

Organizational Diagnosis using Weisbord Model: A Comparative Study of Health Sector in Peshawar

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Abstract

The purpose of this study is the diagnosis of organizations using Weisbord six box model. The study considered two hospitals (public and private sector). Data was gathered from both medical and non-medical staff using two-stage sampling technique with the help of structured questionnaire. A total of 121 questionnaires were obtained from employees operating in both hospitals and comparison was made on the basis of dimensions presented in Weisbord six box model. Findings of study depicts that there is no major issues found in any of the organizational dimensions. However, there still remains room for further improvement in order to increase efficiency and overall organizational effectiveness to achieve customer satisfaction and competitive advantage. Future research directions have been specified at the end.

Keywords: Organizational Diagnosis, Weisbord Model, Health Sector

1. Introduction

1.1 Background of the Study

The world is constantly changing and the situation that we face now were not there in our ancestors' time, also the present conditions would not remain same for our next generations. Every time the new world bring challenges that are of the new kind, complexity and requires learning for the unknown future (Barnett, 2004). In order to deal with such uncertainties associated with the globalization; the shift in environmental conditions due to social-culture, economic, political and technological changes, the modern organizations always face the pressure to be up to the mark. Organizations require to acquire a stakeholder approach/pattern of decision making so that they fulfill customers/ stakeholder expectations and also to continuously change and transform to meet the needs of the modern era (Freeman, 2010). Diagnosis is the process that can help the organizations to check their present wellbeing, point out their shortcomings and to suggest and undertake a strategic solution/ corrective measure to improve their performance (Cummings, & Worley, 2014).

As a healthcare institution a "Hospital" is centered for providing professional health care and treatment to the patients by specialized staff of physicians, nurses and equipment. As per the definition of wellbeing by the World Health Organization (WHO), it is a state characterized by health and thus one of the key means for its support and providing is "Hospitals" (WHO, 2000). Thus, the key functions and importance of hospital management for providing quality health has been addressed by the world health organization. The term "Hospital Management" as being very broad in scope could be described from various aspects. For every healthcare organization, whether its clinics, health centers or hospitals; the core or soul of management is "coordination". For optimal functioning and service production a strict management and coordination of all elements of a hospital is required. Hence, a problem specific 'pragmatic' approach by management consultants should be utilized for not just time to time diagnosis for any shortcomings but also to perform subsequent rectification (Buchanan & Boddy, 1992).

1.2 Problem Statement

Organizations providing health care (Hospitals and health care centers) whether public or private require being strong and well institutionalized for delivering proper medical care facilities to the recipients. Lack of proper institutionalization, whether it is the ambiguous or unclearly defined objectives or purpose, structures, lack of interrelationships and helpful mechanisms badly affect the organization. Similarly, lack of professional skill or inability of the leadership to bind together the whole organizations and providing directions for its better functioning; all these things affect the performance and ultimately the people at the receiving end be it the employees of the organization or the customers. Same is the case with the management of the public/ private hospitals, where at the receiving end are the employees (management

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staff, doctors and nurses) and patients requiring medical care. Public hospitals on the other hand, are mostly being criticized for their poor health care facilities.

Summing up, whether its public or private hospitals, the issue is important as human life is at stake. Organizational diagnosis as a research activity contributes to change processes and to learning processes within organizations (Harrison, 1987). Therefore, there should be a detail analysis/ diagnosis of the public/ private sector hospitals in order to find out the root cause of the problems and corrective steps should be taken.

2. Literature Review

2.1 Organizational Diagnosis and Change

Organizational diagnosis is one of the important areas in the field of organizational change and development to deal with the rapidly changing environment by assessing the present situation of the organization and find whether there is a need for change so that the organization copes with the challenges it is faced with.

Alderfer in 1980 explained organizational diagnosis process as entering a human system, collecting the data, and feeding the information back into the system. This increases the understanding of both the information and the system between the members and using this learning about the system a purpose for change could be prepared. Even though, it is a lengthy process, but it acts as a stepping stone for the success of an organizational change management program. Further, the purpose of the organizational diagnosis is explained as *“to establish a widely shared understanding of a system and, based on that understanding to determine whether a change is desirable”* (p. 459).

