

North Okanagan Aboriginal Health Project

Final Report

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The Social Planning Council for the North Okanagan

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*The views expressed herein do not necessarily represent
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Section 1 Introduction and Project Background

The Voluntary Sector Initiative (VSI) was announced in June 2000 as a joint venture between the Government of Canada and the voluntary sector. As part of this initiative, \$28.5 million in funding was allocated to the Sectoral Involvement In Departmental Policy Development (SIDPD) initiative, intended to support strategic, short-term activities to enhance the policy capacity and involvement of the voluntary sector in departmental policy development.

SIDPD was created for projects that will:

1. enhance policy development in departments by strengthening opportunities for input by voluntary sector organizations; and
2. strengthen the voluntary sector's capacity to contribute to departmental policy development.

SIDPD supports the following types of initiatives:

3. contributing to building networks, alliances, and other collaborative mechanisms among voluntary sector organizations; and
4. supporting knowledge development and knowledge sharing activities.

In the 2002/2003 fiscal year, the *Social Planning Council for the North Okanagan - Aboriginal Health Project* (SPCNO-AHP) received one year funding (\$121,840.00) under SIDPD to develop and articulate a model for genuine involvement of aboriginal communities in the development and implementation of health policy impacting those communities.

The idea for the project arose from the work done by the North Okanagan Aboriginal Health Partnership Table, an informal group comprised of representatives of bands and other organizations serving the interests of aboriginal people, as well as representatives of the then North Okanagan Health Region (NOHR). In the spring of 2001, the Chief Medical Health Officer in the NOHR provided seed funding to facilitate a collaborative effort with representatives from local aboriginal groups. Bands and other organizations were contacted and asked for their views on improving aboriginal health. A common thread running through these discussions was the recognition of the need to work more closely with health authorities, particularly at the policy level and in the translation of general policy goals into acceptable practice.

One of the Bands suggested meeting with other aboriginal organizations to discuss collaboration with NOHR, and this meeting was set up and facilitated by an independent consultant funded by NOHR. The outcome of this meeting was a stated desire by the Bands/aboriginal organizations present to work collectively with the Health Region.

This initiative led to the establishment of the Partnership Table with a dual purpose:

- ◆ to establish priorities and principles of collaboration; and
- ◆ to respond concretely with service changes to issues raised in the planning and collaboration process.

With a change of provincial government in 2001, the provincial health regions were reorganized, and the NOHR became part of the new Interior Health Authority. It was unclear whether the much larger health authority would have the time or interest in continuing to support the work of the Partnership Table. Recognizing the value of what had already been accomplished in the short time since the Partnership Table had formed, and the potential benefit to aboriginal communities in the North Okanagan of continuation of that process, the members of the Partnership Table were committed to finding ways to continue their joint efforts to address the health issues facing aboriginal communities. The SIDPD initiative offered a tailor-made opportunity to not only support but to expand upon what had been accomplished to date.

In May 2002, with funding support through SIDPD, the Social Planning Council for the North Okanagan (SPCNO) initiated a research project with five aboriginal organizations to develop a 'best practices' model for building collaboration between aboriginal groups in the North Okanagan and the Interior Health Authority, the provincial body which holds responsibility for health planning and delivery in the region.

Project Goal

To support and document the development of an inclusive, community based process of collaboration between First Nations and aboriginal organizations, the voluntary sector and the provincial Interior Health Authority.

Project Rationale

The collaborative process between aboriginal stakeholders and non-aboriginal services providers is a critical means of ensuring that the aboriginal perspective is understood and incorporated into the policy and practices of services targeted to aboriginal consumers. Insufficient attention has been given in the past to finding appropriate and acceptable ways to collaborate and this has led to piecemeal and in some cases a complete lack of aboriginal participation in the development of policy.

One of the mandates for the five health authorities in BC is to submit an Aboriginal Health Plan whereas Community Health Councils (CHC) and Community Health Service Societies (CHSS) would submit a jointly developed Aboriginal Health Plan. Each CHC would identify and address Aboriginal health service delivery priorities for their region, as well as identify with the CHSS the broader regional priorities¹. In this project the partici-

¹ Ministry of Health Planning: Aboriginal Health Planning. Policy, Requirements and Guidelines 2001-2002 - 2003-2004.

pants developed a process model for collaboration and sharing of knowledge between the health authority and aboriginal communities.

The project fits closely with the overall goal of the SIDPD in that it contributes to building networks, alliances, and other collaborative mechanisms among voluntary sector organizations (and, in this instance, between aboriginal organizations and at least one non-aboriginal voluntary sector organization), as well as supporting knowledge development and knowledge sharing activities. The project also fits closely with Population Health Fund goals, as it is based on the concept of increasing the existing capacity of North Okanagan communities to take action on or across the determinants of health. Specifically, the project addressed two of the Population Health Fund's primary objectives;

- ◆ building on the initial work that has been done in this region to increase the knowledge and understanding of innovative and culturally appropriate program and policy development on population health; and
- ◆ increasing partnerships and developing intersectoral collaboration to address specific determinants of health and/or combination of determinants.

Achievement of the project objectives required that we rethink the way 'health policy' has been developed to date. The project explored ways to adapt and/or abandon Euro-centric models of formal committees, and the artificial separation of policy from the actual concrete benefits it is intended to bring to the community level. It also addressed the underlying propensity to wrongly assume that democratic participation is simply a process of discussion and voting. In reality, the process of "consulting" with aboriginal people has all too often led to disillusionment and poor outcomes. The reorganization of the provincial health system presented an opportunity to explore new ways in which Aboriginal people could become involved in making changes in the way in which health services are delivered to Aboriginal people, including the degree to which they are empowered to participate in setting health priorities.

The SPCNO-AHP's *Building Collaboration* model is built on the principles of democratic participation, participative education, communication and empowerment. Paulo Freire, creator of the "popular education model", sought to build the capacity for democratic social change through education. He argued that to affect social change there first needed to be a critical awareness of the present condition and that critical consciousness is brought about not through an individual or intellectual effort, but through collective struggle and self reflection. Empowerment he said is a consequence of liberatory learning. He stated that power is not given, but created within the emerging praxis (action - reflection - action) in which co-learners are engaged.

The Building Collaboration model unfolded as the group gained new awareness, new skills and deeper understanding of the issues affecting aboriginal people and non-aboriginal agencies. The model does not follow a set of sequential steps. It can best be described as being like a flower on which each petal is attached to the centre without a starting or an end point in the circle. All the petals are held together by the centre. In this case the centre symbolizes the Collaborative Relationships and the interconnected petals represent the phases required for building collaboration.

The model is unique from other models on change and social action in that it includes an in-depth examination of values, culture and the organization. Through a series of round table discussions and community workshops analytical skills were developed to enhance critical understanding of the issues influencing health services. It is through this combination of understanding of one's self, of cultural diversity and of organizational practices that group members gained confidence in their ability to participate in policy development and service planning. Activities throughout the project sought to blend both the cognitive and affective domains.

Self-representation is profoundly linked with self-determination. As individuals and communities become self-determining, they gain a greater capacity to obtain social justice. They develop the strength to demand equal participation in decisions that affect their communities. The partnerships that emerge through this process must be responsive and responsible in policy and decision-making.



Section 2 Project Description

Perhaps the best way to talk about this project is to tell the story that began in July 2002. The story begins with an acknowledgement to the sponsoring agency of the project, the Social Planning Council for the North Okanagan and the five aboriginal organizations who dedicated their time and energy to seeing the project through to the development of the *Building Collaboration* model. Those involved in the project were a dynamic blend of aboriginal and non-aboriginal individuals who shared a mutual interest in wanting to change the way partnerships are created. The group was challenged to think outside the box by asking a different set of questions, i.e., to shift from asking "How do we get *them* to change?" to "What do we need to know about each other's interests so that we can work together in a way that is mutually beneficial?" Reframing the current situation in such a manner reduces the competitive win-lose approach and gets both groups focusing on joint problem solving. There were two requirements for the reframing to occur: the involvement of both groups (Aboriginal communities and the Interior Health Authority) at the project's inception; and, trust that the process for the *Building Collaboration* model would emerge as the project evolved.

The model emerged as the project gained momentum and group members gained confidence. The researcher/coordinator set the metaphoric table by quickly establishing a rapport with project members that embodied the new approach. The one constant factor throughout the development of the model was members' commitment to the beliefs that: 1) the problems to be solved would be solved by those most affected; and, 2) in the absence of a blueprint, the model *would* emerge. The approach was consistent with the theoretical framework identified in the literature review section (Section 3). Throughout the project the role of the researcher/coordinator could best be described as that of a *co-learner* in the examination of issues and as the *facilitator* of discussion. This non-hierarchical approach kept the project clearly in the hands of the group members.

Following the literature review, in early August 2002 group meetings and informal discussions were held with key stakeholders from aboriginal organizations and with the Chief Executive Officer and Medical Health Officer of the Interior Health Authority (IHA).

The first two months of meetings and roundtable discussions identified serious gaps in understanding of cross cultural influences and organizational practices. Probably the most prominent differences were in the approaches to determining health services. While the Aboriginal communities spoke strongly of the need for integrated health services that recognized the whole person and not simply the illness, the IHA approach reflected an "economic model" to health services planning. Although both groups agreed on the basic determinants of health, their respective solutions reflected their differing ideologies. The

positional approach, in which each group held onto a specific solution, interfered with building partnerships.

At this point, the task of building collaborative relationships took second place to the need to first establish a process for communicating with each other so that both groups could be heard and understood. The project needed to take a step away from the task of health services planning for aboriginal people and focus instead on the barriers to developing mutually respectful relationships. On closer examination, differences of opinion about the recommended solutions to problems could be seen to most often be the result of differences in beliefs and values. Project members recognized that the challenge for most diverse groups is to listen to each other with a genuine intention to understand. The need to explore these differences led to the next phase and series of action steps.

At this point in the project, group members were key stakeholders in planning and delivery of health services, and were self-appointed with the option of extending invitations to others to join in. The round table discussions and community workshops provided many opportunities for the group to examine cross-cultural differences that affect relationships. An excellent example of the commitment to building collaborative relationships was evidenced by the action of Spallumcheen Band Health Director, Crystal Jones, who invited her counterpart from the IHA - Enderby Community Health Centre Coordinator, Lynda Price - to join the group. Throughout the project, Jones and Price explored areas of mutual interest and worked to develop a better understanding of their communities.

During the community workshop phase, participation increased substantially as inter-departmental staff, Band Council members and personnel from other agencies joined in. Participation by senior-level IHA members were limited to the values survey, the *Values, Culture and the Organization* workshop and the *Culture, Conflict and Climate Setting* workshop. If there was one major disappointment with the project, it was the absence of consistent, higher level representation from the IHA.

At the same time that this project got underway, the IHA was mandated to develop an aboriginal health services plan. This was being guided by an IHA initiated Aboriginal Health and Wellness Steering committee (AHWSC) comprised of eight First Nations appointees, four Urban Aboriginal appointees, two Metis appointees and four representatives from the IHA. The AHWSC members were given 5 months to develop recommendations for an aboriginal health plan, to be completed by September 2003. The activities of the AHWSC provided the SPCNO-AHP project coordinator with an opportunity to observe a typical "collaborative" effort in action.

While attending meetings on two different occasions, the coordinator noted many instances of cross-cultural and organizational fractures that highlighted the problems identified by SPCNO-AHP group members. She observed the misunderstandings resulting from beliefs/values conflict and the positional approach to planning health services. The First Nations were insistent that the health plan be based on a holistic approach and were adamant about wanting to avoid the medical model approach to health services. The efforts were laudable but often fell short of the target. The very issues identified by the SPCNO-AHP group were played out in full view at the AHWSC meetings.

