibility is about coherence, how events hang together as well as credibility. When one or more of these aspects of plausibility begin to disappear,

then the ability to make sense of the environment begins to weaken (Weick, 2000). Mills (2003) states that people act as if there is an objective truth to be discovered. However, people make decisions based on incomplete or inaccurate information. Plausibility can best be described as a feeling that something makes sense.

According to Weick, Sutcliffe and Obstfeld (2005) the association of sensemaking with the notion of plausibility runs in contrast to approaches in the literature that assume perceptual accuracy. Such opposing views are grounded in rational decision theory, which assumes that information and perceptions in the context of problem solving are accurate. Limited research has been conducted in this area, however, existing literature in the areas of strategic planning and adaptive learning suggest that manager's perceptions are in fact highly inaccurate (Mezias & Starbuck, 2003). For example, Sutcliffe (1994) explored the extent to which executives are accurate in noticing aspects of their organisations' environments. In so doing, the study considered whether the functional diversity (the extent to which a team is comprised of individuals with similar functional backgrounds) and tenure (the length of time that members of a group have been together) of a top management team, influences perceptions of the same environments. Two characteristics of the environments were explored, namely instability (which represents change that may arise unexpectedly from a variety of places) and environmental munificence (resource levels or trends in the environment). Results indicated that the greater the functional diversity and tenure of a top management team, the greater the match between managers' perceptions of environmental instability and munificence.

Avby (2014) explored the idea of plausibility in relation to reasoning and judgement on behalf of social workers in two children's services departments in southern Sweden. The purpose of the study was to explore how social workers learn and make sense of experiences during an ordinary day of child investigation work. In terms of investigative work, social workers try to uncover conflicting stories from the parties involved and then decide whether parents are capable of caring for and protecting their children. The findings suggested "a blend of interpretations, factual statements, beliefs and emotions was involved in the events, and reasoning was needed to make sense of the experiences to enable sensible decision making and initiate relevant actions" (Avby, 2014, p. 108). Data suggested that the reasoning employed by the social workers was based on judgments that were sensitive and relevant to their own contextualised settings. In other words, reasoning was based on plausible accounts of contextual-based meanings.

In sum, the process of sensemaking follows a rough sequence whereby people concerned with their identities in their social context, extract salient cues and make plausible sense retrospectively, while enacting varying degrees of sense into those ongoing events. The sensemaking process becomes less coherent and more constrained when identities and salient cues are ambiguous or contradictory, where retrospect becomes difficult or where action becomes more constrained (Weick, 2000).

Sensemaking can therefore begin through the confirmation of expectations. In this regard, people tend to see what they expect to see, and when events conform to their expectations, they tend to make sense. However, when cues stand out, explanations are then derived in

order to make sense of the perceived discrepancies. Sensemaking can also begin with actions. When people act, such acts become binding where they occur in a context of high choice, high irreversibility and high visibility, as mentioned above. Where such conditions are present, people then justify or rationalise such actions after the fact (Weick, 1995).

4.5. Levels of Sensemaking in Organisations

On the one hand, organisations supply the raw substance of sensemaking and contextualise sensemaking through institutional roles, templates for action, schemas, and scripts. Employees internalise these structures and the 'taken for granted' ways of thinking and behaving (macro-sensemaking processes) (Weber & Glynn, 2006). On the other hand, such taken for granted ways of thinking and behaving have become modified over time through the sensemaking processes where people start with a decision or action and retrospectively make the outcome sensible by constructing a plausible story that produced it (micro-sensemaking processes). The question that arises is how macro- and micro-sensemaking processes interact over time in organisations to influence how employees understand and enact their environments. Weick (1995) draws on Wiley (1988) who asserts that there are three levels of sensemaking above the individual or intrasubjective level of analysis. As two or more people interact, a level of 'social' reality becomes constructed, whereby the 'I' becomes transformed into the 'We'. This is referred as the intersubjective level. Wiley includes organisations at the level of social structure or collective consciousness, which is known as the level of generic subjectivity or the macro-level. At this generic level, the relation to self becomes abstract. During times of stability, generic subjectivity takes on many forms such as scripts, which refers to knowledge

structures held in memory that specify behaviours that are appropriate for specific situations (Gioia & Poole, 1984). This is the level of habitual routines mentioned above (Berger & Luckman, 1966). As change ensues, sensemaking again becomes focused on the intersubjective level, whereby individual exchanges attempt to establish synthesis. Existing scripts might be used to interpret and modify earlier understandings. Therefore, both of these levels of analysis are said to interact with and draw from one another in a manner that is the characteristic of organisational sensemaking. The final level of analysis beyond the generic level is that of culture or extrasubjective. The 'generic self', which occupies roles through the adherence to scripts, is now replaced by an abstract idealised framework which is derived from prior interaction (Berger & Luckman 1966). Weick (1995) suggests that organisations exist in the interplay between the intersubjective and generic levels.

According to Weick (1993), when an action by person A evokes a specific action in person B, an interaction exists. If person A then responds to person B's action, a double interact is said to exist. The process can continue with triple interacts and so on. A double interact produces the conditions for a justification as it meets three conditions, mentioned above, (1) volition is present from both sides, as when A takes an initial action and B decides how to respond to it.(2) A's initial action is public in the sense that it is observed by B and made explicit by B's willingness to react accordingly, and (3) A's initial action is irrevocable in that A had the opportunity to change the initial action but decided to respond to B's reaction. While people are typically concerned with justifying their own behaviours, collective social structures between two or more people emerge when self-sufficiency proves problematic. In other words, neither A or B has direct control over their outcomes

so they must get someone else to contribute an activity to get their own desired outcomes. When people justify interactions, they acknowledge the existence of interdependence. For example, person A can justify being bound to an interdependent sequence by arguing: "it accomplished something neither of us could have achieved alone, I am subordinate to you; it is our duty; we were told to do it; we had the same interest" (Weick, 1993, p. 18). Weick (1993) goes on to argue that by invoking larger structures as part of the justification, micro-events can have large consequences at the macro level. For example, person A while being bound to an interact may say, 'that's the way we do things in this culture, or in this firm'. It also means "the macro is constructed and pursued within micro-interaction. Micro-interaction is constrained by representations of macro-entities, alleged to exist as a distinct layer of social reality" (Weick, 1993, p. 19).

In sum, social processes associated with sensemaking take place at the intersubjective level and are enlarged in a manner that develops the generic or macro level. The intersubjective level is characterised by Weick (1995) as innovative, while the generic level is characterised by its emphasis on control. The idea of control is relevant to the idea of quality in the sense that it is supposed to create more certainty by way of measurable outcomes, accountability and control over resources.

4.6. Tight and Loose Coupling of Organisations

Based on the previous section, sensemaking processes in organisations move between the intersubjective (characterised by innovation) and generic (characterised by controls) levels. According to Weaver (2000. p. 4), "the strength of the organisational control system is a

reflection of the tightness of the coupling among organisational elements and between internal elements and the environment". Organisations exhibit degrees of tight or loose coupling in various areas, such as between subunits, between hierarchical levels, between goals and actions, between structure and technology, and between policy and practice. Several characteristics or features of organisations affect the strength of coupling between their elements. These include:

1. Rules – vary in severity, number, latitude for deviations, and clarity. Connections become tighter as these properties intensify.

2. Agreement on Rules – the more agreement on the content of rules, and how violations are to be handled, the tighter the coupling.

3. Feedback – the sooner people learn about the effects of their actions, the tighter the coupling.

4. Attention – as attention becomes more constant, connections become more stable, the tighter the coupling (Weick, 1985, p. 43).

While these characteristics or features do not constitute an exhaustive list, most organisations contain an element of both tightness and looseness. Weick (1990) states that loosely coupled systems exhibit ambiguity where people cannot understand raw materials, are unable to determine when a product or service is complete, and when the conversion of

raw materials into products or services demands excessive intuition as opposed to logic. Where multiple interpretations of data or problems are present, people are said to make sense based on personal or professional values, as objective criteria are absent (Weick, 1985). However, loosely coupled systems can be effective systems in terms of managing ambiguity and complexity in the organisation. This is partly because loosely coupled systems are characterised by a greater degree of exploratory decision-making. These types of systems are also more open to collective judgement, which means that even where there is disagreement on means-ends relationships, the system still coheres if there is agreement on shared values. Where disagreements are present, loosely coupled systems may be more open to consider the competing perspectives of all members and thus arrive at a more optimal collective judgement. Uniformity, which is characteristic of tightly coupled systems, restricts dissent and corresponding creativity and adaptability (Weick, 1990).

HSOs can be said to reflect certain aspects of loose coupling. For example, there are competing interpretations regarding which treatment options are the most effective in differing circumstances. Furthermore, no two clients receive the identical treatment plan (an output). The fact that HSOs deal with non-standardised outputs creates additional complexity. Feedback on treatment efficacy is often lacking or delayed, as outcomes may only materialise in the future. Multiple, sometimes competing interpretations of quality in the external environment creates an additional level of abstraction. Lastly, human services workers exercise some degree of discretion in their day-to-day work activities with the client. All these features have important implications for sensemaking around the idea of quality. It is important to highlight, however, that while HSOs may exhibit certain

characteristics of loosely coupled systems, they may also display aspects of tight coupling in other respects and the degree of loose or tight coupling would vary based on the above-mentioned organisational characteristics. For example, it could be argued that where HSOs have strong internal control systems, quality practices may be understood and enacted in more of a shared manner.

4.7. Sensemaking and Organisational Change

One of the key questions raised by this study concerns how new quality practices arise in HSOs over time. In other words, how do existing practices get amended or changed and how do new practices emerge over time. Several studies have investigated the idea of organisational change in organisations. Some have addressed the idea of change from a sensemaking perspective. "Sensemaking begins when people experience a violation of their expectations, or when they encounter an ambiguous event or issue that is of some significance to them. Often this involves a threat to taken-for granted roles and routines, causing those in organisations to question fundamental assumptions about how they should act (Maitlis and Chritianson, 2014, p. 77). Therefore, changes to existing quality practices in HSOs may serve as a significant trigger for sensemaking. Weick's contribution to the topic of change in organisations from a sensemaking perspective can be applied towards understanding how new practices emerge and are enacted in these environments.

Weick and Quinn (1999) draw on literature that distinguishes between episodic and continuous change. Episodic change occurs where change is intentionally introduced into an organisation in order to disrupt the existing equilibrium with regard to things such as

the environment, performance, characteristics of top managers, structure, and strategy. Such change efforts are said to be infrequent, and produced by a growing perception of misalignment between various factors such as technology and environmental demands. Therefore, an attempt is made to align the organisation's 'structure' with the changing environment. Episodic change is said to move through three phases: Unfreezing, Transition and Refreezing. Unfreezing involves three steps: disconfirming expectations, introduction of learning anxiety where disconfirmation data is accepted as valid, and the provision of psychological safety, which allows employees to move and transition from anxiety to a new way of doing things. After unfreezing, transition occurs where language around certain practices and concepts take on a new meaning (cognitive restructuring), and where new standards of evaluation and judgement are learned. During refreezing, new behaviours are embedded as these norms fit the expectations of the impacted employee's social network. The anticipated result after refreezing involves changes to existing meaning systems and adjustments to existing schemas (Weick & Quinn, 1999).

In contrast to episodic change, continuous change refers to organisational changes that are not necessarily linear and discontinuous but rather constant, evolving and cumulative. The focus is on micro-level change processes. Change is seen as on-going modifications to work practices and processes. Small on-going changes that gain momentum over time, in response to daily contingencies, produce amplified transformation in the long-run. Unlike episodic change, continuous change is said to be ongoing, without end state, cyclical, and processional. Change is essentially a redirection of things that are currently underway (Weick & Quinn, 1999).

While episodic change progresses through unfreezing, transition and refreezing stages, continuous change, in contrast, starts with freezing, then rebalancing, and finally unfreezing. Freezing involves making existing sequences and patterns visible through cognitive maps, schemas and stories. Rebalancing comprises reinterpreting, and relabelling to address so-called 'blocks'; reframing opportunities, reinterpreting history using appreciative inquiry or responding to concerns about injustice. During unfreezing, improvisation and learning can continue in a manner that is more flexible in execution and more resilient to anomalies identified in previous stages (Weick & Quinn, 1999).

Weick (2000) argues that during episodic change, people implement rather than experiment, pay attention to compliance rather than intended outcomes and listen rather than engage and speak up when things are not working. Within the context of continuous change, it is involvement and participation from the front line that is critical to create the change. It is the role of management to interpret what is said and thereby certify the change.

Weick (1982) asserts that change in loosely coupled systems is continuous rather than episodic; is incremental and diffuses slowly such that the planned change interventions characteristic of tightly coupled systems are less of a necessity as the system updates itself on a continuous basis keeping smaller problems from amplifying. Change in loosely coupled systems is therefore more localised in comparison to instances of episodic change in tightly coupled systems, which is generally aimed at altering the hard wiring of tight

routines in such systems. However, the introduction of large-scale change in loosely coupled systems becomes more difficult to achieve, where it is needed.

Weick (1982) states further that the glue that holds loosely coupled systems together is not centralised control but rather presumptions of logic around cause and effect relationships as inferred by organisational members. Consequently, the most effective way to introduce change in such systems is to question underlying assumptions thereby creating elements of doubt in such systems. Once such assumptions become evident, they can be challenged or discredited with other assumptions of logic.

In sum, HSOs resemble loosely coupled systems in certain aspects. It could be expected that new quality practices in these environments emerge through continuous change whereby participative decision-making and involvement from the front line play a pivotal role, serving as an impetus for new practices and ways of work. It is important to note, however, that while HSOs may exhibit certain aspects of loose coupling, they may also display elements of tight coupling as well. As mentioned above, the degree of tight or loose coupling is dependent on a variety of organisational characteristics.

In addition, research that has investigated the idea of sensemaking and change in organisations is considered. Lusher and Lewis (2008) conducted action research, which demonstrates how middle managers are important players in times of organisational change as they serve as intermediaries between the senior/executive level and the frontline. They identified three types of questioning that helped managers' work through the

sensemaking process by questioning their existing frames and exploring alternatives associated with differing perspectives. First, linear questioning encouraged managers to surface their current logic in terms of how they understood problems they were facing. This type of questioning helped managers realise that their existing frames oversimplified issues, as they did not take into account other perspectives. The next type of questioning is called circular questioning. Managers were found to face dilemmas as they realised that they had to make decisions involving some sort of trade-off in terms of costs and benefits. The following types of questions were asked: How do you think your subordinates view your ability to delegate? How might they feel when you make decisions for them? How do you think your director expects you to delegate? By taking differing viewpoints, the awareness of the particular dilemmas became intensified and facilitated sensemaking. The last type of questioning is termed reflexive questioning. This was found to encourage managers to analyse and alter their frames. In essence, reflexive questioning focuses on examining the consequences of existing frames. Reflexive questions included, for example, How does your current approach to delegation affect your role as a manager? You say that you are also accountable for your team's production, what does that imply? Lusher and Lewis (2008) found that their action research approach helped managers' to question their existing frames and explore alternatives, thus assisting them to think differently about problems they faced.

Research conducted by Balogun and Johnson (2005) also considered sensemaking and organisational change at the middle management level. Their findings suggest that continuous change outcomes arise out of two types of social processes, vertical processes

(between the recipients of change and senior managers) and horizontal processes (between middle managers). They suggest that the greatest amount of sensemaking for middle managers occurs informally through middle manager sensemaking processes. Their findings contribute to the literature in that they used lateral informal processes, whereas prior research had only focused on horizontal processes. This suggests that formal efforts by senior managers to drive change would be influenced by informal lateral processes at a middle management level. In other words, "managing change is less about directing and controlling and more about facilitating recipient sensemaking processes to achieve an alignment of interpretation" (Balogun & Johnson, 2005, p. 24). These findings suggest that the introduction of new quality practices may be influenced in part by sensemaking at the middle management level in HSOs.

Mills (2003) conducted a longitudinal study at Nova Scotia Power in Canada in the late 1980s and early 1990s. The research examined a series of so-called 'change' programmes implemented during that period utilising Weick's (1995) sensemaking ideas as a conceptual basis to understand and interpret the data. Nova Scotia Power implemented a 'culture change' programme in 1988 to address issues of low morale in the organisation, which were identified in a company-wide survey. The programme was said to be consistent with the so-called humanistic values at the organisation. In Weickian terms, these 'humanistic values' were used as central cues in the introduction and framing of the programme. By the early 1990s, senior leadership had promoted the programme as a success. In 1993, a new change programme around Business Process Improvement (BPI) was introduced. The central cues of the previous programme that focused on 'humanistic

values' were not mentioned in this programme. New cues were used to introduce the BPI programme, which focused on 'process' and 'efficiency' of the organisation. A series of corporate downsizing of employees then followed between 1993 and 1995. Consequently, many employees perceived this programme as being inconsistent with the humanistic values of the organisation. Advocates of the BPI programme, who were mainly members of senior management, saw such 'dissent' as 'rebellion'. Mills (2003) argues that the choice of both the culture change and BPI programmes shows how senior management enacted an environment whereby managers and employees made sense of the enacted environment in different ways. On the one hand, managers saw the BPI programme as creating opportunities for efficiencies in the organisation while employees understood the culture programme to be associated with corporate downsizing. Results from this study suggest that different employees may understand the intention and purpose of new quality practices in HSOs differently.

The Canadian study is interesting as it draws on several of Weick's ideas, such as enactment, cues and retrospective sensemaking. It also demonstrates how the programmes were introduced with no clear outcomes, yet the culture change programme was hailed a success in the early 1990s despite the fact that there were no clearly stipulated indicators of success from the outset.

Lastly, the idea of plausibility was apparent in the study. In this regard, Mills (2003) argues that while the culture change programme was framed as a response to low morale in the company, there were other factors at play. These factors were the growing popularity

of change programmes in the industry in general as well as a change in leadership in the late 1980s which led to a so-called 'change-minded' president at Nova Scotia Power. Therefore, the issue of low morale at Nova Scotia Power, turned out to be a plausible reason for the introduction of the culture change programme despite the fact that other more so-called 'factual' reasons could account for the introduction of the programme.

The above-mentioned studies focused on large corporate organisations. Some studies have considered the idea of sensemaking and change in HSOs. Treleaven and Sykes (2005) explored how changes in linguistic and discursive practices in a non-profit HSO affected the organisation's ability to deliver effective services to the community. Based on a triangulation research approach, they demonstrated how the organisation moved from a client-focused discourse (concerned with charity, welfare work of supporting, caring giving and helping clients) to one of corporate managerialism (emphasising processing, financial management, administration and the management of clients as 'outcomes'). This in turn led to the loss of different forms of organisational knowledge (including tacit knowledge) as management retrenched certain employees and replaced them with employees possessing competencies relating specifically to financial management and administration. The loss of client-focused knowledge had a further impact on the capability of the organisation to deliver effective services to the community. In addition, by moving client needs to a lower status in the organisational culture, power was seen to be exercised by those driving the new discourse, in the sense that staff members were now expected to carry out particular standard managerial practices. The study thereby demonstrated how discursive practices during times of organisational change, could lead to the loss of client-

focused knowledge and thereby affect the organisation's ability to deliver effective services to the community. The results of the study suggest that while changes in linguistic and discursive practices in HSOs might affect service delivery, they could also affect the manner in which the idea of quality is understood and thereby enacted in HSOs (Treleaven & Sykes, 2005).

Finally, Jones (2000) demonstrated that when frontline employees in an HSO environment encounter change, they undergo a personal transition whereby they attempt to renegotiate a sense of integrity closely linked to their sense of self. In other words, constructing integrity involves constructing congruence between espoused values of integrity and changing work practices. Jones (2000) points out that human services staff have a strong work ethic, which aspires to make things better in the service of others. The success of any change practice will rest on the extent to which such changes are congruent with this 'authentic' sense of self. This negotiation of self was found to be influenced by the referent work group in which espoused values receive legitimation. Therefore, the referent work group plays a significant role towards accepting a particular practice as permissible. This would explain how a referent group plays an influential role in the emergence of new change practices over time.

4.8. Conclusion

Changes to existing quality practices in HSOs might serve as a significant trigger for sensemaking in HSOs. Such sensemaking could be influenced by the manner in which changes occur. HSOs exhibit several characteristics of loosely coupled systems and can

thereby be expected to introduce changes to quality practices and standards from a continuous change perspective; one which is participative and involves engagement and dialogue from the front line. However, HSOs may also display characteristics of tightly coupled systems, which may influence whether change is in fact introduced in this manner. Other factors that may influence change in HSOs include for example, sensemaking processes at the middle management level, and linguistic and discursive practices in HSOs. Furthermore, new quality practices or standards might be understood differently by various employees in the same environment, in terms of their purpose and application.

Thus, Weick's insights on organisational change could be applied towards understanding how new quality practices may emerge in HSO environments.

CHAPTER 5: QUALITY AND HSOS

Chapter 4 highlighted the importance of social constructs as being central to understanding how meanings around clients and quality practices materialise over time and inform behaviour in the work place. Weick's contribution to the sensemaking literature was discussed and the idea of retrospective interpretations built during interactions with others was emphasised. The relevance of historical and social context for the sense maker is another important idea that informs the manner in which sense is made of the idea of quality. The purpose of this chapter is to discuss existing approaches to quality in the literature by employing a sensemaking lens. It is argued that existing models and approaches to quality in the literature lack a sensemaking perspective and in many cases do not take account of the unique characteristics of HSOs, which influence the manner in which the idea of quality is understood and enacted in these environments.

5.1. The Quality Concept: Defining Quality

The idea of quality has been debated for thousands of years. Over the last few decades, it has become formally considered by organisations as a strategic driver of performance. The literature on quality has evolved gradually over the years (Maram, 2008). While initially focused in the manufacturing arena, the concept of quality has more recently been applied to the services area. There is no common definition of quality. Rather, academics in the area of quality management have debated the following questions: Is quality subjective or objective? Is it relative or absolute? Is it timeless or socially determined? (Garvin, 1988).

According to Reeves and Bednar (1994), approaches towards defining quality in organisations can be grouped as follows:

1. Quality as excellence – Advocates of this approach propose that quality is both absolute and universally recognisable. Reference to uncompromising standards is highlighted. Quality is said to be an inherent characteristic of goods as opposed to something being attributed to them. Reeves and Bednar, (1994) point out that there is difficulty with this approach in the sense that such a definition offers little guidance to managers as the following questions pose difficulties: How does the assessment take place of whether or to what extent excellence has been achieved? Who determines standards of excellence?

2. Quality as value – In the marketplace, consumer decisions are based on so-called 'quality' and price. This approach integrates various attributes of a product or service (e.g. excellence, price etc.). The focus is on both internal conformances to requirements as well as meeting external customer expectations.

3. Quality as conformance to specifications – Once specifications have been defined, an organisation can monitor progress towards achieving these objectives. According to this approach, customer expectations should drive the nature of specifications that are established. Reeves and Bednar (1994) argue that the customer perceives conformance subjectively, and that it is difficult to measure performance objectively. They point out that this approach may be inappropriate for services as it may be difficult to specify standards as a high degree of human contact is involved. As

mentioned above, because a service is not an object, but a series of activities or processes – it is difficult to manage quality control.

4. Quality is meeting or exceeding customers' expectations – In terms of this approach, the importance lies in how well a product or service meets a customer's expectations. The idea is that a customer can articulate the idea of met expectations, as opposed to making perceptual judgments around meeting conformance to requirements. Reeves and Bednar (1994) state that this approach is the most complex to measure; one of the problems is that customers place varying weights on various product or service attributes, making the aggregation of such preferences problematic and difficult.

While Reeves and Bednar wrote their article in 1994, it seems that a common understanding of quality is still absent in the literature. According to Golder, Mitra & Moorman (2012), academic research in the area of quality has been impeded by a field/discipline specific focus in the literature. Consequently, a common understanding of quality both within and across disciplines is still absent.

In order to illustrate the field-specific focus in the literature, Golder et al. (2012) provide numerous examples of disciplinary approaches to defining and improving quality in organisations. Management researchers, for instance, have focused on the improvement of organisational processes with approaches such as Total Quality Management (TQM) and Quality Circles. The marketing literature is replete with studies on customer satisfaction, while academics in the field of quality improvement believe that perceived quality is but

one component of quality in organisations. Alternatively, the engineering/operations field has focused on ensuring that internal design specifications and reliable processes are met, despite the fact that many customers are not necessarily interested or concerned with such processes (Golder et al., 2012).

Golder et al. (2012) propose an Integrative Quality Framework in order to address the above-mentioned concerns.

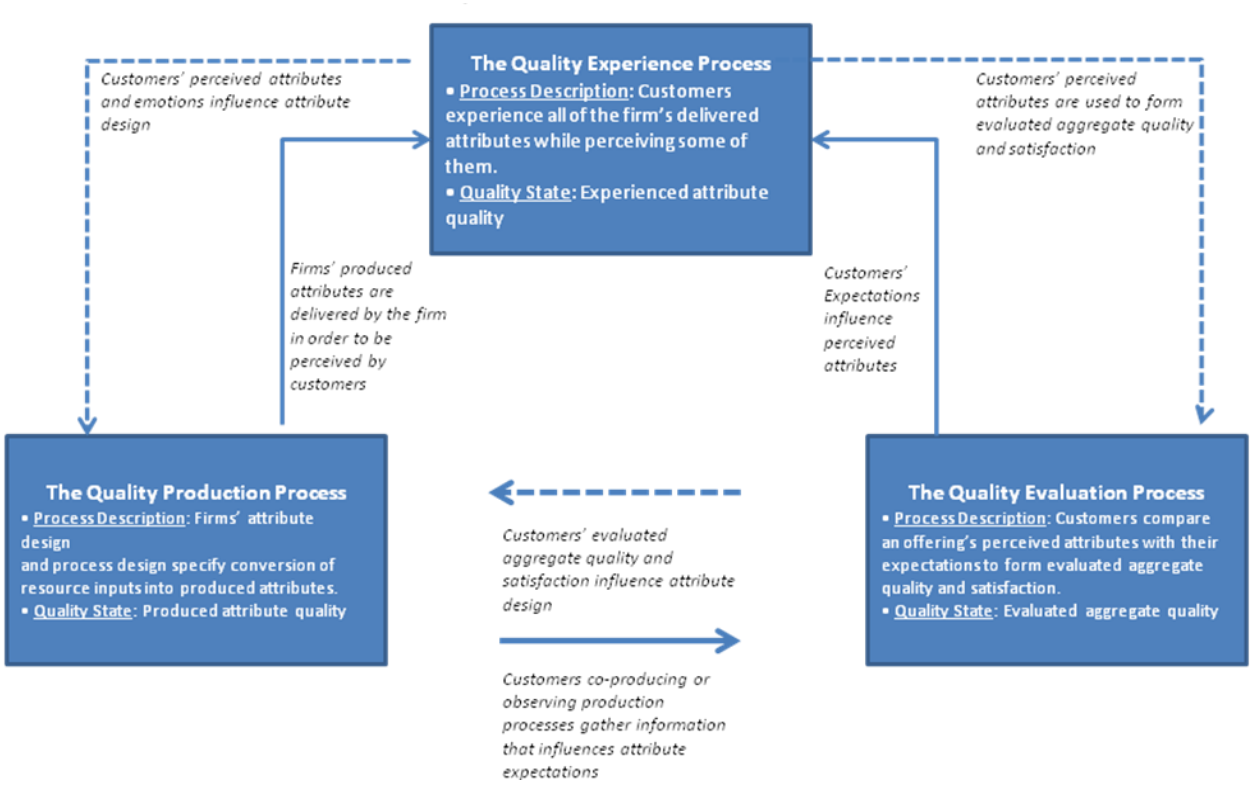


Figure 1: Overview of Integrative Quality Framework: Key processes, states and links

(Golder et al., 2012, p. 3)

The model in Figure 1 proposes three processes and associated quality states which the authors argue can be generalised across different types of organisations (corporate, government and non-profit), and offerings (product and service). The three processes are as follows:

- First, the quality production process involves the specification of attributes and comprises a focus on attribute design, process design, resource inputs, and methods for controlling the process. Once resource inputs and attribute performance have been specified, process design and quality control remain as inputs into the attribute production process.

- Second, the quality evaluation process reflects how customers translate and convert perceived attributes towards an aggregate or overall judgement of the firm's offering. Emotion is said to play a role for the customer in influencing aggregate quality. The distinction is made between transaction specific memories and global judgements of aggregate quality. Over time, transaction specific memories are translated into global aggregate judgements of quality, which may persist over time. The idea of customer expectations is central to the evaluation process whereby attribute performance reference levels influence how individual attributes are perceived and evaluated. Customer satisfaction is said to be a comparison between quality (evaluated aggregate quality) and reference levels (ideal expectations). Where perceived attributes exceed ideal expectations, customer satisfaction is said to occur, and vice

versa. This process has been the domain of marketing and consumer research with its focus on the customer.

- The third process has received little attention in the literature, is termed the quality experience process, which takes place when customers perceive certain attributes of an offering delivered by an organisation. The distinction is made between perceived and delivered attributes whereby a customer perceives only certain delivered attributes based on his/her unique, ideal expectations. Customer knowledge, motivation and emotion are said to influence how delivered attributes are filtered by the client and thereby become perceived attributes (Golder et al., 2012).

Each process constitutes a state of quality whereby a comparative assessment is made of an offering's attribute performance relative to a reference standard desired by either businesses or individuals. Consequently, quality is defined as a set of three distinct states of an offering's relative performance, which emerges from the production, experience and evaluation of the offering (Golder et al., 2012).

Golder et al. (2012) contribute to the ongoing debate on defining quality in organisations by proposing a unified framework of quality from a multi-disciplinary perspective. It is important to note, however, that their model considers quality from a customer perspective. This study is concerned with the manner in which employees in HSOs construct meaning around the idea of quality, which affects the manner in which quality in such environments is enacted. The above-mentioned model adopts a rational/objective

perspective, which assumes that the attributes of an offering are specified and delivered in a consistent manner and does not consider sensemaking processes that may influence how attributes are specified upfront and the way employees deliver these in practice (delivered attributes) to the customer. This may in turn affect which attributes are actually perceived (perceived attributes) by customers.