The organization is made up of a number of employees and managers are responsible to control their working in order to effectively operate the organization. This could be a difficult task because understanding the behavior of even one individual is tricky, but it would be rather more complex to understand the behavior of a group comprising of different individuals the various relationships between them (Nadler & Tushman, 1980). According to Nadler and Tushman (1980) by using appropriate tools managers can understand these organizational behaviors and one of such tools is a ‘Model’ which is a theory specify the most important and critical factors.

Research studies have been done in the past and researchers have come up with several different models of organizational diagnosis, which can be utilized to diagnose systematically organizational problems; Leavitt’s model (1965), Weisbord’s six-box model (1976), Nadler & Tushman Congruence model (1980), Peters and Waterman 7S model (1980), Porras and Robertson (1987) and the Burke-Litwin model (1992).

It has been pointed out by different authors (Saeed & Wang, 2014; Janicijevic, 2010) that all these models have more similarities rather than differences. In recent few years, researchers have worked on developing more detailed models in order to address the areas that have been left by the previous researches. Janicijevic (2010) proposed the inclusion of business processes (the dynamic- formal hard components of the organization) in the diagnostic model. McFillen, O’Neil, Balzer & Varney (2013) suggested to have an evidence based diagnosis to have more rigor and effectiveness in diagnosis process just like the evolution of evidence based diagnosis in the field of medicine.

However, it is being stressed by researchers that there is a need for a detailed diagnostic manual in organizational psychology. This will help in having the knowledge of which problem needs what specific kind of diagnosis and cure, just like the diagnostic and statistical manual of mental disorders (DSM) in the field of medicine (Randell, 1998).

The elements of the Weisbord model (see Fig: 1) are similar to those of Burke and Litwin (1992) and Nadler and Tushman Congruence model (1980). The Weisbord’s model being simple as compared to other diagnostic models makes it easier to both understand and implement it (Preziosi, 1980). This is why this model is most frequently used in practice (Jones & Brazzel, 2006).

The Weisbord model is utilized for the diagnosis of a variety of organizations, including university sector (Hamid, Ali, Reza, Arash, Ali & Azizollah, 2011), Banking Sector (Kontic & Kontic, 2012; Kontic, 2012), Hotels Industry (Ahuja & Narula, 2012) and state-owned and non-state-owned enterprises (Nguyen, 2011) etc.

In a research carried out in an international bank functioning in Serbia the strengths and weaknesses in the bank were determined using Weisbord model and its readiness for change. It was suggested in results that the changes in the bank should be led top down and the factors of purpose, relationships and helpful mechanisms play an important role in supporting the change (Kontic & Kontic, 2012). Similarly, in another study on determining the strengths and weaknesses in an international bank operating in Serbia results revealed that the areas of helpful mechanisms, purpose, relations and leadership were strong in the bank where as structure and rewards were weak (Kontic, 2012). However, while diagnosing university sector, purpose, structure and helpful mechanisms were found to have problems and were perceived to be weak. While the facets of leadership, motivation, rewards and relationships were found to be stronger (Hamid, Ali, Reza, Arash, Ali & Azizollah, 2011).

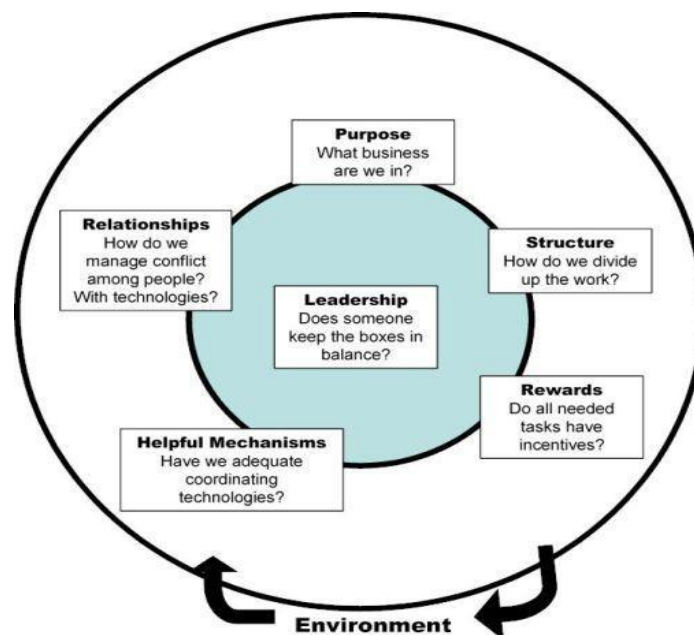


Figure No. 1: Weisbord's Organizational Diagnosis Model
Source: (French, Bell and Vohra, 2006)

2.2 Organizational Diagnosis in Different Contexts

Any type of organizations whether its government, non-government or commercial, should be able to respond and adapt to its environment, keeping its outcomes with a focus on fulfilling the demands and expectations of its customers (Kay & Dayson, 1998).