For example, in one discussion the coordinator charted by speaker the flow of conversation. The chart revealed the power influences of the group. It was startling to realize that those who spoke most frequently and wielded the greatest influence were not the committee members themselves but, rather, employees of the IHA and, to a lesser degree, outside observers. This experience underscored the problems intrinsic to the existing relationship between aboriginal and non-aboriginal organizations. It is one thing to espouse values on collaboration and democratic participation - it is an entirely different thing to actually facilitate the process. Existing organizational practices that limit and control the resources define the very nature of the relationship. While the IHA extended an invitation to aboriginal people to be involved in health services planning, it also controlled how aboriginal people would be involved, when they could be involved and to what degree they would have decision making authority. Clearly those who had the most influence were not the designated aboriginal members of the AHWSC. These observations led to the next phase in the project.

During a subsequent round table discussion, the SPCNO-AHP group identified their experiences with the consultation process that leads to the development of policy and programs. Visualize this scenario....someone identifies a health problem...someone calls a meeting....aboriginal people attend...someone asks questions....aboriginal people respond...someone writes the comments down (...on a flipchart?..) ...someone asks a few more questions...someone asks for vote on the identified issues/solutions...everyone goes back to their workplaces and someone writes a report...a report and actions plans are developed. The aboriginal communities then go through another series of activities related to the 'action plan' with funds that have been provided.

The process described above does little for building collaborative relationships - it is more an information '*giving and getting*' session in which someone outside of the aboriginal community controls the decision making and resource allocation, and hardly what one would term "collaborative". It should not be a surprise to anyone that the action plans generated by this process rarely provide long-term solutions to complex issues.

Once one understands that it is the organizational practices and processes for consultation and involvement that contribute to current and longstanding problems, the focus then becomes the need to understand *why* these differences exist. The next phase and series of action steps built on this awareness. Surveys on values and culture were distributed to both groups, followed by a community workshop on culture, values and the organization. The outcome of these surveys is reported in the appendices.

The round table discussions returned many times in the ensuing months to the values survey and organizational processes as a way to understand and explain behaviours. The awareness- reflection-action (ARA) process is used throughout the model as a vehicle for facilitating change. For change to occur it first requires the recognition of a problem and the motivation to want change. The Prochaska - DiClemente stages of change model discussed in Section 3 highlights the need for information to stimulate action and change.

The remaining four workshops followed a similar process of awareness, reflection, action, building skills and confidence with each phase. Too often efforts at change fail because the focus is on the task at hand, neglecting the value of reflection *before* taking action. In this project, group members determined there was a need to understand the process for building collaborative relationships as well as a need to develop a better understanding of how organizations function. The skills building sections added new information which led to a deeper understanding of the issues. In turn, this enhanced understanding led to a deeper analysis of the issues. Throughout the process, the group questioned preconceived ideas and sought to understand the factors that contributed to a problem.

One of the major shifts the project had to make was in accepting that the IHA was indifferent about developing the model. Perhaps the clearest message was that provided by a senior IHA official following his participation in the December workshop on communication, culture and climate. Although giving his blessings and encouragement to the organizations who were participating, he made it clear that, ultimately, aboriginal health services represented only three percent of his total budget and could thus not be expected to consume disproportionate amounts of his time. The IHA preferred to keep its "official" involvement with aboriginal groups through the Aboriginal Health and Wellness Steering Committee (AHWSC). This created an obvious gap in our planned process for building the model and for building collaborative relationships between the health authority and aboriginal groups². To build collaboration and a best practices model based on mutuality required that both groups participate.

After lengthy discussion, the group decided to continue on the path they had started and extended an invitation to the co-chairs of the AHWSC (Ed Pongracz and Dr. S. Lui) to attend the remaining community workshops. Aboriginal representative and co-chair Ed.

² The one exception to this was the ongoing involvement of Lynda Price, Coordinator of the IHA's Enderby Community Health Centre. Lynda was a valuable member of the group and contributed her insight into the workings both of IH and of non-aboriginal organizations in general.

Pongracz attended the last of the skills building workshops, which addressed strategic planning for groups. Following this limited interaction, it was further decided that the group would ask the AHWSC for an opportunity to present the Building Collaboration model at one of its regular meetings. It was hoped that other organizations would find the model useful and be interested in applying it to their efforts to build collaborative relationships.

The presentation took place on May 23rd during a meeting of the now-renamed Aboriginal Health and Wellness *Advisory* Committee (AHWAC). The model was extremely well received by those present. At the time this report is being written, we are optimistic that the Committee will advocate with IHA officials to provide financial and logistical support to groups in other regions that may be interested in applying the model developed through this project.

In closing, this project set out to explore alternative ways to build collaborative relationships in which aboriginal people would be equal partners in determining policies, programs and services. Dialogic examination, critical consciousness and praxis are standard practices in each step within the model. This dialogical approach was characterized by co-operation and acceptance of interchangeability and mutuality in roles. In this collegial environment group members determined the direction the project would take. The process model that emerged was based on sound theoretical constructs which supported freedom of expression, empowerment and community action leading to social change. Throughout the project the phases and actions steps modeled mutual respect, recognition, responsibility and sharing. While recognizing the limitations imposed by the short (10 ½ month) time-frame of the project, the project participants are confident that the model developed over that period is practical, theoretically sound and potentially of great use to aboriginal and non-aboriginal organizations alike that are seeking new and better ways of developing effective relationships.

The remainder of this report describes in detail the theoretical framework for the project and the tools that were used, as well as providing a description of the component parts of the Building Collaboration model that we developed.

Section 3 Literature Review

The *Building Collaboration Model* is rooted in the work of Brazilian educator Paulo Freire. The premise of the model focuses on empowerment through what Freire termed as liberatory education. (Freire 1970) In order to participate as equals within a system that is primarily hierarchical and authoritative, aboriginal people must believe in their right to self-determination through a democratic process.

Freire believed that education for liberation would challenge the "given-ness" of the world and enable learners to reflect on their experience historically, giving their immediate reality a beginning, a present and most importantly, a future. It would awaken in the adult learners the expectation of change - a power which once awakened, seeks expression in collective, transforming social action (Mackie, 1980)

The lack of meaningful aboriginal involvement in developing health policy can be seen as an example of the acceptance of the status quo whereby those who have the power to make policy are also the ones who develop programs and services. When aboriginal people are invited to participate in consultation discussion, active participation is minimal. This in part can be attributed to replicating patterns of consultation by a paternalistic government. In contrast, the intent of liberatory education is raise critical consciousness and to development appropriate skills and competencies. The model sets out to address both areas.

Each stage of the process model engaged and challenged the group to question the source of knowledge and experience and to look at underlying issues that contribute to the current situation. The group engaged in dialogic examination with each other and, more importantly, with themselves. Its members were encouraged to refrain from oversimplifying the problems in order to avoid distortion when perceiving problems and to enhance collective ability to recognize and question preconceived notions when analyzing problems. A critical component of the model is self-reflection. Schon coined the term *praxis* as a state of action - reflection - action as imperative to transformation. (Schon 1983)

Empowerment

The concept of empowerment has been developed through social theory and practice and has mixed origins. Within psychology it has roots in theories of Perceived Locus of Control as well as concepts of Self Efficacy taken from Social Learning theory. Social learning theory explains human behaviour in terms of continuous interaction between cognitive, behavioural and environmental influences. Most human behaviour is learned observationally through modeling. The social learning theory of Bandura emphasizes the impor-

tance of observing and modeling the behaviours and attitudes and emotional reactions of others. In essence, he theorizes that people imitate what they have observed. (Bandura 1971)

Bandura argued that individuals are more likely to adopt a modeled behaviour if it results in outcomes they value.

In more recent years, Bandura focused his work on the concept of self-efficacy and examined the diverse ways in which beliefs of personal efficacy operate within a network of socio-cultural influences to shape life paths (Bandura 1997). He described self-efficacy as having high self-esteem, a feeling of power and control, the confidence to take action and the existence of a belief in one's ability to change the situation. (Bandura 1971) He posited that self-efficacy can be achieved in a variety of ways that promote self esteem and develop individual or community power over their lives and surroundings.

The term *empowerment* also has roots in adult education theory. Concepts of empowerment draw heavily on the work of the Brazilian Paulo Freire whose radical adult literacy method was based on the idea of **conscientization** - a dynamic process of critical understanding, reflection, action and learning from action. (Freire 1970) Empowerment, while not always explicitly acknowledged, forms the rationale for participatory learning method which emphasizes process outcomes as opposed to cognitive learning or behaviour change.

Much of the difficulty with the concept of "empowerment" stems from the ambiguity of the term and with confusion over its desired end result. It does not mean simply handing over decision-making. Rather empowerment requires the person (or group) to develop an understanding of their real and authentic choices and a desire to act on those choices (MacNeil 1993)

The historical and current conception of empowerment practice focuses primarily on individual enlightenment in a way that is not directly relevant to collective action and social transformation ((Fay 1987); (Breton 1984) Margot Breton's recent analysis reflects the essence of the problem: "Even though one has experienced empowering cognitive and behavioural changes, it is difficult to argue that one is empowered as long as those personal and interpersonal changes have no impact on socially unjust situations which affect one's life." (Breton 1984:31) Broadening the concept of empowerment to consider *collective empowerment* is supported by Freirean principles.

Active Participation

Critical to this discussion will be an understanding of theory and research in power, consciousness and social change. If progressive change towards building collaborative rela-

tionships is to occur, cross-cultural organizing among and between Aboriginal and non-aboriginal people needs to accelerate. This change will have to be led by those who are most targeted by limited democratic participation. The efforts of those involved in this project attest to the commitment to change existing partnerships.

Many attempts to foster "community participation" fail because the organizations promoting involvement are unclear about the level of participation being offered. When presented as an opportunity for active participation, limited consultation with few real options produces, instead, disillusionment and cynicism. Understanding participation involves understanding power defined here as the ability of different interests to achieve what they want. Creating partnerships with active participation requires that we draw upon theories and practice from management, education, community development and conflict resolution strategies. David Wilcox presented a five-rung ladder of participation to describe the various positions that may be taken by an organization promoting "participation":

- 1) information - merely telling people what is planned;
- 2) consultation - offering some options, listening to feedback, but not allowing new ideas;
- 3) deciding together - encouraging additional options and ideas, and providing opportunity for joint decision-making;
- 4) acting together - not only do different interests decide together on what is best, they form a partnership to carry it out; and
- 5) supporting independent community interests - local organizations are offered funds, advice or other support to develop their own agendas within guide lines. (Wilcox 1994)

Information giving and consultation are often wrongly presented as "participation". This can lead to disillusionment among community interests, and/or pressure for more involvement, with the attendant potential for conflict and delay.

The choice of who will participate in making a particular decision may well predetermine what that choice will be. The initiator of a consultation is in a strong position to decide how much or how little control will be allowed to others. The lack of meaningful involvement or shared power in decision making is a situation that has been played out many times when aboriginal people are consulted about policy and program needs.

Building partnerships begins with the ability to understand and communicate *across* multiple cultures as well as with knowledge about one's *own* culture. Cultural diversity is more than a rainbow of racial colors or an ethnic babble of languages. In a multitude of less obvious but equally important ways, diversity permeates all aspects of society, including

the business environment. Jean Monet (founder of the European Community) declared, "If I were again facing the challenge to integrate Europe, I would probably start with the culture". (Trompenaars and Hampden-Turner 1998:8) Although Canada has long had a multicultural and diverse environment, it has historically been viewed as a chronic problem to be minimized and managed rather than understood.