5.2. Quality and HSOs

As demonstrated above in the literature review, non-profit HSOs possess several unique characteristics. Hence, approaches towards improving quality in this context, are in some respects unique. Weick's work on sensemaking is important in terms of understanding how both internal and external environmental factors influence how HSO employees understand and enact quality on a day-to-day basis. Weick identifies aspects of sensemaking that may affect the manner in which HSO employees may understand and enact quality in their environments.

Firstly, much of the mainstream literature on quality adopts more of a rational perspective towards defining, managing and measuring quality in organisations. Such an approach fails to appreciate the informal and sensemaking side of HSOs. This includes aspects of power dynamics in such environments, which derive, in part, from competing frames and schemas around the idea of quality. These dynamics are likely to be evident between members within HSO organisations as well as between HSO organisations and their external environments. The latter gives rise to informal practices and behaviours in HSOs, which are aligned to certain perspectives or constructions and include, for example, how

service goals are expressed, how clients are defined and how workers rationalise their work.

Second, many of the current approaches to quality including the integrated model of quality mentioned above tend to focus on client perceptions of quality but do not necessarily consider how employees construct meaning around the idea of quality; the same can be said of other stakeholders that are present in the human services environment. Weick's contribution to sensemaking theory is important in this respect as it considers both macro and micro processes implicit in sensemaking around the idea of quality. Third, the idea of discretion, which is a key area of importance for quality in HSOs, is not addressed in many of the current approaches. Finally, many of the concepts inherent in the quality literature are not always easily applicable to the HSO non-profit environment. These are discussed below.

A common definition of quality in mental health HSOs is difficult to achieve if the notion of two classes of external inputs, clients and funding source customers is considered. This point becomes clear when considering the WHO model for quality improvement in mental health care:

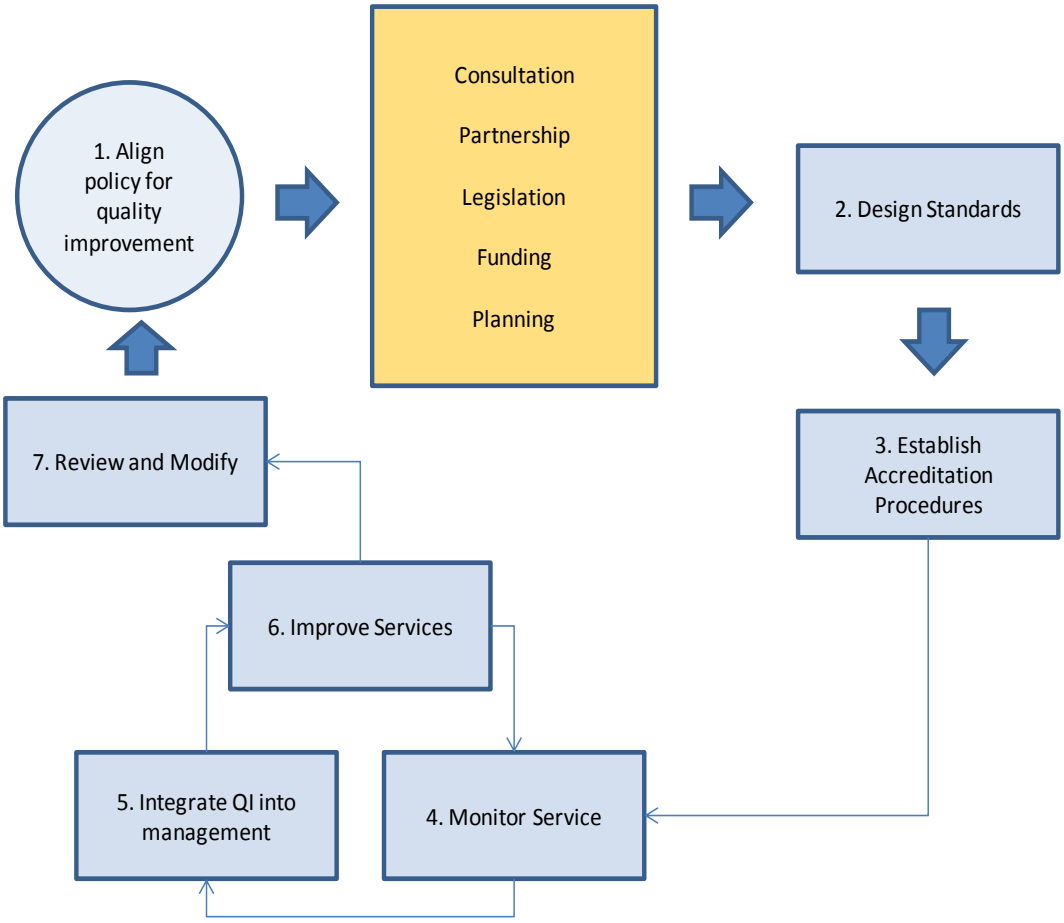


Figure 2: WHO moded of quality improvement in mental health care

(WHO, 2003, p. 8)

The WHO model in Figure 2 is important in the sense that it captures two important areas of focus for the quality improvement process i.e., the macro level (the policy context of quality) as well as the micro level (the organisation implementation level). In addition, the WHO model recognises that within the mental health services context, various stakeholders at both these levels may have varying needs, which makes a common vision of quality even more difficult. The report proposes a quality pyramid which specifies

varying needs of stakeholders within the pyramid, and which once again highlights the complexity of the idea of quality for non-profit HSOs:

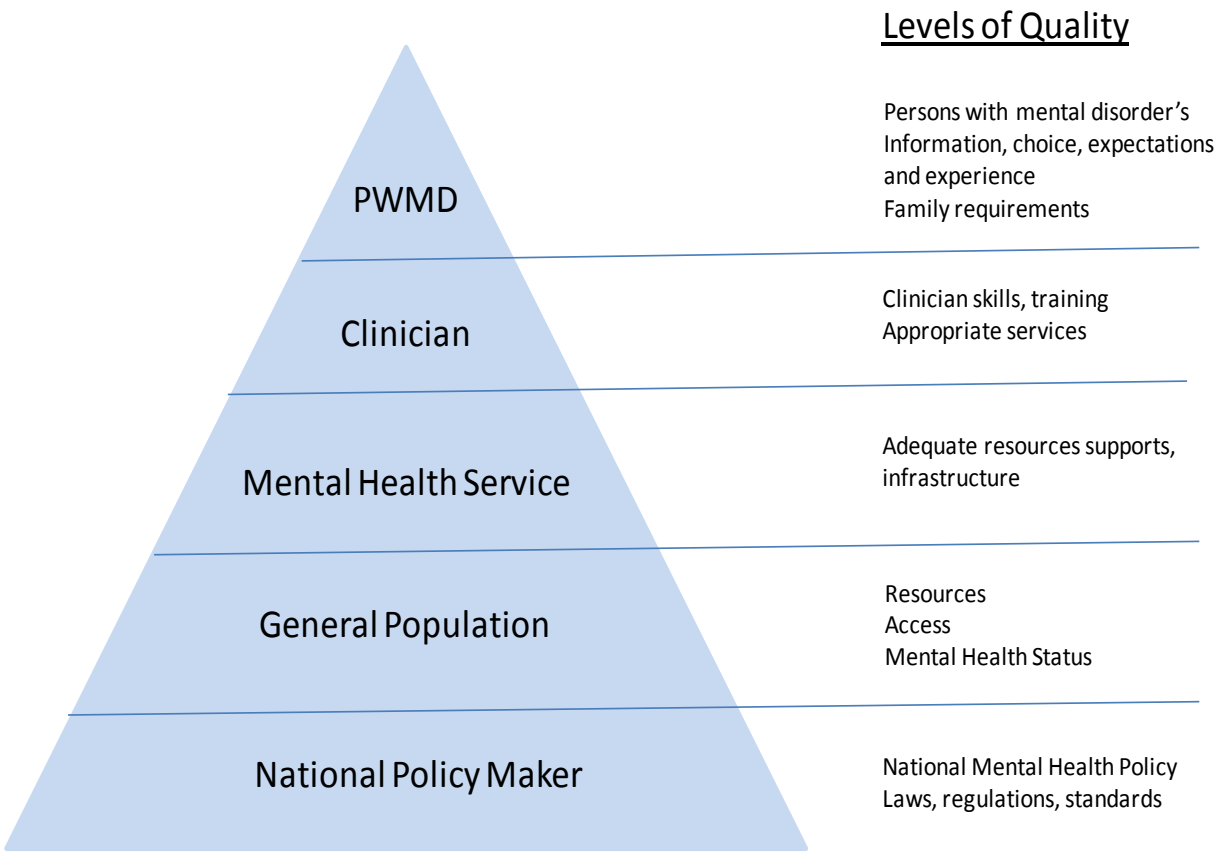


Figure 3: The quality pyramid

(WHO, 2003, p. 15)

The pyramid in Figure 3 implicitly assumes that stakeholders at varying levels would be more likely attend to different areas of quality in the pyramid. The clinician, for example, would attend to the top two quadrants, whereby a director may focus more attention on lower quadrants, particularly where the organisation is dependent on government funding.

In Weickian terms, this would imply that different cues would be extracted from the external environment. See Appendix 1 for Mental Health Quality Indicators by stakeholder group.

Another important model that relates to quality in non-profit service organisations is the Baldridge National Quality Programme. According to the Baldrige Award's official website, the Baldrige Award originated from the Quality Improvement Act signed in 1987 in the United States (US), which created a national award for manufacturing, small business, and service companies that achieved measurable levels of quality. The award was envisioned as a standard of excellence that would help US organisations achieve world-class quality. Several categories of quality management were designated to be judged by a panel chosen from academia, industry and consulting firms. In 2006, the programme was expanded to include non-profit and government organisations and the award has now become an important consideration for HSO administrators.

A brochure entitled "Criteria for Performance Excellence: 2011-2012" which is located on the Website, depicts the diagram reproduced in Figure 4, which contextualises the relationships between the various categories of quality in both non-profit and business organisations.

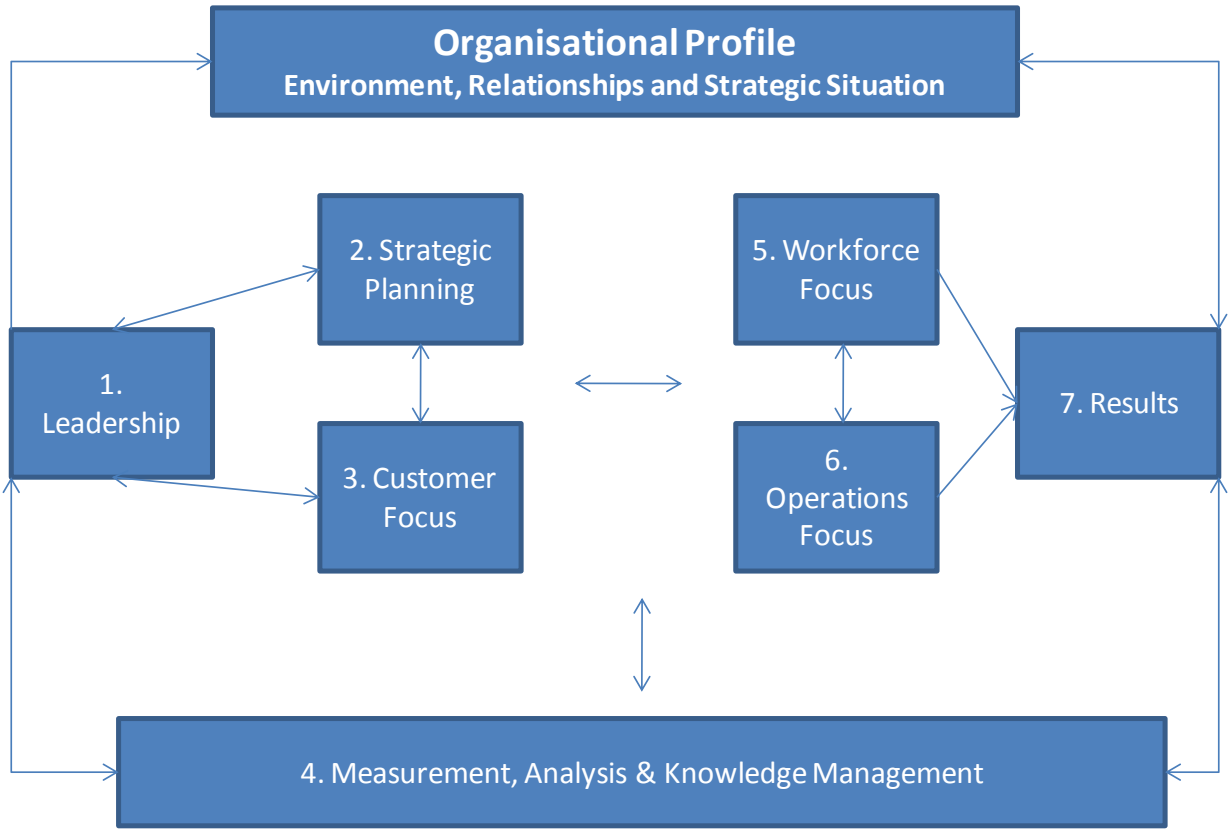


Figure 4: Baldrige model of quality in non-profit organisations and business

(Baldrige Criteria for Performance Excellence Framework. (NIST, 2011e, p. iv.)

- The **organisational profile** makes reference to the organisational environment which includes elements of the external environment such as regulatory compliance as well as the relative importance of product or service offerings. Organisational relationships are another focus area and address elements such as reporting relationships at an executive level and the characterization of customers and stakeholders.

- The **leadership** category is concerned with how senior leaders guide the organisation and how the organisation fulfills its legal, ethical and social responsibilities to the public and practices good citizenship.

- **Strategic planning** examines how the organisation sets strategic priorities, how it alters direction, and how progress is measured.

- **Customer focus** examines how the organisation determines the needs and requirements of its customers, how it builds relationships and how it retains and satisfies its customers.

- **Measurement, analysis and knowledge management** is concerned with the analysis, management and use of data towards the improvement in organisational performance.

- **Workforce focus** examines how the organisation assesses capacity and capability needs and how the workforce is aligned with the organisation's objectives.

- **Operations focus** examines aspects of how key delivery and support processes are designed, managed, and improved toward creating sustainable results and achieving customer value.

- The **results** category is concerned with performance and improvement regarding elements such as customer satisfaction, human resources, and governance and social responsibility.

The Baldridge model of quality fails to address the unique aspects of non-profit HSOs. For example, the impact of different categories of external clients is not addressed in the model. Neither is the idea of discretion, which is prevalent in the day-to-day work of HSO workers. The Baldridge model assumes a rational decision-making approach to quality improvement whereby the underlying 'plausible' aspects of decision-making as proposed by Weick are not apparent.

The same can be said about TQM, another approach to quality improvement that focuses on providing organisations with an "inbuilt mechanism for identifying and addressing problems" (WHO, 2003, p. 12). TQM has been applied to different types of organisations, including non-profit HSOs. TQM blends two areas of focus, namely, the social and organisational environments within which management systems and processes operate, along with the needs and expectations of customers. In other words, TQM proposes that a higher level of quality and production can be achieved by the enhancement of customer satisfaction as well as statistical control of organisational processes. Quality initiatives are therefore positioned around the idea of customer satisfaction (Gunther & Hawkins, 1996).

Martin (1993) argues that TQM is clearly applicable to service-based organisations, including HSOs, if the fact that these types of organisations produce nonstandard outputs is considered. Consequently, quality control is in essence, process control; TQM caters for variation as well as process control. However, the application of TQM to the human services context has been questioned; it was suggested that due to the presence of multiple stakeholders in the HSO non-profit context, a common view of what constitutes quality is

difficult to establish (Gunther & Hawkins, 1996). This is not surprising, as TQM, like the Baldridge Model, does not cater for multiple, or even vying definitions of quality, which are prevalent in the non-profit HSO context. In a similar vein, TQM also assumes a rational decision-making approach to quality improvement, which does not address sensemaking aspects as already mentioned. The model is largely focused on the idea of customer satisfaction and not necessarily with how employees understand and apply the idea of quality in their day-to-day work, which includes elements of discretion. In other words, the focus on microstructures and dynamics that are apparent at the front line is absent. The model fails to take account of the historical and social processes, which influence how employees in HSOs make sense of the idea of quality and how this in turn influences how quality is enacted in these environments.

This chapter discusses the various models of quality found in the literature. As mentioned in Chapter 3, HSOs have unique characteristics that may influence the manner in which quality is made sense of and enacted in these domains. The next section highlights the services nature of HSOs and the challenges associated with measuring and evaluating services.

5.3. The Nature of Services and the Idea of Quality

HSOs provide services to clients. Therefore, it is important to differentiate the manner in which services differ from products from a quality perspective. Quality management has its roots in the production of tangible products, and has subsequently been applied to the area of services production (Moore & Kelly, 1996). According to Gronroos (1990) in

contrast to the production of goods, the production of services can be distinguished by the following characteristics: Services are more or less intangible. Because of the intangibility of a service, it is often difficult for a customer to evaluate a service objectively. Moreover, '… because a service is not a thing, but a series of activities or processes – which, moreover, are produced and consumed simultaneously (this is also called the 'inseparability' characteristic), it is difficult to manage and measure quality control. As a result, quality control is essentially process control. Lastly, the customer is not only a receiver of the service; the customer participates as a production resource as well' (Gronroos, 1990, p. 29).

For example, in HSOs, factors such as the motivation of clients to engage in the co-production process as well as other client characteristics heavily influence the service delivery process.

In the human services, no two clients receive the exact service plan (an output). Therefore, HSOs deal with non-standardised outputs. This requires that quality control becomes essentially process control (Martin, 1993). According to Morrison (1996) because of the intangible and non-standardised nature of services, how a service is delivered is a critical factor in the evaluation of service quality. By virtue of the intangible and non-standard nature of services, it is evident that the idea of quality is even more difficult to define in a services context. This is particularly true for employees delivering mental health services, especially if the possibility of two external customers (for example, accreditation bodies or funders), who may have competing interpretations of what non-standard outputs should be delivered and in what manner, is considered.

This section discusses the challenges associated with measuring and evaluating services in HSOs. The next section addresses the dimensions of service quality, considering the difficulties measuring and evaluating these dimensions.

5.4. Process and Technical Quality

Gronroos (2007) states that service quality has essentially two dimensions. The first dimension is the technical quality and this dimension refers to the outcome, what is delivered or what the customer gets from the service. The next dimension is the functional or process quality refers to the manner in which the service is delivered or how it is delivered. According to Masterson (1991), services provide customers with two types of opportunities. The first refers to the interactive experience between the customer and the service provider. In this experience, a transaction takes place between the client (on emotional, cognitive and physical levels) and the service provider (through personnel, physical facility, and technology). This perspective of quality is termed ‘process quality’ or ‘functional quality’, according to Gronroos (2007). According to Rapp and Poertner (1987), process quality has to do with having the client treated with the highest degree of dignity, respect and individuality, which is consistent with the values of HSOs. The second type of opportunity refers to the enhancement of customer capabilities. This is termed ‘technical quality’. For example, in an inpatient substance abuse centre, it is hoped that the client achieves the capability to avoid or control the consumption of the chemical substances disrupting their lives (Moore & Kelly, 1996).

According to Gowdy, Rapp and Poertner (1993), while technical quality (or client outcomes) should be the primary objective of HSOs, in practice, this is not necessarily the case. Miringoff (1980) states that '… as social welfare has grown, there has been an increasing recognition that management is needed, but such management has often been perceived, even by its own practitioners, as an activity almost divorced from the quality of service itself. In this view management is concerned almost exclusively with an organisation's maintenance and political functioning; the quality and substance of service provided is seen to be outside the purview of management. Hence, managerial measures of efficiency and budgetary concerns have often been viewed by service practitioners as being counterproductive to service delivery' (p. 10).

Brook, McGlynn and Shekelle (2000) state that technical quality and process quality pose problems for measuring the quality of care in HSOs. They argue that outcomes associated with technical quality are only partially produced by health services and that other factors come into play, such as history of the problem and age of the patient. Regarding process quality, they argue further that these are only as relevant as the improved outcomes that can directly be associated with them.

Moore and Kelly (1996) posit that in some situations, the circumstances may be such that the technical quality may be difficult to improve on. Under these circumstances, process quality is more accessible. Whereas, Moore and Kelly (1996) state that "one need not wait until science provides more powerful tools to improve technical quality" (p. 35); Zeithaml and Bitner (2000) state that the outcomes of many services are difficult to specify and

measure; which would apply to complex services like counselling. Under these circumstances, the technical quality – the actual competence of the provider or effectiveness of the outcome – is not easy for the customer or client to judge. The client will base their judgments largely on process quality dimensions such as the social worker's ability to empathise, his or her courtesy, etc. This point becomes clear if the WHO (2003) report is considered; it proposes that outcome measures in mental health can be categorised as follows:

- Clinical status outcomes: Relates to physical, emotional, cognitive and behavioural signs and symptoms related to a disorder.
- Functional status outcomes: Ability of a patient to take on social and role related everyday functions.
- Life satisfaction and fulfilment outcomes: Patient perceptions of quality of life and well-being.
- Welfare and safety outcomes: **I**ncludes aspects such as suicide, homelessness and involvement with criminal activities.

It is important to note that these outcomes can materialise at different times e.g., short-, medium- or long-term. Therefore, it is often difficult to measure technical quality over time accurately.

Measuring and evaluating quality within HSOs is difficult, as approaches to defining quality have been handed down by funding agencies, accreditation agencies, boards or

upper management. These groups do not necessarily agree on what constitutes quality. According to Martin (1993), this is because the term ‘quality’ possesses several distinct dimensions. As a result, when people disagree about what constitutes quality in the human services, they are demonstrating preferences for differing quality dimensions (such as accessibility, timeliness, consistency, humanness, and results or outcomes; others include, tangibles, reliability, responsiveness, assurance and empathy). In other words, certain groups tend to focus on process quality elements while others focus more on those of technical quality. As a result, there are competing interpretations of what constitutes service quality. The measurement and evaluation of quality in HSOs will therefore be influenced, in part, by the aspects of quality (process versus technical) attended to by employees and how these quality elements are made sense of and enacted in HSO environments.

The following model developed by Martin (2005), is useful in the sense that it illustrates aspects of both process and technical quality from a measurement and evaluation perspective:

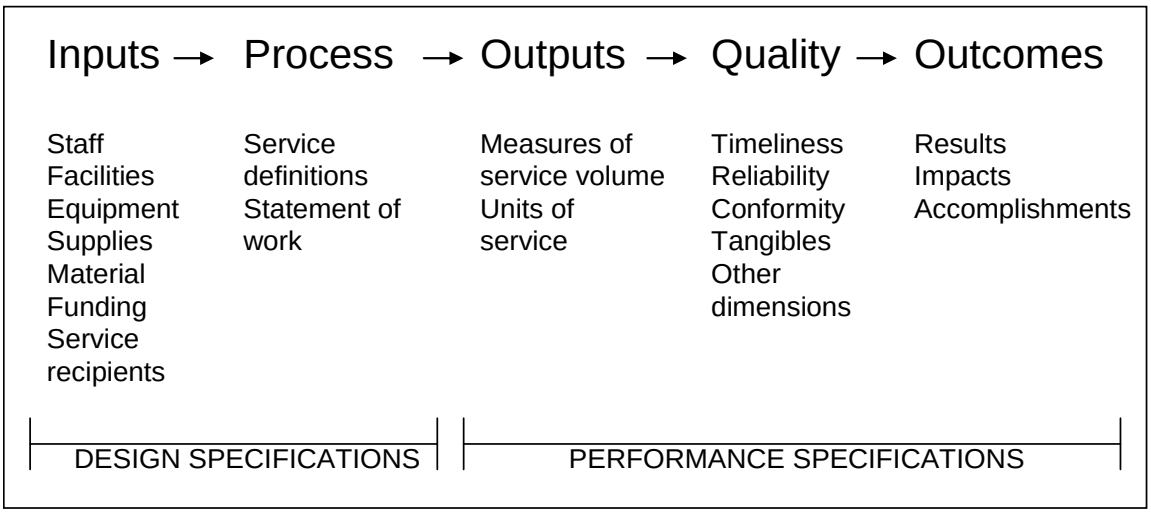


Figure 5: The Expanded Systems Framework and Service Contracting

(Martin, 2005, p. 66)

The remainder of Chapter 5 discusses two approaches to measuring and evaluating quality in the literature, namely the client satisfaction approach and outcomes-based evaluation. The former approach focuses primarily on process-based elements of quality while the latter considers the technical aspects of quality.

5.5. The Client Satisfaction Approach

As discussed at the beginning of this chapter, client satisfaction has been a key area of study in the literature on the measurement and evaluation of quality in organisations. The so-called 'perceived quality approach' is the basis of most of the service quality research and theory development in the services marketing literature. According to research carried out by Zeithaml, Parasuraman, and Berry (1988), customers evaluate service quality by comparing experienced quality with expected quality in terms of five dimensions. The five

dimensions are elements of process quality. 1) Tangibles or the aspects of the physical facilities, equipment, and personnel from the organisation, the appearance and dress of service employees. 2) Reliability or the ability to perform the offered service dependably and accurately. 3) Responsiveness or the service employees' willingness to help customers and to provide timely service. 4) Assurance or knowledge and courtesy of service employees and their ability to communicate trust and confidence. 5) Empathy, or individualised attention the organisation gives to its customers by paying attention, listening, and being flexible in filling customers' needs. Zeithanl, Parasuraman and Berry (1988) state that these five dimensions of service quality are consistent across all industries. Their study produced a research instrument, called SERVQUAL, which measures customer perceptions of service quality, based on these five dimensions. The SERVQUAL scale has become the most widely used scale in the services management literature.

Research carried out by Selber (1997) examined whether the five dimensions of service quality contained in the SERVQUAL scale are applicable within the human services context. The research was carried out across more than 20 human service programmes, which included a variety of counselling programmes addressing sexual abuse, marital conflict, group counselling, etc. In order to assess the content validity of the SERVQUAL scale, focus groups were conducted with key informants including managers, division directors and staff from participating programmes, and scale items and dimensions were discussed and reviewed. The results indicated that the items of the SERVQUAL scale were relevant and useful to the domain of quality in human services (across all of the

programmes). Prior to this study, a number of authors had suggested that various dimensions of service quality were important to the human services, but there was little empirical evidence to substantiate these claims. The Selber (1997) study produced ground breaking results in this regard.

While the SEVQUAL scale focuses specifically on process quality, more recent studies have considered a conceptualisation that takes into account technical quality as well. Brady and Cronin (2001) developed what they call a hierarchical model of service quality, which considers both process and technical quality and is represented as follows:

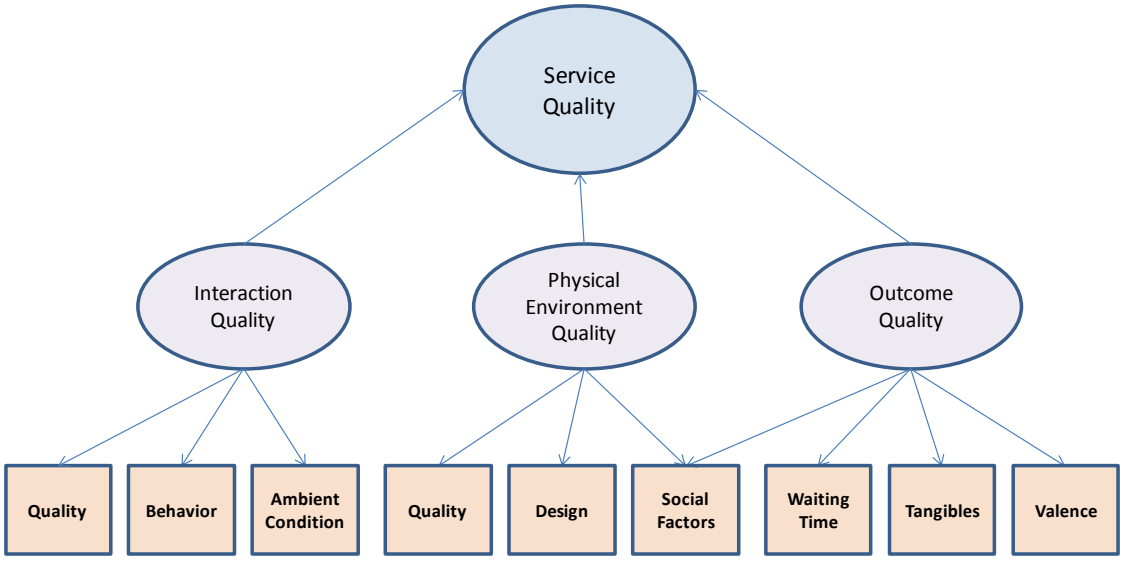


Figure 6: Hierarchical model of service quality

(Brady & Cronin, 2001, p. 43)

The idea is that service quality is comprised of three primary dimensions: interaction quality, physical environment quality and outcome quality. Each of these primary dimensions is comprised of secondary quality dimensions.

- ***Interaction quality:*** Refers to the interpersonal interactions that take place within service delivery;

- ***Service environment quality:*** Considers the influence of the physical or built environment on client perceptions of service quality;

- ***Outcome quality:*** Refers to "what the customer is left with" after the service encounter.

5.6. Outcomes-Based Evaluations (OBE)

In addition to the use of client satisfaction surveys, a variety of other approaches to the measurement and evaluation of quality in the human services are used. Formal methods of programme evaluation include experimental or quasi-experimental studies of mental health interventions. Such formal methods can be difficult to carry out in practical terms, and as a result, other important methods were developed and include, for example, outcome-based evaluations (OBE). The objective of the OBE approach is to demonstrate either programme impact or effectiveness, in terms of clinical efficacy (Savage, Cornett & Goodwin, 2012). Such methods in essence aim to measure aspects of technical quality.