Previously Diagnosis of health care centers and hospitals has been done using different diagnosis models. In a study to explore the practices of organizational diagnosis of Health Promoting Hospitals in Taiwan, Lin, Huang and Tung, (2009) utilized Cummings & Worley (2001) model of organizational diagnosis as a suitable model for reference.

Filej, Skela-Savic, Vicic and Hudorovic, (2009) employed Burke and Litvin model in a study of the head nurse's management system in health care and social welfare institutions. The results obtained indicate the importance of changing components out-side the organization climate the "external environment" as well as the "system" that includes the policies and procedures for the primary health care. It was also concluded to have changes in the leadership system for welfare institutes.

In Serbia, Kontić (2012) have conducted a study on the effectiveness of Weisbord's Six Box Model in international bank for the purpose of examine the strengths and weaknesses. Data was gathered from middle managers using survey method. Findings of the study depicts that the strengths of selected includes leadership, relation, purpose and helpful mechanisms. However, organizational structure and rewards were found as weakness of the bank.

Similarly, in Pakistan, Saleem and Ghani (2013) have attempted to find out problems in leading banks while using Preziosi's questionnaire containing the dimensions set in Weisbord's six box model for organizational diagnosis. Data was gathered using simple random sampling technique in three leading banks in Peshawar. Findings revealed that banks are facing problem in rewards which is similar to the finding of (Kontić, 2012) while the rest of dimensions bears no problem.

Moreover, in Iran, Hamid et al. (2011) have attempted to diagnose organization using six box model. They have gathered the data using stratified random sampling technique from universities. Findings indicated that the average mean of leadership, relationships, motivation and reward are greater, however the purpose, structure and helpful mechanisms bearing lower value than the average. Nguyen (2011) compared state-owned and non-state-owned enterprises and found a difference in both type of organizations for each of the organizational area/dimensions. It was argued that since both type of organization differ on the basis of working environment, procedures and procedures, therefore, there will be difference in their organizational dimension diagnosis results as well.

2.3 Findings From Literature and Study Objectives

The review of literature reveals that though organizational diagnosis has been done in different contexts (Saleem & Ghani 2013; Kontić 2012; Hamid et al. 2011; Nguyen 2011) there still remains scope for further research within the domain of organizations working in Pakistan, in specific the Health sector. The organizational diagnosis to identify the potential organizational problems in both public and private hospitals is an important area to be addressed.

Therefore, this study deals with the diagnosis, a comparison of Public and Private Sector teaching/ tertiary hospitals in Peshawar. To identify any problems faced by them on the basis of diagnosis facets/dimensions comprising of seven components; purposes, structure, leadership, relationships, rewards, helpful mechanisms, and attitude toward change.

This research work would help in enhancing interests and conviction, both for academicians and practitioners in domain of organizational diagnosis and development specific to health sector in Pakistan. The essence of this study will contribute to investigate the internal processes of the health sector organizations, discovering issues being faced and to identify ways not just to address existing problems but to avoid them in future to maintain good organizational health and competitiveness in both local and global market.

3. Research Methodology

The study follows the below given method and approach to examine the phenomenon at hand and test the defined research hypotheses.

3.1. Data Collection Instrument and Pilot Testing

In order to collect data Organizational Diagnosis Questionnaire (ODQ) by Preziosi (1980) was adopted. A pilot test was conducted for the purpose of testing the reliability of this inventory in the present study context. This questionnaire is based on the Weisbord's (1976) "Six-Box Organizational Model" which is composed 6 formal and informal areas of assessments namely; purposes, relationships, leadership, rewards, structure, and helpful mechanisms. Apart from the six areas covered by the Weisbord's model, an additional seventh variable of 'change' is also included in the ODQ to generate data regarding the attitude of the organization towards change; that is how changeable the organization is. The inventory comprises of 35 items, 5 items in each area measured on 1-7 point scale. The Cronbach's Alpha value for ODQ was 0.89 confiring the reliability aspect of the measuring tool.