Values

Milton Rokeach proposed an approach to the conceptualization and measurement of values. He developed a Value Survey [RVS] that identified three distinct variables: major end-states of existence; the behaviour modes for achieving them; and, measurement of personal value priorities. In each distinct culture and social system the so-labeled "Rokeach 36" values will appear. They may, however, differ completely in their pattern of values. Rokeach indicated that it is the arrangement of personal hierarchies or priorities of values that creates differences among people rather than that individuals are lacking a particular value. He argued that these thirty-six values are universally present in all social systems and distinct cultures. Rokeach argued for the presence of these universal values on much the same grounds as sociologists argue for the existence of social institutions: "...assume the same basic individual needs are universally present and on the same grounds that sociologists assume the same basic social institutions are universally present" (Rokeach 1979) Rokeach argued that it is just as meaningful to speak of *societal* values, institutional values, organizational values, ideological values, and the value-transmitting functions of social movement as it is to speak of *individual* values. Institutions, he claimed were, "social arrangements that provide frameworks for value specialization, this is the framework for the transmission and implementation mainly of those subsets of values that are especially implicated in their own particular spheres of activity." (Rokeach 1979:51)

Culture

Trompenaars & Hampden-Turner define culture as "the way in which a group of people solve problems and reconciles dilemmas." (Trompenaars and Hampden-Turner 1998) O'Hara - Devereaux defined culture as referring to "the total way of life - the underlying patterns of thinking, feeling and acting - of particular groups of people. (O'Hara - Devereaux and Johansen 1994) Rather than limiting their discussion to extremes, the authors recognize that cultures encompass a range of values - and that some cultures "have a natural tendency to reconcile seemingly opposing values"(p. 27). Still, they say, an individual will begin from one perspective and over time reconciling towards the other (p.35-37). Having a clear understanding of one's own values and culture is equally important as understanding the values and culture of others.

Individuals from different cultures vary in terms of their communication and group behaviours including the motivation to seek and disclose individuating information and in the need to engage in self-categorization (Gudykunst 1997) One major dimension of cultural

variability is individualism-collectivism (Hofstede 1980) Jarvenpaa and Leidner wrote, "in individualistic cultures, the needs, values and goals of the individual take precedence over the needs, values and goals of the group. In collectivists' cultures, the needs, values and goals of the in-group take precedence over the needs, values and goals of the individual." (Jarvenpaa and Leidner 1998) One of the greatest challenges in managing cultural differences is the power-equality and individual - communitarianism variables. (Hofstede 1997)

Building trust is an important aspect of building partnerships. Cummings & Bromiley maintain that a person trusts a group when that person believes that the group:

- a) makes a good-faith effort to behave in accordance with any commitments both explicit or implicit;
- b) is honest in whatever negotiations preceded such commitments; and
- c) does not take excessive advantage of another even when the opportunity is available. (Cummings and Bromiley 1996:303)

Several factors, such as shared social norms, repeated interactions, and shared experiences, have been suggested to facilitate the development of trust. (Bradach and Eccles 1989), (Lewis and Weigert 1985), (Mayer, Davis et al. 1995). Another factor that promotes trust and cooperation is the anticipation of future association. This *development* view of trust is closely intertwined with relationship development processes (Lewicki and Bunker 1996) Aboriginal people experienced with consultation efforts speak of the violation of trust and of being taken advantage of.

Culture and Values

It is often difficult to separate personal values and culture from organizational values when one is influenced by the other. Aboriginal and non-aboriginal organizations often function at cross purposes - often when the two groups attempt joint efforts it appears as though they are speaking different languages, and, when values are not considered, that is often the case.

Organizational culture exists for much the same reasons as ethnic culture. Culture gives meaning to its members' way of doing things and members of an organization need to understand its culture in order to function effectively. Organizational culture "reflects assumptions about clients, employees, mission, products, activities, and assumptions that have worked well in the past and which get translated into norms of behaviour, expectations about what is legitimate, desirable ways of thinking and acting. These are the locus of its capacity for evolution and change." (Hampden-Turner 1990b)

Organizational culture is what employees believe management believes and values and what the experience means to employees. The leader is often the one who articulates organization vision and, when the vision is carried out through ideas and strategies that lead to success, they become part of institutional and organizational culture. What emerges reflects the vision of the leader. Edgar Schein developed a model for understanding three levels of organizational culture. (Schein 1982) discussed more fully in Section 7.

A discussion of organizational culture would not be complete without with a discussion of leadership. Bolman and Deal's (Bolman and Deal 1997) theory of leadership has four essential components: structural, human resource, political, and symbolic. The theory assumes that these four orientations or frames represent the ways in which leaders perceive organizational situations, and in turn shape how these respective situations are defined and the manners in which they can be managed most effectively. The structural and human resource frames are related to managerial effectiveness, while the political and symbolic frames are related to leadership effectiveness. It is further assumed that a leader possessing leadership orientations applicable to all four frames will yield the most effective leadership style. Bolman and Deal (Bolman and Deal 1991) asserted that "an increasingly complex and turbulent organizational world demands greater cognitive complexity: effective managers need to understand multiple frames and know how to use them in practice . . . to be fully effective as both managers and leaders" (pp. 528-529).

Quinn's competing values model was developed to analyze the complexities of organizational and managerial performance, and to aid in the understanding of the conflicts or competing values of organizational life (Quinn et al., 1991, p. 21). The model has four essential components: human relations, internal process, rational goal, and open systems. A leader's perceived effectiveness is measured in terms of how well the individual can balance all four leadership roles while responding to demands that contradict one another. The challenge for diverse cultures attempting to work in a collaborative environment is in understanding that organizational culture and leadership orientations determine organizational practices.

Stanley Sue (1990) believed that value conflicts are often involved when individuals respond to ethnic issues. These value conflicts have been a source of considerable controversy. According to Sue, without properly identifying the assumptions and effects of the conflicts clues it is difficult to resolve ethnic minority issues. A case to support this view could be made when non-aboriginal agencies plan health services for aboriginal people without first understanding the values and beliefs systems of Aboriginal people relating to health and wellness.

To summarize, the Building Collaboration model is as much about personal and collective empowerment as it is about changing the way health policy and services are determined. There are many change models that offer insights into personal and social transformation. The practice of *change management* as a discipline is a relatively new concept to organizations in general. Social psychologist Kurt Lewin led the way when he determined that the change process occurs in three distinct stages: the known present, the transition, and the desired future. (Lewin 1958) In the earliest stage of change management, the organization is tasked with introspective thought, first to identify where the organization is and secondly where it wants to go. The transition then becomes a manageable effort that subsequent change models have catalogued into a sequence of steps. William Bridges introduced the three stages of transitions - the ending, the neutral zone and the new beginnings - in his work on the transition process. He discussed how societies developed rituals to facilitate the new growth that emerges and stated "words failed to portray the experience and to reach deep enough in the mind to have a lasting effect. For that reason, these societies couched the most important insights in the form of myths." (Bridges 1980) Collaborating organizations that embrace participatory communication and dialogic approaches can find such approaches to be powerful assets in promoting change.



Section 4 Project Methodology

The project is organized around four central theories involving *social learning, change, empowerment and education*.

The project activities draw on Paulo Freire (Freire 1970) for guiding principles about learning and empowerment; the values framework developed by Milton Rokeach; (Rokeach 1979) Fons Trompenaars cultural orientations; and Prochaska - DiClemente stages of change model. (Prochaska and DiClemente 1986) All of the activities were designed to promote transformation and change.

Personal interviews assessed the participant awareness of policy and its functions. The interviews also revealed the level of interest in changing the existing consultation processes used by government agencies and the provincial health services. Lastly those interviewed were asked about their interest in developing a best practices model for building collaboration with the provincial health services (Interior Health Authority) that would increase participation and build mutual respect.

To raise both the personal and group awareness of values and culture, three surveys were administered. Participants completed survey's on personal values, cultural values and organizational culture (Rokeach 1979) (Trompenaars and Hampden-Turner 1998) (Harrison and Stokes 1992) The surveys helped to raise the level of awareness for both the individual and group's values and how these values are reflected in organizational cultures and practices. The surveys also served to create a common language for discussing cross cultural uniqueness.

Five community workshops were held to develop new skills and to provide a forum to group discussion. The project partners identified seven areas in which they believed they needed to develop awareness, knowledge and skills: culture; values; communication; decision making; policy making; group development; and, strategic planning for groups.

Throughout the project, facilitated round table discussions guided the project direction and created a collegiality among group members. The discussions enabled people to develop a critical understanding of their current relationship with external agencies and to question the barriers and structures which prevent full participation in policy and services planning. These discussions helped to clarify personal and organizational values, which then created the environment for attitudinal and behavioural changes.

Section 5 The "Building Collaboration" Model

The focus of the model and the participative educational element is on the collective group rather than individual efforts. Social change comes about not from individual achievements but through collective efforts. Community based workshops provide the environment for collective learning where peer interaction and the use of people's knowledge is the basis for the curriculum. The process is dialogical, affirming the mutual and coequal roles of the facilitator and the group members³.

In order to build collaborative relationships two conditions must be present: 1) shared and equal participation; and, 2) mutual respect developed through a deep understanding and acceptance of each other⁴.

Each phase of the process model should engage the group and challenge the group to question sources of knowledge and experience and to look at underlying issues that contribute to current situations. The group engaged in dialogic examination with each other and should resist over-simplifying the problems. In doing so, the group avoids distortion when perceiving problems and learns to question preconceived notions when analyzing them. "Awareness, reflection and action" (ARA) form the cornerstone for each phase. The phases are neither linear nor static, rather the phases are dynamic and interconnected and often occurring simultaneously. Characteristics of ARA include self-determination, intentionality, creativity and rationality.

The Building Collaboration Model in Exhibit 1 demonstrates the flowing movement between the phases. Each is marked by a facilitated round table discussion with key stakeholders, followed by a series of activities aimed at building and supporting new attitudes and behaviours.

³ Informal meetings were held throughout the ten month project in roundtable discussions usually away from busy offices and most often around places where food was served thus creating the time and space for deeper dialogue and relationship building.

⁴ Both aboriginal and non-aboriginal stakeholders were invited to participate at the beginning of the SPCNO- AHP project.

Exhibit 1 Building Collaboration model



Building Collaboration Model: Each phase is marked by a facilitated round table discussion with key stakeholders followed by a series of activities aimed at building and supporting new attitudes and behaviours.