Yates (1996) proposes a comprehensive model for human services systems that can be used to assess the benefits or outcomes of human services programmes. In terms of the model, there are two categories of outcomes or benefits to be considered. Interim outcomes refer to the observable results of treatment. These can include, for example, changes in clients overall functioning, drug abuse, maladaptive behaviour (e.g., criminal behaviour), and mental health (e.g., depression or anxiety). Long-term outcomes refer to the maintenance of, or continued improvement in, interim outcomes. They also include the benefits that accrue to society when interim outcomes are produced and maintained for substantial numbers of people over considerable periods of time (Yates, 1996).

Some examples of long-term benefits of human services programmes include:

- Contributions to society – clients that receive successful treatment can become more productive members of society in several ways; they may have the ability to work more and pay more taxes.

- Reduced use of medical and social services – successfully treated individuals typically do not require intensive treatment services.

Reduced criminal activity and reduced criminal justice services – this applies to those clients who previously engaged in illegal activities. For example, investigation,

apprehension, adjudication, incarceration and probation are all expensive services (Yates, 1996).

Such long-term benefits are important from a public policy perspective whereby government provides funding, in part, for human services programmes.

Benjamin (2012) argues that outcomes measurement in non-profit HSOs is problematic as existing outcome measurement frameworks focus on how staff members implement programmes rather than how staff work with clients. 'Outcome measurement guides direct non-profits to track programme activities completed and the outcomes resulting from those programme activities. In contrast, the accounts of frontline work in non-profits show that non-profit staff members start by building a relationship with the person they are serving and then adjusting programmes and services to meet the needs and goals of this individual. Consequently, outcome measurement may go some distance in helping us understand non-profit performance but may also mischaracterise non-profit performance' (Benjamin, 2012, p. 431). The opposite may also be true regarding the behaviour of frontline staff with clients. As mentioned in Chapter 3, HSO workers tend to make moral judgments about their clients and thereby convey some statement of social worth. This can affect the quality of services provided in a negative manner. Once again, outcome measurement frameworks may fall short in terms of identifying such dynamics on the front line. Furthermore, research indicates that front line workers may avoid implementing certain quality measurement initiatives based on ideological grounds or where the concern about blame rather than the improvement of quality in their environments (Lynch-Cerullo & Cooney,

2011). Hence, historical and social processes influence how employees make sense of quality measurement initiatives and thereby affect the manner in which quality is measured in these environments.

From an outcomes-based measurement perspective, the selection of outcomes should be driven by logical considerations such as accountability and continuous improvement. However, in practice, this is not always the case (Savage, et al., 2012). From a Weickian perspective, administrators in HSOs may select particular outcomes to demonstrate programme efficacy as part of a rationalisation for prior decisions. The same can be said for selecting indicators in order to measure specified outcomes. Once again, such selection may not necessarily be driven by rational, logical considerations. According to Brodkin (2010), performance measures are selected in terms of demonstrating legitimacy for manifest policy objectives. However, policy objectives are generally ambiguous and broad. It is difficult to develop performance measures for HSOs, as they require some degree of discretion and individualised judgement. The focus is therefore oriented more towards quantifiable efficiency measures of cost control and performance, and less towards goals associated with service quality or responsiveness to clients. The selection of quality outcomes and indicators can therefore be influenced by sensemaking processes, which are driven by historical and social processes.

5.7. Conclusion

Existing models of and approaches to the definition and measurement of quality in the literature assume that quality can be defined and measured in objective terms. However,

services provided by HSOs are complex in the sense that they are intangible and non-standardised, and therefore difficult to measure and quantify. The client satisfaction approach, which focuses predominantly on process elements of quality considers how customers evaluate service quality by comparing experienced quality with expected quality. In addition to the use of client satisfaction surveys, a variety of other approaches to the measurement and evaluation of quality in the human services are used, such as OBE, which aims to measure aspects of technical quality. However, as mentioned, sensemaking processes may adversely affect the selection of outcomes which should be driven by logical considerations such as accountability and continuous improvement.

It is argued that HSOs have unique characteristics that influence the manner in which the idea of quality is understood and enacted in these environments. Existing models and approaches to quality in the literature do not consider the social and historical driven sensemaking processes in HSOs and certain models focus specifically on client perceptions of quality. The purpose of this study is to explore how sensemaking processes in HSOs influence how the idea of quality is understood and enacted by employees.

CHAPTER 6: SUMMARY OF WEICK'S CONTRIBUTION

The primary purpose of this study is to understand how employees construct meaning around the idea of quality and how they enact this meaning in day-to-day practice. This concerns those aspects of quality that employees attend to, how they interpret these so-called 'cues', and how these meanings inform behaviour in the workplace.

Non-profit HSOs have several unique characteristics; a comprehensive discussion of quality in HSOs must therefore incorporate an understanding of how meanings around clients and quality practices materialise over time and inform behaviour in the work place. The sensemaking process is central to understanding how such meanings evolve over time and how they are enacted in the work place. Implicit in the sensemaking process is the idea of social constructivism, which is central to the work of Karl Weick.

Weick's contribution to the literature on sensemaking offers a promising avenue to understand how employees in mental health HSOs may come to construct meaning around the idea of quality, and enact such meanings in their daily work. Implicit in the idea of sensemaking is that equivocality or ambiguity in organisations can be reduced through effective sensemaking processes. Behaviour is both enabled and constrained by context, where norms, values and expectations provide frameworks for explanations and understanding. Context thereby serves to limit explanations offered and the manner in which events and ideas are understood in the environment. HSO employees may construct meaning around the idea of quality in a somewhat shared manner due to the prevailing social and historic contextual forces, and would further depend on the degree and extent of organisational controls that are prevalent in the environment. The idea of coupling in

organisations is another useful concept which has relevance to this study. Where tight coupling is more prevalent, less discretion among employees and a greater degree of shared understanding in the environment is expected. HSOs may exhibit characteristics of both loose and tight coupling.

Weick's seven properties of sensemaking serve as the basis for understanding how the sensemaking process unfolds. These properties follow a rough sequence whereby people concerned with their identities in their social context, extract salient cues and make plausible sense retrospectively, while enacting varying degrees of sense into those ongoing events. The process is ongoing and dynamic and lends insight into how plausible meanings around the idea of quality emerge over time and are into consciousness through social processes. The dynamic nature of sensemaking signifies that such meanings also change over time. Weick's seven properties of sensemaking offer valuable insights into the manner in which social and cultural processes influence the process of sensemaking as it relates to the idea of quality in HSO environments.

Sensemaking processes may also have significant implications for how quality in HSOs is defined, how programme outcomes are formulated and how 'selected' indicators are measured. They may also provide insights in terms of understanding informal quality practices and discretionary behaviours, which affect the manner in which front line staff members interact with and construct clients from a sensemaking perspective.

Weick has also focused on the topic of organisational change in organisations and his work offers insights as to how and why quality programmes may be adopted over time. One of the primary research questions of this study concerns how quality practices emerge over time in HSOs.

Depending on the degree and extent of organisational controls that are prevalent in the environment, it could be expected that new quality practices in HSOs may emerge through continuous change whereby participative decision-making and involvement from the front line plays a pivotal role in terms of serving as an impetus for new practices and ways of work.

Existing models and approaches to quality in the literature are no doubt important in terms of defining and describing best practice standards and norms for quality. However, implicit in the idea of sensemaking is that behaviour is both enabled and constrained by context where norms, values and expectations provide frameworks for explanations and understanding. Therefore, existing models and approaches to quality in organisations are incomplete in the sense that they do not consider the underlying contextual and social processes that affect the manner in which specified standards and norms are interpreted and implemented.

In summary, HSOs have unique characteristics that might influence the manner in which employees make sense of and enact the idea of quality. These insights might be critical for efforts directed towards improving quality within HSOs. A comprehensive discussion of quality in HSOs must incorporate an understanding of how meanings around clients and quality practices materialise over time and inform behaviour in the work place. Sensemaking processes may also influence informal quality practices and discretionary behaviours, which affect the manner in which front line staff members interact with and construct clients from a sensemaking perspective. Lastly, the prevalence of organisational controls in the environment may influence the manner in which existing quality practices are modified or how new quality practices are introduced over time.

The purpose of this study is to investigate these propositions by exploring the following research questions:

1. How do employees in non-profit HSOs understand and enact the idea of quality in their day-day work?
    a. *How do staff members construct meaning around the idea of quality?*
    b. *In what manner are quality practices internalised by staff members in their daily work?*
    c. *How do new quality practices emerge over time?*

CHAPTER 7: METHODOLOGY

In this chapter, the methodology employed in the study to answer the research questions is described. Initially, the setting for the study, which provides a description of the organisation selected for analysis including the title and number of participants taking part in the study, is discussed. Next, the research design for the study is discussed and a high-level description of the triangulation method is provided. The three data sources comprising the key elements of triangulation are then elaborated upon within the context of this research study. Next, a detailed account of the data collection and analysis processes adhered to is provided. A detailed discussion of the key elements of meeting rigour in qualitative studies is then presented and the adherence of this study is demonstrated. The chapter concludes with a description of the steps followed to ensure that ethical principles were adhered to throughout the study.

7.1. Setting for the Study

The organisation where the study was conducted chose to remain anonymous and will hereafter be referred to as 'the organisation'. In order to respect the anonymity of the organisation certain identifying content will not be presented. In order to indicate where certain words, sentences or paragraphs have been withheld, an asterix symbol (*) will be incorporated. The organisation represented one of several * centres affiliated with a mental health HSO association in Southern Africa * The organisation is a non-profit organisation established *; it has four regional centres and is located in * South Africa.

The mission of the association is to *.

*

*

The organisation has the following full-time members (some of whom receive stipends from the Department of Social Development):

- Three administrators (*);
- Two registered Social Workers;
- One Auxiliary Social Worker[1]; and
- One Social Worker in Training.

In addition to these staff members there are several volunteers who serve as supervisors in the regional centres and/or who conduct counselling for the organisation.

7.2. **Research Design**

According to Yin (2003) a case study design should be considered when: (a) the focus of the study is to answer "how" and "why" questions; (b) you cannot manipulate the behaviour of those involved in the study; (c) you want to cover contextual conditions because you believe they are relevant to the phenomenon under study; or (d) the boundaries are not clear between the phenomenon and context. My thesis focuses on how employees in HSOs construct meaning around the idea of quality within the contextual and social processes of

[1] *An auxiliary social worker has a two-year diploma and assists social workers with their tasks. They are registered with the Social Work Council and have to be supervised by a social worker*

their environment, specifically through the use of sensemaking processes. As such, the study meets all three of Yin's criteria for the use of a case study.

Yin (2003) states that single-case studies feature predominantly in the sensemaking literature partly because this research design is well suited for studying every day and extreme examples of sensemaking. Eisenhardt and Graebner (2007) state that while this type of design lends itself to deep insight into a particular instance of sensemaking it makes it difficult to compare patterns across contexts. Nevertheless, the interaction between a phenomenon and its unique context is best understood through in-depth case studies. By adopting a single case study with embedded sub-units, the study developed a more complex design than is found with traditional single cases. By involving sub-units, the study provided more opportunity and insights that is traditionally offered in the single case. The organisation selected for this study met the following criteria:

- The organisation is comprised of multiple offices across a geographical area. The presence of multiple offices in different locations or contexts could influence the manner in which employees and volunteers construct meaning around the idea of quality. The offices are in essence embedded sub-units in the case study.
- The organisation is part of a broader association that could serve as an additional cue in the environment which may influence the manner in which quality is constructed and enacted in the organisation. This provided the study with an opportunity to explore the implications of this possible association in terms of the research questions.

Yanow (2000) states that human meaning is projected into the full range of human artefacts such as language, literature, acts and interactions, and physical objects. Physical objects might, for example, include the physical layout of a facility. Therefore, in order to thereby study meaning as it is projected into the full range of human artefacts, a triangulation method is most appropriate for qualitative studies. The rationale for using multiple sources of data is the triangulation of evidence. Triangulation increases the reliability of the data and the process of gathering it. During data collection, triangulation serves to corroborate the data gathered from other sources (Yin, 1984). Yin states further that the quality of case study design is dependent on meeting four criteria, namely, construct validity, internal validity, external validity and reliability. Section 7.6 below addresses the manner in which these criteria were addressed by the study.

7.3. **Data Sources**

1. Archival Sources

Both internal and external sources of archival data were collected over a seven-month period. Documentation pertaining to the broader association as well as the organisation itself included the * constitution, * Policy, Affiliation Policies and Procedures, Assessment of Learners, * Policy, * Policy, *Policy, and Code of Ethics. Internal sources included the organisation's website as well as archival documentation pertaining to accreditation standards with the Department of Social Development. External data sources included the Policy Framework for the Accreditation of Diversion Services in South Africa.

2. Interviews

The study employed a semi-structured interview approach where a formal questionnaire was administered to interview participants. The interview questions were developed to capture each of the study's research questions. In developing the interview questions, I reread the literature several times from a sensemaking perspective, with the study's research questions in mind. This enabled me to identify interview questions which captured insights pertaining to each of the research question's as well as aspects of each research question that was not previously captured in the literature. I then developed a first draft of the questionnaire which was shared with an Organisational Psychologist familiar with the literature review and research objectives. Certain amendments were then made and a final version of the questionnaire was then approved by my supervisor.

Interviews were conducted with the 12 staff members, six full-time and six employed on a volunteer basis:

- Three administrators (*);
- Two registered social workers;
- One auxiliary social worker; and
- Six volunteers.

Data from the full-time staff interviews was analysed separately from that of the volunteers. This is because certain studies, such as Jehn et al. (1999) and Kreutzer and Jager (2010), found that staff members and volunteers in non-profit

organisations had in some cases, competing interpretations of their environments. Ethics forms (see Appendices 3 & 4) were shared with all interviewees before the interviews were conducted.

3. *Participant Observation*

   Participant observation was addressed by attending various meetings (such as a supervisory meeting and a training session). General interpersonal interactions in the organisation as well as the physical layout of the facilities were observed.

7.4. Data Collection and Analysis

Unlike most other methods of data collection, case studies enable the researcher to do data collection and data analysis together. The need to do data analysis while still collecting data provides certain advantages as compared to using other methods. With both surveys and experiments, for example, data collection is likely to occur as a distinct stage separate from data analysis. In other words, one stage is usually completed before the next stage begins (Yin, 1994). The data collection phase of my study, while guided by the overall research questions, can best be characterised as iterative. In other words, data collection from the various data sources was carried out such that as new insights became available from the concurrent data analysis, such insights informed how and what questions I would probe during the interviews and during informal discussions with the organisation's members, what archival data was necessary to collect as well as what forms of participant observation I wanted to be involved with.

Berg (2004) posits that while various approaches are used by qualitative researchers to analyse their data, there are certain overarching steps that are used by all researchers. A generic set of analytical activities arranged in a general order of sequence follows:

- Data are collected and made into text (e.g., field notes, transcripts, etc.).
- Codes are analytically developed or inductively identified in the data and affixed to sets of notes or transcript pages.
- Materials are sorted by these categories, identifying similar phrases, patterns, relationships, and commonalities or disparities.
- Sorted materials are examined to isolate meaningful patterns and processes.
- Identified patterns are considered in light of previous research and theories, and a small set of generalisations is established (Berg, 2004, p. 267).

Each of these steps is elaborated on as they pertain to the procedures followed to organise and describe the data, and interpret the themes that emerged in relation to the research questions. In doing so, the method of thematic analysis employed to achieve these objectives is expanded on.

Before the thematic analysis method, certain preliminary decisions were made. Braun and Clarke (2006) discuss some of these questions. First, the extent and importance of a theme must be determined and is not necessarily dependent of quantifiable measures, but rather on whether it captures something of significance in relation to the overall research

questions. Thematic analysis as a method leaves this decision up to the judgement of the researcher. Second, a decision was made whether to do a rich thematic description of the entire data set or provide an analysis of one or more themes in the data, of which the latter was chosen. Third, themes or patterns in the data could be elicited through an inductive approach (where the themes are specifically linked to data elements) or through a theoretical approach (where the themes are coded into one or more of the research questions). This data was coded in accordance with a theoretical approach. Lastly, a decision was made in terms of whether themes were identified at a sematic or explicit level, or at a latent or interpretive level. In the former, the process evolves from organisation and illustration of patterns in the data (description) to the theorisation of significant patterns and associated meanings and implications (interpretation). Where themes are identified at a latent level, the underlying idea and assumptions that are theorised explain the explicit content of the data. This study followed a blended approach, which used both manifest and latent content wherever possible. In other words, a blended approach was used where the coding procedures for both were reasonably valid and reliable (Berg, 2004).

Initially, by adopting a theoretical approach towards the analysis of the data, a literature review was undertaken, and research questions compiled before producing initial codes from the data. Once the codes were identified across the data set, they were linked to themes or patterns, including different levels of themes, namely the main themes and sub-themes. It was ensured that the identified themes were identifiably distinct from one another. Finally, for each theme a detailed write-up was compiled, considering how each

particular theme fitted into the research questions of the study, ensuring that minimal overlap was present between the themes. A name was assigned to each theme, which captured the essence of the themes. The process described above conforms to the thematic analysis method as described by Braun and Clarke (2006).

7.5. Conclusions and Verification

Before final conclusions can be drawn it is important to verify the preliminary interpretations. According to Greene (1994), it is important to ensure that the interpretations are empirically based representations of experiences and meanings rather than a biased opinion. In order to verify the interpretations made in this study, an independent researcher examined the data to ascertain if comparable conclusions could be drawn.

7.6. Meeting Standards of Rigour

According to Schwartz-Shea (2006), there has been an evolving debate in both qualitative and quantitative circles during the last few decades regarding what criteria constitute standards of rigour for qualitative research. He notes that Guba and Lincoln (1981) were among the first to respond to scepticism, particularly among researchers influenced by positivistic understandings of scientific practices. In doing so, they proposed four evaluative criteria appropriate for qualitative research. According to Guba and Lincoln (1981), both qualitative and quantitative researchers are required to demonstrate that their findings meet several tests of rigour. However, as they point out, while the concerns reflected in the criteria for establishing rigour in quantitative studies are applicable to those

of qualitative studies, they need to be somewhat reinterpreted to better fit the assumptions of the qualitative perspective. There are essentially four basic concerns which address Yin's criteria for case study design, namely, construct validity, internal validity, external validity and reliability.

The first is termed 'truth-value'. Within the quantitative realm, truth-value is called internal validity and is more concerned with the extent to which the findings describe a single reality. In qualitative research, truth-value is termed 'credibility' and refers to the extent to which the data describes multiple realities as they are reflected in the minds of subjects and in the context of the study. There can be distortions arising from bias on the part of either the researcher or the subjects. For example, the researcher may fail to establish a minimum level of rapport with subjects and this may influence their responses. There are various ways to address or increase credibility in qualitative research. For example, the use of a triangulation methodology, prolonged and persistent engagement in the field, peer debriefing and sharing the findings with subjects in the field. This study was credible in the sense that it employed a triangulation methodology. In addition, all data and the interpretation thereof was shared with an independent researcher (peer debriefing). Lastly, prolonged and persistent engagement was undertaken in this study. This allows the researcher to "differentiate typical from atypical situations [or] to identify unique situations that carry useful and insightful meaning" (Guba & Lincoln, 1981, p. 109). According to Yin (1994) distortions arising from bias on the part of either the researcher or the subjects is a possible challenge of interviews and participant observation. This concern was addressed by ensuring credibility of the research, as described above.

The second concern is termed ‘applicability’. Within the quantitative realm, applicability is called external validity and is concerned with the extent to which the findings can be generalised to other people or settings. From a qualitative standpoint, the notion of generalisability is problematic in that it represents a context-free proposition. Therefore, the qualitative researcher is more concerned with whether the findings of one context are ‘transferable’ to those of another context. The key question then becomes, “what is the degree of fittingness between the two contexts?” (Guba & Lincoln, 1981, p. 118). The assessment of fit is best indicated by the term ‘thick description’. Guba and Lincoln (1981) state that “thick description involves literal description of the entity being evaluated, the circumstances under which it is used, the characteristics of the people in it, and the nature of the community in which it is located” (p. 119). During this study thick description was provided. In addition, while the single case study makes it difficult to compare patterns across contexts, the study adopted a single case study with embedded sub-units which added to the complexity of the design.

The third concern is termed ‘consistency’. In quantitative research the question arises whether a given study is reliable i.e., will the same or similar results be obtained through repeated experiments; the orientation once again is ‘context free’. In qualitative research, the key question that arises is whether the researcher is ‘dependable’. In other words, could the findings of a given study be consistently repeated if the enquiry were replicated with the same or similar subjects in the same or similar context? One of the key ways to address this concern is using an audit. This involves having independent ‘judges’ review the

original researcher's decision trail (Guba & Lincoln, 1981). This study met the criterion of consistency in the sense that a comprehensive decision trail was evident.

The last concern is termed 'neutrality'. Within the quantitative field, the question arises whether the researcher is objective; i.e., do his or her biases or preconceptions taint the findings in any way? Conversely, qualitative researchers assume that no human being can ever be objective in that sense. Rather, the key question becomes whether the data is factual and 'confirmable'. Therefore, in qualitative research the burden of proof shifts from the investigator to the information itself. Confirmability of data requires that the researcher report his or her data in such a way that it can be confirmed by other sources if necessary. It is therefore important for the researcher to develop a comprehensive decision trail (Guba & Lincoln, 1981). Once again, the study met the criterion of 'neutrality' in the sense that a comprehensive decision trail was left, such that it could be confirmed by other sources if necessary. As mentioned above, distortions arising from bias on the part of the researcher is a challenge for interviews and participant observation. By establishing a comprehensive audit trail, the study addressed this concern from another perspective.

Schwartz-Shea (2006) states that while Lincoln and Guba (1985) were among the first to propose evaluative criteria, the thinking around standards of rigour has since evolved over the years (see Appendix 2). In consideration of the overall literature on this topic, Schwartz-Shea (2006) inductively identified seven terms or practices which serve as a set of common criteria for qualitative research studies. These are divided into first-order and

second-order terms or concepts. The first-order terms comprise four concepts that are widespread in the criteria literature:

1. Thick description – referred to above.

2. Trustworthiness – refers to considerations of reliability and validity and involves "the many steps that researchers throughout the research process take to ensure that their efforts are self-consciously deliberate, transparent and ethical" (Schwartz-Shea, 2006, p. 103). In essence, it refers to criteria for judging the overall quality of the study and the degree to which others can build on the analysis. A reflective journal was used in this study to record a variety of information about the researcher and method.

3. Reflexivity – According to Willig (2001) "reflexivity involves reflecting upon the ways in which our own values, experiences, interests, beliefs, political commitments, wider aims in life and social identities have shaped the research. It also involves thinking about how the research may have affected and possibly changed us, as people and as researchers" (p. 10). Lincoln and Guba (1985) emphasise that the researcher needs to be particularly sensitive to these concerns and recommend the use of a reflective journal in which he or she records on a daily basis, or as needed, a variety of information about the self and method. Once again, this study utilised a reflective journal to address these concerns. This is yet another method used by the study to address possible bias on behalf of the researcher which is a concern for interviews and participant observation.

4. Triangulation – as noted above, the study employed a triangulation methodology.

According to Schwartz-Shea (2006), the second-order concepts are more specifically techniques for addressing the 'how to' of achieving trustworthy research. There are three second-order concepts:

1. Informant feedback / member checks – There is a concern that the data may not describe the multiple realities as they are reflected in the minds of subjects and in the context of the study (this is consistent with Lincoln and Guba's (1985) notion of 'credibility', described above). Informant feedback / member checks provide a tool for researchers to test their own meaning by getting feedback from those that were studied. The study carried out member checks both in person as well as in correspondence.

2. Audit trail – could the findings of a given study be consistently repeated if the inquiry were replicated with the same or similar research participants in the same or similar context? In other words, is the researcher 'dependable' (Lincoln & Guba, 1985). One of the key ways to address this concern is using an audit. This involves having independent 'judges' review the original researcher's decision trail. The study met the criterion of consistency in the sense that it left a comprehensive decision trail.

3. Negative case analysis – How does the reader know that you did not look only for confirmatory evidence? This is a technique whereby the researcher consciously searches for any evidence, i.e., the negative evidence that will force a reassessment of

initial impressions or favoured conclusions. The study utilised this technique to prevent too quick an interpretation or answer to the research question. Biased selectivity of data or reporting bias on behalf of the researcher is a concern for the collection, analysis and reporting of all types of data methods used in the study, namely archival data, interviews and participant observation (Yin, 1994). Negative case analysis thereby addressed this concern.

7.7. Ethical Considerations

Berg (2004) posits, "social scientists, perhaps to a greater extent than the average citizen, have an ethical obligation to their colleagues, their study population, and the larger society. The reason for this is that social scientists delve into the lives of other human beings" (p. 43). Berg (2004) notes further, "during the past several decades, methods of data collection, organisation and analysis have become more sophisticated and penetrating" (p. 43). This is true particularly if the methodological tools employed by qualitative researchers are considered. Consequently, it is imperative that the researcher adheres to a set of ethical principles that ensure "the rights, privacy and welfare of the people and communities that form the focus of their studies" (Berg, 2004, p. 43).

The University of the Witwatersrand ethics committee granted ethics permission for the study. In addition, the following must be noted with regard to data collection carried out as part of the study:

1. Archival Data

   No internal sources were used without the prior consent of the organisation. Furthermore, information recorded from private sources was done in a manner that prevented subjects from being identified. In addition, the organisation requested to remain anonymous. The identity of the organisation was not divulged in the write-up of the study.

2. Participant Observation

   No attempt was made to observe clients in a counselling setting. During observation in the organisation, the role of observer was communicated upfront.

3. Interviews

   Before conducting the interviews consent was obtained from the interviewees. In doing so, the nature of the project was explained to the subjects, including the fact that the interviews would be recorded. Research participants were asked if they understood the information and if they were still willing to participate in the interview. Approved ethics forms were shared with all interviewees (see Appendix 3 and 4). None of the questions asked were personally intrusive. Once the interviews were completed, the subjects were debriefed and an opportunity for further clarification was provided.

CHAPTER 8: THICK DESCRIPTION AND FINDINGS

The purpose of this chapter is to provide a thick description of the data collected. According to Berg (2004) findings quite literally refer to what the data say, while results offer interpretations of the meaning of the data. This chapter organises and illustrates instances of patterns in the data and is therefore descriptive by nature. However, a certain level of analysis is offered at various points in the discussion where patterns are interpreted in accordance with the research questions of the study and insights gained from the literature. This chapter provides a firm foundation to start the process of formally coding the data and identifying cross cutting themes in a comprehensive and methodical manner. This chapter comprises three sections, which are based on the data sources collected for the study, namely archival, interview and participant observation.

8.1. Archival Analysis: Constructing the Field

Weick (1995) states that people attend to certain cues in their environment and that this is a key component of sensemaking. In this section of Chapter 8 the internal and public archival sources that emerged during the data collection phase of the study are discussed, and might serve to influence how employees construct meaning around the idea of quality. Yanow (2000) states that human meaning is projected into the full range of human artefacts such as language, literature, acts and interactions, physical objects and so on. The archival sources discussed take the form of documentation identified from various sources, including formal interviews and discussions with employees. This section provides a rich description of the archival data and concludes with insights based on the data.

8.1.1. **The Organisation's Website**

According to the website, the purpose of the organisation *. The organisation offers free counselling services to the community with trained volunteer counsellors. An 'established and proven' counselling process is used to enable community empowerment. The website states further that counselling services are confidential and anonymous.

Various types of counselling services are offered, including abuse and relationships counselling. The organisation also carries out HIV pre-test counselling, rapid testing and post-test counselling for those who test positive. These services are described as being confidential and anonymous. Other services include trauma, stress, depression and suicide counselling as well as alcohol and drug abuse interventions.

The latest version of the organisation's newsletter is posted on the website each month. A new fundraising initiative requesting individuals and businesses to donate R* per month for running costs of the organisation, aims to ensure that * new donors donate R* per month. The newsletter describes how the economy has deteriorated and that fundraising has become more difficult. The organisation is said to find itself in a 'dire situation' where fundraising efforts over the next two to three months are critical towards ensuring that the organisation does not 'close its doors'.

8.1.2. **Orientation into the Organisation**

The organisation has an orientation process for both new employees and volunteers. When a new salaried employee enters the organisation, he or she is taken through the organisation's ethos and expectations are set up front. The latest * report is provided to the employee so that he or she can get an idea of what activities the organisation is involved with. They are also provided with a 'Code of Conduct' which sets out expectations of behaviour as they relate to living the organisation's values as well as adherence to policies and procedures. New employees are required to complete the 'Personal Growth' and 'Counselling Skills' courses.

Volunteers have to complete the personal growth and counselling skills courses before they start. They go through a screening process after the counselling skills course to assess their capabilities as a volunteer counsellor. Once selected, the volunteers then decide where they will perform their duties and given contextual training which is provided over an eight-week period. Once complete, they start 'co-piloting' duties with other counsellors, following procedures until they are ready to perform their responsibilities alone. Once ready, they complete an application form to become a counsellor. The following documents are then provided to the volunteer:

- 'Code of Conduct' (described above).

- ‘Procedures and disciplines’– sets out policies and procedures for both telephone and face-to-face counselling, guidelines pertaining to situations where a senior member of management must be contacted, as well as standards of confidentiality, which must be adhered to. It is relevant to note that face-to-face counselling comprises more than 95 percent of all counselling work in the organisation.

- ‘Volunteer rights and responsibilities’ – outlines the rights of the volunteer, which involves for example, the right to privacy and confidentiality, the right to receive appropriate training as well as the right to be treated free from any form of discrimination. Responsibilities include for example, the requirement to maintain confidentiality, adhere to the organisations policies, as well as the obligation to attend training sessions and support meetings if these are agreed to as part of the volunteering role.

- ‘Roles of the Counsellor’ – includes adherence to policies and procedures which pertain to conducting a counselling session, reporting on a session, adherence to confidentiality and the requirement to attend supervisory meetings. Supervisory meetings include training as well as the opportunity for both salaried employees and volunteer counsellors to share experiences and debrief in a safe and collaborative environment.

- ‘Credo of the Volunteer’ – sets out a list of obligations which the volunteer must agree to and sign. Such obligations include the requirement for

volunteers to conduct their responsibilities in line with the principles, credo and conduct of the organisation and to perform ones role in accordance with the organisation's 'way'. This involves ensuring that the volunteers' personal or religious beliefs do not interfere with the organisations philosophy and process of counselling.