According to Weisbord (1976) model “Purpose” is the goals, the mission and objectives of the organization. The way a company is organized is represented by the “Structure”. “Relationships” on one hand signify the way people and units in the organization interact whereas on the other hand it also implies to the relations between people and technology. The “Rewards” stand for both intrinsic and extrinsic incentives at the job. The “Helpful Mechanisms” comprise of procedures that are used to achieve organizational goals, these procedures include planning, control, information systems, etc. The external environment is present in the model but is not considered as part of the other variables in the organizational diagnosis. Leadership is in the central place in the model because its purpose is to perform all leadership tasks and coordination of the five variables that are remaining.

3.2 Hypotheses

- H1: There is a significant difference in the Purpose between public and private hospitals.
- H2: There is a significant difference in the structure between public and private hospitals.
- H3: There is a significant difference in the Leadership between public and private hospitals.
- H4: There is a significant difference in the relationships between public and private hospitals.
- H5: There is a significant difference in the rewards between public and private hospitals.
- H6: There is a significant difference in the helpful mechanism between public and private hospitals.
- H7: There is a significant difference in the attitude towards change between public and private hospitals.

3.3 Data Gathering

A quantitative cross-sectional study has been conducted. Target population was employees working in Private and Public sector teaching/tertiary hospitals. For the data collection, two-stage sampling has been performed. First, using Probability sampling, two hospitals (KTH and RMI were selected). Secondly, by undertaking systematic sampling technique, data was collected from the personnel in each of these hospitals using self-explanatory structured questionnaires. Employees were divided into two groups of medical staff (doctors, nurses, paramedics, etc.) and non-medical staff (HR, Finance, procurement, IT, marketing, etc.). A total of 121 duly filed questionnaires are incorporated in data analysis, 62 from KTH and 59 from RMI. 39 Incomplete/ improperly filled questionnaires were not incorporated to avoid misinterpretations in data analysis results. Formal permission, prior to data collection was taken from the management of both the hospitals.

4. Data Analysis Results

For data analysis, SPSS was used. Descriptive statistics and for hypotheses testing, T-test have been conducted.

4.1. Descriptive Statistics

An analysis of descriptive statistics with frequencies and descriptive was done. The results for Gender, Age, and staff type are shown in Table 1.

Table No.1: Demographics and Frequencies

Serial	Demographics	Frequency	%
1	<u>Gender</u>		
	Male	86	71
	Female	35	29
2	<u>Age Interval (years)</u>		
	20-30	42	35
	31-40	52	43
	41-50	23	19
	51-60	4	3.3
3	<u>Staff Type</u>		
	Medical	61	50.4
	Non-medical	60	49.6

Note. n= 121 (KTH= 59 & RMI=61)

4.2 Mean Comparison

The analysis of mean values for each of the dimensions of organizational diagnosis was done for both the hospitals for identification problems in any aspect/ area. The results revealed that the mean values for all the dimensions were below '4' which depicts that according to the perception/evaluation of employees of both the hospitals, all the dimensions were satisfactory and there was no obvious problem. The values for all areas/dimensions were found to be between 3 to 3.5 (consult Table 2 for the mean values results). However, as the results were close to '4', which is the neutral value so it can therefore be inferred, that although no problem was found, but for optimum functioning each of the dimensions should have a value near to '1', therefore, there is room for improvement.