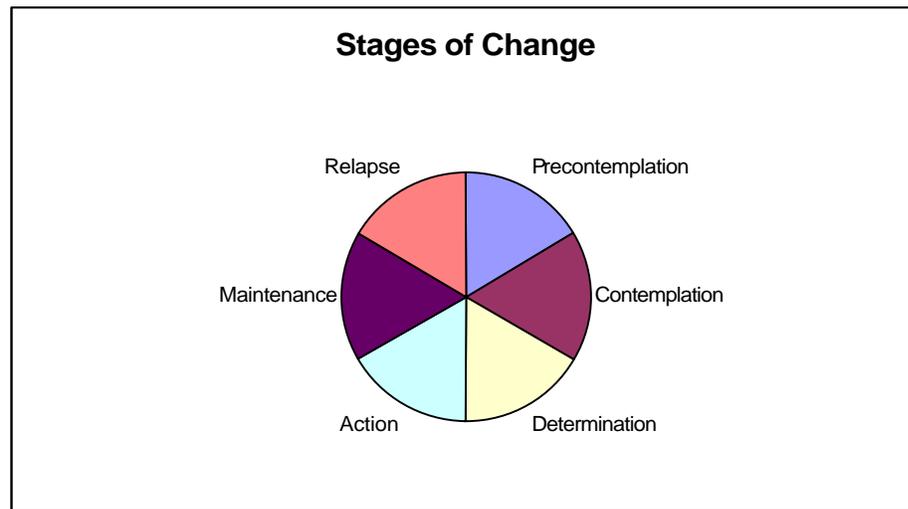
PHASES OF THE BUILDING COLLABORATION MODEL

Phase 1 Awareness, Reflection, Action of Issues and Readiness to Change

The first phase in the model is to create an awareness of the issues. To be motivated to change group members first need to become aware of the issues (that impede creation of partnerships and collaboration) and begin the examination of their underlying assumptions of the issues. Motivation is a state of readiness to change; it is an internal state that can be influenced by external factors. We have borrowed from the concept of "wheel of change" derived from the Prochaska-DiClemente model that discriminates between different stages of readiness for change and also implies that there are different approaches for each stage of change based on individual readiness. (Prochaska and DiClemente 1986)

The entry point to the process of change is the "precontemplation" stage where the person is not yet considering the possibility of change. To raise the awareness of the problem and the possibility of change, a person or group needs information. Exhibit 2 shows the movement from one stage of change to the next.

Exhibit 2



Change is not a linear process. It is not uncommon for individuals or groups to move back and forth between the stages of change.

Critical to each of the following steps is the roundtable discussions among group members. It is through dialogue that *awareness* is created and it through this that members *reflect* on the issues and *action* plans are made (ARA). The Building Collaboration model is a blend of process related activities (dialogue, critical awareness, reflection, and mutuality, uncompetitive and mutual respect) and task related activities (phases and activities in the model) where one process/task activity builds on the other.

Action Stage 1

Preliminary Investigation

- ◆ Explore interest in building collaborative relationship with key stakeholders.
- ◆ Examine past experiences with inter-agency collaboration. Talk and listen to people, identify areas of concern. Identify key stakeholders.

Action Stage 2

Investigation

- ◆ Hold informal discussions with key community and staff members on policy making and aboriginal involvement. Ask stakeholders about their experiences and opinions on issues such as organizational culture, problem formation, problem solution, consultation, advisory and collaboration.
- ◆ Invite key stakeholders to participate in developing a *Building Collaboration* relationship (from both the aboriginal organization and the government body, for example Interior Health Authority)
- ◆ Determine interest in the subject of inter-agency collaboration and commitment to increasing participation in planning health services

Action Stage 3

Pre-assessment

- ◆ Ask specific questions relating to the making and of changing policy, the purpose and function of policies and experience in developing or administering policies.
- ◆ Use the pre-assessment to launch a discussion on the purpose and function of policy, identifying the different explanations. Facilitate a dialogic examination of group members' understanding of government policy making practices and aboriginal involvement.
- ◆ Use a flip chart to create a visual representation of the process of consultation with aboriginal people. Beginning with group member experiences, visually capture the consultation meeting and track the flow of information through the various stages. Identify themes from various member consultation experiences. The problem must represent a familiar and easily recognized situation being investigated.
- ◆ Determine readiness to change. Discuss what the situation and relationship would look like if change does not occur.

Action Stage 4

Name the Problem

- ◆ The group is engaged to question previous conceptualizations of a problem.
- ◆ The group selects several themes that emerge from roundtable discussions and the contradictions contained within the themes to develop into a problem. The problem must relate the felt needs of the group, e.g., the invitation to participate in planning health services without being granted decision making authority or any say about the parameters of the discussion.
- ◆ The group selects a theme that has been turned into a problem, examines it, discusses it, and explores causes (this process is referred to as codification). The facilitator re-presents to the group their own themes in the form of codifications⁵.
- ◆ The Facilitator takes the problem and breaks it apart to expose the underlying factors (referred to as de-codification) by listening, challenging individuals and by using the codified problem as the basis for deeper analysis and discussion.
- ◆ Define and agree on the primary issue, identify what realistically can be done about it and, of these things, what should be done first.
- ◆ In a round table discussion critically examine the source of issues⁶.

Phase 2 Awareness of Self and Others: Values and Cultural Orientation

Phase two begins with understanding self and others; cultural values and cross cultural orientations. Phase two involves an assessment of values and cultural orientation. In *Riding the Waves of Culture* author Fons Trompenaars declared, "Culture is a way in which people solve problems and reconcile dilemmas..." (Trompenaars and Hampden-Turner 1998:6) He explained that every culture distinguishes itself from others by the solutions it chooses to solve universal problems.

⁵ For example, government agencies claim to consult with aboriginal people regarding their needs (on a specific issue) which they then develop programs and services to address these needs; but what compels the initial inquiry and consultation? What drives the program or service implementation, is it client - community based? How does policy affect programs and services?

⁶ An example of the questions asked would include: How does the historical relationship affect and/or influence the partnership? How would the group describe the past relationship? What factors contributed to the current situation or condition?

While it may be assumed that a person or group's values can also be made evident by observing their behaviour, this is not always the case and often such assumptions are the sources of misunderstanding that leads to conflict. Conflict may arise when people make incorrect assumptions about an individual's or group's values by relying only on observation of their behaviour.

To build understanding and mutual respect, partners must also look below the surface to examine and understand the underlying forces that guide behaviour, rather than merely making judgments based on the behaviour itself. Gaining this understanding can be an extremely complex undertaking. For example, at times a person's espoused values are in conflict with actual behaviours, as in the case where, while declaring a value for participative decision making, in actual practice an individual blocks or restricts others' involvement in the process and/or withholds information that would facilitate the group's informed decision making.

Identifying, understanding and giving voice to the inconsistency is critical to building relationships. Values that shape attitudes, judgments, choices, and actions are learned and absorbed through culture and society - they can undergo change through the same channels.

To aid in developing a deeper appreciation of self and others, cultural orientation and values were assessed using three survey instruments. The survey results provided the foundation for understanding cultural values and created a common language for describing and defining values and culture, i.e., identifying behaviours, beliefs, ethnic values, and values orientations. The two values orientation models used in this study are: Milton Rokeach Terminal and Instrumental Values (Rokeach 1979); and, Fons Trompenaars' model of cultural orientation. (Trompenaars and Hampden-Turner 1998) A third survey to diagnose organizational culture examines how people treat one another, the values they live by, how people are motivated and how people use power within their organization. (Harrison and Stokes 1992)⁷

The survey exercises and resulting discussion served to create the base for developing deeper understanding of each other. They also served as a starting point for creating a common language for expressing differences. Throughout the development of the *Building Collaboration* model, the surveys acted as a reference point for examining the past and present collaborative efforts and working relationships⁸.

⁷ See appendix for surveys used.

⁸ The survey results are reported on in the appendices.

Organizational Culture

Organizational structure is reflected in three elements of organizational culture: 1) the general relationship between employees and their organization; 2) the vertical or hierarchical system of authority; and, 3) the general views of employees about the organization's destiny, purpose and goals and their place within that context. Organizational culture provides members with a sense of organizational identity and generates a commitment to beliefs and values that are larger than themselves.

Much like the previous discussion on [ethnic] culture, organizational culture consists of shared values, beliefs and assumptions of how its members should behave.

Action Stage 5 Self and Others Inventory

- ◆ Create Awareness through Personal values survey⁹
- ◆ Create Awareness through Culture values survey¹⁰
- ◆ Create Awareness through Organizational culture survey¹¹
- ◆ Facilitate Round table discussion. Reflect on survey results and meaning, preconceived ideas about other cultures, perceptions of self.
- ◆ Identify commonalities, differences.
- ◆ Determine the guiding principles for building collaboration. (Action)
- ◆ Determine behaviours to implement guiding principles. (Action)
- ◆ Develop a Statement of Guiding Principles¹²

⁹ Description of survey dimensions is available in Section 7. Copies of survey instruments are included in the appendix, including data from the project.

¹⁰ Description of survey dimensions is available in Section 7. Copies of survey instruments are included in the appendix, including data from the project.

¹¹ Description of survey dimensions is available in Section 7. Copies of survey instruments are included in the appendix, including data from the project.

¹² See appendix for an example of Guiding Principles developed by the SPCNO-AHP

Phase 3 Awareness, Reflection, Action of Internal and External Environment

Organizations do not operate in a vacuum. Many interacting forces from both the internal and external environments affect the way in which day to day business is carried out. This phase involves discussion of internal environmental factors such as leadership, departmental organizational, management processes, inter-departmental organization and distribution of resources in aboriginal organizations. External environmental factors include clients, the general public, government, agencies that would provide/supply services/products and an innumerable number of institutions external to the Band Administration or Urban Aboriginal organizations. The substance of the discussions about internal and external environment is the driving force for the participative education workshops in the Phase four.

The goal here is to have the group develop a broader view of services and conditions under which decisions are made. The group members should determine areas where they feel they either need or want to develop more skills. This phase of actively seeking out new knowledge and skills is reflected in the 'determination' and 'action' stage presented earlier. (Prochaska and DiClemente, 1986) Deciding to take action to change the current situation is the hallmark of the determination stage.

From the discussions, the group members create a list of training workshops they believed would better prepare them to become more pro-actively involved in services planning within a cross-cultural environment. Implementing the training action plan involves ongoing discussions and logistical organization.

Action Stage 6 Organizational Environment

- ◆ Identify internal environmental factors (leadership, departmental organizational, management processes, inter-departmental organization and resources). (Awareness)
- ◆ Identify external environmental factors (clients, general public, government, agencies who provide/supply services/products and a other institutions) (Awareness)
- ◆ Hold roundtable discussions to examine the inter-relationship between internal and external factors that affect decision making, participation in health service planning and delivery. (Reflection)
- ◆ Identify strengths, opportunities, weaknesses and threats to participating as equal partners (Reflection)
- ◆ Develop a list of training workshops to build skills and competency (Action)
- ◆ Enhance knowledge, skills and abilities in key areas (Action)

Phase 4 Participative Education: Awareness, Reflection, Action

Working with the group to develop deeper understanding of issues and to build new skills helps to increase both the group's sense of self-efficacy and to build confidence. (Bandura 1997) Offering information about successful models of practice can also help in this stage. The purpose of the models of practices featured in each workshop is not to offer a rigid prescription for change but to engender a sense that change and success is possible. Training workshops foster the empowerment of participants through democratically structured cooperative learning and action; these workshops are directed toward achieving more than individual competency. The workshop emphasis is more on the concept of a collective transformation that pushes for social change rather an individual enhancement.



The goal is to create a critically shared consciousness of analysis and strategies, recognition that each action is linked. For example, it is within the context of cultural orientation that one can begin to understand behaviours and attitudes. It is by looking at decision making that one can begin to understand that organizational culture is driven by values that determine how decisions are made. And, it is through conscious critical analysis that group members can determine that the process used to develop policy and programs is linked to

strategic planning that is influenced by the external and internal environments. It is through the bringing together of collective threads of knowledge and experiences and by uncovering hidden preconceptions that a new truth emerges.

Action Stage 7 Empowerment through learning

Simply put, this action stage provides the opportunity to create awareness, encourage reflection and promote action in a learning environment and, in so doing, transforms both the individual and the group.

- ◆ Workshop Training (See Section 6 for detailed workshop descriptions)
 - ☞ Culture, values and the organization
 - ☞ Making and changing policy
 - ☞ Decision making models
 - ☞ Communication, culture and conflicts
 - ☞ Stages of group development
 - ☞ Strategic Planning for Groups

- ◆ In a facilitated round table discussion with key stakeholders apply the new knowledge and skill to the current situation.