The above information suggests that the organisation provides a formal orientation process for both staff and volunteers. This involves formal training as well as an orientation to the ethos of the organisation, and principles and values that characterise expectations regarding the manner in which new members must conduct themselves. Weick (1982) states that formal socialisation processes that highlight the importance of explicit internal controls are the essence of tight coupling in organisations. However, he goes on to argue that such internal controls may be relaxed where socialisation practices encourage individuality, independence and improvisation, which are more characteristic of loosely coupled systems. In other words, formal socialisation may produce tight coupling depending on what behaviours and characteristics are encouraged through the process.

8.1.3. Policy Framework for the Accreditation of Diversion Services in South Africa

The Department of Social Development (DSD) funds a portion of the salaries of the organisation's social workers. Based on correspondence received from one of the administrators, it was confirmed that in return for the partial funding of the

organisation, certain quality standards and procedures must be met as stipulated by the DSD.

The DSD has published a Policy Framework for the Accreditation of Diversion Services in South Africa (South Africa, Department of Social Development, 2010a), which is an important archival data source as it outlines its philosophy towards setting and upholding quality standards and procedures for its beneficiary organisations. It is relevant to note that the framework deals specifically with diversion services; those provided to children at risk and in conflict with the law. In this regard, the framework addresses accreditation criteria and standards for providers of these services. While the organisation provides services that extend beyond those of diversion services, the document is nevertheless important as an archival source as it provides a comprehensive framework for quality assurance that can be applied to other types of services as well. Consequently, the principles and standards set out in the document may serve to influence how certain employees in the organisation (particularly the social workers) construct meaning around the idea of quality.

According to the document, "Quality is best assured by a combination of internal and external processes, of which the most important are the internal processes of service providers. In this regard, the DSD encourages and supports service providers when they develop or adopt their own internal quality assurance processes complementary to Departmental Quality Assurance and Accreditation.

The quality assurance processes of service providers should enable the delivery of services to the agreed standards" (South Africa, Department of Social Development, 2010a, p. 18).

Appendix 6 contains a model that portrays DSD's approach to quality. In terms of the model, service users, stakeholders, funders and professions serve as requirements and standards, which feed into the organisation from the external environment. The organisation defines requirements for quality based on such standards, and implements services in accordance with such requirements. There are two elements of quality assurance, namely, internal (client impact, client progress, targets achieved, organisational policy and procedure compliance) and external (client satisfaction, societal impact, standards compliance). Quality improvement is seen as an integral component of realising quality in this context. This model is consistent with many of the quality principles and models presented in the literature review, Chapters 2 to 6. For example, the quality improvement in mental healthcare model (Figure 2) addresses key aspects such as service users, stakeholders, funders and professionals, which serve as requirements and standards that feed into the organisation from the external environment. These lead to design standards and the establishment of accreditation procedures. Elements of monitoring, management and continuous improvement of quality practices are then addressed. The DSD model includes elements of the impact of mental health programmes on clients and society. The quality pyramid (Figure 3) discussed in the literature review assumes that stakeholders at varying levels of

the pyramid would be more likely to attend to different aspects of quality. For example, the clinician may attend to different aspects of quality than the client or the organisation administrator. The DSD model considers quality from a variety of internal and external perspectives.

The DSD has compiled a comprehensive Development Quality Assurance (DQA) process to ensure that accredited organisations:

- Address areas of non-compliance and ensure that they further develop the quality and services of their programmes; and

- Monitor ongoing compliance with standards and contracts.

The process developed for the DQA is as follows:

1. **Phase 1**: The organisation – one month prior to a DQA visit, the organisation is required to do a self-assessment based on principles of the DQA, minimum standards, and rights.

2. **Phase 2**: DQA on-site assessment – focused on assessing the individuals, families, communities or organisations to whom the services are provided including the organisation providing the services. The DQA visit culminates in two development assessment meetings in which staff, managers and service recipients draft an Organisation Development Plan

(ODP), which is then refined by the DQA and submitted to the service provider for signature.

3. **Phase 3**: Mentoring – The service provider is then assigned a mentor who will aid the organisation by:
    - Providing support and guidance in achieving ODP goals;
    - Facilitating access to information on programme, material and financial resources; and
    - Leading and facilitating the DQA review in collaboration with the organisation.

4. **Phase 4**: DQA Review – the review takes place between eight and 15 months after the assessment. The mentor works closely in collaboration with the management team in the organisation. The mentor reviews:
    - Progress towards achieving policy principles and minimum standards;
    - Progress towards achieving ODP goals;
    - Whether the organisation has satisfactorily addressed any violations; and
    - Whether there are any new violations to be addressed.

The DQA then monitors results until the next assessment. As part of this process, the head of the organisation is required to submit quarterly financial reports with

bank statements, monthly narrative reports, as well as a half-year and annual reports, which include narrative. The report requires the organisation to stipulate the following (parts of the narrative from the September 2013 report are included below in italics):

1. Details pertaining to funded programmes such as geographical areas served as well as the profile and number of clients served;

2. Total number and profile of full-time and volunteer staff members involved in administrating and delivering the programmes;

3. Training and capacity building offered as part of the funded programmes;
4. The manner in which the organisation has addressed sustainability of the programmes, through advertising, donations, and talks/presentations in the respective communities;

   The extent to which the service provider implemented the transformation plan as stated in the business plan. This includes for example, accessibility of services, structures that reflect the demographic profile of the region and province in which the organisation serves, and equitable distribution of services between rural and urban areas. Some of the issues identified in this section of the report include:

- Accessibility – *While the Service Centres are already situated in areas where members from communities provide services in those communities, the population is too widely spread to be covered by the existing centres;*
- Telephone accessibility – *for clients in semi-rural areas, due to telephone costs; and*
- Funding – *in terms of transferring skills to other types of organisations such as NGOs.*

5. Programme goals and objectives. For each funded programme, the organisation needs to stipulate achievements, challenges, total costs to date, total expenditure, and plan of action to address issues or areas of improvement. Challenges identified by the organisation in this section include:

    - The Students programme Personal Growth and Counselling Skills - *Many participants drop out of the programme during the training. However, those who do drop out are nevertheless more emotionally well than they were before and are able to assist their families or communities.*

6. All lay counsellors are provided with regular supervision, on-going training and debriefing - *Not all volunteers attend supervision meetings.*

7. Report on income and expenditure until the end of the reporting period for the subsidy received directly from the department (What are the results / effects / benefits of the service to the target group?).

8. Impact of the services (*What are the results / effects / benefits of the service to the target group?)* Challenges and Achievements in this section include:

    - Availability of Doctors at the * Centre – *this is being addressed.*

    - School counsellors continue to provide support to many children – *it would be beneficial if the organisation were better able to gain access to the parents as this is where many of the children's issues stem from.*

    - The organisation has responded to many emergency situations such as suicides, deaths, armed robberies and domestic violence - *Debriefing for many companies and individuals was requested and has taken place. Some skills have been shared with other CBOs and NGOs. Radio talks have taken place regularly on two local stations and articles have appeared in the news/media at least once or twice a month.*

    - The organisation is providing TB screening and will later start doing blood pressure and 'sugar' testing - *need to train more of our volunteers*

to do the finger-prick method of testing in order that our services are available at all times.

- The organisation continues to be recommended by * and some SAW Colleges to students, encouraging them to attend the life skills courses and to do their practical education with the organisation - *This assists the organisation in the delivery of service and assists the students to gain good practical experience.*

- The organisation continues to uplift or skill its volunteers by providing opportunities to source employment either within the organisation or outside – *the organisation continues to provide an opportunity for approximately 10 volunteers, on a casual basis in the reception/switchboard area. They are taught other skills while doing these duties in order that they may improve their skills/knowledge. A similar situation is taking place at the * Centre where volunteers are receiving the opportunity to relieve the lay counsellors, after receiving training, as a means of skilling them and having a back-up system for leave and busy times.*

- The organisation aims to address social issues holistically. A well mind is a well body, is a well person, is a well family and is a well community - *at the end of the day the communities are the beneficiaries. We hope,*

with these programmes, to bring about positive change in people's lives and attitudes leading to an emotional well society.

- Improvement plan (what the service provider needs to improve on. This is based on the needs of the beneficiaries, expectations, and priorities for improvement). *The organisation strives to continue its services, but to reach more communities. Lay counsellors need to be continuously trained as many drop out to take up other stipend/paid opportunities. There is a need for continuous training and skilling but funds are always a problem. The organisation would like to develop a system whereby it is able to get feedback/input from clients and this is very difficult due to the confidentiality issues.*

9. Monitoring and evaluation plan. How has the organisation monitored or measured their performance against set goals and objectives from four a **Financial** (*How have you monitored compliance with financial requirements as stipulated in the Memorandum of Agreement),* **Customer** (*How have you ensured that customers are satisfied with the services provided? e.g. conduct a customer satisfaction survey),* **Organisational** (*What internal departmental or organisational policies, legislations, procedures and guidelines has the service provider adhered to thus ensuring excellence in provision of services e.g. Policy on Financial Awards to Service Providers procedure guidelines etc),* **Innovation and Learning** perspective (*How have you kept pace with*

the latest developments and demand for service thus ensuring adaptation to change and improvement. e.g., training and capacity building programmes).

In sum, the DSD report comprises detailed requirements which pertain to the two elements of quality assurance, as mentioned above, namely internal (client impact, client progress, targets achieved, organisational policy and procedure compliance) and external (client satisfaction, societal impact, standards compliance). The organisation must demonstrate adherence to standards outlined in the report in order to receive ongoing funding from the DSD.

8.1.4. **The * Manual**

The manual, published in *, is an important archival source as it outlines several policy and procedure guidelines for the association and its affiliated centres; however, the body established to oversee quality policies and procedures has not been active since *. It is important to note that based on conversations conducted with administrators in the organisation, this body was dismantled in * and has not been operational since. Nevertheless, the administrators confirmed that the organisation still tries to adhere to standards set out by the body. The manual is comprised of various sections:

1. *The * Constitution*

   According to this section, the *raison d'être* of the association is to *. The products and services include counselling, support, awareness and training

services, programmes as well as projects or initiatives focused on the emotional health, general development and well-being of people;

- *

Products and services are required to be of high quality, distributed throughout Southern Africa in an equitable manner, relevant to the needs of the community being serviced and society, rendered free of charge or in relation to the means of the client being served, accessible to people and communities in the targeted services areas.

In order to meet its aim, the association must ensure that affiliated centres comply with the policy, minimum standards, norms and standards, protocol agreements, procedures and other rules, as proposed by the association. The governance and control of the association is vested in a body called the '* Council', which is vested with the power to decide on the standards set for compliance by the affiliated centres. The composition of the * council includes at least one delegate from each affiliated centre in addition to office bearers of the executive board.

2. ** Policy*

In order to ensure that all products and services are delivered with optimal effectiveness and efficiency, it is necessary for the affiliated centres to

comply with stipulated standards that are measurable. A * is established for purposes of ensuring that such standards are established and adhered to. One of the key roles of the * is to accredit products or services as prescribed by the governing council to ensure that quality assurance requirements are met.

3. ** Policy and Procedures*

Before a particular centre becomes officially affiliated with the association, a particular certification process must be adhered to. This section of the manual describes particular areas of organisational effectiveness that must be met for affiliation status to be conferred. This is important from a quality perspective as one of the administrators confirmed that while the * is currently not active, the organisation is still obligated to adhere to the affiliation standards. The areas of effectiveness are said to ensure that effective, efficient, relevant, sustainable and ethical aspects are used to measure good practice at any particular centre of the association.

4. *Assessment of Trainers*

As part of the quality assurance programme, it is necessary to ensure that learners who undergo training on products or services offered are assessed at the same level nationally and against the same assessment criteria. In terms of the assessment policy, it is critical to ensure fairness, validity and credibility of all the associations' assessment activities. The procedure for assessment includes the following activities:

1. The facilitator must design or apply an assessment document in alignment with a unit standard of competence;

2. If a Portfolio of Evidence (POE) is requested, it must evaluate the practical, foundational and reflective competencies of the learner;

3. A workshop for assessors, facilitators and moderators must be conducted twice a year whereby the course material is to be evaluated for input, comprehension and assessment; and

4. All assessment documents are to be reviewed annually as part of a review process or as when required.

The assessor has the following responsibilities:

1. Planning and preparing for the assessment;

2. Preparing learners for the assessment;

3. Conducting assessments;

4. Evaluating and recording evidence and making judgements;

5. Providing feedback;

6. Reviewing assessment;

7. Ensuring that an assessment plan is agreed with the candidate; and

8. Following the assessment guidance given by the awarding body and the *.

In reference to the last point it is relevant to note that the awarding body refers to the Health and Welfare SETA (HWSETA). In terms of the Skills Development Act, 1998 (Act 97 of 1998), SETAs act as ETQAs (education and training quality assurance body) within the various economic sectors in South Africa in order to quality assure education and training within their specific sector. The HWSETA ETQA is accredited by South African Qualifications Authority (SAQA) for the purpose of monitoring and auditing achievements in terms of national standards or qualifications for the health and welfare sector. Leading up to *, the association had certain HIV services accredited with the HWSETA. In *, the accreditation for those services was revoked by the SETA.

The manual was written in * and therefore still makes reference to the HWSETA. Since *, the organisation has not made further attempts to accredit additional products with the SETA. This is discussed in later sections of this chapter.

As mentioned above, the * body develops and enforces standards for the accreditation of products and services offered by the association. Although the SETA accreditation process pertains to SETA specific products and services, the standards setting body is responsible for defining and enforcing an accreditation process for products and services which do not necessarily fall under the ambit of a SETA, and which are developed in-house instead. The standards set out for the accreditation of non-SETA products and services are nevertheless consistent with those of the SETA. Certain individuals in the organisation confirmed that because the * is not currently operational, they are not obligated to follow policies and procedures pertaining to training affiliation requirements. Nevertheless, the individuals did state that the organisation still tries to adhere to these standards.

5. ** Policy*

Moderation refers to the control of quality of assessments within the organisation (internal moderation). It ensures that all assessors who assess against a particular unit standard and qualification are using comparable

assessment guidelines and making similar judgments about a learner's competence.

The manual refers to the HWSETA again by stating that the process of moderation in the HWSETA should be open and constructive.

The confidentiality and integrity of assessments must be protected. The moderator must declare any conflict of interest. Moderators are appointed by the association internally or contracted if the organisation cannot supply a qualified moderator.

Moderation should be conducted when a centre requests it or at least annually. Unscheduled visits are initiated by the association to a centre when:

1. Non-conformities are reported or observed;

2. Problems seem to exist, which are identified during routine monitoring of the database or certification process;

3. Complaints or appeals are lodged;

4. Records do not match central system guidelines; and

5. On the request of an assessor or centre.

Once again, it is relevant to note that, as with assessment, moderation standards are consistent with those of the SETA.

6. ** Policy*

The purpose of the * policy is to establish standards for the design and development of learning and other materials that include the association logo and will feature in accreditation agreements. This applies to the development of training courses that are aligned to registered unit standards and unit standards that the organisation has registered with the HWSETA. Once again, reference is made to the HWSETA. However, the procedures for the design and development are also relevant to in-house training materials.

7. ** Policy*

The purpose of this policy is to link the performance and development of staff to the achievement of the association's strategic objectives and its commitment to continuous improvement in terms of being a provider of accredited training. Staff training and development is mandatory for all registered training centres that signed a * with the association. These centres are responsible for identifying individual training and development needs of staff as well as ensuring that trainers, assessors and moderators attend all compulsory training as prescribed by the * body.

All staff members regardless of the nature of their contract are expected to undertake staff development and training throughout their employment or affiliation with the organisation. Staff development and training is monitored and executed by the * Unit, the * Board, as well as the quality assurance bodies of the organisation. All training and development must meet the requirements of being adequate, relevant, effective, and value for money.

Strict adherence to quality training standards and policies is reflected in the emphasis on training and development of all staff members (*policy) as well as in the development of training materials (* policy) and the control of internal and external quality assessments (* policy).

8. Code of Ethics

The code of ethics applies to peer educators, lay counsellors, trainers, supervisors, counselling research, the use of counselling skills and the management of these services within the association and its centres. This section outlines standards for ethical principles and behaviours to be adhered to by all staff members in the organisation including standards for good practice, which involve ethical standards and guidance for supervisors and counsellors in their relationship with clients. Ethical conditions of misconduct, malpractice, as well as the client complaint process are discussed at the end of this section.

In addition to the code of ethics section of the manual, the idea of ethics is apparent in the affiliation policy and procedures section, which ensures that effective, efficient, relevant, sustainable and ethical aspects are used to measure good practice at a particular centre of the association. The assessment of trainer's policy highlights the importance of ensuring fairness, validity and credibility of all the association's assessment activities. Strict adherence to privacy and confidentiality and social responsibility are highlighted in other sections of the manual as well. It is relevant to note that confidentiality and anonymity regarding services offered by the organisation is stressed on its website.

In sum, the * manual provides a comprehensive account of several key policy and procedure guidelines, which stipulate associated quality practices for the association and its affiliated centres. It is relevant to note that a number of the affiliation standards followed by the organisation are consistent with those of the Baldridge criteria for excellence in non-profit organisations (discussed in the literature review, Chapters 2 to 6). For example, both highlight the importance of ethics; best practice measurements and delivery of programmes; the importance of leadership and standards for good governance, which includes sound financial practices; the capability and competence of staff members to fulfil their roles with clear accountabilities; awareness and adherence to changes in the broader environment; as well as the commitment to social responsibility.

The organisation considers standards that address the analysis, management and use of data towards improvement in organisational performance, as well as aspects of how key delivery and support processes are designed, managed, and improved toward creating sustainable results and achieving customer value, which are proposed by the Baldridge model. In addition, the association manual focuses on standards for assessment and moderation of learners as well as detailed criteria for the design of training programmes, all of which are consistent with standards set by the SETAs in South Africa. Also included are standards for good practice, which involve standards and guidance for supervisors and counsellors in their relationships with clients.

8.2. Archival Data Analysis - Summary

Several insights from the archival data are elicited in this section. First, the organisation adheres to two somewhat overlapping systems of reference for quality, namely, DSD standards which relate to DSD funded programmes as well as the affiliation criteria set out in the association manual. The organisation also tries to adhere to additional quality standards set out in the manual, some of which are not currently obligatory.

The DSD believes that "quality is best assured by a combination of internal and external processes, of which the most important are the internal processes of service providers" (South Africa, Department of Social Development, 2010a, p. 18). In this regard, the organisation strives to adhere to the standards and policies of the association manual that are still obligatory. From a DSD perspective, there are two elements of quality assurance, namely, internal (client impact, client progress, targets achieved, organisational policy and procedure compliance) and external (client satisfaction, societal impact, standards compliance). In addition, quality improvement is seen as an integral component of realising quality in this context. The organisation complies with DSD requirements as outlined in the DQA assessment and subsequent review.

The association manual does not consider all aspects of internal and external components of quality as posited by the DSD. For example, no mention is made of client impact (internal) or societal impact (external) aspects of quality. The DSD has a strong focus on programme outcomes measurement and this is an integral component of the DQA

assessment and review. Nevertheless, the association manual focuses on standards for assessment and moderation of learners as well as detailed criteria for the design of training programmes, all of which are consistent with standards set by the SETAs in South Africa, but are not addressed by the DSD. Included in the association manual are standards for good practice, which involve standards and guidance for supervisors and counsellors in their relationships with clients. Therefore, the organisation's standards and policies complement those of the DSD in many respects.

In the literature review, it is argued that HSOs often have multiple quality accreditation and funder organisations in the external environment, which may have competing definitions of quality with regard to the organisation. Based on the archival data it seems that there are two major sources of quality in the environment, namely the DSD and the association standards. These two sources can be said to be somewhat overlapping systems of quality that do not necessarily contradict one another, but have differing areas of focus as they pertain to the idea of quality. As Weick (1982) argues, environments that are more complex and ambiguous are more characteristic of loose coupling.

The archival data also suggests that the organisation conducts a formal orientation process for both salaried employees and counsellors. The orientation process stipulates strict adherence to the organisation's philosophy, principles, policies, procedures, credo and values. In addition, the organisation conveys the rights of employees and emphasises the importance of attending relevant training and supervisory meetings. Strict adherence to privacy and confidentiality is highlighted in several documents. In Weickian terms, formal

socialisation processes, which highlight the importance of explicit internal controls, are the essence of tight coupling in organisations. However, as noted previously, such internal controls may be relaxed where socialisation practices encourage individuality, independence and improvisation. in addition, feedback from the * DQA assessment suggests that several volunteers do not attend supervisory meetings. This lack of attendance exists despite the fact that attendance is highlighted in several documents as being provided to salaried and volunteer members and is emphasised in the association manual.

One of the affiliation standards in the * manual refers to cultural competence, which promotes decision-making that includes perspectives from diverse points of view from within and outside of the organisation. This is interesting in the sense that it may suggest aspects of loose coupling from a decision-making perspective in the organisation. It is mentioned in the literature review that participative decision making is more characteristic of loosely coupled systems and that it is a necessary condition for continuous change to occur. Therefore, the archival data suggests that elements of both tight and loose coupling may be inherent in the organisation.

Lastly, the idea of ethics is prevalent in various sections of the * manual as well as on the organisation's website. In the remaining sections of this chapter, ethics is discussed further in terms of the interview and observational data.

8.3. **Interview Analysis**

This section contains a detailed analysis of interviews conducted with both staff and volunteer members from the central office and various centres in the organisation. Each interview question is analysed within the context of the overall research questions and literature review. In essence, an organised description of the results is presented in this section while cross cutting themes are presented in Chapter 9.

In this section volunteer respondents have been coded V1 – V6 while staff respondents have been coded S1 – S6.

8.4. Research Question 1A

How do staff members construct meaning around the idea of quality?

INTERVIEW QUESTIONS:

- **How do you understand the idea of quality?**

Volunteers

Certain respondents understood the idea of quality as being a product of the effort and excellence on behalf of the counsellor (V1 – "Looking after people, doing your work properly – it doesn't matter what you do. Quality for me is also going the extra mile – definitely. If somebody requires this, then you do something extraordinary", V2 – "Well, you should always give your best, whether you counselling someone or whether you working, you know quality has to do with your best. That's how I understand

it"). Other respondents believed that quality is a product of certain attributes or characteristics that are valued personally (V1 – "Something that has substance", V4 – "Quality is the thing that is strong", V5 – "I think it goes with the value it holds... It gives you a reason to attend to it... I'm passionate about it", V3 - "Something valuable to me, it's like I have to value it", V6 – "Quality, last longer and its long-term... it is basically like good product... the benefits as well are good."). Lastly, one respondent believed that the counsellor must have the appropriate amount of information in order to deliver quality (V5 – "It's about having the right information and enough information").

Staff

Some of the above-mentioned themes also emerged for the staff respondents. For example, one respondent understood the idea of quality as being a product of the effort and excellence of the counsellor (S3 – "It's the best service that we can give... SABS means quality... It's guaranteed, it's when you have got SABS approval, you know its quality"). Two respondents believed that quality is a product of certain attributes or characteristics that are valued by them (S1 – "Something that is perfect, where you can feel quality", S4 – "When you talk about quality, you talk about something that has value").

Two respondents believed that quality is a product of service delivery (S3 - "It's the best service that we can give", S5 – "Okay I think probably that I understand quality as being the best possible service you can provide to whoever needs it").

One of the respondents believed that the counsellor must have the correct and appropriate amount of information, knowledge and training to deliver quality (S5 – "Quality means that you would have the correct knowledge, understanding, and way of something, which in our case is the council. We need to be fully equipped and fully trained to be able to do that").

One respondent considered the importance of behavioural outcomes as being important to quality (S2 – "When I see somebody growing, and moving then it gives me that satisfaction and that is quality for me"); while another respondent considered the motive underlying one's work efforts (S6 – "The type of work you do and how well you do it and what your motive is while doing it I think").

Certain volunteer and staff respondents articulated the idea of quality in general terms, for example, something that is valued by them, having substance, demonstrating relevant outcomes, and having the appropriate level of knowledge and understanding. Whereas others related it specifically to the counselling context, for example, the effort and excellence on behalf of the counsellor, the outcome of the counselling intervention, the counsellor having the appropriate level of information, and the effort and excellence of the counsellor.

Common themes emerged across the two groups of respondents. For example, two volunteers and one staff member understood the idea of quality as being a product of the effort and excellence on behalf of the counsellor. Five volunteers and two staff

members believed that quality is a product of certain attributes or characteristics that are valued by them.

In other cases, particular constructions of the idea of quality emerged. For example, one volunteer believed that the counsellor must have the appropriate level of information in order to deliver quality. A staff member considered the importance of general outcomes as being important to quality while another staff member considered the significance of counsellors being appropriately trained. Lastly, two staff members believe that service delivery is a key component of quality.

It is important to note that while common themes emerged across the volunteer and staff respondents, it seems that the idea of quality as a general construct is understood by some respondents within the counselling context and by others in general terms. In other words, respondents do not focus on the same 'cues' as they relate to the idea of quality. Therefore, from a sensemaking perspective, respondents did not make sense of quality in a consistent manner when asked how they understand the idea of quality in general terms. Sensemaking is influenced by historical and social context and this idea is expanded on in the remainder of this section.

- **What/who informs your understanding of quality?**

Volunteers

Life experience, personal and religious views, emerged as a common theme among several respondents (V1 – "Personal views and religious views. I often listen to the other people about their views and sometimes it can influence mine if it is better, but a close walk with God you know, is something because He is absolutely a God of excellence"); and their interactions with others (V2 – "I think life experience, what you read, what you hear, all kinds of things. It's a general concept, what you read, what you see around you", V6 – "At date of birth I can say is what I have experienced my own experiences and what other people say about quality", V6 – "My life and interactions with other people"). Two respondents highlighted the importance of one's life experience in general (V4 – "My life"); and in terms of learning's obtained over time (V3 – "I've learnt how to deal with stuff, at first I dealt with them in a different way, in a negative way, so now I know how to handle some situations, I know how to calm myself, I know when to stop and when to fight if I have to fight, not physically, moving on, going up there". V5 – "I think it is everything that is happening around me... around my world. Yes, I can say it's the experience... in experience I learn new things from that every time so I can say yes, it is the experiences of my life. And the learning that I go through every day because I believe I learn every day").

Staff

The idea of life experiences and learning from others emerged strongly with staff respondents (S3 – "I think it's a personal thing - what you think is quality. We all have

different perspectives especially when it comes to counselling and that we all have a different outlook on what quality is". S1 – "To my knowledge, working with people and working with mental health things, I see that this thing satisfies me and I don't need to repair it, so it's perfect". S4 – "Life experience and other people", S6 - "Actually I think it is my life experience and how I was raised and the way like my mom is a nurse and that is what I think made my perception it started forming my perception").

Reference was made to the organisation itself as a source of forming their idea of quality in terms of the organisation's mission and vision and other policy or procedural documents (S2 - "I think we already have established fairly an amount of indicators, which are set. It is set in, principally our mission and vision. It is set in certain places where we have policies and policies have a purpose, so there is structural and procedural sort of things that also determine quality"). Furthermore, training offered by the organisation (S5 – "I think if you go into a place, like here, the training that we get is obviously being produced by somebody who knows what they are doing, and being given to us by somebody who is qualified to do it. Therefore I presume what we get from them, we believe, take it in, and use it to the best of our ability").

Overall, what emerged from the above responses is the observation that the idea of quality is informed by various historical and social contexts, which include personal life experiences, interactions with others, religious beliefs, as well as by the organisation in terms of its vision, mission, policy and training interventions. Such varied contexts may

explain in part why respondents do not attend to the same attributes of quality in general terms.

- **How do you understand the idea of quality in the context of mental health services?**

Volunteers

Three respondents highlighted the importance of outcomes where the counselee experiences progress when presenting problems or life circumstances (V4 – "If the client comes in here and I am counselling it, then after that if she has come out okay and we see she is fine because when she came in she was crying. All those things, but if I see this one, it is important, it is okay now. It is not the same like when she came in. Then I find that this one, I am doing the important things concerning the work". V3 – "Well when there's a client, and I've made a difference in their lives, that's when I see I've won the quality with the mentality... Some of them when they come back and say "Thanks, remember me I once came here and you told me one, two and three". It makes a lot of difference, now things have changed around, I've made myself somewhere with one of the advisors and stuff so that's when I feel I've made a difference in someone else's life". V5 – "Taking a client from somewhere where he didn't understand himself fully, like those experiences that are not symbolised, then you help him through the process so that he can symbolise other things. It is helpful in that the client can now manage his life, his own life. Because at some point you can find yourself being confused, not knowing what's happening in your life, feeling, how can I say,

powerless at some point. But when you go through the counselling process if there are things that start to clear up not like you are getting the answers but you can see the light then you can start working on yourself").

The importance of the well-being of the counsellor was also stressed by one of the respondents as being an important factor in terms of delivering quality mental health services (V2 – "Well if you not of sound health you can't give quality health, counselling or experience to anyone else. It would start with you, you've got to feel that you are able to help someone; otherwise you can't give quality time or quality anything to someone else").

Empathy and being able to speak freely in a counselling session without being judged by the counsellor was significant (V2 – "Well empathy to start off with, understanding the contexts the other person's experiences are in, and you know adapting to that because when you working with anyone else you should adapt to the other person's frame of mind or frame of reference". V6 – "For me I think... when you can trust your counsellor and you can... talk about anything and everything you know without feeling judged". V1 – "You literally have two ears and one mouth. Listen. Sometimes, people just need a sympathetic ear or just somebody who looks like they understand"); contextual understanding and listening emerged as other important ideas.

Lastly, one respondent highlighted the importance of counsellor training regarding the application of counselling techniques throughout the counselling process (V1 – "Training is very important for example, follow-up training and continual training. You need to ask 'what is the presenting problem', you go, and look because you can't remember everything you learned. You go and you look quickly – if it's in your personal notes whether you had a case like this etcetera – but it is continuous. Be prepared"). Another respondent stressed the well-being of the counsellor as being an important factor in terms of delivering quality mental health services (V2 –"Well if you not of sound health you can't give quality health, counselling or experience to anyone else. It would start with you, you've got to feel that you are able to help someone; otherwise you can't give quality time or quality anything to someone else").