Table No. 2: Mean Values for Hospital Diagnosis Dimensions

Hospital	Purpose	Structure	Leadership	Relationships	Rewards	Helpful Mechanisms	Attitude Towards Change
RMI	3.05	3.23	3.19	3.10	3.63	3.30	3.58
KTH	3.12	3.45	3.34	3.29	3.56	3.35	3.57

Note. n (RMI) = 59, n (KTH) = 62

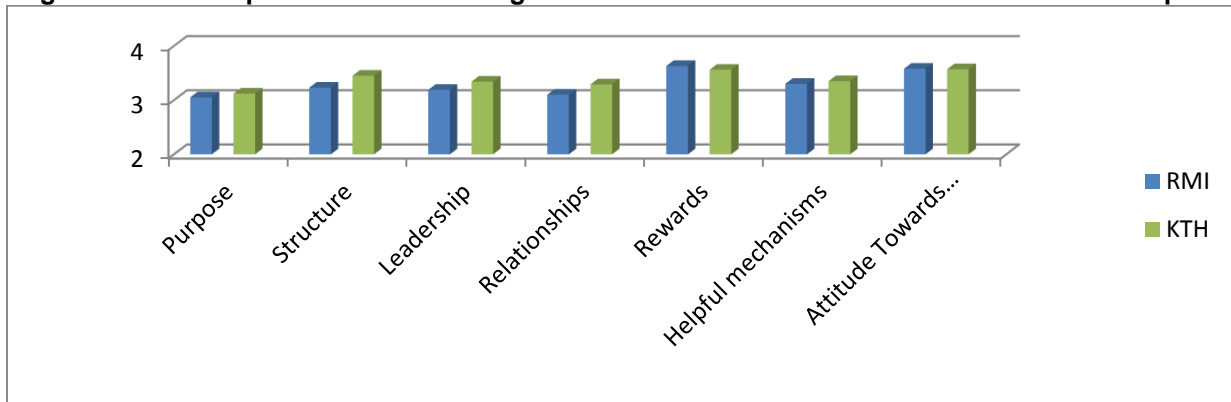
Furthermore, to compare the level (mean value) of all seven dimensions of diagnosis between KTH and RMI, Independent sample t-test was performed. For all seven dimensions of, purpose, structure, leadership, relationships, rewards, helpful mechanisms and attitude towards change, the results showed no statistically significant difference in the mean scores for both hospitals. Thus, according to the results, hypotheses 1 to 7 were not supported, as there was no difference found in the mean values as proposed (see Table 3 for results).

Table No. 3: Comparison of Seven Diagnosis Dimensions between KTH and RMI

Hospital		M (SD)	T	df	Sig. (2-tailed)	Mean Difference
Purpose	RMI	3.1 (0.79)	-0.57	103.1	0.568	-0.071
	KTH	3.1 (0.55)				
Structure	RMI	3.2 (0.73)	-1.74	119	0.09	-0.221
	KTH	3.4 (0.66)				
Leadership	RMI	3.2 (0.93)	-1.03	102.8	0.303	-0.152
	KTH	3.3 (0.65)				
Relationships	RMI	3.1 (0.88)	-1.36	108.1	0.176	-0.195
	KTH	3.3 (0.67)				
Rewards	RMI	3.6 (1.05)	0.41	119	0.680	0.072
	KTH	3.6 (0.87)				
Helpful Mechanisms	RMI	3.3 (0.87)	-0.45	96.5	0.652	-0.060
	KTH	3.4 (0.54)				
Attitude Towards Change	RMI	3.6 (0.74)	0.11	119	0.910	0.015
	KTH	3.6 (0.76)				

Note. n (RMI) = 59, n (KTH) = 62

Figure No. 2: Comparison of Seven Diagnosis Dimensions between Public and Private Hospital



5. Discussion

From the results obtained, it is clear that there is no major problem in any of the organizational dimensions as all the values are below '4', which is the neutral point. However, it can be suggested that the organizations still need to improve their working and effectiveness in all these areas for reaching the optimum working conditions which is closer to '1' (Preziosi, 1980). Hence, in order to have the highest level of optimum performance and effectiveness improvements are required in all the organizational dimensions.

Similarly, there was no difference found between dimensions of purpose, structure, leadership, relationships, rewards, helpful mechanisms and attitude towards change for both the organization's public (KTH) and private (RMI). The results are in contradiction to the prior literature (Nguyen, 2011) as it was shown that there was a difference in both public and private organizations for each of the organizational area/dimension. There could be different possible reasons for such results. The most important reason that plays an important role in the conceptualization of different research findings is the cultural difference. This view has been presented by Hofstede, (1993). As most of the work and theories are formed in western countries, therefore, their applicability to other countries, in other parts of the world is affected by many cultural differences. Solely relying on a self-report questionnaire for measuring the organization diagnosis could be another probable reason. Self-report has an element of biasness linked with it. People can manipulate the results by not answering the questions honestly (Donaldson & Grant-Vallone, 2002). Other Possible Reasons can be as follows:

- **Purpose**

The purpose of both the hospitals clearly states that they are committed to the provision of quality health care services. As the employees of both hospitals have no ambiguity regarding the purpose, therefore, the results show that there is no major problem with the clarity of the purpose.