The goal of the workshops is to raise the group members' level of critical consciousness and to provide them with an opportunity to build new skills. "Critical consciousness" an active level of consciousness, is characterized by depth in the interpretation of problems, serious questioning of sources of information, perception and preconceived ideas. It is not enough to simply feel comfortable in one's knowledge - rather, it is important to develop the skills to examine an issue objectively and, insofar as possible, without bias. Critical consciousness is brought about not through an *individual* effort but through *collective* struggle. Social changes come about not just by increasing individual competency, but by creating a collective critical consciousness about the issues.

Phase 5 Mutual Respect, Mutual recognition, Mutual Responsibility and Sharing

Determining how to treat one another is an often overlooked stage of relationship building. As with other complex thoughts and feelings, it is often difficult to translate words into actual behaviour. Like the other four phases in the model, phase five is a not a stand alone task or an activity that one seeks to "accomplish" and then move on. It is not an activity to be 'checked-off'; rather it is an intentionality that permeates each action within the model. As with the other phases there is an initial state of awareness followed by reflection, which is then followed by action.

Action Stages 8 Relationship building begins with intentionality

In a round table discussion, facilitate a dialogue that involves key stakeholders and that seeks to undertake the following actions:

- ◆ Define respect, recognition, mutual responsibility, sharing.
- ◆ Describe behaviours that exhibit mutual respect, recognition, responsibility and sharing.
- ◆ Describe the behaviour of a breach of these principles.
- ◆ Discuss how the lack of these guiding principles undermines collaboration.

- ◆ Discuss how these behaviours enhance collaboration.
- ◆ Incorporate new behaviours into the work relationship.

Integration: Closing the circle

As the phases and activities in the model come full circle and the relationship building activities come to a close, the final stage involves a bringing together of new ideas that strengthens behaviours. A common language that enhances communication has been defined and agreed upon; a deeper appreciation for cross-cultural differences has been cultivated; and new skills have been developed that build confidence in group members' abilities. There is a transformation of both the individual and of the partnership relationship. Successful completion of the five phases presents new opportunities for building collaboration and new partnerships.



Section 6 Participative Education

Skill Building Workshops

Group members were asked to identify areas of organizational practices they would like to explore and skills they would like to enhance. The group identified the following areas: communication; decision making; conflict management; and, policy making. The workshop format was simple. Ultimately, it was through discussions and issues arising from the introduction of the topic that the curriculum unfolded. In this approach, the workshop participants drove the process and directed the workshop content to fit with their needs and interests. As a way to foster information sharing, skill building and to build community support the workshops were open to other community and staff members to attend.

Four of the workshops were held in one central location. The fifth workshop was hosted on three separate occasions in three different communities (Spallumcheen, Adams Lake, and Vernon). The community based workshops provided an opportunity for group members to generate interest and support amongst their community members for a process for building partnerships.

Workshop #1

*Culture, Values and the Organization*¹⁴

This workshop examined how culture and values influence the way we work, the organizations we create, and the relationships we build. Participants were asked to first identify one personal value, and then were asked to identify one societal value. This led into a full day discussion on examining the definitions of culture, perceptions of culture, sources of one's belief and juxtaposition of values and approaches to traditional Indian Medicine with Western Medicine (Leslie Malloch)

To highlight different ways of cultural orientation, a presentation on the cultural contrasts between traditional Native American cultures (eastern tribes) and western - oriented American society led to further discussion on the cultural practices of the First Nations in British Columbia. The workshop concluded with discussion on the Principles for Partnership Building proposed by the Royal Commission on Aboriginal Peoples (1996). These Principles include mutual recognition, mutual respect, sharing and mutual responsibility, calling upon groups and individuals to learn from each other while seeking answers or solutions to mutually important matters. The values, culture and organizational surveys were administered previous to the workshop and were discussed at the workshop.

¹⁴ Facilitated by Bill Mussel of the Salishan Institute, Chilliwack BC.

Workshop #2

Policy and Decision Making: Making it work ...¹⁵

Policy acknowledges institutional values and "culture". The challenge for aboriginal communities is that non-aboriginal policies most often do not reflect aboriginal values. This workshop presented a summation of policy function, development and change. How and why is policy made? What are the elements of a good policy? Who should be involved in making policy? How are decisions made? Who is involved in the decision making? How do the processes used to make decisions reflect culture and values? Both policy and decision making are critical areas to building collaborative relationships. Workshop participants were challenged to discuss the power and authority dimensions inherent in policy development and decision making.

Workshop #3

Communication, Culture and Climate: "If you won't dance, and I won't dance, why did we come all the way to the ball?"¹⁶

Growing up in different cultures gives each person very different ideas about how to express agreement or disagreement, how to communicate emotions and intentions. Observing how those of different cultures deal with conflict, disagreement and aggression can provide new perspectives in our attempts to manage conflict and use opposition in constructive rather than destructive ways. Every person has learned how to fight, how to surrender, how to run away and how to stand up for what they believe in. Every person has learned how to hide what they think and how to say what they really mean, how to resist change and how to embrace it, how to live as though nothing matters, and how to challenge ourselves and improve lives.

Potential sources of conflict in cross-cultural collaborations were identified as:

- ◆ unclear roles and responsibilities;
- ◆ different views, needs and perceptions;
- ◆ poor fit in the organizational structure;
- ◆ incongruent personal/ organizational values;
- ◆ problematic structures and procedures;
- ◆ performance difficulties/abilities/ willingness;
- ◆ different styles;
- ◆ different assumptions; and
- ◆ dysfunctional behaviour (e.g., use of drugs or alcohol, lack of accountability and poor work ethic).

¹⁵ Facilitated by Dr. Robert E. Simon (Kamloops) and Tina-Marie Christian (Armstrong)

¹⁶ Facilitated by Stacey Holloway of Holloway-Zaiser Group - White Rock, BC

Cross-cultural conflict is consists of three elements: conflict, culture, and conflict involving culture. Conflict may also stem from:

- ◆ different views of conflict (e.g., a chance to vent or something to be avoided at all costs)
- ◆ different types of conflict (i.e., interpersonal, inter-group) and/or
- ◆ different sources of conflict (i.e., conflict over data, values, or interests)

[Workshop #4](#)

Pilot Building Collaboration Model

The Splat's'in Health Department of the Spallumcheen Indian Band hosted a two day workshop with social services staff as a mini-pilot of the *Building Collaboration* model. The purpose of the workshop was to apply the phases of the model and to determine whether the action steps actually aided in building a collaborative environment. Ten staff members from the health, education and social services department participated in the condensed presentation on the historical events leading to present day health conditions, culture and values, policy and decision making.

The two-day workshop followed the same format for round table discussions and critical analysis as the original SPCNO-AHP group members. The combination of both aboriginal and non-aboriginal staff provided an opportunity to discuss cultural orientations in a safe and respectful environment. Many commented afterwards that they appreciated the opportunity to discuss and examine sources of differences rather than continuing to pretend that everyone knew what the other was talking about. In a small way, the workshop brought to surface the discomfort Canadian society has about talking about cultural diversity. For many, the presentation on historical events influencing First Nations communities was new information. Several participants remarked on the historical sequence of events that contributed to the present day poor health conditions and the marginalized involvement First Nation's have in developing health policy. The awareness led participants to question other societal influences and social systems. This underpins the importance of understanding the source of one's knowledge and experience as a critical factor for building future relationships.



The skills building section of the workshop provided participants with general background information on policy development and decision-making models. It became evident that many people often accept information at face value without questioning the political agendas or rationale of those in power and in doing so, are not active participants in determining alternative solutions to pressing issues.

The workshop provided a foundation for understanding the model and process of building collaboration. It also prepared the group sufficiently to participate in the *Strategic Planning for Groups* workshop which was held one week later.

[Workshop #5](#)

Strategic Planning for groups: Creating Strategies to Address Community Issues¹⁷

There are two macro pieces to which any organization or 'dedicated' work team needs to pay attention as it creates or manages change:

- 1) Clarity about where they are going and a sound strategy to get there, based on understanding of external trends, stakeholders, and the unique internal situation that exists.
- 2) Managing the change process and the transition in a way that engages and moves the whole team or organization forward. The task here is to gain ownership, commitment, and accountability from all of the key stakeholders who must engage and be part of the change. We know that a strategy that is owned and committed to only by a handful of people is seldom a strategy that gets implemented.

The benefits to the organization or team for engaging in these two pieces of strategy would be:

- ◆ clarity of direction, deliverables, and corresponding roles and responsibilities;
- ◆ alignment of resources (people, time, and money);
- ◆ development of a management tool - a document against which you can determine progress, evaluate performance, and evaluate successes; and
- ◆ a shared focus which has a direct impact on your overall success.

¹⁷ Facilitated by Dale Zaiser and Cheryl Brooks of Holloway-Zaiser Group, White Rock, BC

Each organization, band, team or working group is unique, with its own capacity to manage change strategically. The term "strategic planning" is commonly used by groups working to address issues. However, it is far less common for those groups to possess the time, skills and resources they need to develop truly "strategic" approaches to fostering change. Emphasis for this workshop included discussion on how differences in personal and organizational culture can impact on the ability to communicate effectively when developing strategic plans.

In this workshop participants gained an understanding of a strategic planning process; built an understanding of group development; practiced group process intervention skills; and experientially worked through an adapted issue-based strategy model.



Section 7 Values, Culture and the Organization

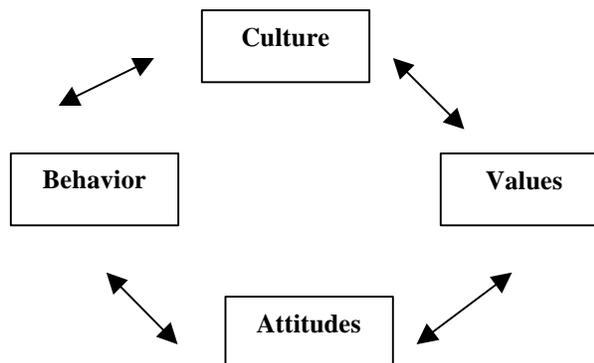
Cultural Orientation

This section presents the foundation for understanding cultural value and begins to create a common language for describing and defining values, culture, behaviours, beliefs, ethnic values, and values orientation. The two values orientations used in this study are: Milton Rokeach 36 universal (personal) values that are common to all cultures; and, Fons Trompenaars' model of 7 (cultural) values orientation.

To begin the discussion on values, Exhibit 1 shows the relationship between culture, values, attitudes and behaviour.

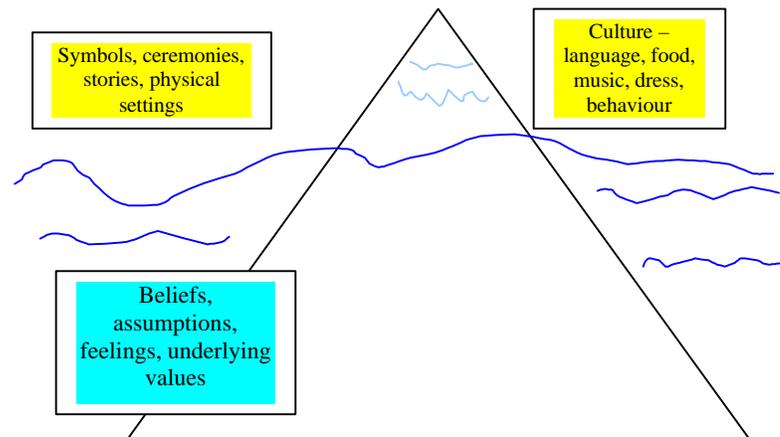
Exhibit 6 Influence of Culture on Behaviour

Influence of Culture on Behavior



Cultural practices and values are inter-related; one cannot exist without the presence of the other. The values and the symbols, rituals and ceremonies used to transmit culture are exhibited by member attitudes and behaviours.