Staff

The importance of wellness from a mind, body and soul perspective was stressed by one respondent (S2 – "I think it is very simple. It is somebody who is well and, maybe I can put it on a quantum, in the middle of the quantum is you are okay. The negative side of that continuum quantum is that there is some psychological pathology. The other part is sort, of positive, the psychology, and that, is the area that we focus on. For me it is, tied very closely to the idea of a wellness model. Anybody who is well in mind, body, and soul is going to be the better husband, the better sibling, the better spouse, the better employee, the better person, the better citizen"). The relevance of outcomes in terms of seeing actual improvement in the

appearance and speech of the client was also expressed (S3 - “In mental health you can actually see quality. You can see a change, you can feel a change. You can see it in a person's appearance, their face, everything you can see a change”, S1 – “In the mental health, it is where there is good development, or maintains - as a human - when the child is growing up or the speech (the way they present themselves), is where you see the quality in mental health. Mentally and physically is where it shows – by someone’s speech”). Two respondents also considered client outcomes in terms of empowering the client to take ownership of his or her life (S4 – “If somebody comes here with a problem, then we do counsel him. We see him for two to three times, for the sessions. It means if everything is okay, you go on with your life, and you practice what you were preaching, then quality comes in”, S2 – “The outcome, yes. I’m seeing that you can take somebody and, specifically in our area, we want anybody, who is in a situation of distress, it might be a problem, it might be a crisis, it might be a situation, or it might be a condition and if we can transfer that distress to a wellness. Maybe I must use an example. If somebody says, “I am now HIV.” It doesn’t mean that they are damned for life. You can become well or functional, effective, being HIV positive”).

One of the respondents highlighted the importance of carrying out one’s role as a counsellor appropriately and fittingly (S5 – “You need to get whatever information you’ve got from somebody who is qualified to give it to you. You could do more damage than good if you don’t do it correctly, if you don’t listen and take in and ask the questions to be able to know that you are doing the right thing at the end of

the day"). Another stressed the importance of treating each client uniquely as opposed to merely applying theory without appropriate consideration for the individual (S6 – "Being thorough, taking each person as an individual and really working with them not based on theory but as the person as they are - I think that's quality").

The idea of client outcomes emerged as an important theme from both groups of respondents. Three volunteer respondents highlighted the importance of outcomes where the counselee experienced progress with their problem or life circumstances. One staff respondent highlighted the importance of mind, body and soul/spiritual outcomes for the client. Two staff respondents considered client outcomes in terms of empowering clients to take ownership for their lives while another two staff respondents considered seeing improvement in the appearance and speech of the client as being important outcomes.

Four volunteer respondents discussed the significance of empathy exercised by the counsellor while another volunteer respondent focused on the well-being of the counsellor. Still another volunteer respondent highlighted the importance of counsellor training for the application of counselling techniques throughout the counselling process. The importance of training was also highlighted by one staff respondent who stressed the importance of the counsellor in terms of carrying out his or her role appropriately and fittingly for the client.

Generally, responses to this question linked the idea of quality in mental health services to their personal experiences and practical understanding of the counselling relationship. In addition similar constructions of quality emerged in this section as respondents focused on the idea of quality specifically from a mental health services perspective. This is contrary to the previous section where respondents attended to varying attributes of quality, as they considered the concept in general terms. In Weickian terms, people in organisations socially interact to create a social context which guides and influences meaning. Therefore, it could be expected that employees in HSOs may come to construct meaning around the idea of quality in similar ways. On the other hand, where respondents considered the idea of quality in general terms, they tend to rely on previous life experiences and interactions, which are influenced in part by historical and social contexts that exist outside of the organisation. Therefore, as a general concept, the idea of quality is not necessarily understood in a somewhat shared manner.

Another point worth noting is that, as mentioned in the literature review, Chapters 2 to 6, Martin (1993) states that the term 'quality' possesses several distinct dimensions. As a result, when people disagree about what constitutes quality in the human services, they are demonstrating preferences for differing quality dimensions (such as accessibility, timeliness, consistency, humanness, and results or outcomes - others include, tangibles, reliability, responsiveness, assurance and empathy). In other words certain groups tend to focus on process quality elements while others focus more on those of technical quality. As a result, at some level differing constructions of quality exist. The interview responses

suggest that respondents attend to aspects of process and technical quality, which explains certain differences regarding how the idea of quality is understood.

- **How is the idea of quality relevant to non-profit organisations delivering such services?**

Volunteers

Volunteer respondents believed that non-profit organisations provided high quality services that were cost effective (V1 – "It is so important because in general, people think that because it's for free, it is second or third grade and that is very unfortunate. There are some people who are really good at what they do, but I feel there are people who need some support and can't afford it. I often think that what people don't pay for they don't value. I often wonder how the general person who comes in here, really values the service they get, and if that doesn't influence the person's reaction to the person they're supposed to counsel... The moment you think you pay R1 200 for a session you immediately think the person has more brains/knowledge, whereas maybe the person who charges you nothing for your specific situation, might have far more knowledge and experience". V2 – "Well the fact that someone doesn't pay you should not interfere with the quality of time and empathy and whatever you deliver to the person, it should be the same level whether you get paid or not"). Accessibility was mentioned by three volunteer respondents (V4 –"Because the NGO... are doing for quality... because they go out and do their work to see the people who can't go from home to the clinic. I think

they are doing good. It is a quality thing because they go there and see their patient needs treatment or what... They go there... because the patient can't go to the clinic... I think the work that they are doing is a quality thing"). Quality was characterised by staff members who delivered consistent high quality services and who were passionate about what they do (V6 – "You need to produce good quality so that people can come back... and offer them the very same services that we do and they should know that we are here for them and we do... a good job and they can see that you are willing to go an extra mile". V5 – "I can say that everything that we do in the NGO because it is non-profit you do because you are passionate about it, you do because you care. You do because you want to bring a change. You see yourself as the difference out there... So sometimes, I can say if I have to differentiate between the NGO's and maybe I can say the government and the other sectors whereby money is involved I can say there is a big difference. Because to us we do it because we care").

Volunteer respondents generally believed that non-profit organisations provided greater accessibility for potential clients and they were therefore able to reach more people in need. Another important theme concerned the idea that non-profit organisations may be perceived to provide inferior services because clients are not charged for such services. The organisation was seen to be providing high quality services despite this challenge. Lastly, non-profit organisations were believed to have passionate and caring members.

Staff

Two staff respondents believed that non-profits are wrongly characterised as providing inferior services to those of government organisations (S1 – "I don't see any difference between the government and the NGO's because we are working with humans, and it's where you discover their human capacity and their emotions". S4 – "In terms of quality in our organisation - meaning that it's not a government thing, but a non-profit thing - so we need to make sure that we reach the level of the client and we do our best"). Another staff respondent believed that it is incumbent on non-profit organisations to deliver higher quality services (S2 – "I think that there's many people that have this thing they want to do something that is in their heart, and they often do it for sometimes the attention and you get many people who say, 'Oh, well we are a non-profit organisation, therefore...'. Or 'We're an NGO, therefore it is okay to do something only halfway. It is not something that you pay for or whatever...' So, it is incumbent on us to have that sort of, it's almost professionalism, and a 'setting that standard', which will set you above the rest; I don't know what you'd call it").

Two other staff respondents believed that non-profit organisations deliver a higher level of quality than other types of organisations due to the passion exhibited by staff members and the lack of a underlying monetary or personal agenda (S3 – "I think it is very important to note that as an NGO, we are doing it with a passion, we love what we are doing. There is no personal agenda and we are there for the people". S6 – "I think when you in the job not for the money... and your heart is in

it it's your passion... that drives the quality like far more than you. I am not criticising someone else at all, but I think it's more of a personal motivation that is driving the NGOs").

Lastly, one staff respondent believed that non-profit organisations provided a higher level of quality due to the fact that they compete for funding and thereby have to demonstrate quality (S5 – "I think it is probably better, more important to the non-profit because you battle to get funding for something and if you are not giving that best quality that you are telling them, you are not going to get any more funding to do it").

The idea that non-profit organisations were perceived to provide inferior quality also emerged with staff respondents. Staff volunteers generally disagreed with this assertion and believed, in some cases, that non-profit organisations provided a higher level of quality due to the lack of a personal or monetary agenda as well as the passion exhibited by staff members. One of the staff respondents stated that because non-profit organisations are accountable to funders, they are obligated to deliver high quality services. Both groups of respondents generally believe that non-profit employees are passionate and caring about what they do.

- **Can you tell me of some examples of quality in your day-to-day experience?**

<u>Volunteers</u>

Two volunteer respondents believed that quality is expressed in training offered by the organisation (V1 – "The quality that I've experienced here is... the training. I really appreciate the training". V2 – "Well the training... is very good". Two other volunteer respondents cited examples of engaging the community as being reflective of quality in the organisation (V3 – "Going out and telling people about the organisation and distributing condoms and pamphlets". V4 – "Sometimes we do the activities to go to the children to teach them about their body because other people take advantage with the children"). Another volunteer respondent focused on counselling outcomes for the client (V6 – "For me in my own experience is when I see a change in person's attitude and then making an effort to come for more counselling sessions you know"). Lastly, one of the volunteer respondents believed that quality is expressed in the interactions with other staff members, which resulted in learning and growth (V5 – "I learn a lot in interaction with the staff around here because as a student you are open to accommodate anything that can give you a growth, I can say so. So I see myself growing every day").

Staff

Three staff respondents considered counselling outcomes for the client to be a key indicator of quality (S1 – "Where I'm seeing a client for the first time. When I'm talking to that client for example, and I'm working with the rape victims…when they come for the first time, I don't see them because they're not in a good place mentally. Whenever I start my work to heal them emotionally, it's not going to pass because they are traumatised, they are edgy, and they are emotional, so it's

where I stop. It is during the second follow-up that I see them because that's how I know the symptoms of abuse have developed. That is where I start because their emotions and their traumatisation/situation have come down, so it's easy for me to start there". S5 – "I think the fact, especially the counselling side of it, if somebody goes out of a session with you and their shoulders are up, they have got a smile on their face, or at least not a dark cloud over them, and they have made an appointment to come back again. I think you can be more or less assured that you have done something right and whatever you gave them was of the kind of quality they expected". S6 – "I follow-up client's wellbeing over the phone by asking them if they are okay. But I prefer to drive there to their homes see how it's going - doing a home visit is not expected of me. But I feel like I am giving that individual more of a support network that is more effective than a phone call... I think it's really it is so important to do that, to see them look them in the eye and ask them how are you doing").

One staff respondent considered client feedback as being an indicator of quality (S1 – "It's when I get positive feedback... from the clients, when they come back and say 'whatever you said to me – it worked', that is when I discover that I delivered something of quality"). Another staff respondent believed that the counselling relationship was an important indicator of quality (S3 – "It's a relationship that you build. It's not something that you just get. It's something you have got to work at"). One staff respondent also believed that educating and monitoring clients on the use of medication is an indicator of quality (S4 – "When I worked with the raped

people, the quality that I give to them is security and containment. I also explain to them in terms of medication: how the medication is important to them, so if they are not defaulting and they're taking the medication properly and on time – that's how I ensure quality for them. I show them how it's important to take their pills. After that, I see the quality. In other words, we do the quality for them"). Lastly, one staff respondent believed that the amount of funding received as well as the number of clients seen by the organisation were key indicators of quality in the organisation (S2 – "Why aren't we seeing more people? Why aren't we being, used as much as we should be? And that is related; why aren't we getting the funding? Why aren't we getting the requests, the proposals, but that is probably from the point of view, more strategic in making it a viable and sustainable organisation").

A variety of examples of quality was offered by both volunteer and staff respondents as they relate to the presence or expression of quality in the organisation. It is relevant to note that the organisation offered several types of counselling and was involved in a variety of outreach activities and programmes in the communities. This may explain the variety of examples proposed by respondents. The importance of counselling outcomes for the client was the most commonly expressed theme that emerged across both groups.

- **Describe how the idea of quality is understood by your peers and leaders.**

Volunteers

Two volunteer respondents were unsure whether a shared understanding existed among peers and leaders (V6 – "Not sure", V1 – "I often ask myself that question... To be honest with you, I can't really in all honesty, answer you"). Two volunteer respondents questioned whether a shared understanding exists due to different backgrounds, levels of education and life experiences (V2 – "We all from different environments, and they are not all from the same psychological background that I am, so it will depend on ones level of education and life experiences". V3 – "I wouldn't say it's the same because people differ and they are set in their ways. I don't know for sure but I don't think it's the same. Because we have different experiences, like challenges, they are different"). Competing definitions of quality existed (V6 – "This one is a bit tricky as well because we as people we are different, we are very different and others... have their own definition of quality or how they help people or how they do their own counselling. So I can say it's a bit of both").

Two volunteer respondents believed that a shared understanding existed due to teamwork and ongoing interaction (V5 – "You know I think there is, I can say ethically, I can say we believe in teamwork as social workers, as counsellors or I can say as people who deliver social services to the people out there. We believe in teamwork. If you don't know something you ask so that you can get clarification or at some point it comes to a point of saying how about we come together and one thing that makes better. So I can say that the interaction is all about coming with a difference…because it's not all about us, it's about the people outside").

Supervisory practices in the organisation added to a shared understanding (V4 – "I think the same because we teach them because we have the supervisor inside each centre... so when the counsellors come in then we teach them how to do things. After we leave them I come in to see that they are doing the thing". V4 – "Once a month the supervisors... come together. So quality is getting updated and improved all the time").

Volunteer responses generally suggest that a shared understanding of the idea of quality was not present among peers and leaders. This was attributed, in part, to people having differing definitions of quality and how this relates to counselling and wellness. In addition, differing backgrounds, experiences and education made a shared understanding of quality difficult to attain. Two volunteer respondents suggested a contrary view stating that due to close supervision and ongoing interaction, a somewhat shared understanding did exist.

Staff

Three staff respondents believed that a somewhat shared understanding did exist through ongoing interaction and communication about appropriate standards (S3 – "Possibly - because we talk a lot and if something isn't done according to the standards, they will make us aware". S4 – "It's similar to us because we work together and it's like a competition when we talk about stuff. Every month we have a staff meeting. They normally say '* worked hard on this', and not 'we are not working hard'. It's about complimenting you some of the time. It means we need to pull up our socks.

We need to do it... We also talk about job and the challenges etcetera"). Another staff respondent believed that a shared understanding was present due to a common work motive shared by members (S6 – "There is a shared concept of what we are doing, why we are doing it and the reason for and I think there is a shared perspective because everyone here has got the same motive. We have got the same idea of peoples wellbeing, and we want to contribute to the communities wellbeing and I think that is quality is when I came in here... you just see it is just something you feel part of, you want to be part of it, yes it's not like spoken thing the whole time, but its unspoken thing around here yes").

Two staff respondents believed that a somewhat shared understanding existed in terms of administrators and supervisors providing guidance and oversight where required (S3 – "Possibly - because we talk a lot and if something isn't done according to the standards, they will make us aware". S5 – "I think it is probably understood more or less the same way because of what we do with them. I think the fact that we give them continuous upgrading and continuous topping up of what they already know. I think they realise that they need that and they are appreciative of it and realise that they need to practice it").

Lastly, one staff respondent believed that volunteers and staff members understood the idea of quality in the organisation somewhat differently (S2 – "I think you'll find them at two levels. There's the staff, who definitely look at it from a different perspective... That perspective would be looking at the organisation as an association, as a

viable thing and it has to deliver a service to the community. Whereas, I think, the individual counsellor who comes in, a volunteer, who does a three hour or a four hour stint, or comes in to do this. They are doing what I can change, for that person there. They don't look at it as widely, I think, as what we, our staff do").

In general, staff volunteers believed that somewhat of a shared understanding of quality existed among peers and leaders. Such a shared understanding is said to be formed through monthly meetings, ongoing training, and effective dialogue between employees and administrators and supervisors. In terms of such dialogue, adherence to standards was discussed, clarification on matters provided and feedback given to employees relating to successful work practices as well as opportunities for improvement.

It is relevant to note, as mentioned earlier in this chapter, that supervisory meetings conducted for both volunteers and staff members, were poorly attended by volunteer members. Staff members had more opportunity to engage with each other as well as with administrators in the organisation. Most volunteers counsel on an intermittent basis for short periods and lacked the opportunities that staff members had for regular dialogue and interaction. Poor attendance at the supervisory meetings compounded this further. Consequently, volunteers believed that a shared understanding was lacking possibly because they were unable to ascertain the views of other volunteer and staff members due to the lack of regular interaction. They therefore assumed that the lack of a shared understanding was due to

differing backgrounds and experiences. However, as noted earlier in this section, both volunteers and staff members understood the idea of quality in the context of mental health services in a similar way.

- **How is the idea of ethics relevant to understanding quality in your organisation?**

Volunteers

Certain volunteers believed that ethics in the organisation should be improved in terms of confidentiality around client reports (V1 – "I feel there are no ethics about the clients' privacy because reports are put in a file and everybody can read them. That's why I refuse to write a report. If I do write a report, it would be so sketchy and so vague and I would never put a client's name down either"). Physical contact with clients should be prohibited (V2 – "I think ethics you know, what we experience like being a counsellor and being in with our Professional Council Board, they very strict on ethics. The organisation I think is a bit more lack on that, in connection with giving someone a hug or touching someone else, which is just not allowed in private practice at all. So they go more for the feeling and being empathetic so I think they not so strict on ethics in that sense"). A greater focus on ethics should happen during training (V5 – "I can at some point say because I am interacting with them ethically I know that I can talk with them anything. We can talk about anything because we know the value of confidentiality... If something is private to me then I will share it with you, because you are my colleague you know this is private").

One volunteer respondent believed that ethics was exhibited in the behaviour of the counsellor towards the client (V3 – "It is important if you behave well towards the client, that shows what you are doing and what you capable of, you know"). Another believed that ethics was characterised by maintaining confidentiality and respect with regard to clients (V4 – "It is important because sometimes you didn't know the client. The client just comes here and sometimes she don't want to talk but we welcome her and we will respect her, we tell her... no-one is going to hear what we are talking about inside. When we leave this room, even myself I will leave all the things we are talking here in this room... I give her my respect to see that I am welcoming her and warming her up."). Lastly, one volunteer member believed that ethics is the foundation of an individual's life and provided direction accordingly (V6 – "I think ethics are very important in every human's life because without ethics you don't have anything to stand on - you are just going around with no direction basically").

Volunteer respondents generally recognised the importance of ethics as it related to quality and the organisation in general. However, three volunteer respondents believed that ethics in the organisation was lacking in terms of confidentiality of reports, physical contact with clients and training, respectively.

Staff

One staff member referred to the code of ethics in the organisation as being a central point of reference for ethical behaviour and quality (S5 – "I think we have a code of ethics

which is written down. It gets given to them, it is pinned up on most of the centres, and we keep referring them to them. If there is any little problem that comes along, we refer them to that, but they signed that code of ethics that they are supposed to be living by that code of ethics. The code of ethics talks about quality"). Another staff respondent referred to the credo of behaviour that outlines the values to be upheld by counsellors in relation to their clients (S2 – "Well, I think it is the establishment of attitudinal values. We've got a credo of behaviour that we've set up because it is so important, and it is underlined in that you care, and it's perhaps, because we deal with people and the stress and so on that is absolutely important. The fundamental ones of these would be confidentiality, unconditional positive regard, and that means not being judgemental, it means accepting the person as you are. Every time you counsel you've got to establish a counselling relationship, and that must be on those values, so it is at that level that I think that is").

Three staff respondents believed that personal ethics, norms and values served as the basis for ethical behaviour in the organisation (S6 – "I think it's very very very relevant very important because I think it forms the framework for you to deliver quality services by your ethical code and personal ethics, values and norms and all of that". S4 – "You should have personal growth first, before you talk to that client". S3 – "With us it's through confidentiality, your trust, your own morals and whatever. That's very important").

Two staff respondents considered the importance of care for clients as ethical behaviour in the organisation (S1 – "For example, as colleagues we respect one another and when we're working with clients, we work with them confidentially. The way we present one another to other stakeholders, is where we consider the ethical values, which is respect, responsibilities, and your principles where you're putting the people first. We don't want anyone to leave these premises without getting help". S4 – "The ethics would be the manner of approaching the people, the way you address the situation, the way you take of your clients, the way you make sure that you don't leave a client like that, and you make sure that everything is okay. In terms of follow-ups, we can even call or even make it a home visit. We therefore have good ethics because we don't just do it. We do it out of passion and out of caring, and not for money as such").

Staff respondents generally recognised the importance of ethics and strove to maintain ethical standards. However, staff respondents generally believed that ethical standards are maintained in the organisation through various practices such as the credo of behaviour, the code of ethics, personal norms and values, and care for clients.

8.5. Summary - Research Question 1A

Quality, as a general concept, was understood differently by the various respondents. Some respondents related the idea of quality to mental health while others understand the idea more generally. Respondents felt that the idea of quality

as a concept, is shaped principally by personal life experiences and learning, which in turn shape personal views. However, a number of shared constructions existed regarding the idea of quality as it relates to the context of mental health, specifically. A number of common themes were identified across both volunteer and staff members. Nevertheless, volunteer respondents generally believed that a somewhat shared understanding of quality was not generally present among peers and leaders, which was contrary to the views of staff members.

Respondents generally regarded non-profit organisations as making a valuable contribution to society by offering accessible services of a high level of quality by members that are passionate and caring about what they do. Furthermore, the organisation offered a variety of counselling and outreach services. As such, the respondents provided numerous and often unique examples of quality in the organisation.

Lastly, respondents generally believed that the idea of ethics is important in the provision of mental health services and tried to uphold such values in their day-to-day experience in the organisation. Certain volunteers believed that certain ethical standards in the organisation require improvement while staff members generally believed that ethical standards were maintained in the organisation through various practices such as confidentiality, the code of ethics, norms and values, and follow-ups to enquire about the well-being of counselees.

8.6. **Research Question 1B:**

In what manner are quality practices enacted by staff members in their daily work?

INTERVIEW QUESTIONS:

- **Describe instances where you have discretion regarding how various quality practices are implemented.**

Volunteers

Two volunteer respondents believed that it was necessary for the counsellor to deviate from the training guidelines under certain circumstances in order to probe or ask the client certain questions, which may not necessarily be in line with the counselling steps (V4 - "Sometimes I ask questions. If we are talking together I ask questions, sometimes I even give her the context of how to do things. Sometimes I don't give her the instruction of the organisation because here we have counselling steps... so sometimes I don't do all those steps... Sometimes I use my mind to ask the people how you feel, how do you like it?"). They also shared personal experiences and advised accordingly (V6 – "For me the cases whereby I have used my own discretion without following all counselling steps and that would be some of my personal experiences of how I overcame things you know and then I am not saying my client should use it you know but if it could work for them I say how about you try this it worked for me and not knowing if it could work for you but you know you can try if you would like to... It's something that you need to be

careful of... because people trust counsellors... so whatever you are saying or doing could have an impact on somebody else's life. So you need to be very careful on how you use your discretion").

One volunteer respondent believed that written guidelines regarding the use of discretion are non-existent (V1 – "I would say while there are probably no written guidelines regarding discretion, as you become more experienced you can apply discretion more professionally"). Two other respondents believed that training guidelines regarding discretion existed, as in the case of religion (V4 – "They do have a set description, for example, you're not supposed to talk about religion – and that is difficult for me – whereas I will never really talk about religion or beliefs in a counselling session. However, if the person is open for it…I feel rather guilty in this environment if I do pray for somebody or if I do use God as basis, because of the department that says you're not supposed to bring religion in. You know, religion has been taken out everywhere"). Guidelines exist on providing personal advice to a client on what to do or what direction to take (V3 – "Like for instance, as a counsellor you can't tell a client what to do. You are there to listen. There are points where you can hint depending on the conversation sometimes you can point them. If it's not working, sometimes the client will come up with an idea and that's when you say 'What if it doesn't work like that, how about trying this one'. Not saying it's going to work, but just trying").

One volunteer respondent believed that the use of discretion depends on the demographic profile of the client (V2 – "It also depends on the client that sits in front of you. If they are from a different ethnic background you've got to take that into consideration, if you work with children, you take that into it and so it depends on the client sitting in front of you"). Another believed that discretion is appropriate where it adds value to the client but is exercised within the parameters of what is trained (V5 – "It's not like I'm opposing what I've been taught… but maybe I come with my own thoughts of saying maybe if I can add to this, this can grow").

Two volunteer respondents believed that it was appropriate to deviate from training guidelines in order to advise or probe the client. One volunteer respondent believed that training guidelines regarding the use of discretion was non-existent, while two others believed that such guidelines do in fact exist and are prescriptive. One volunteer respondent believed that discretion depended on the demographic make-up of the client. It is relevant to note that social desirability, which refers to the tendency for interviewees to answer interview questions in a manner that enables them to be seen in a favourable light to others, may have been present.

Staff

Two respondents believed that discretion be exercised to ensure service is delivered to a client where some form of improvisation was required under difficult circumstances (S2 – "We go to a school where there's no power and we can't project.

Then I make boards so that the content is there and they use the boards and it is my way of ensuring that they cover the content and that kind of thing"). Another used discretion when communicating the diagnosis of terminally ill patients to loved ones (S4 – "If you're terminally ill, you'll be admitted to the hospital. Sometimes, people think 'it's my rights not to inform anybody'. We understand that everyone has rights, but you need to discuss this with certain friends or family members. I make them aware. I put my discretion on that situation"). A staff respondent agreed that discretion should be exercised at times as part of the professionalism displayed by counsellors (S6 "I think that as a professional it is important to sometimes use your discretion. I don't actually have an example though").

One respondent considered the redesign of a form for comprehensive reporting purposes to be an example of discretion (S1 – "Sometimes they'll call me if they maybe want my report/my findings during that incident when the child or the client came in. Sometimes they want more details. That is why I ended up changing that form to use the one that is more professional, according to my profession"). Another considered addressing and resolving problematic matters or situations in a supervisory capacity to be an example of discretion (S3 – "It is the outreaches, they fall under me basically and whatever happens there they have got to come via me... but if I feel that whatever is happening is correct, I can go ahead. But if I am not happy with it then I will go to Sarah or whoever and resolve whatever is happening"). Lastly, one respondent believed that discretion is not formally permitted in the organisation (S5 –

"Other than myself, the *, and probably the * as well, we would have discretion on some things, but it is not really allowed").

Four staff respondents provided personal examples of discretion in their experience in the organisation. In one case, a staff member exercised discretion as part of her supervisory capacity in the organisation. In another, a discretionary action with regard to terminally ill patients was sanctioned through dialogue and agreement with superiors in the organisation. The redesign of a reporting form was carried out in accordance with more detailed requirements from the organisation. Lastly, one respondent exercised discretion in a school by using a board to convey content as there was no electricity supply to run the projector.

One staff respondent believed that discretion be exercised by counsellors by virtue of their professional capacity, and another believed that discretion was not formally permitted in the organisation.

Respondents from both groups cited personal examples of discretionary behaviours, exercised in order to serve the client or the organisation. Two volunteer respondents believed that it is appropriate to deviate from training guidelines in order to advise or probe the client. Two volunteer respondents believed that training guidelines regarding the use of discretion do in fact exist, as in the case of religion as well as in terms of personally advising a client what action or direction to take. Other respondents believed that discretion is dependent

on the demographic profile of the client, and one respondent believed that discretion was not formally allowed in the organisation.

In sum, respondents from both groups generally regarded the use of discretion acceptable where the client or organisation can be better served. Several respondents cited personal examples of discretion where such practices were sanctioned through dialogue and agreement with superiors in the organisation.

- **How do peers and leaders in the organisation address discretion in their day-to-day experience?**

Volunteers

Two volunteer respondents believed that the idea of discretion is not discussed openly in the organisation (V3 – "They don't talk about it". V5 – "No they do talk about it but it's something that you need to be careful of you know because people trust counsellors. So whatever you are saying or doing could have an impact on somebody else's life. You need to be very careful on how you use your discretion. There are other things that you can follow by the book and there are other things that you need to know where the human touch needs to be implemented"). Two volunteer respondents were unsure (V1 – "I don't really know because I don't have insight in what they do behind their desk, or what their standard procedures are". V6 – "Not sure"). Another believed that it was discussed at the supervision meetings (V2 – "The supervision meetings I think it's where discretions are

discussed. Because when we interact with people there will always be conflict, misunderstandings so that's what these meetings are for").

Lastly, one respondent believed that discretion is limited due to the intense supervision of counsellors that exists in the organisation (V4 – "We teach them because after the training... we do the role play so that they can understand more after the training. Then if the client comes in I come in with one of the counsellors and I just sit and listen to this new counsellor... After the session we discuss about the session. I try to remind her of the steps... After the training we train again. We facilitate for maybe three months. After three months then I ask them to counsel me first, then afterwards I say you can take your client alone without a supervisor").

Two volunteer respondents believed that the idea of discretion was not discussed openly, while two others were unsure. One volunteer respondent believed that discretion was discussed openly at supervision meetings while another believed that discretion was limited due to the intense supervision practices carried out in the organisation. In general, volunteers were not clear whether other members of the organisation exercise discretion.

Staff

Four staff respondents believed that the idea of discretion was addressed and discussed as part of the supervision of reports that are submitted by both staff and

volunteer members (S1 – "Yes, they do that because sometimes the six counsellors that I have write these reports. Sometimes these reports come here... The supervisor comes in. Sometimes she might not be satisfied with their writing or the information they put there. That is when they have to arrange other training for their writing skills and observation skills, and motivate them by empowering them. Yes, they do"). Discretion as part of the training guidelines, which relate to the creation of a plan for the counselee (S2 – "Firstly, I need to get a relationship. Then I've got to get the story, and then I've got to establish, with that counselee, the self-awareness of themselves in their situation, seeing it differently, looking at it differently, understanding why I'm angry or why I'm this, or why I'm thinking in this way, and then you've got to help them make a plan. It is not you or the counsellor is not responsible for the plan... They are responsible for on-going support but you facilitate that counselee making a plan, and that is where we have to entrust them with that discretion, and it is normally, what we teach as well, and it is the '360 thing'. It is never one single thing that is going to help that person. It is normally 1/2/3/4/5 principle things that I have to change in my lifestyle, to change in the things that work together, and that is where the counsellor has to really be hands-on and have that discretion for helping that person make the change"). Discretion during stakeholder meetings (S4 – "We do have the stakeholders' meeting, which we attend – when we go there. We talk about it. We show them where we used our discretion"). Discretion as part of the open group culture, which encourages dialogue among all levels of staff (S3 – "It's about the group we have here even if someone else might become petty, you can go to *...