- **Structure**

The results show that for both KTH and RMI, there is no indication of a problem in the structure and the results are near the neutral level. This was contrary to previous research (Nguyen, 2011) as a major difference of bureaucratic and non-bureaucratic system is always attached with public and private organizations. However, results showed that employees perceived that there is no major problem in the organizational structures. Yet, there is room for further improvement and logical division of tasks might help in this regard.

- **Leadership**

The employees at both the hospitals were found to be satisfied with their leadership and no major problem was found. Though room for improvement is still available in both organizations and it can be done by leaders extending more support to their employees, ensuring mutual trust to result in improved performance overall organizational effectiveness (McCull-Kennedy & Anderson, 2002; Gerstner, & Day, 1997).

- **Relationships**

Interdependence between individual human beings and work units were included in relationships in this study. There were no major problems in relationships in both organizations, which can be mainly due to a collectivist and people oriented culture (Hofstede, 1993). However, both organizations need to improve their organizational interrelationships in order to achieve a higher level of performance (Van Scotter & Motowidlo, 1996; Gould-Williams, 2003).

- **Rewards**

For both KTH and RMI, there was no indication of a problem in their reward system, but at the same time it is not perfectly satisfactory indicating space for improvement in both organizations to have much more satisfied, motivated and committed employees (Danish & Usman, 2010). Although, rewards had a value which was below neutral and it was an indication of a satisfactory performance of both the organizations in this area. However, it can be noticed that out of all seven dimensions, it had the highest Mean value, indicative of the lowest satisfactory evaluation as compared to other dimensions. Therefore, organizations should work more on this dimension as it can help in retaining quality workforce (Holmstrom, 1979).

- **Helpful Mechanisms**

No major problem was found regarding helpful mechanisms at both the hospitals, but room for improvement still exists, and KTH and RMI both should focus on these mechanisms to improve them and thus maintain their competitive advantage.

- **Attitude towards Change**

To be effective and to remain competitive, organizations needs to adapt and change and restructure from time to time (Nadler & Tushman, 1980). Both RMI and KTH were found to have a positive attitude towards change. One of the reason for this can be the fact that there has been a lot of focus on the health sector in the city since last year. The salaries for both medical and non-medical staff at KTH have been increased. There is an increase in the bed capacity of the hospital and an expansion project has also been initiated. The organizational structure for KTH has been revised too. In RMI too, an extension project has been started and the hospital has been extended. Furthermore, the radiology department of RMI has installed the latest equipment available which are not present in any other hospital in the province currently. All these improvements show that both organizations have a positive attitude towards change*. (**Source***: HR/Administration Departments of KTH and RMI).

6. Conclusion, limitations and Future Research

Overall the study revealed no major problem in any of the organizational dimensions. Health care and helping nature are an intrinsic factors to doctors or people working in health sector. While choosing such a profession an individual is well aware and prepared for it. Hence, it was clear from the results that the purpose was not only clearly defined, but also was properly conveyed to individuals and they were also having good work performance as they are responsible for people's lives and are also oriented to serve the human society in need.

The limitations of the study are; Firstly, being merely dependent on the self-report for measuring all the study variables. Secondly, small number of participants due to non-availability of staff because of their busy work schedule. Availability issue of related articles, as there was access to only limited digital libraries and journals due to which research work was confined to only a limited number of articles available.

Moreover, the delay in work due to other factors such as heavy load shedding, less availability of employees, especially medical staff due to their busy time schedule and work overload. Further research is recommended in the area of organizational diagnosis, also to examine the causal relationship of organization dimensions with work and individual related outcomes e.g. job satisfaction, perceived performance and motivation etc. to study their interrelationship. Preziosi's (1980) organizational diagnosis and development questionnaire can prove to be a useful tool for initiating and implementing organizational change by diagnosing organizational problematic areas and proposing rectifying measures for it.

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