Exhibit 7 Iceberg Principle of Culture and Values



Only behaviour is visible. Conflict may arise when people make incorrect assumptions about an individual's or group's values by relying only on observation of their behaviour.

Exhibit 7 offers another way to demonstrate that values and beliefs underpin behaviour. Observed behaviours such as symbols, rituals and ethnic customs often do not make sense to those who are from outside of the culture. This creates the impression of 'different-ness' and when left misunderstood can be a divisive force creating a 'them versus us' mindset. Judgments are often made about people based on the observed behaviours. It is only through the development of a deeper understanding of values that cultural practices make sense to outsiders.

Project members participated in three surveys related to values, culture and organization practices. These surveys were Rokeach Values Survey, Cultural Orientation Survey and Diagnosing Organizational Culture Survey. Nine aboriginal partners from six aboriginal organizations and 4 non-aboriginal partners participated in a values survey, cultural orientation survey and diagnosing organizational culture survey. Two of the non-aboriginal partners were representatives of the IHA and the remaining two non-aboriginal partners worked with aboriginal organizations. The full details of the results of the survey's and the survey instruments can be found in the appendices section of this report.

Survey I Milton Rokeach Values System

Overview of Dimensions

Values are the core concepts [assumptions] of the cultural onion, of the desirable within every individual and in every society; values orientation is what guides action, judgment, choice, attitude, evaluation, argument, and explanation. It is values that shape and mold self-image and directs our thinking.

In 1967 Milton Rokeach proposed an approach to the conceptualization and measurement of values. He developed a Value Survey that attempted to identify major end-states of existence called Terminal Values and the behaviour modes for achieving them called Instrumental Values, as well as offering a means for measuring personal value priorities. As noted earlier, in each distinct culture and social system Rokeach 36 values will appear. They may, however, differ completely in their pattern of values. Rokeach indicated that it is the arrangement, a personal hierarchy or priority of values, that creates differences among people rather than that individuals are lacking a particular value.

The project partners identified that cross-cultural differences contributed to misunderstandings and created barriers for collaborative efforts to plan health services for aboriginal people. It was determined that one way to reduce the tensions and enhance mutual understanding would be to begin the relationship building process by first creating an open climate for discussing culture and values orientations.

Key survey findings

Terminal Values

100% of the Aboriginal respondents rated health within the top 5 values. Sixty percent (3 of 5) rated inner harmony, freedom, mature love and self-respect within the top 5 terminal values (beliefs about ultimate goals or desirable end-states of existence worth striving for). All the non-aboriginal respondents (3 of 3) rated family security and health as having the highest value. Two of the three respondents rated 'a comfortable life' as high.

Commonalities: 100% of aboriginal and non-aboriginal rated health as a top value. This high degree of commonality in this value offers some indication of a strong shared value upon which to base collaborative efforts.

Differences: Perhaps what is most notable in the differences appear when we compare those respondents who rated some values as having high terminal value such as a comfortable life, salvation, true friendship, equality, an exciting life, and note that these same values were also found in the lowest values priorities of other respondents. Although there

were some minor correlations between aboriginal and non-aboriginal respondents' values priorities, the sample size was too small to draw any conclusions.

Instrumental Values

Eighty percent (80%) of the Aboriginal respondents rated *honest* and *capable* as having the **highest** Instrumental value¹⁸. Forty percent rated *responsible, helpful, forgiving, logical and independent* as high instrumental value.

100% of the non-aboriginal respondents rated *honest* as having the highest Instrumental value. 66% (two of three) rated *broad minded, responsible, helpful and capable* as their top instrumental value. 80% of Aboriginal respondents (four of five) rated *obedient* as the having the lowest Instrumental Value priority. 60% (three of five) of the Aboriginal respondents rated *clean, self-controlled, imaginative and polite* as having a low value priority. 100% (three) of the non-aboriginal respondents rated *imaginative and obedient* as their lowest instrumental value.

Commonalities: The instrumental values that were the most common among both the aboriginal and non-aboriginal respondents were *honest, responsible and capable*. Most agreed that *obedient* had a low instrumental value rating

Differences: The differences between the instrumental values of the aboriginal and non-aboriginal respondents did not appear to follow any particular gender or cultural line. Instrumental values such as *imaginative or self-controlled, forgiving and broad minded* were found to be rated as both high or low by some respondents.

Discussion

The group discussed the values priorities with keen interest. The survey provided an opportunity to reflect on personal values and to examine the values of other people. It was agreed that the instrumental values were subjective, i.e., the meaning given by an individual would determine how the value was rated. The values survey provides a starting point for understanding differences between people, a common language for discussing similarities and differences and, finally, a possible explanation for observed behaviour. Understanding the values that drive behaviour is crucial for building relationships and creating dialogue.

The results of the survey revealed many commonalities among group members, specifically as *values* related to health and family security. However, differences that lead to conflict

¹⁸ That is, a belief that desirable behaviour is instrumental to the attainment of desirable end-states.

begin to surface in the way those values are exhibited through *behaviours*. The more obvious conflicts would occur in cases where the top terminal values of one person are the lowest value priorities of another. Of particular note here is the inter-relationship between a leader's value orientation and the influence s/he has on organizational culture, i.e., organizational practices such as strategic planning and decision making would presumably be based upon, or heavily influenced by, the values orientation of the leader or leading group.

Survey I I Trompenaars Cultural Orientation

Overview of Dimensions

To better understand value differences, Trompenaars presented five orientations based on Talcot Parsons' five relational orientations (Parsons and Shils 1951) for determining the way people deal with other people. Every culture distinguishes itself from others by the specific solutions it chooses to certain problems which reveal themselves as dilemmas. It is convenient to group these problems under three categories:

- ◆ those which arise from our relationships with other people;
- ◆ those which come from the passage of time; and,
- ◆ those which relate to the environment.

From looking at the solutions different cultures have devised to address these universal problems, Trompenaar identified seven fundamental dimensions of culture, five of which fall under the first category, i.e., relationships with other people. The remaining two dimensions relate to orientations toward time and the environment.

Trompenaar's seven dimensions are:

1. universalism versus particularism;
2. individualism versus communitarianism;
3. neutral versus emotional;
4. specific versus diffuse;
5. achievement versus ascription;
6. attitudes to time; and
7. attitudes to the environment

The seven cultural dimensions are presented in the following tables that provide examples of the contrasting beliefs and values that define behaviours.

Table 1 Universalist versus Particularist differences

Universalist	Particularist
1. Focus is more on rules than relationships	1. Focus is more on relationships than on rules
2. Legal contracts are readily drawn up	2. Legal contracts are readily modified
3. A trustworthy person is one who honors his or her word or contract	3. A trustworthy person is the one who honors changing mutuality's
4. There is only one truth or reality, that which has been agreed to.	4. There are several perspectives on reality to each participant
5. A deal is a deal	5. Relationships evolve

Table 2 Individualism versus communitarianism

Individualism	Communitarianism
1. More frequent use of "I" form	1. More frequent use of "We" form
2. Decisions are made on the spot of representatives	2. Decisions referred back by delegate to organization
3. People ideally achieve alone and assume personal responsibility	3. People ideally achieve in groups which assume joint responsibility
4. Vacations are taken in pairs even alone	5. Vacations are organized groups or with extended family

Feelings and Relationships: Affective versus neutral

Reason and emotion affect how people relate to each other. A person's orientation toward feelings and relationship can be seen in whether we show our emotions - i.e., affective - or whether we are emotionally neutral.

Table 3 Affective versus neutral differences

Neutral	Affective
1. Do not reveal what they are thinking or feeling	1. Reveal thoughts and feelings verbally and non-verbally
2. May (accidentally) reveal tension in face and posture	2. Transparency and expressiveness release tensions
3. Emotions are often dammed up will occasionally explode	3. Emotions flow easily, effusively, vehemently and without inhibition
4. Cool and self-possessed conduct is admired	4. Heated, vital animated expressions admired
5. Physical contact, gesturing or strong facial expressions often taboo	5. Touching, gesturing and strong facial expressions common
6. Statements often read out in monotone	6. Statements declaimed fluently and dramatically

Specific versus diffuse cultures

The next dimension of values orientation is related to the previous discussion on emotions. This dimension relates to how we engage with others. For example, the degree to which we keep our professional and private lives separate would indicate the degree we engage others in specific areas of life and at single levels of personality. On the opposite end of the spectrum, diffusely refers to the degree to which we engage multiple areas of our lives at several levels of personality.

Table 4 Specificity versus Diffuseness differences

Specificity	Diffuseness
1. Direct, to the point, purposeful in relating	1. Indirect, circuitous, seemingly "aimless" forms of relating
2. Precise, blunt, definitive and transparent	2. Evasive, tactful, ambiguous, even opaque
3. Principles and consistent moral stands independent of the person being addressed	3. Highly situational morality depending upon the person and context encountered

Achieved versus ascribed status

Each culture has some measure of social status and different societies confer status on individuals in different ways. For some cultures *ascribed* status is given based on something outside the control of the individual, e.g., gender or birth order. *Achieved* status, on the other hand, is assigned on the basis of standards over which a person has some control, i.e., based on achievement.

Table 5 Achievement versus ascribed status differences

Achievement -oriented	Ascription-oriented
1. Use of titles only when relevant to the competence you bring to the task	1. Extensive use of titles, especially when these clarify your status in the organization
2. Respect for superior in hierarchy is based on how effectively his or her job is performed and how adequate their knowledge	2. Respect for superior in hierarchy is seen as a measure of your commitment to the organization and its mission
3. Most senior managers are of varying age and gender and have shown proficiency in specific jobs	3. Most senior managers are male, middle-aged and qualified by their background.

Concept of time

Trompenaars' next orientation addressed the cultural concept of time - past, present and future. Of particular importance is whether a culture views time as **sequential**, i.e., as a series of past events, or whether it is viewed as being **synchronic**, i.e., with past, present and future being interrelated so that ideas about the future and memories of the past combine to shape present action.

Table 6 **Concepts of Time differences**

Sequential	Synchronic
1. Do only one activity at a time	1. Do more than one activity at a time
2. time is sizeable and measurable	2. Appoints are approximate and subject to "giving time" to significant others
3. Keep appointments strictly; schedule in advance and do not run late	3. Schedules are generally subordinate to relationships
4. Relationships are generally subordinate to schedule	4. Strong preference for following where relationships lead
5. Strong preference for following initial plans	

How we relate to nature

Cultures vary in their approach to their environment. Inner-directed cultures see the environment as having to be controlled. Outer-directed cultures tend toward seeing nature as something to be lived with in harmony.

Table 7 **Internal - External- Oriented differences**

Internal Control	External Control
1. Often dominating attitude bordering on aggressiveness toward environment	1. Often flexible attitude, willing to compromise and keep the peace
2. Conflict and resistance means that you have convictions	2. Harmony and responsiveness, that is sensibility
3. Focus is on self. Function, own group and own organization	3. Focus in on "other" that is customer, partner, colleague
4. Discomfort when environment seems "out of control" or changeable	4. Comfort with waves, shifts, cycles if these are "natural"

Key findings and discussion

The survey consisted of a set of 17 questions, some of which were in the form of scenarios, with others posed as forced alternative-type questions. To demonstrate that cultural orientation is reflected in organizational practices, respondents were asked three questions relating to organizational practices.