What is your view, what is your idea? It doesn't matter what, you are able to go to higher managers and... ask for advice on whatever the situation is").

One staff respondent believed that the idea of discretion was not discussed or addressed at training or development sessions (S6 – "The idea of discretion is not discussed during training or development sessions. It does not come up"). Another believed that discretion was not exercised, as staff members obtained the necessary clarity on matters from their superiors (S5 – "They pretty much don't actually use their own discretion. They normally come and get advice or ask questions from their superiors").

Staff respondents had mixed views as to whether the idea of discretion was adhered to and discussed by peers and leaders in the organisation. Four respondents believed that it was discussed and addressed through various supervisory practices, meetings, training guidelines and in terms of the prevailing open culture in the organisation. One respondent believed the idea of discretion was not addressed as part of training or development sessions while another believed that discretion is generally not exercised at all in the organisation.

In general, a lack of agreement existed among both volunteer and staff respondents in terms of whether the idea of discretion was addressed formally by the organisation and whether peers and leaders engage in discretionary behaviours.

- **How do you direct and execute quality practices that are not consistent with your own understanding of quality?**

Volunteers

One respondent indicated that he or she adhered to what had been communicated or addressed through training despite personal disagreement that may exist (V2 – "You know they've got their own rules so if you work here and you're a volunteer you've got to adapt to their rules. Outside here maybe I will use a different approach but here you do what you've been taught and what they expect of you"). Another could not provide any examples where the prescribed counselling approach was not consistent with his or her own beliefs (V3 – "I can't think of examples where I disagree with the prescribed counselling approach").

One respondent indicated that while he or she has respect for the rules in the organisation, he or she did not provide all details required in the reports as it impinged on the anonymity of the client (V1 – "I will respect it, definitely. I will respect it because as with the report, I respect the fact that they need those reports for stats, but I won't give all the info in the report. I will respect it because I think that in any organisation, even coming from being a * for 34 years in a managerial position, there's always something you don't agree with, but there is respect"). Another respondent believed that when counselling clients, it is sometimes necessary to exercise some level of discretion beyond what has been learned in the organisation (V6 – "At times when you read... your books your text books it says

something but then when you are dealing with a client it is something different... there are other things that you can follow by the book and there are other things that you know where the human touch or the human cloth needs to be implemented"). Yet another took the initiative to ensure that the prescribed standards of counselling for clients were upheld and exercised in cases where they may have been lacking (V4 – "Sometimes I hear one of the counsellors has counselled a person. Afterwards that person said I am not satisfied... Then I ask, what is the problem? She will talk to me and tell me I counselled her and then after the session she told me some of the things she didn't satisfy, and then I ask her, did you take the number of the client so that she can come back and I sit down with her... After that I ask the client to come in again and go through the steps"). Lastly, one volunteer respondent believed that where disagreement does exist regarding the prescribed practices or rules, staff or volunteer members are able to openly discuss such matters (V5 – "We openly discuss disagreements").

Volunteers generally believed that prevailing rules and practices were respected in the organisation. Even in cases where certain respondents exercised discretion, they did so in order to better serve the needs of the client. One volunteer respondent believed that the organisation had a culture that is conducive to open dialogue around areas of disagreement.

It is interesting to note that several volunteer respondents stated, in response to the previous question, that they exercised discretion at certain points in order to better

serve clients. In response to this question, volunteer respondents believed that the rules of the organisation are respected and that they may exercise discretion to better serve the needs of the client. Hence, discretion does not necessarily indicate a disregard for rules or prescribed practices but rather something that occured where client needs might be better served using discretionary action, depending on the particular situation.

Staff

Four staff respondents believe that there were circumstances where prevailing rules or practices might be challenged through open dialogue with members of the administration (S3 – "I verbalise it and if it's unanimous they will give me a good reason why my idea won't work... It makes sense and you carry on with the way you did before". S4 – "Let me give you an example about the ARVs (antiretroviral). We have a new tablet now in South Africa, which is given to the people. We said 'our existing training must make mention of the new tablet, or we can make additional training for that, for people to know what's going on, what makes this tablet effective". S6 – "Actually I think you just try to see the other point of view and you try to work with it. If there is a big problem I will go to an administrator and say this is not part of my idea of how things are done and we usually just we sort it out by ourselves". S1 – "Sometimes you find a child disclosing among other children for example, 'my father has been sexually abusing me' and that's where I tell them 'you don't need to continue probing and asking the child a question'. At that time,

the child is at school, you don't know about the father, and you don't know about their professions. Sometimes they have lawyers, because they can sue you in doing that. You need to stop immediately and report the case to the police, and that is where they have to take the statement, because you can end up being subpoenaed in court. In court, when you're dealing with a child's sexual abuse case where they ask 'who is the person whom the child disclosed to first... Then you'd find out that it's you and you're going to be subpoenaed, so you must be sure about the story, write exactly what the child said, then you need to stop the child immediately, and you need to let people who are trained to work with this case… Sometimes, the defence lawyer will say 'you taught the child' etcetera. There's a consent form to interview the child. If the child is a minor, you don't need to interview that child. You need permission from the parents or the child's guardian before you can deliver a service to that child. At first they didn't like it, but at the end of the day, they accepted it").

One staff respondent believed that adherence to prevailing rules and practices was carefully monitored by administrators and supervisors (S2 – "The coordinators that we've got at the little drop-in centres... they are the custodians of the principle of following that and, sometimes I would go and have to intervene and say, 'this culture is developing here, this is not right'. So, sometimes, it is directly to that supervisory sort of level and sometimes it is at a counselling level"). Lastly, one staff respondent cited the example of funder requirements not necessarily always being consistent with those of the organisation (S5 – "That is a bit of a difficult one because sometimes you have to

compromise especially with funders. They want it done in a certain way and it is not always the way you want it done, so you need to sometimes look at it and make certain compromises, but not very often. We would rather not do it"). It is relevant to note that the respondent indicated that compromises were not made frequently, which suggests that the organisation's prevailing rules and practices were generally preserved.

Staff respondents generally believed that disagreements could be voiced openly and addressed with administrators where new or altered rules or practices might emerge. Even where funder requirements might contradict existing rules or practices, compromises were not frequently made. One staff respondent believed that administrators and supervisors monitored adherence to prevailing rules and practices.

While certain staff respondents exercised some level of discretion in the organisation, particularly where the client or organisation could be better served, or where it is believed to be a formal requirement of the counselling steps. Nevertheless, they believed that disagreements regarding existing rules and practices could be addressed openly through dialogue with other members such that new or altered practices might subsequently emerge. Therefore, as in the case of volunteers, a staff member might not necessarily deviate from a prescribed practice that he or she disagrees with, but might nevertheless exercise discretion under certain circumstances. In the literature review, an argument was made that non-profit human services exhibit characteristics of both tight and loose coupling. According to

Weick (1982), one way of explaining the persistence and functioning of tightly coupled systems is through intense training procedures and socialisation processes, which are documented in the previous section pertaining to archival data. He goes on to argue that such internal controls may be relaxed where socialisation practices encourage individuality, independence and improvisation. Based on the data reported in this section, it seems that both groups of respondents generally respected existing rules and practices. In addition, challenges to existing rules and practices were often debated openly through dialogue, which is characteristic of the so-called open culture in the organisation. Therefore, some level of individuality, independence and improvisation among volunteer and staff respondents was apparent. In sum, aspects of both tight and loose coupling are prevalent in the data presented in this section.

- **Describe how quality is measured in your organisation?**

Volunteers

Two volunteer respondents believed that the organisation measured quality through outputs such as the client statistics that counsellors were required to report on (V5 – "I was thinking about stats because yes we do have stats. The outreaches, they submit the stats... because we do submit the reports. Everything that you do you report on it. You go out when you come back you come with the report you give them the report. I think that's how they measure the quality". V2 – "I think in the statistical, you know we've got stats for your face-to-face counselling, telephone

counselling... the rape centre, so we take all those into consideration and last year for instance, I had to read all the reports").

One respondent believed that a key measure of quality is through the use of client surveys, which he or she believed is not used in the organisation (V1 – "I have never seen a thing or a questionnaire that can report, so I don't know how they measure their quality. You must have a client survey. Was it on time? Was it needed etcetera? I've never seen that, though"). The same respondent also believed that follow-up checks with regard to client well-being were not conducted (V1 – "It's more about outputs than outcomes because I don't think that part of the organisation's thing is to go and check with clients to find how the clients experienced their sessions").

Two respondents believed that client feedback was reflective of how the organisation measures quality (V4 – "Sometimes they will hear from people phoning saying thanks, she was doing this and this... When the community comes back to us, then I see that I am doing well". V3 – "Immediately at the time when we are done with the client... you can tell by the face, after talking to the person, how do you feel after all this? Then they will express their feelings 'Thank you very much, I've seen see one, two and three, you've helped me'... even though the solution it's not complete but just by talking at least you have given them the light you have taken something out of their chest, now they are feeling lighter, now they can go out there and face the world again, they see with another eye").

One respondent believed that client reports were reflective of quality measurement in the organisation (V5 – "Also the reports. After I read it, I write it down whether there are mistakes so she can see the mistakes and not make them again"). Another believed that training coupled with shadowing and on-going feedback to members was a key indicator of how quality measurement took place in the organisation (V6 – "For us you go through training... we shadow them for a while until we feel comfortable... you know where you need to work... what are your strong points, what are your weak points... so you get feedback").

Volunteer respondents generally believed that client outputs (client statistics) and client outcomes (feedback received from clients regarding their well-being) were key indicators of quality measurement in the organisation. Client reports and ongoing shadowing and feedback were seen as important indicators in this regard. In sum, volunteer respondents believed that quality was measured in the organisation both formally and informally. Formal measures included client statistics, oversight of counsellor reports, client surveys and on-going shadowing and feedback of members. Informal measures includes feedback from clients, which could take the form of remarks or observations of their well-being after a session.

Staff

One staff respondent believed that formal client evaluations of well-being were a key indicator for quality measurement, but not currently carried out in the organisation (S2 –

"One area that we perhaps cannot measure that accurately is the one-on-one delivery with the counselee... However, you get a fair amount of contact. If we were really messing things up then that reputation would spread and people won't use us for face-to-face. But they do not also readily come back and say, 'Thanks or whatever'. They might, with the person there, 'Thank you', but we don't get it afterwards, so that the counselling coordinator can say, 'Well, 30 people phoned back and said, you see'). The same staff respondent believed that pre- and post-test evaluations of training was another important measure of quality which was also taking place (S2 – "We've got a full range of indicators, contacts, people that we see, the nature of it, the nature of contacts and all of that. It is pretty well documented. I think when it comes to training it is perhaps not as well documented with proper sort of pre-post evaluations").

One staff respondent believed that the level of funding received by an organisation was a key indicator of quality measurement (S4 – "According to me, I think it's measured according to the funding... we see what quality we have by the funding that we receive... As they fund us, they want to know what you're doing. Are you delivering to the people? People are happy"), Two staff respondents believed that the supervision of reports was a key measure (S5 – "Well in the case of the counselling, reports are made. The reports are checked. Every report is checked and if there are any issues, on the back of the report the report readers' comments are passed on to the actual counsellor who did the report, who did the counselling. If there is something that is not so good, they will come to me with it and say what do you think, or do we need to do something about it. In a case of the * centre we

keep a record of trends, we keep a record of the counselling, and we have monthly meetings as well, just to make sure that everything is in its place". S6 - "With me personally the * is always involved with me we are very open, we communicate really well so she always knows where I am what I am doing and then I have got a supervisor who is volunteering so she is I think she has got her own private practise now. So she is coming once in a month two months coming to see my reports my report writing little things I think that's the way we measure it").

Two staff respondents believed that feedback from clients or stakeholders was an important indicator of quality in the organisation (S5 – "There are also monthly stakeholders meetings where the police, * and everybody else gets together to make sure that everybody is doing what they are supposed to be doing and we check on what is not happening, why not, and then try fix it". S1 – "They do evaluation of our reports... They do visits with the principal where they ask 'do you see any changes after the counsellors have been attending/seen the kids here? What is it? What needs to be done' and we also do the annual reports. We write our achievements, our challenges, and our plan for the next year. That's where they measure whether quality or half-quality was delivered. If something is lacking, we need to improve here and there. Yes, they do measure quality").

Supervision of client reports was believed to be a key measure of quality in the organisation by two staff respondents. Two staff respondents believed that feedback from clients or stakeholders was an important indicator of quality in the organisation.

Other staff respondents believed that quality was measured by the content of annual reports, by the level of funding received by the organisation, and by client and training evaluations.

Staff respondents believed that quality was or should be measured formally (client evaluations, training, pre- and post-test evaluations, oversight of counsellor reports and the annual report submitted by the organisation). Informal measures include feedback received from clients or stakeholders in the community. Oversight of client reports and client feedback emerged across both respondent groups as indicators of quality measurement in the organisation.

- **How can quality in your organisation be improved over time?**

Volunteers

One volunteer respondent believed that supervision meetings were important to ensure that quality is improved in the organisation (V4 – "We share ideas because at the supervision meeting I even ask the counsellors if there is one who has something else we can do"). Another believed that no further improvements in quality are required (V3 – "I think there isn't").

Three volunteer respondents believed that a higher level of commitment and common purpose was required from counsellors (V6 – "We have our own ideas of why we do counselling. For some it's a calling, for some it's a job. But for others

it's something that they are passionate about you know it's them wanting to see a difference or a change in a person's life. So hence I am saying maybe the management could have more training sessions for us to make sure that we don't lose the focus and for us to keep pushing doing the good job that we already doing making a difference in one's life. You know we might not be able to change the whole world. But if there is one person's life that you could change". V1 – "We are asked that question 'how can we improve the service' and I often wondered what if there are incentives for the counsellors or more training/more in-depth training, and commitment from the counsellors and from the volunteers. If you don't have volunteers or people who are committed, they think they've made an emotional decision 'I want to do something for somebody' but don't factor the cost... I often wondered why counsellors don't last here or in any organisation. It's not only here. It's in any organisation. It goes back to what I said just now, it could be the fact that they've never made/take the time to say 'okay, this is going to take my time. It's going to be 'giving out' the whole time. It will be my petrol and my time. There won't be any income. There won't be any reward. Will the reward of a client who was helped or healthy at the end of the day, be enough or will I get into a situation where I can't afford to go a place for somebody anymore". V5 – "I believe to have quality there must be an eager to grow").

Three volunteer respondents believe that counsellors require a higher level of commitment and common purpose in order to deliver a higher level of quality. One volunteer respondent believed that supervision meetings provided an important

context for the sharing of ideas while another believed that no further improvement was necessary.

Staff

Two staff respondents believed that additional funding would improve quality in terms of reaching a greater number of community members (S4 – "If we had funds, we could do more, we could help more for our community". S1 – "If we can get funding, there'll be more quality. Additional funding can deliver more resources for the organisation. For example, we have three cars... If we can have five cars, many of us can go out to different places, and then we'd have many stats, and we could reach many vulnerable people out there. Some of them don't have money to come here to get the services. Sometimes we need to do a home visit etc."). Another staff respondent believed that additional funding would ensure that the organisation could retain trainees for longer periods through the payment of stipends (S3 – "I suppose you could create more funds... If we had funds, we could do more, we could help more... we could pay some of the stipends we could keep them longer and we could do a lot of training").

One staff respondent believed that language difficulties with clients affected quality (S6 – "Sometimes language is difficult I don't understand the client"). Another believed that greater teamwork was important in terms of improving quality in the future (S1 – "I think it's teamwork. Teamwork is where we have to work hand-in-hand. We need to listen more to one another and put our clients first").

One staff respondent believed that current practices, including meetings and checks, must continue to be attended and adhered to appropriately in the future (S5 – "We have to still have regular meetings. We still have to have regular checks. All those checks and balances have to be in place all the time. They don't always get checked, things happen and you miss a day, or you miss two days or something like that, but it has to be instilled, it has to be something that gets followed up all the time. We can't afford to compromise on it."). Another believed that more counsellors would better enable the organisation to meet its needs and would introduce an element of competition between counsellors in terms of being selected to counsel (S2 – "The one thing that I think that, at the moment we're in a, because we are not abundantly blessed with counsellors, we are struggling to meet all the needs coming out there, so you do what you can. I think if we had more counsellors that it was that, and then there would be a sort of, not competitiveness but there would be a sort of mutual, 'I must be good because I'll be asked to counsel again'").

Three staff respondents believed that additional funding would improve quality in the future; however, this idea did not emerge as a theme among the volunteer respondents. Three volunteer respondents believed that counsellors required a higher level of commitment and common purpose in order to deliver a higher level of quality; this theme was not present among staff respondents. In sum, while themes emerged in each respondent group separately, no cross cutting themes could be identified in this section.

8.7. Summary - Research Question 1B

Several volunteer respondents exercised discretion for a number of reasons including the fact that in some cases the training guidelines were not always clear or not always appropriate to the particular circumstances faced by the counsellor. In general, some level of disagreement existed among volunteer and staff members regarding the extent to which discretionary behaviours were prohibited in the organisation.

Generally, both groups of respondents had mixed views on whether the idea of discretion was adhered to and discussed by peers and leaders in the organisation. Some believed it was addressed as part of training or supervision meetings while others believed that it was not addressed formally in the organisation. Hence, multiple constructions existed regarding the idea of discretion as well as the manner in which it was enacted in the organisation.

Several volunteer respondents believed that they respected the rules of the organisation and that they adhered to training and supervision practices, while staff respondents generally believed that they could voice disagreements, regarding existing rules and practices, openly and address these with administrators such that new or altered rules or practices might emerge. Therefore, staff or volunteer members might not necessarily deviate from a prescribed practice that he or she disagreed with but could exercise discretion under certain circumstances where the client or organisation might be better served. In some cases, examples of

discretionary behaviours provided were instances where a particular practice or rule was openly discussed with and subsequently sanctioned by a superior. Quality in the organisation was measured through a variety of both formal and informal mechanisms and means. Both groups of respondents generally agreed that current practices, such as supervision meetings, should be appropriately adhered to and a higher level of commitment, common purpose and teamwork among the organisation's members was necessary to improve quality in the future.

8.8. **Research Question 1C:**

How do new quality practices come into being and how are they understood?

INTERVIEW QUESTIONS:

- A) Describe a time when a new quality practice was introduced in at your organisation.

- B) Why was it introduced?

- C) How has the practice been accepted by your peers over time?

This section will initially address volunteer responses to all three questions and then follow on with a discussion of staff member responses to all three questions. The reason for doing so is that each question follows on from the previous one as all questions are essentially linked to the same quality practice selected by the respondent.

- **Describe a time when a new quality practice was introduced in at your organisation.**

Volunteers

One volunteer respondent believed that no new practices had been introduced into the organisation as senior members were comfortable with existing practices (V1 – "Not in this environment, no... I don't think there were ever really changes... I speculate that they're comfortable with what they're doing and they think it works etcetera"). Another volunteer respondent could not recall a practice but when questioned whether the review of reports was a quality practice, he or she agreed that it was in terms of the statistics (V2 – "Yes, because the reports ties up with the statistics. Because they've got to see, the type of client they seeing, the type of counselling, is it more telephone counselling, is it more face-to-face, is it more with children, and is it more relationship problems").

One volunteer respondent believed that the reports are a quality practice (V4 – "Writing the report"); and another believed the '* Programme' is an example of a quality practice in the organisation (V5 – "Yes quality is introduced almost all the time in our discussions. I'm trying to get the moment so I can say this was quality for me, I'm trying to grab it. But it doesn't come into my mind... which is the * Programme. With the * Programme we go out there, we engage with the learners from schools I think it's from different schools around. That's where I saw that now we are reaching a goal of making the difference… that is quality enough for

me"). Lastly, one respondent considered counselling notes to be a quality practice (V6 – "Notes").

- **Why was it introduced?**

  As mentioned under the previous question, one volunteer did not believe that new practices were introduced into the organisation as he or she believed that senior members are comfortable with existing practices. However, the volunteer considered the supervision meetings to be a forum where questions from the counsellors were informative for other counsellors present and thereby constituted a continuous learning environment (V1 – "To keep you on your toes. Sometimes you do forget things and I think what they also do is they develop these out of questions from the counsellors... It made me realise that continuous training… you can never stop, especially in mental health – in all areas of your life, but especially in mental health, because you're always giving out to people. You're working with the most precious thing on earth: the person's insides, their heads, and their hearts").

  Another volunteer respondent believed the reports were useful as a document to be referred to in the future when a client returns after an extended period of time (V4 – "Sometimes it is important to write the report because I if I see a client today, he/she may return after three or six months and say, 'I was here at such and such a date', so I can then go through the report").

One volunteer respondent believed that the purpose of the * Programme was to empower young adolescents to make a positive change in their own environments (V5 – "The objective of the programme is to rehabilitate this adolescence 15 or 16 years. To train them to be the change agents outside there to go and face the world with something, to make the difference, to make them the difference... We help them to make themselves the difference out there. So in schools we take two kids every year so when they go back they will be sharing the knowledge that we have given them with others. So I believe it makes a very difference outside the NGO. So for me this quality is enough").

One volunteer respondent considered the counselling notes a reference document enabling the counsellor to reflect on a counselling session in a holistic manner (V6 – "I think you can go back and learn from them again and reflect on the things that the clients spoke about or how you perceive the whole session"). Another believed that the notes were the primary means to understand whether the organisation is meeting its ultimate purpose (V2 – "It's the only way you can see how much we are answering to our call or what we are doing, so reports are very important").

- **How has the practice been accepted by your peers over time?**

  One volunteer respondent believed that the supervisory meetings were not well attended (V1 – "I just don't know why it's not always attended very well, whether it's about time or whether people are doing different things. I think they've now implemented a specific day per month otherwise it was always a surprise when you get the SMS. Unfortunately, we all

work with diaries and if I can enter it in my diary for a year, I know when I page through it, that on this day I can't do anything"). The lack of attendance by volunteers at supervisory meetings was a theme that emanated in the interviews as well as in the annual report submitted to the DSD. Another respondent believed that the * Programme had wide support in the organisation (V5 – "Yes, very much because everyone is supportive when it comes to the * Programme. They are very supportive").

One volunteer respondent believed that the client reports were not completed with the appropriate level of detail due to client confidentiality reasons (V2 – "Yes although we sometimes feels that it contradicts a little bit of the question of confidentiality, so we don't really put anything so personal, you just give them more or less a general overview of the way that the conduct was doing. You don't give specifics so that no-one is sort of affected by it and we don't put always put names in so if a client wants to be anonymous we leave it anonymous, so that he feels he is not discredited by that"). Another believed that they were completed appropriately as they formed part of the organisations policy (V4 – "Yes I think so because it is our policy"). It is interesting to note that management expectations of confidentiality ran contrary, in certain cases, to those of volunteers who were more concerned with protecting the anonymity of clients at the expense of the organisations policy. Other volunteers adhered to policy at the expense of confidentiality and anonymity of clients.

Another volunteer respondent believed that counselling notes were used frequently as a means to retrieve information for those clients who returned after some time (V6 – "Yes

we are very happy to use it because we are dealing with so many people, so you can always go back because you cannot remember everyone's faces – and they sometimes return after a long time, so you can remind yourself").

The most common quality practice cited by volunteer respondents concerned the use of counselling reports. There was, however, no common agreement in terms of why the practice was introduced. One volunteer respondent referred to the idea that the reports were a useful means of referring to information when existing clients returned for follow-up sessions after an extended period. Another considered the reports as reference documents, which enabled the counsellor to reflect on a counselling session in a holistic manner. Lastly, another believed that the notes were the primary means to understand whether the organisation was meeting its ultimate purpose. In addition, it is relevant to note that one volunteer respondent believed that the reports were not completed at the appropriate level of detail due to client confidentiality, while another believed that they are completed appropriately as they form part of the organisations policy.

In sum, multiple realities existed among volunteer respondents around the reasons for the introduction of the counselling reports. In addition, the above finding that certain volunteer respondents partially completed the reports in order to maintain the confidentiality of clients is consistent with a study conducted by Jones (2000), which found that the success of a new practice will rest on the extent to which such changes are congruent with this 'authentic' sense of self. The idea of ethics is an important theme that emerged in the above data. It can be argued that certain volunteer respondents associate the

idea of ethics and confidentiality with their 'authentic' sense of self and were thereby resistant towards completing the reports forms in their entirety.

Lastly, in some cases volunteer respondents could not think of a quality practice that had been introduced in the organisation. When a practice was suggested, they agreed and discussed reasons for why the practise was introduced and to what extent it had been accepted in the organisation. An analysis of this observation is offered in Chapter 9.

Staff

- **Describe a time when a new quality practice was introduced in your organisation.**

  Two staff respondents understood supervision meetings as being a quality practice (S1 – "Supervision meetings", S2 – "Supervision meetings"). Another referred to the formatting of the statistics as a quality practice (S3 – "When we changed our stats, our formatting").

  Another staff respondent referred to the *(pre- and post-counselling testing) as being a quality practice in the organisation (S4 – "Okay, we are doing the * here... The way they do it, the way they handle it, and the way they speak about it… you'll see why the people come"). Another referred to a new reporting form he or she developed that was based on funder requirements (S5 – "Well I actually just introduced something this week. I developed a new reporting form specifically because of the latest funding we've got, and I had to call the senior people in and explain why it was

necessary to use the forms, and then ask them to go on and give it to the counsellors").

Lastly, one staff respondent believed that involvement of all members around quality is itself a quality practice (S6 – "Yes one of the * called a meeting one day on a Friday and she said she wants us to come back on Monday with ideas with new ways of thinking and all of that. I think that really it was great because it feels like you being involved, they involving you and they need you as well so I think personally it betters the quality").

- **Why was it introduced?**

  One staff respondent believed that such supervision meetings addressed a variety of activities and practices including statutory requirements, and the format of the log form (S2 – "I think basically, every single supervision meeting is looking at some sort of tweaking, correcting, or whatever, which is why that is so necessary. I think at the moment there are changes in practices, such as statutory requirements... We've got the Children's Act. We've got the Sexual Violence Act and all of those and things, so there is constant tweaking... 'We're going to do it this way' 'We change the format of the log form' 'We change this or something, to make it more fit for purpose"). The same respondent believed that the supervision meetings offer counsellors an important opportunity to socialise and interact with one another (S2 – "It is also a networking thing. You can have counsellors and they don't know each other because they come in at different times and they don't see each other. So, sometimes, they'll be counselling for three years and some counsellors they've never actually met").

Another respondent understood the purpose of supervision meetings as providing a context for debriefing, where the counsellor had an opportunity to share experiences and become uplifted through motivational dialogue with fellow colleagues (S1 – "It's a type of debriefing. For example, you could possibly see these people five times. They have six different problems. You may not carry every story or have every story in your mind or in your heart, but each and every thing in this story is going to touch you. Even if you try to share with your colleague, you despair and when they say it's time for debriefing, it's where they try to motivate you or lift your spirit. They tell you that you cannot change the world, even if you can see five clients or patients, sometime you can make a difference to two of them... Sometimes, when someone's upset when they leave, you feel like 'I didn't do my best. I can do better than that', but at the end of the day, you're tired. That carries you because you saw five. Yesterday we went to see six and then you're carrying this thing inside you where you sometimes feel like a failure. When you see someone, you tell yourself 'no, man. I won't do my best. I'm tired'. When * comes and gives you relaxation, it's as if you're going to attend somewhere. Now I have stamina and I can start afresh").

One staff respondent stated that his or her personal initiative resulted in the * becoming a common practice in the organisation (S4 – "It's my idea... I wrote a letter to the Department of Health because I was a professional sister before. I said to them 'I think there's a need to have the * on its campus'. They said ok").

One staff respondent believed that the consolidation of the client statistics made the format more flexible in terms of catering to the needs of different organisations that require the

statistics (S3 – "So it could make it more informative, more accurate, more I suppose easier... Because the stats formatting changes monthly these days, what she required a spreadsheet was made and then it was found that she was happy with that because she had to forward all the stats to the different organisations"). Another staff respondent agreed that the consolidation of the reporting format for the statistics has made the process more efficient (S5 – "Now we have to report externally and there are a whole lot of things and instead of having three or four different forms, I have now put it all onto one form. Now all the reports are on one form"). Another believed that statistics enable the organisation to receive funding more effectively (S3 – "If you want funding, they want to know what you are doing. If you have got stats... it's easier").

One staff respondent believed that through dialogue, certain ideas raised by staff members subsequently became sanctioned by superiors as new practices in the organisation (S6 – "Another example is when one of the administrator's calls you into his/her office and tells you that it is an open environment around here - that is how some new quality practices emerge here. I think it is great because it feels like you are being involved, and they need you as well, so I think it improves the quality").

Lastly, one staff respondent believed that record-keeping was important for future assessments by the department, evidence related to court cases as well as for documenting client cases (S6 – "Record keeping is important because the department can check up on you. In three years' time a court case may open up. It

is also important for me personally to keep reports. I write everything down so that when a client is discharged from the shelter I can always go back and see the whole process. It's a personal thing").

- **How has the practice been accepted by your peers over time?**

  One respondent believed that the supervision meetings were well accepted (S1 – "Very well"), and another believed that people are excited about the meetings (S2 – "Yes, very much so").

  Statistics are widely adopted by members in the organisation (S3 – "By everybody, we all have to use stats, it doesn't matter who you are - you have got to give stats"). The * received broad acceptance (S4 – "Now we all use it").