The results from this survey were inconclusive and it was recommended that a second survey be developed to test the cultural values orientation. However, the survey did indicate that there *may* be incongruence between the general perception of aboriginal culture and actual beliefs. While the common perception is that aboriginal people lean toward a particularist, communitarian, affective, and synchronic orientation, the results of the survey didn't support these perceptions (See appendices three through five for survey results).

Both the aboriginal and non-aboriginal respondents indicated an orientation toward a *universalist* orientation, i.e., the focus of discussions would be more on rules than on relationships and there would be only one truth, that which has been agreed to. This orientation might be summarized as saying that 'a deal is a deal'. The majority of aboriginal respondents (four of five) and non-aboriginal (two of three) respondents indicated a preference to *specific* versus *diffuse* orientation. People from a specific oriented culture tend to segment different aspects of life (for example, keeping private and business agendas separate from each other) and analyse elements of a situation separately, viewing the whole as the sum of its parts. Conflicts of interest are frowned upon and clear, precise and detailed instructions favoured. People from a diffuse culture, on the other hand, tend to see different aspects of life connected to each other, and all elements of a situation as interwoven, viewing the 'diffuse' whole as more than simply the sum of its parts.

Respondents were asked two separate questions relating to status. Responses to one question yielded results similar to the specific-diffuse orientation: four of five aboriginal and two of three non-aboriginal respondents indicated an orientation toward *achieved* versus *ascribed* status. However, it was interesting to note that four of five aboriginal respondents also indicated an orientation toward *ascribed* status. This would indicate that in some circumstances aboriginal respondents would accord status on the basis of age, gender, education and social connections (*ascribed* status) while at other times according status on the basis of one's achievements (*achieved* status). The non-aboriginal respondents consistently chose to accord status on the basis of achievement.

The two remaining orientations, toward *time* (which is represented by past, present and future and by sequential or synchronic orientation) and *loci of control* (either external or internal orientation) revealed results similar to the ones above. Respondents were asked

two questions for each orientation. In each case, the aboriginal respondents indicated an orientation toward both dimensions, indicating that, rather than rigidly holding to one orientation only, they may at different times lean more toward one orientation than other. This raises questions about the conditions under which each of the orientations would be applied.

A deeper understanding of cultural orientations provides the framework for articulating personal and organizational practices and gives hints on how to more effectively work together. If, for example, one knew that in a *sequential* time oriented culture a person is more likely to see time as sizeable and measurable and appointments are strictly kept with a strong preference for following initial plans, one could adequately prepare by showing respect for appointment times and focusing on one task at a time. In cultures with a *synchronous* orientation, schedules are generally subordinate to relationships, with a strong preference for following where relationships lead and, often, focusing on several activities at one time.

The last three questions of the survey probed for respondents' perception of organizational practices. Focusing on the four organizational orientations - Guided Missile; Family; Incubator; and, Eiffel Tower - that govern practice for common issues of conflict, criticism and hierarchy provided an opportunity to make the leap from personal and cultural orientation to organizational practices and values. This connection is often overlooked.

Generally, the majority of aboriginal respondents indicated that their organizational practices leaned toward the *guided missile* approach to conflict and criticism. The guided missile has a rationale of "ends", i.e., everything must be done to stick to the strategic intent and reach the target. In this type of organization, the roles of people are not fixed in advance - they must do what it takes to complete a task. On the organizational hierarchy dimension, Aboriginal respondents indicated the Eiffel tower approach, with its strong division of labour, roles and functions. The *Eiffel tower* is steeply symmetrical, being narrow at the top and broad at the base, and is stable, rigid and robust. Its structure is more important than its function.

In contrast, the non-aboriginals indicated that the *incubator approach* is most often applied to the conflict and criticism dimension in their organizations. The incubator approach is based on the existential idea that organizations are secondary to the fulfillment of individuals. If organizations are to be tolerated at all, they should be there to serve as incubators for self-expression and self-fulfillment.

The survey results were not intended to be definitive; rather they were used to encourage the group to discuss differences and the relationship between culture, values and organi-

zational practices in an open and respectful manner.

Organizational Culture

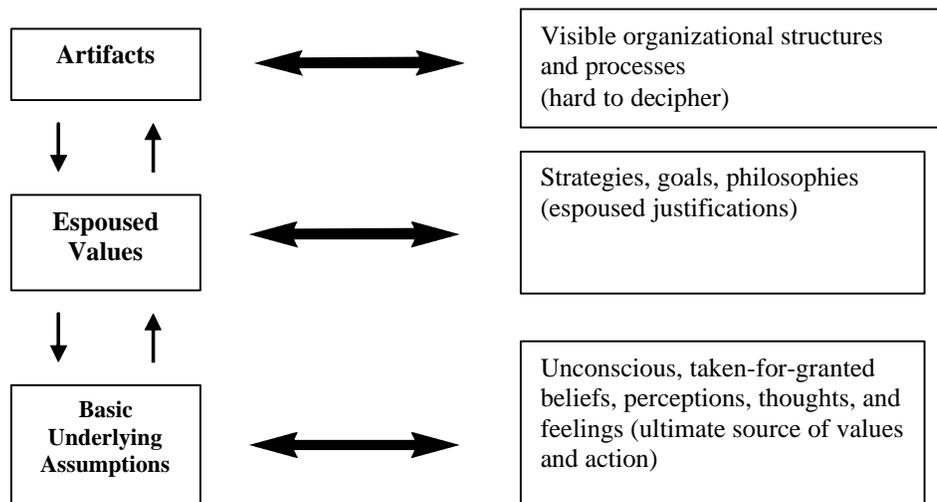
Overview of Dimensions

Much like the previous discussion on cultural orientations, organizational culture consists of shared values, beliefs and assumptions about how members of an organization should behave. As noted earlier, organizational culture exists in much the same way as does national or ethnic culture. Culture gives meaning to members' way of doing things; members of the organization need to understand its culture in order to function effectively. Ultimately, organizational culture provides the base upon which systems are built.

Exhibit 8 presents Schein's *three levels of culture* model, which describes the degree to which various cultural phenomena are visible to the observer.

Exhibit 8

Levels of Culture



Edgar Schein developed a model for understanding three levels of organizational culture as seen in Exhibit 8. (Schein 1982)

Understanding Schein's *three levels of culture* model provides a base for understanding the behaviours of organizational members especially when (organizational) culture change becomes necessary. To understand organizational culture it is important to be able to decipher the pattern of basic assumptions operating in the organization.

Organizational culture and values become clearer when we apply Schein's model to specific organizations. Rokeach argued that it is just as meaningful to speak of societal values, institutional values, organizational values, ideological values, and the value-transmitting functions of social movement as it is to speak of individual values. Institutions, he claimed are "social arrangements that provide frameworks for value specialization; this is the framework for the transmission and implementation mainly of those subsets of values that are especially implicated in their own particular spheres of activity." (Rokeach 1979:51) One of the more obvious institutional frameworks for values specialization would be the church, which 'cornered' the social market for a specific set of social values.

An organization's culture is made up of those aspects of the organization that give it a particular climate or feel. Culture is to an organization what personality is to an individual. It is a distinctive gathering of beliefs, values, work styles and relationships.

Survey III Diagnosing Organization Culture Survey

This survey instrument examined how people treat one another, what values they live by, how people are motivated to produce, and how people use power in the organization. These behaviours are at the core of what most people mean when they speak of their organization's culture. Every organization has some combination of four basic culture orientations, i.e., power, role, achievement and support.

The power culture is based on strength (direction, decisiveness and determination), the role culture is based on structure (order, stability, control); the achievement culture is based on competence (growth, success distinction); and the support culture is based on responsibility (mutuality, services and integration). Each of these cultures evokes different behaviours and is based on different human values. Each involves a unique way of making decisions, a characteristic way of motivating people to work, a typical management style, and a set of underlying values and beliefs about work *and* about human nature. The four cultures are only partially compatible with one another, and the benefits of one can only be achieved at the expense of some of the benefits of one of the others.

The organizational culture survey examines both the existing and the preferred culture. The survey results informed the project *Statement of Principles* (Appendix 2). Detailed

results of the survey can be found in the appendices of this report.

Key Findings and discussion

It is important to keep in mind that each organizational culture type has its strengths and limitations. The surveys were not intended to imply the merit of one culture over another. The usefulness of this survey is in the discussion it generates regarding our understanding of the different values relating to power, role, achievement and support that guide and are reflected in organizational practices.

Thirty-eight percent of aboriginal respondents described their *existing* organizational culture as having practices consistent with a *Power* culture orientation, versus twenty-five percent of non-aboriginal. Interestingly, the responses of the same three aboriginal respondents also indicated that their *preferred* organizational culture would have an *increase* in the same Power dimension. Twenty-five percent of aboriginal respondents rated their organization as having a *Role* culture.

Sixty-three percent of aboriginal respondents indicated a *Support* oriented culture as being the lowest rating of their existing culture. Fifty percent of the non-aboriginal respondents rated *Achievement* culture as the lowest. Seventy-five percent of the non-aboriginals surveyed would prefer an *Achievement* oriented culture with less Power orientation.

Once one understands the dominant cultural orientation of an organization, there is a much greater potential to foster the goals of improved performance and the creation of a more "human" climate within that organization. For example, to strengthen a Power-oriented culture usually means bringing more predictability and order into the use of power on the part of the leaders, to create relationships between the leaders and the led that afford the latter reliable ways to meet their legitimate human needs.

In summary, the organizational culture survey provides a snapshot both of existing and preferred culture that can be used to identify and understand the kind of working relationships people want to establish with one another.

Section 8 Conclusion

The *Social Planning Council for the North Okanagan - Aboriginal Health Project* represented an attempt to develop an inclusive, community based model for collaboration between First Nations and aboriginal organizations, the voluntary sector and the provincial Interior Health Authority. The project arose from the work of the North Okanagan Aboriginal Health Partnership Table. The funding provided through SIDPD-Health Canada supported the continuation and expansion of those initial efforts, and resulted in the development of the *Building Collaboration* model as described in this report.

The prospects in British Columbia for "next steps" to be taken using the model lie largely with the Interior Health Authority (IHA), through its Aboriginal Health and Wellness Advisory Committee (AHWAC). As with any initiative, time and resources are critical to allowing full participation. With the endorsement of the AHWAC and the provision of adequate resources by the IHA, there is enormous potential for this model to have an impact on the relationship between not only provincial but also federal health authorities and aboriginal communities in this and, ultimately, other provinces. It is to be hoped that the IHA and the AHWAC will validate this potential by actively pursuing application of the model in communities across the region.



APPENDICES

Appendix 1

SPCNO- AHP Group Members

Appendix 2

Statement of Principles

Appendix 3

Values Survey

Values Survey Results

Appendix 4

Cultural Orientation Survey

Cultural Orientation Survey Results

Appendix 5

Diagnosing Organizational Culture Survey

Diagnosing Organizational Culture Survey Results

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Appendix 2

Statement of Principles

Aboriginal Health Project: Building Collaborative Relationships with the Interior Health Authority

This statement of principles was developed by the project participants based on the values explorations conducted in the Fall of 2002. It was originally intended to serve as a framework document for collaboration between the IH and aboriginal groups in the North Okanagan. Unfortunately, as described in the project report, we were unable to engage the IH in a formal commitment to the project or to this statement of principles.

Preamble

The members of the Aboriginal Health Project are interested in seeking new ways to build a collaborative relationship with the Interior Health Authority to provide better health services to Aboriginal people.