  The consolidated reporting form was accepted by senior staff members but is regarded as creating too much additional work by the individual counsellors (S5 – "By the management or the senior reporting staff no problem, but the actual counsellors, the workers if you want to call them, they say it is too much work, overload... They will have to adhere to it"). Lastly, record keeping practices were well accepted in the organisation (S6 – "Yes it is well accepted").

  Two of the most frequently cited quality practices by staff respondents concerned supervision meetings and the new reporting format for statistics. Regarding the supervision meetings, two respondents did not necessarily understand the purpose

in the same manner. One staff respondent believed that such meetings addressed a variety of activities and practices including statutory requirements, and the format of the log form. The same respondent believed that the supervision meetings offered counsellors an important opportunity to socialise and interact with one another. Another respondent understood the purpose of supervision meetings as providing a context for debrief where the counsellor had an opportunity to share experiences and become uplifted through motivational dialogue with fellow colleagues. With regard to the new reporting format for statistics, both respondents discussing this practice considered it an important practice for making the process more flexible and efficient. Hence, in some cases the respondents understood the quality practices in the same way, while in other cases the reasons cited are quite different.

8.9. Summary - Research Question 1C

The value and purpose of certain work practices was understood differently by certain members of the organisation, as was the case with supervision meetings and the use of client statistics. In addition, the application and usage of certain practices varied across certain volunteer and staff members, such as the counselling reports.

New work practices in the organisation emerged in part through on-going dialogue across all levels. The organisation could be seen as a loosely coupled system where change could generally be seen as continuous. Even where changes were introduced at the administrator level, the open culture encouraged all members to question and debate such practices over time. Quality in the organisation improved incrementally over time; existing practices

were tested and worked through and thereby adjusted or changed where necessary, through open enquiry.

8.10. Observational Data

The idea of participant observation was addressed by attending various meetings (such as the supervisory meeting as well as a training session). General interpersonal interactions in the organisation were observed as well as the physical layout of the facilities. During the course of data collection, several observations were recorded in the researcher's reflective journal.

1. Supervisory Meeting

The supervisory meeting was conducted in an old Church with a side room that was used for purposes of training. The reason cited for conducting the meeting in this facility was that the training centre was closed due to financial difficulties being experienced by the organisation.

The session was led by the organisation's trainer. Twelve people were in attendance and included volunteer and permanent staff members. The attendance was described as poor from a volunteer perspective. The session was conducted in a relaxed atmosphere with a rich exchange of ideas. Participant members raised questions and comments relating to actual cases they were addressing. This process is known in the organisation as a 'debrief'. Feedback was provided by the trainer as well as by other participants. The session was collaborative with intense engagement by all members present. The

trainer facilitated the session. but encouraged suggestions and comments from all participants. The trainer formally noted suggestions and recommendations raised by the participants, whereafter actions were noted, where relevant, as they pertained to future training interventions or changes to existing quality practices.

After the debrief component of the meeting, the trainer conducted a reflective session for all participants. This included a physical relaxation exercise as well as an intervention aimed at increasing self-awareness of all participants. All counsellors participated by lying on a towel on the floor while the trainer then facilitated the process. After the reflective session, most participants noted how relaxed they felt and how much more 'in touch' with their personal motivations and needs they were.

The session was concluded with a discussion by one of the administrators who thanked all in attendance and discussed the importance of getting members in the session to encourage people outside of the organisation to join the * for fundraising purposes. The * was established by the organisation to encourage all volunteer and staff members to encourage people they know outside of the organisation to contribute R* per month for fundraising purposes. The administrator highlighted the importance of the * and emphasised the severity of the financial distress the organisation was experiencing.

Data recorded in the researcher's reflective journal suggested an increasing cognisance of the financial difficulties experienced by the organisation. Based on this experience

with volunteers and staff members the researcher left the facility feeling energised having experienced an aspect of quality in the organisation.

2. **Centre 1 Visit**

Centre 1 was nestled in the middle of a township. The counselling office was part of the community centre comprising two rooms. The entrance was into a long narrow room, the reception area; leading off that room was the counselling office. This office had no ceiling or lights, only a few chairs. Some children's toys, used for play counselling, were packed in a corner. The initial observation was that the facility was not conducive to any type of counselling services. Initially, the inferior surroundings of the facility and the inadequate conditions inside the building created the impression of inferior quality. However, an interview with the supervisor revealed a passionate and caring individual, committed to delivering high quality services despite the poor conditions.

3. **Centre 2 Visit**

This counselling office was housed in a community centre in another township. The conditions of the second centre appeared more favourable than those of the first centre. Upon entering the centre, the researcher was greeted by four friendly volunteer counsellors. A single counselling room, a small kitchen and a small social room led off the tiny reception area. This centre is able to seat more people despite the fact that there is only one counselling room.

One of the volunteer counsellors, who had a good command of English, was the only counsellor who volunteered for an interview. During the interview, this individual revealed that she had an Honours degree in Psychology and was doing work at the centre in preparation for her Master's degree. Many insights around the idea of quality were put forward and she was passionate about the counselling process. Upon leaving the centre, one of the administrators mentioned that due to the financial distress currently facing the organisation, no funds are available to upgrade any of the organisations centres.

After visiting two centres, the severity of the financial difficulties in the organisation were confirmed. One of the administrators mentioned that the organisation had no funds to upgrade any of the centres. This brought into focus the importance of the * for fundraising, as discussed at the supervision meeting.

4. **Central Office**

The organisation's central office was housed in an old building and had a variety of counselling rooms available. Each staff member had an office, which was used for counselling sessions where relevant. The staff members mentioned that they had the option of choosing the type of furniture and layout for their offices, as well as the colour of the paint, which made for a warm and inviting atmosphere. Many offices had bright colours and well-equipped seating arrangements. The entrance of the central office opened into a large reception area with ample seating. The receptionist role was fulfilled by both volunteer and staff members. The central office was generally quiet

and the setting conducive for both training and counselling services. The difference between the central office and the township offices was stark.

5. **Training Session for New Counsellors**

The researcher attended an introductory training course which comprised the first of a series of sessions for new volunteer counsellors and for people seeking greater self-awareness in their lives. One of the administrators opened the session by providing a history of the organisation to set the context for training. During the opening address the administrator mentioned that the organisation was going through difficult times financially and highlighted the fact that all counselling offered by the organisation is done free of charge. The administrator also mentioned that the cost of the course is significantly lower than other courses run in other parts of the overall association and that the philosophy of the organisation is to ensure accessibility to all training courses offered.

The trainer initiated a small group exercise designed to allow all participants to get to know each other personally. Participants were asked to set their own expectations for the course. The environment set by the trainer was one characterised by warmth, light-heartedness, humour and engagement. The participants opened up and discussed their personal reasons for attending. The conversations were somewhat intense, yet warm and sincere. The facilitators ensured that all group members had the opportunity to participate and contribute. This was the beginning of a number of substantive

relationships where even humour pervaded the initial conversations. At the end of the exercise each group presented its aspirations for the course.

The trainer then presented a timeline of his life and asked all participants to do the same thing as homework for the next session. During the trainer's articulation of his own timeline, a chilling, yet gripping account of his life was portrayed. He discussed difficulties he had experienced through the course of his life. A thick silence pervaded the room. The trainer proceeded to explain concepts relevant to understanding one's own timeline. The trainer provided practical examples and participants were left with what was perceived to be a high level of engagement and a sense of personal growth. The training quality was of a very high level. The researcher was inspired by the trainer's story and the manner in which he overcame so many tragic difficulties.

6. **General Observations around the Funding Crisis**

Based on the data presented in this section as well as in others parts of this chapter, the constant emphasis on the funding crisis faced by the organisation was apparent in many interactions between staff members as well as during discussions at meetings and training sessions. Two of the administrators in the organisation revealed interesting insights in this regard. As mentioned previously, in * the organisation lost its accreditation status in relation to several products registered with the SETA. In *, one of the administrators met with a provider of 2 500 products, registered with various SETA's. According to this administrator, many of these products could have been used to service corporate clients who do in many cases offer to pay for such services. .

However nothing transpired in this regard. The absence of accredited off-the-shelf SETA products offered by the organisation is understood by this administrator as the primary reason why demand for services offered by the organisation has declined since *. Another administrator believed that the organisation should develop its own accredited products and not rely on off-the-shelf SETA accredited products offered by other providers. According to this administrator, the use of off-the-shelf products was never a viable option for the organisation. The disagreement between the two administrators suggests that each administrator constructs meaning around the crisis differently and therefore offers unique plausible explanations for the cause and solution with regard to the crisis.

Furthermore, the organisation started to rely on savings, collected over the years, to fund the organisation's overhead requirements. During * these savings were depleted and in * an emergency board meeting was held to discuss the funding 'crisis' in the organisation. One administrator mentioned that the board should have taken action in *, as they were aware that the savings were being relied upon for funding. At the * board meeting it was mentioned that the demand for counselling services had continued to drop. One of the board members asked why the board was not told that things were so bad. In Weickian terms, things in the environment are noticed after they have transpired and such events spur on the sensemaking process. Once noticed, certain parts of the experience are bracketed and labelled; in this case, the label 'fundraising crisis' was used. Because individuals notice things at a point in time, sensemaking is always

retrospective. The fundraising crisis is an excellent example of Weick's properties of sensemaking.

8.11. Conclusion – Observational Data

Based on the observational data presented above, it seems that there are no doubt several examples of quality in the organisation, which pervade so many practices, meetings and attitudes of volunteer and staff members in the organisation. In some cases, staff and volunteer members are not always consciously aware of the quality that pervades the organisation. For example, interview respondents stated that they had not thought of the idea of quality much, but that the interview had provided them with an opportunity to identify and acknowledge several quality practices in the organisation. This observation was also made during the interviews where respondents had difficulty in articulating quality practices that had emerged over time in the organisation. When provided with certain examples of such practices, such as the supervision meetings, reports or training sessions offered, they were readily able to articulate the importance of these practices from a quality perspective.

Sensemaking around the organisation's financial crisis is another important feature of the observational data collected as it affects the manner in which the idea of quality is addressed, understood and enacted in the organisation. The importance of Weick's insights towards understanding this so-called 'crisis' will be further elaborated upon in the Chapter 9.

8.12. Conclusion – Analysis of Data

Staff and volunteer members in the organisation made sense of and reconciled two quality systems, namely the DSD and the approach and practices of the broader association, which had been applied over many years. In doing so, the organisation adhered to all DSD requirements in order to maintain accreditation and funding thereof. On the other hand, the organisation adhered to the broader association's requirements for quality standards where necessary.

The organisation offered a variety of programmes and counselling services. Depending on the involvement of volunteer and staff members in such activities, constructions of quality might vary to some extent. Volunteer members had varied backgrounds and training in mental health services, which influenced the manner in which the idea of quality was made sense of. Staff members generally had some sort of background in social work and practiced as social workers in training, auxiliary social workers or licensed social workers.

Despite the varying backgrounds of volunteer and staff members a somewhat shared understanding of quality within the context of mental health services existed among these individuals. Even where there was disagreement among certain members regarding the approach of the organisation towards mental health practices, a number of practices in the organisation served to ensure that the idea of quality is applied consistently across all members. These included for example, supervision meetings, the open culture, validation of counselling notes by supervisors, observation by supervisors and role playing. Discretion was applied to some extent among members but generally within prescribed

boundaries. This could be attributed to the persistence and functioning of the organisation as a tightly coupled system through intense training procedures and socialisation processes pertaining to archival data. Based on the data reported in the interviews, it seemed that the existing rules and practices were generally respected by both groups of respondents. In addition, challenges to existing rules and practices were often debated openly through dialogue, which was characteristic of the open culture in the organisation. General adherence to prevailing rules and practices was a characteristic of tight coupling. Interestingly, it seems that the so-called open culture, which is a characteristic of loose coupling, worked to preserve general adherence to rules and practices in the organisation.

Quality practices arose in the organisation through various means. Of particular relevance was the observation that the organisation resembled a loosely coupled system in several ways. This included, in part, the open culture, which encouraged engagement and debate from the front line. Change in this context can be described in Weickian terms as emergent and incremental (Weick, 2000). Other factors that influenced how quality practices emerged over time included training programmes, the supervision meetings and changes in funding requirements.

By analysing the above data through a sensemaking lens, a number of insights emerge that elaborate and further elucidate the substance of the research questions addressed by the study. In particular, Weick's observations and insights regarding the process of sensemaking, as it pertains to the construction and enactment of quality in this study, is

illuminating. Chapter 9 will elaborate on common themes identified across elements of the thick descriptions and findings and relate them back to the literature.

CHAPTER 9: DISCUSSION

The research study sought to investigate the following research questions:

> How do employees in non-profit HSOs understand and enact the idea of quality in their day-day work?
>
> a. *How do staff members construct meaning around the idea of quality?*
> b. *In what manner are quality practices internalised by staff members in their daily work?*
> c. *How do new quality practices emerge over time?*

The purpose of this chapter is to elaborate on the findings of the study as they relate to the above-mentioned research questions using Weick's work and other aspects of the literature review as a conceptual lens through which to achieve this objective. In doing so, crosscutting themes that emerged through thematic analysis are identified and elaborated upon, as discussed in Chapter 7.

9.1. Dual Systems of Reference for Quality in the Organisation

The first theme identified relates to the observation that the organisation adheres to two somewhat overlapping systems of reference for quality, namely DSD standards, which relate to DSD funded programmes; and the affiliation criteria set out in the association manual. The organisation also tried to adhere to additional quality standards set out in the manual, some of which were not currently obligatory.

According to the archival data collected, the DSD model identified two elements of quality assurance, namely internal (client impact, client progress, targets achieved, organisational policy and procedure compliance) and external (client satisfaction, societal impact, standards compliance). Quality improvement was also seen as an integral component of realising quality in this context. The DSD model thereby considered quality from a variety of internal and external perspectives. In terms of the internal and external elements of quality assurance, the DSD highlighted the importance of a comprehensive monitoring and assessment for all funded services. As part of this process, organisations were expected to document how their performance on funded services had been monitored and evaluated against set goals and objectives from the following perspectives:

1. **Financial** (*How have you monitored compliance with financial requirements as stipulated in the memorandum of agreement?);*

2. **Customer** (*How have you ensured that customers are satisfied with the services provided? e.g. conduct a customer satisfaction survey?);*

3. **Organisational** (*What internal departmental or organisational policies, legislations, procedures and guidelines has the service provider adhered to thus ensuring excellence in provision of services e.g. policy on financial awards to service providers procedure guidelines etc.?); and*

4. **Innovation and Learning** perspective (*How have you keep pace with the latest developments and demand for service, thus ensuring adaptation to change and improvement e.g. training and capacity building programmes?).*

While there were several overlaps between the DSD and the South African Association Manual, regarding the monitoring and evaluation of both internal and external aspects of quality assurance, the Southern African Association Manual did not address the impact of the client and societal aspects of quality in much detail. This included, for example, the administration of formal client satisfaction surveys as well as societal impact assessments as they pertain to services provided by the organisation.

Data collected from the interviews suggests that quality is measured both formally *(statistics regarding clients, oversight of counsellor reports and role playing)* and informally *(feedback from communities, as well as feedback from clients which can take the form of remarks or observations of their well-being after a session)*. Other informal measures mentioned specifically by staff members included, the amount of funding secured by the organisation, monthly stakeholder meetings, as well as the reputation of the organisation. It is important to note that according to one of the administrators, client surveys, which typically take place after the service is rendered, were difficult to administer in the context of counselling services as counselees do not commit to a specified number of sessions so it was difficult to know when to administer the survey. In addition, because counselees attended sessions on an intermittent and irregular basis it was difficult to administer a formal impact assessment as it relates to outcomes of the

individual as well as broader systems of which the individual might be part, such as the family unit.

In sum, the DSD administered formal client surveys and impact assessments for funded programmes. However, counselling sessions conducted on an individual basis are difficult to measure in terms of a formal client survey and a formal impact assessment.

In the literature review, it is argued that HSOs often have multiple quality accreditation and funder organisations in the external environment, which may have competing definitions of quality. Based on the archival and interview data it seemed that the major bodies in the external environment, namely the DSD and the Association standards, can be said to be somewhat overlapping systems of quality, which do not necessarily contradict one another but have differing areas of focus as they pertain to the idea of quality. According to Weick (1982), environments that are less complex and ambiguous are more characteristic of loose coupling. However, HSOs can have attributes of both loose and tight coupling and that the idea of coupling should rather be considered as a continuum. As noted in Chapter 8, the organisation exhibits characteristics of both loose and tight coupling.

9.2. **Funding Crisis**

Another theme identified concerns the deteriorating financial condition of the organisation. The final section of the newsletter on the organisation's website announced a new fundraising initiative, which involved individuals and businesses donating R* per month

for running costs of the organisation. The newsletter described how the economy had deteriorated and that fundraising had become more difficult. The organisation is said to find itself in a "dire situation, where if funds are not received or earned in the next two to three months, *"

Data collected from observations and interactions with staff members also highlighted the severity of what was known as the 'funding crisis'. The supervisory session observed was concluded by one of the administrators who encouraged people outside of the organisation to join the * for fundraising purposes. The administrator highlighted the importance of the * and emphasised the severity of the financial distress the organisation was experiencing.

In addition, based on discussions with administrators in the organisation, the organisation started to rely on savings it had collected over the years to fund the organisation's overhead requirements. Early in *, these savings were depleted and in * an 'emergency' board meeting was held to discuss the funding 'crisis' in the organisation. The administrator mentioned that such a meeting should have been conducted in * as the board members knew then that savings were being relied upon for funding. At the * board meeting, one of the administrators mentioned that the demand for counselling services had continued to drop. One of the board members asked why the board was not told that the situation was that bad.

In Weickian terms, such a response can be seen potentially as denial or a blind spot in sensemaking over time (Weick, 1995). As stated in Chapter 8, the board had known for

some time that the savings were being used and that they were finally depleted in early 2013, several months before the board meeting. This announcement was possibly received as a shock statement, which induced sensemaking of a different nature. The label 'funding crisis' was then applied by the board to the financial matters of the organisation. From a Weickian perspective, the response by the board can be seen as a justification in sensemaking for what should have been managed carefully since 2010. Weick (1995) emphasises how crises in organisations give rise to new forms of sensemaking.

The overall crisis in sensemaking around funding in the organisation is critical for three primary reasons. First, from a quality perspective the administrators spent a significant amount of time talking about the so-called crisis and brainstorming ways to fundraise in creative ways. Consequently, time dedicated toward improving quality in the organisation could have been more appropriately used. During the interviews one of the administrators was asked to identify the aspirations of the organisation. The respondent stated that nothing at that stage was documented in this regard and that the level of quality in the organisation was adequate. In Weickian terms, a significant amount of attention was focused on the fundraising crisis which detracted some level of focus away from the improvement of quality in the broader organisation.

Second, the root cause of the fundraising crisis was not framed in a consistent manner. As mentioned in Chapter 8, the problem facing the organisation is a lack of SETA accredited products that corporate organisations would pay for by way of associated services. The lack of funding was a consequence of this not necessarily the problem itself. In Weickian

terms, the idea of plausibility is relevant (Weick, 1995). Administrators in the organisation created urgency around funding, plausible to many but not necessarily 'factual'. Such an enactment resulted in much time dedicated to fundraising instead of addressing the root cause of the problem.

Lastly, data collected from the interviews suggested that several respondents understood the collection of client statistics as being a central quality practice in the organisation. According to the model depicted by Martin (2005), client statistics could be regarded as outputs.

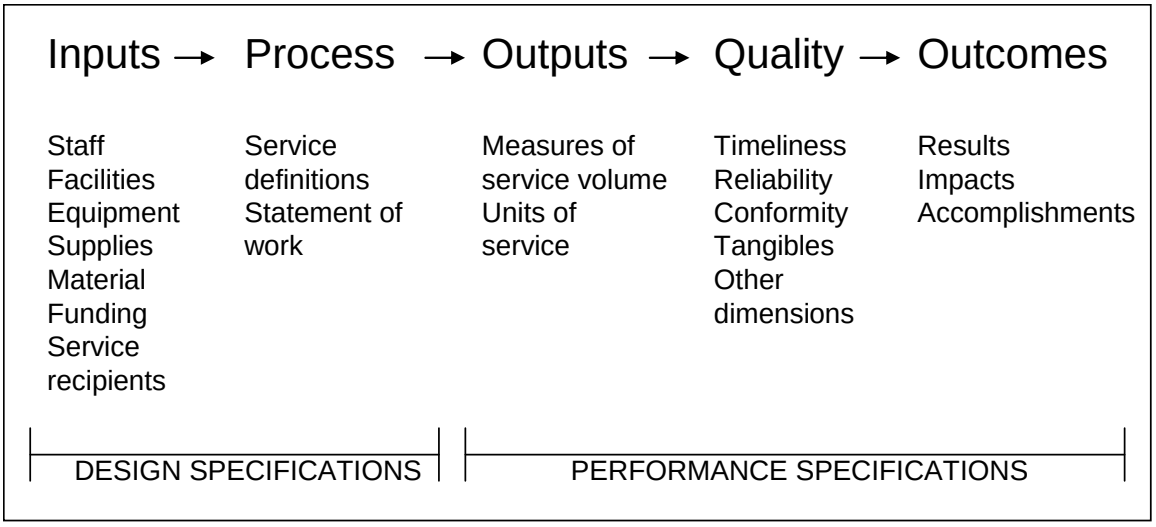


Figure 5: The Expanded Systems Framework and Service Contracting

(Martin, 2005, p. 66)

Several of the respondents acknowledged that client statistics were important from a funding perspective. The focus on funding in the organisation could be regarded as influencing the manner in which both staff and volunteer members constructed meaning

around the idea of quality in terms of the high degree of focus on client statistics. In Weickian terms, client statistics can be understood as a prominent cue for sensemaking which influences which aspects of quality are attended to in the organisation.

9.3. Organisational Controls and Coupling

Another pervasive theme identified in the study concerns the idea of organisational controls and coupling in the organisation. The degree of controls and coupling is important in the sense that it explains in part how and why volunteer and staff respondents exercise discretion, respond to quality practices not consistent with their own views and the manner in which prevailing rules and practices are adhered to in the organisation.

According to Weick (1982), one way of explaining the persistence and functioning of tightly coupled systems is through intense training procedures and socialisation processes, which were apparent in archival and interview data collected. According to the archival data, the organisation had a formal orientation process for both new employees and volunteers. Salaried employees studied the organisation's ethos and expectations were set up front. A 'Code of Conduct' was provided, which set out expectations of behaviour as they relate to living the organisations values as well as adherence to policies and procedures. New employees completed the personal growth and counselling skills courses, when such courses were available.

Volunteers completed the Personal Growth and Counselling Skills courses before they began counselling. They underwent a screening process to determine their capabilities as a

volunteer counsellor. If selected, the volunteers decided where they would like to perform their duties as a counsellor. Further 'contextual training' was provided over an eight-week period. Once completed, they started 'co-piloting' duties with other counsellors, following procedures until they were ready to perform their responsibilities alone. An application form to become a counsellor was completed.

The importance of staff development and training was highlighted in the * Manual, which contained a * Policy. According to the policy, *.

The organisation conducted a formal orientation process for both salaried employees and volunteers. The orientation process emphasised strict adherence to the organisation's philosophy, principles, policies, procedures as well as the credo and values. The organisation also stipulated the rights of employees and emphasised the importance of attending relevant training and supervisory meetings. Strict adherence to privacy and confidentiality was highlighted in several of the documents shared with both salaried and volunteer members, including the * Manual and the DSD. Other training and socialisation practices identified in the interviews included role-playing, observation by supervisors, the validation of counselling notes by supervisors, as well as the supervision meetings. Collectively, all the above stated training and socialisation practices can be seen as contributing to aspects of tight coupling in the organisation (Weick, 1982).

Data from the interviews suggested that certain respondents do exercise some level of discretion in the organisation, particularly where the client or organisation can be

better served, or where it is believed to be a formal requirement of the counselling steps. Many respondents also believed that disagreements regarding existing rules and practices could be addressed openly through dialogue with other members such that new or altered practices may subsequently emerge. Therefore, volunteer, or staff members might not necessarily deviate from a prescribed practice that they disagree with but might nevertheless exercise discretion under certain circumstances.

In the literature review, an argument was made that HSOs exhibit characteristics of both tight and loose coupling. According to Weick (1982), one way of explaining the persistence and functioning of tightly coupled systems is through intense training procedures and socialisation processes, which were apparent in archival and interview data collected. It seems that both groups of respondents generally respected existing rules and practices. In addition, challenges to existing rules and practices were often debated openly through dialogue which was characteristic of the so-called 'open culture' in the organisation. General adherence to prevailing rules and practices is a characteristic of tight coupling. Interestingly, it seems therefore that the open culture, which is a characteristic of loose coupling, works to preserve general adherence to rules and practices in the organisation.

In sum, the data suggested that the organisation had strong internal control systems and practices along with an open culture, which reduced ambiguity around the idea of quality

and ensured that quality practices were understood and executed in a somewhat shared manner.

9.4. Shared versus Unique Constructions of Quality

One of the key questions addressed by this study concerns the manner in which staff and volunteer members in HSOs construct meaning around the idea of quality. Both staff and volunteer members came from unique backgrounds and had varying levels of professional counselling experience. Volunteers indicated several key factors that informed their understanding of quality, which included aspects of individual life experience, religion, and learning from one's environment. The same factors emerged for staff members; however, they also referred to the organisation itself as a source of forming an idea of quality in terms of vision and mission, policies and procedures as well as training offered.

Both staff and volunteer members had difficulty defining the idea of quality as a general concept and responses varied quite substantially. For example, respondents highlighted the importance of quality as value, substance, doing one's best, seeing progress in the counselling relationship, and meeting or exceeding customer expectations.

Common themes emerged from both staff and volunteer members when asked to define the idea of quality in the context of mental health services. For example, the importance of outcomes emerged as a common theme where progress of the counselee is monitored when presenting problems or life circumstances. The importance of wellness from a mind, body and soul perspective emerged as an important idea.

Although it is important to note that Martin (1993) describes quality as possessing several distinct dimensions; in the human services, people are said to have preferences for differing quality dimensions (such as accessibility, timeliness, consistency, humanness, results or outcomes, tangibles, reliability, responsiveness, assurance and empathy). In other words, some groups tend to focus on process quality elements while others focus more on those of technical quality. This may explain certain differences regarding how the idea of quality in mental health services was understood in the organisation. Nevertheless, a somewhat shared understanding of quality was said to exist.

Despite the fact that volunteers and staff members understood quality, as a generic concept, differently based on their experiences and unique identities, they nevertheless possessed a somewhat shared understanding of the concept as applied in the mental health context. According to Weick (1995), sensemaking is 'social' in the sense that it is contingent upon the interaction with others (actual, implied or imaginative presence of others). It is through interaction with others that people make sense of things. Sensible meanings tend to be supported and validated by people in one's social context. The importance of the formal orientation as well as other opportunities for open dialogue, which promoted shared understanding was noted in Chapter 8. This refers to the importance of the social aspect of sensemaking.

When asked whether a shared understanding of quality exists in the organisation among peers, volunteer members suggested that their peers have unique definitions of quality, which could be attributed, in part, to differing backgrounds, experiences and education,

which generally made a shared understanding of quality difficult to attain. Staff members, on the other hand, believed that a somewhat shared understanding among peers existed in the organisation. Shared constructions are said to be formed through monthly meetings, on-going training, and effective dialogue between employees and administrators. It is relevant to note that the discrepancy between volunteer and staff members could be explained in part by the fact that staff members have more opportunity to engage with each other as well as with administrators in the organisation. Most volunteers counsel on an intermittent basis for short periods and lack the same opportunities for regular dialogue and interaction as the staff members. Poor attendance at the supervisory meetings compounded this further. Consequently, volunteers might believe that a somewhat shared understanding of quality is lacking among peers because they were unable to ascertain the views of other volunteers and staff members due to the lack of regular interaction.

Data from the interviews also suggested that certain respondents understand the purpose and intent of certain quality practices differently. For example, the most common quality practice cited by volunteer respondents concerned the use of counselling reports. There is, however, no common agreement in terms of why the practice was introduced. One respondent referred to the idea that the reports were a useful means of referring to information when existing clients return for follow-up sessions after an extended period. Another considered the reports as reference documents that enabled the counsellor to reflect on a counselling session in a holistic manner. Lastly, another believed that the notes are the primary means to

understand whether the organisation is meeting its ultimate purpose. Weick (1995) states that shared meaning and shared experiences in organisations are not necessarily the same thing. In other words, even where people share the same activities, moments of conversation or joint tasks, they may still lack a common or shared understanding if they label them differently. This may explain in part why certain quality practices were understood differently. This finding is consistent with previous research conducted by Mills (2003), which found that employees in the same locations and departments at Nova Scotia Power understood the intent and purpose of new organisation-wide programmes differently.

9.5. Open Culture

The idea of a so-called 'open culture' emerged as a prevalent theme in the interview and observational data. Interview data suggested that an open culture of dialogue existed between administrators and front line staff and volunteer members through monthly meetings, ongoing training, and supervision meetings. In terms of such dialogue, adherence to standards was discussed, clarification on matters provided and feedback given to employees as it related to successful work practices and opportunities for improvement. Where areas of disagreement existed regarding certain quality practices, such matters were addressed openly through dialogue, whereby such discussions can in certain circumstances result in the amendment or introduction of new standards or practices. This finding is contrary to Schmid (2010), who suggests that a natural tension exists between administrators and staff members in HSOs around the idea of quality. Some of the examples of discretion

provided by both staff and volunteer members were practices that were subsequently openly discussed with administrators and later became sanctioned in the organisation as amended or new standards and practices.

The above mentioned observations are reflected in Weick's (1995) discussion on the interplay between macro structures and human agency in organisations. A number of theorists have grappled with the relationship between macro structures and human agency, as discussed in the literature review. According to Weick (1995), dialogue is a central sensemaking activity that allows discussion about organisations and the environments they confront. "Organisations are conceptualised as social structures that combine the generic subjectivity of interlocking routines, the intersubjectivity of mutually reinforcing interpretations, and the back and forth between these two forms by means of continuous communication" (Weick, 1995, p. 170). The benefits of generic subjectivity include, for example, control over dispersed resources, measurable outcomes and accountability. At the intersubjectivity level, resources re-enact earlier justifications and punctuations through sensemaking, which means that habitual patterns and routines are not completely automatic but rather evolve at times which enables more innovation. Less re-enactment provides greater control and less innovation, which is characteristic of more generic subjectivity. When changes to quality practices are made as part of the so-called 'open culture', sensemaking becomes focused away from a generic level towards the intersubjective level where 'micro' processes become evident and where new constructions emerge based on social processes. New quality practices become subsequently habituated at the generic level over time where associated scripts reinforce

such practices (Weick, 1995). Change in the organisation can therefore be more accurately portrayed as continuous as opposed to episodic whereby ongoing incremental changes are amplified over time resulting in novel work practices often initiated through dialogue between frontline members and administrators. This type of change can be more closely associated with loose coupling and is consistent with the argument made in the literature review, which states that it could possibly be expected that new quality practices in HSO environments could emerge through continuous change. This occurs by way of participative decision-making and involvement from the front line playing a pivotal role in serving as an impetus for new practices and ways of work. Once again, the organisation exhibits characteristics of both tight and loose coupling in different respects.

9.6. Mindfulness and the Idea of Quality

Another theme that emerged in the study concerns the observation that in some cases staff and volunteer members are not necessarily always consciously aware of the idea of quality as it pertains to the organisation. Respondents stated that they had not thought of the idea of quality much, but that the interview had provided them with an opportunity to think further about it. This observation was also prevalent during some of the interviews where respondents had difficulty in articulating quality practices that had emerged over time in the organisation. When provided with examples of various quality practices, such as the supervision meetings, reports or training sessions offered, they were then readily able to articulate the importance of these practices from a quality perspective. Weick (1995) states that tacit knowledge is an important aspect of sensemaking and mentions that certain situations or triggers elevate subconscious material to the conscious level. It seems that

many initiatives taking place in the organisation are not ‘labelled’ as quality practices per se. This would explain the challenges encountered during the interviews and in some of the discussions between staff in the organisation around the idea of quality.

Weick (2006) also refers to the idea of mindfulness, which involves being more focused in the ‘here and now’ whereby subtle cues that were previously unnoticed, are now elicited through focused attention. The importance of mindfulness is relevant to the idea of quality in the sense that quality activities and practices must be labelled accordingly, such that rich engagement and communication among members can ensue to promote effective sensemaking and thereby ensure that the idea of quality becomes a prominent theme in the day-to-day work of the organisation. Once noticed and bracketed as such, efforts towards improving quality can thereby be effectively addressed.

9.7. **Ethics**

The idea of ethics emerged as a prevalent theme in archival and interview data. In terms of the archival data, staff and volunteer members received a ‘Code of Conduct’ which set out expectations of behaviour as they related to living the organisations’ values as well as adherence to policies and procedures. A more detailed code of ethics was found in * Manual. Ethical principles for peer education, support and counselling included:

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This section of the manual made reference to personal moral qualities, the idea of good practice and addressed the ethical conduct procedure, which outlined conditions of misconduct, malpractice as well as the client complaint process.

In addition to the code of ethics section of the manual, the idea of ethics is apparent in the * policy and procedures section, which ensures that effective, efficient, relevant, sustainable and ethical aspects are used to measure good practice at a particular centre of the association. The * policy highlights the importance of ensuring fairness, validity and credibility of all the association's assessment activities. Strict adherence to privacy and confidentiality and social responsibility are highlighted in other sections of the manual as well. It is relevant to note that confidentiality and anonymity regarding services offered by the organisation is stressed on its website.

Data from the interviews suggested that both volunteer and staff members recognise the importance of ethics as it relates to the idea of quality and strive to maintain ethical standards. Volunteer members believed that in some instances ethical standards are lacking while staff members believed that high standards were attained through various practices such as confidentiality, the code of ethics, norms and values, and follow-ups to enquire about the well-being of counselees. In the literature review it is mentioned that HSO workers might formulate moral constructions around the clients they serve. Moral judgments influence how HSO workers perceive the social worth of clients, their assumptions about who is a deserving patient and what is considered a legitimate demand on their work capacity (Hasenfeld, 2010). The ethical principles

outlined above regarding the treatment of clients runs contrary to this idea and based on the interview data analysed in this study, no evidence of moral judgements regarding clients was found.

9.8. Summary

Weick (1976) states that organisations can exhibit loose coupling in various areas such as between sub-units, between hierarchical levels, between goals and actions, between structure and technology, and between policy and practice. The loose coupling perspective is useful not only as an organisational model to understand the degree of coupling between the elements, but as a cognitive model to understand how organisations interpret, label and enact, or make sense of their environments (Maguire & Katz, 2002).

In the literature review, an argument is made that mental health HSOs reflect various aspects of loose coupling. For example, there is an ongoing debate in the field regarding the raw materials, i.e. differing philosophical and theoretical approaches define the moral and emotional make-up of the individual differently. Therefore, an understanding of what constitutes the input or raw material may be somewhat ambiguous. Furthermore, no two clients receive the same service plan (an output). The fact that HSOs deal with non-standardised outputs creates additional complexity. Feedback is often lacking or delayed in terms of treatment efficacy, as outcomes may only materialise in the future. Lastly, human services workers exercise some degree of discretion in their day-to-day work activities with the client. The notion of discretion is another important characteristic of loosely

coupled systems. All these features have important implications for sensemaking around the idea of quality.

Based on this information, the organisation could be classified as somewhat tightly coupled if the limited use of discretion, general adherence to prescribed rules and practices, and the somewhat shared understanding of quality were considered. On the other hand, one of the important themes that emerged in this study was the presence of a so-called 'open culture', whereby dialogue that produces, in certain instances, changes to existing quality practices was encouraged. This finding is consistent with Weick (1982), who asserts that change in loosely coupled systems is continuous rather than episodic. Change is seen as on-going modifications to work practices and processes. Small on-going changes that gain momentum over time, in response to daily practices, produce amplified transformation in the long-term. Change in the organisation could therefore be more accurately portrayed as continuous, as opposed to episodic, whereby on-going incremental changes were amplified over time resulting in novel work practices often initiated by the front line.

Another aspect of loose coupling concerns ambiguity in the external environment. The organisation has two somewhat overlapping quality systems, which indicated some degree of stability in the environment. However, due to events in the organisation, the body established to oversee quality policies and procedures has not been active since 2010. Administrators indicate that they 'try' to adhere to the standards set out in the * Manual. This created additional complexity as it pertained to quality systems of reference in the

environment. In addition, the so-called ‘funding crisis’ was another source of complexity in the environment, which impacted the manner in which quality was enacted in the organisation. These additional aspects of environmental complexity and ambiguity are generally more reflective of loose coupling. In the literature review it is argued that HSOs often have accreditation and funder bodies that may have conflicting requirements or constructions as they pertain to the idea of quality. This, however, was not reflected in the data collected.

9.9. Conclusion

Models of quality discussed in Chapter 5 represent activities, principles and outcomes that should be adhered to and practiced in non-profit, and in some cases, HSO organisations. The data collected in this study suggested that several activities, principles and outcomes postulated by such models are to some extent adhered to and practiced in the organisation. These included for example, adherence to the organisation’s credo, values, treatment philosophy, as well as the DSD funding requirements. In addition, volunteer and staff members exercised limited discretion in their organisational roles. The organisation measured and monitored quality using a combination of formal and informal measures, although certain difficulties existed with regarding to client satisfaction surveys and outcomes tracking in the case of counselling sessions. Lastly, a so-called ‘open culture’ existed where staff and volunteer members engage in dialogue around quality practices in the organisation.

Weick's theoretical insights were instrumental in terms of analysing and 'making sense' of the data presented in this study. His insights were pivotal in terms of explaining why and how quality was made sense of and enacted in the organisation. The sensemaking paradigm is concerned not necessarily with practices and events as they exist 'on the surface', but rather how people construe and make sense of them. Therefore, while certain staff and volunteer members in the organisation might not necessarily agree with certain quality practices, they might tend to adhere to them due to various factors described previously. Consequently, by obtaining insight into the social and context driven processes that influenced sensemaking, the idea of quality as it existed in the minds of mental health professionals and how it was enacted in the organisation could be deconstructed.

Existing models and approaches to quality in discussed in Chapter 5 are no doubt important in terms of defining and describing standards and norms for quality. However, implicit in the idea of sensemaking is that behaviour is both enabled and constrained by context where norms, values and expectations provide frameworks for explanations and understanding. Therefore, existing models and approaches to quality in organisations are incomplete in the sense that they do not consider the underlying contextual and social processes, which affect the manner in which specified standards and norms are interpreted and implemented. Weick's insights have therefore been instrumental in this study in terms of understanding how staff and volunteer members construct and enact the idea of quality in the organisation, considering both the internal and external organisational context, as well as understanding how new quality practices arise over time.

CHAPTER 10: CONTRIBUTION AND LIMITATIONS

The purpose of this chapter is to explore first, how the current study has made a material contribution to the existing literature as it pertains to the idea of quality in non-profit HSOs. While scientific studies are important in their own right, the second section of this chapter considers how HSO Administrators and Managers can practically utilise these findings in order to improve and monitor quality in their respective environments. The chapter concludes with a discussion of limitations of the study as well as possible avenues for future research in light of the findings of the study.

10.1. Contribution to the Academic Literature

According to Eisenberg (2006), several past studies applying Weick's insights into sensemaking sought to understand how organisations tackle problematic or crisis situations and how communication addresses such situations. Most of Weick's work to date has focused on for-profit organisations with a limited number of studies addressing non-profit organisations, particularly HSOs. This study is unique in that it sought to understand how equivocality in non-profit HSOs, generated by multiple and in some cases competing conceptions of quality in the environment, can somehow be reduced to create less uncertainty and ambiguity around the idea of quality. As Eisenberg (2006) notes, "People communicate in an effort to reduce the number of possible interpretations, and in so doing make coordinated action possible" (p. 1696).

A classic debate among organisational theorists considers whether programme technology in organisations is either a product or cause of structure (Sandfort 2010). Implicit in this

debate are the relationships between macrostructures and human agency. In other words, how human activity (insight, innovation, meaning and leadership) is constrained by larger structural forces, which include organisational rules and the broader environment. Research conducted by Sandfort (2010), found that technologies enacted by HSOs (welfare-to-work and early-childhood education) emerge from frontline social systems. Sandfort (2010) states "these structures evolve out of the unique ways that staff come to understand policy mandates, often mediated through their own beliefs. They influence how resources are developed and directed to support the programme technology" (p. 284). In other words, frontline staff used their discretion to achieve stated programme outcomes in unique ways, based on their shared beliefs, existing infrastructure, and professional knowledge and experience. These results are contrary to the findings of the current study, which suggested that both volunteer and staff members enact the idea of quality in a somewhat similar manner with limited use of discretion, even where disagreement exists regarding programme technology.

As Weaver (2000) suggests, an alternative way of understanding the nature of organisational technology in HSOs is to consider the degree of congruence between environmental and organisational elements, which in turn determines how tightly coupled the internal elements of the organisation are. Organisational control systems, which concern the means by which organisations ensure that work is carried out as intended, are a key element of the degree of coupling in organisations. "The strength of the organisational control system is a reflection of the tightness of the coupling among organisational elements and between internal elements and the environment" (Weaver,

2000, p. 4). Organisational control systems described by Weaver (2000) are consistent with first, second and third order controls discussed in Chapters 4 and 9. Results from the current study suggest that the organisation had strong internal control systems, which reduced ambiguity around the idea of quality and ensured that quality practices are understood and executed in a shared manner. This may be due to the organisation having a somewhat stable environment, where conflicting ideologies around the idea of quality were limited and the organisation was described as tightly coupled. These results are consistent with Weaver's (2000) study, which focused on non-profit HSOs.

As noted in Chapter 9, staff and volunteer members were not necessarily always consciously aware of the idea of quality as it pertained to the organisation. Mindfulness around the idea of quality in mental health HSOs has scarcely been explored and further research should be carried out to understand what interventions can be carried out to disrupt 'mindlessness' around this phenomenon.

One of the findings of the study suggested that both volunteer and staff members in the organisation understood new quality practices differently. For example, some of the interviewees understood the counselling reports as important from an output perspective (for fundraising purposes) while others saw it as a critical tool used to improve outcomes implicit in the counselling relationship. A limited amount of research has investigated how employees in HSOs understand the introduction of new programmes or practices into the workplace. As noted in the literature review, Weick (1995) states that shared meaning and shared experience in organisations is not the same thing. Even if people share the same

actions, activities, moments of conversation, or joint tasks, they will still lack shared meaning if they label them differently. More research is required in HSOs to understand the manner in which managers can better label new quality practices in order to establish a greater sense of shared meaning around such practices. This would contribute to more effective quality practices being introduced in these types of settings.

Another interesting finding from the study concerns the observation that the organisation exhibits characteristics of both tight and loose coupling. On the one hand, the organisation is somewhat tightly coupled from a controls perspective. On the other hand, the organisation can be seen as being decentralised or loosely coupled in terms of its 'open culture' which promotes dialogue and enables all members to introduce new quality practices through engagement with other members in the organisation. According to Weick (1987), such a system, where both centralisation and decentralisation occur simultaneously, is difficult to design. Weick (1987) states that it is important to first centralise so that decision premises (third order controls) are socialised effectively among organisational members. This then enables decentralised units to operate in an equivalent and coordinated manner. This has important implications for ensuring that quality practices are understood and enacted in a somewhat shared manner, while at the same time enabling new practices to emerge through on-going dialogue and conversation. This is a challenge for many organisations and further research is required to explore essentially how such dual structures emerge over time and the implications thereof for quality in the organisation.

As mentioned at the introduction of this chapter, past studies applying Weick's work have considered how organisations enact problematic or crisis situations and then use communication to make sense of them and thereby reduce equivocality. While the current study was not concerned specifically with crisis situations in organisations, an emergent finding concerns the so-called 'funding crisis', which has influenced to some extent how the idea of quality has been enacted by administrators in the organisation. As illustrated Chapter 9, Weick's (1995) properties of sensemaking are useful to deconstruct the event from a sensemaking perspective; virtually no other studies have explored the application of his sensemaking properties within the context of mental health HSOs. In addition to the 'funding crisis', Weick's sensemaking properties have been shown by the current study to shed light on other findings of the study in relation to the research questions. Weick's work has made an important contribution towards eliciting insights for the current study and further research is warranted to understand its application to the idea of quality in these types of settings.

In sum, the study is unique in that it applied Weick's insights in a non-profit HSO context to the idea of quality specifically. In doing so, the study sought to understand how staff and volunteer members construct meaning around the idea of quality in this particular context. The study did not necessarily seek to understand how organisations tackle problematic or crisis situations, which is a strong emphasis of past studies investigating sensemaking processes in organisations. In addition, by virtue of its findings, the study addressed broader theoretical debates in the sensemaking literature, such as the relationships between

macrostructures and human agency and the degree of congruence between environmental and organisational elements in organisations.

10.2. Practical Implications for HSO Administrators and Managers

The first section of this chapter alluded to some of the implications for managers and administrators in non-profit HSO settings. This section further elaborates these insights. One of the key contributions for administrators and managers in HSOs is to increase mindfulness around the idea of quality in their settings. Early on in the literature review the work of Berger and Luckmann (1966) was succinctly summarised by Weick (1995) who stated that "over time, people act in patterned ways and take these patterns for granted as their reality, thereby socially constructing their reality" (p. 67). Sensemaking begins with disruptions to routines and habitual patterns when people start to notice contextual cues. Mindfulness is concerned with noticing new things and promoting discrimination of subtle cues that have gone unnoticed (Weick, 2006). Administrators and managers in HSOs must learn to interrupt routines that have been unfolding mindlessly. This is particularly true with regard to quality practices that take on a routinised character where not much effort is directed towards questioning, monitoring or making a concerted effort to improve such practices. It is not necessary to wait for disruptions to existing routines to ensue in order to start the process of sensemaking. A proactive mindset that challenges existing constructions and practices is warranted on an ongoing basis. Where crises do ensue, it is incumbent on administrators and managers to be self-aware of the sensemaking process as it unfolds, so to limit the use of rationalisations and self-fulfilling prophesies as

well as other subjective processes that negatively impede the ongoing management and improvement of quality in their settings.

Another element of mindfulness involves labelling activities and events appropriately, as they are noticed and unfold (Weick, 2006). Appropriate labelling of quality practices enables employees to construct meaning around such activities and events in shared ways, which promotes greater awareness and dialogue between organisational members. This has important implications for the manner and effectiveness of new quality practices emerging in the organisation and their acceptance by employees.

Managers and administrators must be aware of current constructions in the organisation as they pertain to the external environment. According to Weick (1995), organisations create or construct the environments they inhabit. In other words, the external environment exists in the minds of organisational members who are then constrained by their own constructions. This is another example of a self-fulfilling prophesy. Once again, greater self-awareness is warranted in terms of current constructions of the external environment, particularly as it pertains to possible competing interpretations from funding and accreditation bodies.

As mentioned earlier in this chapter, shared meaning and experience are not necessarily the same thing. Weick (1995) posits, “if people want to share meaning, they need to talk about their shared experience in close proximity to its occurrence and hammer out a common way to encode and talk about it. They need to see their joint saying about the

experience to learn what they jointly think happened" (p. 188). Therefore, to promote shared meaning above shared experiences, managers and administrators need to provide organisational members with the appropriate opportunities to engage in dialogue and storytelling in a collaborative manner and to enable them to thereby construct among themselves what they think happened. By recounting the activity or event in detail while still fresh in everybody's mind, can promote shared meaning among employees.

One last recommendation is that managers and administrators internalise the ongoing flow of the sensemaking process as it pertains to quality. As Weick (1995) notes, quality should not be seen as something that can be fixed once. The idea is that organisations have issues to be managed rather than problems to be solved. Weick (1995) emphasises further that problems are in essence disruptions to routines or processes, which are addressed in the form of problem solving. By nature of organisations, problems continue to emerge, as the underlying real problem has to do with dynamics involved in sensemaking, which addresses on-going events as they take place. Once again, managers and administrators require patience and a keen awareness of sensemaking activities as they unfold due to existing processes being disrupted. Only then can they address the true underlying processes more constructively as they pertain to the ongoing management and improvement of quality.

10.3. Limitations and Recommendations for Future Research

The study took the form of a single-case holistic case study. Future research could take the form of a comparative analysis between several non-profit mental health organisations,

both in South Africa and abroad. In addition, the organisation is part of a broader 'umbrella' association, which comprises other regional organisations both in South Africa and abroad. Future research could address such an association more holistically by conducting a comparative analysis of all organisations that form part of the broader association.

No interviews were conducted with the organisation's board members. This may have been an important audience to understand how such a body constructs meaning around the idea of quality and how it enacts the idea of quality over time.

The study comprised a cross-sectional analysis despite the fact that data was collected over a seven-month period. For example, one of the research questions addresses how quality practices emerge over time. During the interviews, respondents were asked to describe various aspects in this regard around quality practices that had emerged in the past. A longitudinal analysis could be conducted in future to analyse the emergence of new quality practices as they occur over time. The data collected from such an approach would contain more rigour and not necessarily rely on the memories of respondents.

As already stated, the current organisation can be characterised as a somewhat tightly coupled organisation with a relatively stable environment. It would be interesting to study other non-profit HSOs which are more loosely coupled in their organisation and controls, and which have several funding and accreditation sources that may, in some cases, have conflicting requirements around the idea of quality. This would provide additional insight

to the manner in which organisational members (staff and volunteers) in these types of environments make sense of and enact the idea of quality in their day-to-day work.

As mentioned earlier in this chapter, another possible avenue of research entails a consideration of how non-profit HSOs can cultivate mindfulness around the idea of quality. Implicit in this recommendation is for researchers to identify methods in which tacit knowledge can be exposed to create a higher level of awareness among both volunteer and staff members. This could enable rich engagement and communication, promote effective sensemaking, and thereby ensure that the idea of quality becomes a prominent theme in the day-to-day work of the organisation.

Due to language difficulties, three additional volunteers were not interviewed. Not only was English a challenge but the content of the interviews was to some extent quite abstract. It would be valuable in future to use a qualified translator to ensure that all volunteer members showing an interest in the study, are interviewed. Alternative ethnic, language and/or cultural differences may influence the manner in which people apprehend and make sense of their environments.

Lastly, social desirability bias may have been present during the data collection. This refers to the tendency for research participants to answer interview questions in a manner that enables other to see them in a favourable light. One area that may have been particularly subject to this bias relates to the responses around the use of discretion in the

workplace. While research participants did discuss instances of the use of discretion, the true extent may have been under represented.

10.4. Conclusion

A limited number of studies have investigated the idea of quality in non-profit HSOs, particularly from a sensemaking perspective. The current study has demonstrated the importance of the sensemaking approach, and in particular, Weick's insights towards understanding the idea of quality from a more holistic perspective. By obtaining insight into the social and context driven processes, where norms, values and expectations provide frameworks for explanations and understanding, the idea of quality as it exists in the minds and behaviours of organisational members can begin to be deconstructed. Only then can this multifaceted phenomenon be grasped, enabling quality to be improved, monitored and measured more comprehensively in these environments.

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APPENDIX 1

Examples of Mental Health Quality Indicators by Stakeholder Group

Stakeholders	**Purpose of Indicator**	**Indicator Example**
Funders	Purchasing Decisions Monitoring performance specified in contracts	Average cost per person served Percentage of expenditure on administrative and support services
People with Mental Disorders	Enrolment/re-enrolment decisions Choosing providers	Percentage of people with mental disorders whose functioning improved Percentage of people with mental disorders who received service in a timely manner
Providers	Quality Management	Percentage of adults with schizophrenia receiving appropriate medications
Accreditation Agencies	Monitoring regulations and standards	Percentage of persons discharged from hospital who were followed up in the community within 7 days
Government Bodies	Policy-making Purchasing decisions Accountability	Per capita mental health expenditures per region Percentage of persons with a history of mental illness who are in part-time or full-time employment

(WHO, 2003)

APPENDIX 2

Interpretive Approaches to Evaluative Criteria: Selected Later Texts

	Lincoln & Guba	Eisner	Maxwell	Lather	Riesmann	Lincoln	Brower, Abolafia
Year	1985	1991	1992	1993	1993	1995	2000
Criteria	Credibility Transparency Dependability Confirmability	Structural Collaboration Consensual validation Referential adequacy	Descriptive validity Interpretive validity Theoretical Validity External Validity Evaluative validity	Ironic validity Paralogic Validity Rhizomatic validity Situated validity	Persuasiveness Correspondence Coherence Pragmatic use	Epistic Community Standards Positionality Community Purpose Voice Critical Subjectivity Reciprocity Sacredness Sharing of privileges	Authenticity Plausibility Criticality

(Schwartz-Shea, 2006)

APPENDIX 3

Understanding the idea of Quality in mental health Human services Organisations

Dear Employee/Volunteer,

The organisation has agreed to participate in a study that examines how employees in mental health Human services Organisations understand and apply the idea of quality in their work. Your opinions are part of a Doctoral Thesis for the University of the Witwatersrand, School of Psychology.

Your decision to participate in the study will have no influence on your current employment with the organisation. Participation in the study is purely voluntary. Despite the fact that confidentiality and anonymity of all participants will be strictly adhered to, it is still possible that you may be identifiable in the final report even if pseudonyms are used.

By agreeing to participate in the study it is assumed that you agree to participate in individual interviews, group discussion, and other observations. It is important to note however, that none of the observation undertaken as part of this study will involve encounters between yourself and clients.

Please keep a copy of this information sheet call me at 076 186 2474, should you have any questions.

I appreciate your time in helping with this study. Your participation will contribute to the existing knowledge base which addresses ways in which Human services organisations understand and manage quality.

Sincerely,

Allan Maram

Doctoral Candidate

The University of the Witwatersrand

Signature:

Karen Milner

Associate Professor of Psychology,

University of the Witwatersrand

Signature:

APPENDIX 4

Consent form for Tape Recording

Dear Employee/Volunteer,

Information from the Interviews will be compiled and analysed on a global scale. In other words, once all information is compiled, themes will be drawn from the raw data, and no reference will be made to any individual, in the development and reporting of the themes for the study. However, despite the fact that confidentiality and anonymity of all participants will be strictly adhered to, it is still possible that you may be identifiable in the final report even if pseudonyms are used.

All interviews conducted will be audio recorded and transcribed verbatim, such that accuracy of collected data is ensured. Your decision to participate will have no bearing on your employment with the organisation. Should you decide not to have the interview recorded, the interview will be cancelled.

By agreeing to participate in the interview, and having the contents audio recorded and transcribed verbatim, it is assumed that you agree to participate in group discussion, and other observations.

Should you have any questions regarding the Tape Recording of interviews, please ask me in person or contact me at 076 186 2474.

I appreciate your time in helping with this study. Your participation will contribute to the existing knowledge base which addresses ways in which Human services organisations understand and manage quality.

Sincerely,

Allan Maram

Doctoral Candidate

The University of the Witwatersrand

Signature:

Karen Milner

Associate Professor of Psychology,

University of the Witwatersrand

Signature:

APPENDIX 5

Interview Questions

Research Question 1A:

How do staff members construct meaning around the idea quality?

INTERVIEW QUESTIONS:

- How do you understand the idea of quality?
- What/who informs your understanding of quality?
- How do you understand the idea of quality in the context of mental health services?
- How is the idea of quality relevant to non-profit organisations delivering such services?
- Describe how the idea of quality is understood by your peers and leaders.
- How is the idea of ethics relevant to understanding quality in your organisation?

Research Question 1B

In what manner are quality practices enacted by staff members in their daily work?

INTERVIEW QUESTIONS:

- Describe quality practices that you employ in your day-to-day experience.
- Describe instances where you have discretion regarding how various quality practices are implemented.
- How do peers and leaders in the organisation address discretion in their day-to-day experience?
- How do you direct and execute quality practices that are not consistent with your own understanding of quality?

- To what extent do colleagues in your organisation share a consistent understanding of what constitutes quality?
- Describe how quality is measured in your organisation?
- How can quality in your organisation be improved over time?

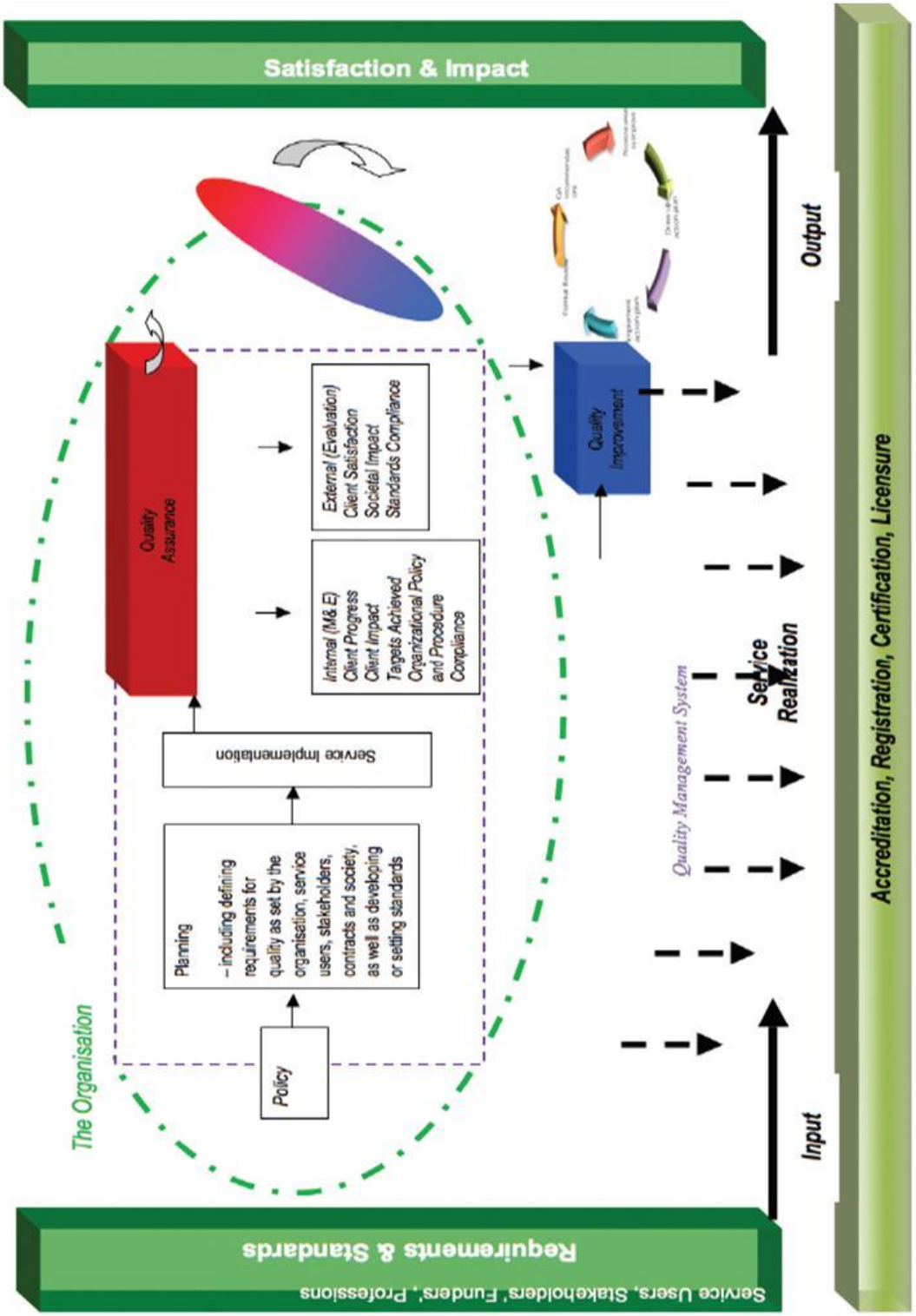
Research Question 1C:

How do new quality practices come into being?

INTERVIEW QUESTIONS:

- Describe a time when a new quality practice was introduced in at your organisation.
- Why was it introduced?
- How has the practice been accepted by your peers over time?

APPENDIX 6



Total Quality Management System
(DSD, 2010a, p. 21)