The members of the Aboriginal Health Project is a group of aboriginal people who are responsible for advocating and planning for the health care needs of their respective communities.

Goals

1. The primary goal of the AHP is to ensure that the health care needs of aboriginal communities are being met. The three most common activities in which members engage in pursuit of these goals include: health promotion through education; program management; and, coordination of primary health care services.
2. The second goal is to build supportive networks with other agencies in order to meet the health care needs of aboriginal communities.
3. The third goal is that of fostering the creation of culturally appropriate health care services to meet the needs of members of aboriginal communities.

To assist in accomplishing these goals, five aboriginal organizations in the North Okanagan (Vernon First Nations Friendship Centre, Okanagan Indian Band, Spallumcheen Indian Band, Adams Lake Indian Band, and Neskonlith Indian Band), representatives of the IHA and a representative from the Social Planning Council for the North Okanagan, have developed a statement of principles for bridging the cultural and communication gap between the Interior Health Authority and the aboriginal communities which are situated within its boundaries.

Guiding Principles

- a) *Culture and values orientation* underlie every action. The members of the AHP are committed to fostering a mutual understanding of the cultural point of reference, first by examining and articulating the values that guide their own decisions and secondly by seeking to better understand the values of those with a different culture and values orientation.
- b) *Organizational values* are reflected in policies and practices. Culture is to an organization what personality is to an individual. It is a distinctive gathering of beliefs, values, work styles and relationships. The members of the AHP will work to foster a mutual understanding of the role organizational culture has in health services planning.
- c) The *communication* of information is central to the decision-making process. To be effective, communication between culturally diverse organizations must be sensitive both to the interests of an organization's members and to the hazards inherent in the transmission of messages between people with different culture and values backgrounds. All members of the AHP recognize the importance of effective communication in planning, delivering and evaluating health care services and further recognize their shared responsibility to create effective communication networks.
- d) *Decision making authority* within an organization is determined by the organizational structure and guided by policy and procedures. Understanding each organization's system for decision making is at the heart of building a collaborative working relationship. To facilitate the relationship building between the AHP and the Interior Health Authority, it is important that members help each other understand both how decisions are made within their organizations and/or communities and who makes those decisions.
- e) *Decision making style* of an organization is the key to building or blocking the development of relationships between groups. Important considerations include levels of expertise, cooperative abilities, personal preferences and the level of human and other resources. AHP members recognize that quality decision making on complex issues requires innovative, open and critical thinking rather than conformity to rigid protocols, and cooperation rather than conflict. They also recognize that the level of participation different members can commit to a given situation depends on the issue, the situation and, especially the political nature and decision stage involved.

Appendix 3 Rokeach Value Survey (Rokeach 1979)

Your goal will be to rank each value in its order of importance to you. Study the list and think of how much each value may act as a guiding principle in your life.

To begin, In List 1 select the value that is of most importance to you. Identify the value that is the most important to you and mark it as 1. Next, choose the value that is second in importance to you and mark it as 2, and so on throughout the list. Work your way through the list until you have ranked all 18 values in List 1. The value that is of least importance to you should appear in line 18.

When you have finished ranking all 18 values, go to the List 2 and rank the next 18 values in the same way. ...when you have completed ranking of both sets of values, the result should represent an accurate picture of how you really feel about what's important in your life.

Item No.	List 1	Your priority Ranking (list 1)	List 2	Your priority ranking (list 2)
1	A COMFORTABLE LIFE A prosperous life		AMBITIOUS Hard working and aspiring	
2	EQUALITY Brotherhood and equal opportunity for all		BROAD MINDED Open-minded	
3	AN EXCITING LIFE A stimulating, active life		CAPABLE Competent; effective	
4	FAMILY SECURITY Taking care of loved ones		CLEAN Neat and tidy	
5	FREEDOM Independence and free choice		COURAGEOUS Standing up for your beliefs	
6	HEALTH Physical and mental well-being		FORGIVING Will to pardon others	
7	INNER HARMONY Freedom from inner conflict		HELPFUL Working for the welfare of others	
8	MATURE LOVE Sexual and spiritual intimacy		HONEST Sincere and truthful	
9	NATIONAL SECURITY Protection from attack		IMAGINATIVE Daring and creative	
10	PLEASURE An enjoyable, leisurely life		INDEPENDENT Self-reliant; self-sufficient	
11	SALVATION Saved; eternal life		INTELLECTUAL Intelligent and reflective	
12	SELF-RESPECT Self-esteem		LOGICAL Consistent; rational	
13	A SENSE OF ACCOMPLISHMENT A lasting contribution		LOVING Affectionate and tender	
14	SOCIAL RECOGNITION Respect and admiration		LOYAL Faithful to friends or the group	
15	TRUE FRIENDSHIP Close companionship		OBEDIENT Dutiful; respectful	
16	WISDOM A mature understanding of life		POLITE Courteous and well-mannered	
17	A WORLD AT PEACE A world free of war and conflict		RESPONSIBLE Dependable and reliable	
18	A WORLD OF BEAUTY Beauty of nature and the arts		SELF-CONTROLLED Restrained; self-disciplined	

**SPCNO - AHP
Rokeach Value Survey Results
September 2002**

No.	Terminal Value (beliefs about ultimate goals or desirable end-states of existence worth striving for)	01	02	03	04	05	A	B	C
1	A COMFORTABLE LIFE A prosperous life	11	6	11	16	3	13	3	4
2	EQUALITY Brotherhood and equal opportunity for all	9	17	12	5	9	9	2	14
3	AN EXCITING LIFE A stimulating, active life	8	14	13	18	10	16	13	3
4	FAMILY SECURITY Taking care of loved ones	7	1	9	2	1	3	1	1
5	FREEDOM Independence and free choice	6	15	5	1	4	14	4	7
6	HEALTH Physical and mental well-being	5	3	1	3	2	1	5	5
7	INNER HARMONY Freedom from inner conflict	4	4	4	11	7	6	6	12
8	MATURE LOVE Sexual and spiritual intimacy	3	5	2	10	13	2	12	9
9	NATIONAL SECURITY Protection from attack	12	11	15	13	14	17	16	16
10	PLEASURE An enjoyable, leisurely life	10	12	10	17	8	15	8	13
11	Salvation Saved; eternal life	18	2	17	7	11	18	17	15
12	SELF-RESPECT Self-esteem	2	8	3	6	5	5	7	8
13	A SENSE OF ACCOMPLISHMENT A lasting contribution	1	7	8	4	12	7	18	2
14	SOCIAL RECOGNITION Respect and admiration	14	18	14	12	15	12	14	6
15	TRUE FRIENDSHIP Close companionship	13	9	6	15	6	4	9	11
16	WISDOM A mature understanding of life	15	10	7	8	16	8	11	10
17	A WORLD AT PEACE A world free of war and conflict	16	13	18	9	18	10	10	17
18	A WORLD OF BEAUTY Beauty of nature and the arts	17	16	16	14	17	11	15	18

SPCNO - AHP
Value Survey Results²⁰
September 2002

	Instrumental Value (belief that desirable behaviour are instrumental to attainment of desirable end-state)	01	02	03	04	05	A	B	C
1	AMBITIOUS Hard working and aspiring	12	10	11	10	11	17	13	5
2	BROAD MINDED Open-minded	13	16	8	8	2	1	3	13
3	CAPABLE Competent; effective	14	5	1	1	3	5	2	6
4	CLEAN Neat and tidy	15	7	17	7	18	18	9	7
5	COURAGEOUS Standing up for your beliefs	16	12	3	11	10	9	11	14
6	FORGIVING Will to pardon others	6	13	4	6	4	6	6	16
7	HELPFUL Working for the welfare of others	5	2	7	12	12	4	5	8
8	HONEST Sincere and truthful	4	4	2	9	1	2	1	1
9	IMAGINATIVE Daring and creative	3	14	18	17	17	14	18	17
10	INDEPENDENT Self-reliant; self-sufficient	7	15	9	2	5	10	14	4
11	INTELLECTUAL Intelligent and reflective	2	8	10	14	6	13	15	11
12	LOGICAL Consistent; rational	8	11	5	5	7	15	10	3
13	LOVING Affectionate and tender	9	1	6	15	18	7	12	12
14	LOYAL Faithful to friends or the group	10	9	12	13	8	8	4	10
15	OBEDIENT Dutiful; respectful	18	17	13	18	16	16	17	18
16	POLITE Courteous and well-mannered	11	3	14	16	14	11	8	15
17	RESPONSIBLE Dependable and reliable	1	6	15	4	9	3	7	2
18	SELF-CONTROLLED Restrained; self-disciplined	17	18	16	3	15	12	16	9

²⁰ Aboriginal Respondents are identified by the numbers 01 - 05.
 Non-Aboriginal Respondents are identified by the letters A -C.

Table A
5 Highest Terminal Values

Value Priority	01	02	03	04	05	06	07	08	A	B	C	D
1	A sense of accomplishment	Family Security	Health	Freedom	Family Security	Family Security	Self-Respect	Family Security	Health	Family Security	Family Security	Inner Harmony
2	Self-Respect	Salvation	Mature Love	Family Security	Health	Self-Respect	Health	Health	Mature Love	Equality	A sense of Accomplishment	World at peace
3	Mature Love	Health	Self-Respect	Health	Comfortable Life	Health	Sense of Accomplishment	Freedom	Family Security	A Comfortable Life	An Exciting Life	Family security
4	Inner Harmony	Inner Harmony	Inner Harmony	Sense of Accomplishment	Freedom	Equality	Family Security	Self-Respect	True Friendship	Freedom	A Comfortable Life	Sense of accomplishment
5	Health	Mature Love	Freedom	Equality	Self-Respect	True Friendship	Equality	Sense of Accomplishment	Self Respect	Health	Health	Self-Respect

Table B
5 Lowest Terminal Values

Value Priority	01	02	03	04	05	06	07	08	A	B	C	D
14	Social Recognition	An Exciting Life	Social Recognition	A world of Beauty	National Security	Mature Love	Comfortable Life	Pleasure	Freedom	Social Recognition	Equality	Pleasure
15	Wisdom	Freedom	National Security	True Friendship	Social Recog	National security nition	National security	Social Recog	Pleasure nition	A world of Beauty	Salvation	National Security
16	A world at Peace	A World of Beauty	A World of Beauty	A comfortable Life	Wisdom	Social Recognition	Exciting Life	Exciting Life	Exciting Life	National Security	National Security	Comfortable life
17	World of beauty	Equality	Salvation	Pleasure	A World of Beauty	National Security	World at peace	World of beauty	National Security	Salvation	A world at Peace	Freedom
18	Salvation	Social Recognition	World At Peace	An Exciting Life	A World at Peace	Salvation	World of beauty	Salvation	Salvation	A sense of Accomplishment	A world of Beauty	Salvation

Table C
5 Highest Instrumental Values

Value Priority	01	02	03	04	05	06	07	08	A	B	C	D
1	Responsible	Loving	Capable	Capable	Honest	Broad Minded	Loving	Independent	Broad Minded	Honest	Honest	Honest
2	Intellectual	Helpful	Honest	Independent	Broad Minded	Honest	Clean	Helpful	Honest	Capable	Responsible	Loving
3	Imaginative	Polite	Courageous controlled	Self-	Capable	Loving	Forgiving	Honest	Responsible	Broad	Logical	Courageous
4	Honest	Honest	Forgiving	Responsible	Forgiving	Loyal	Courageous	Intellectual	Helpful	Loyal	Independent	Broad Minded
5	Helpful	Capable	Logical	Logical	Independent	Forgiving	Honest	Loyal	Capable	Helpful	Ambitious	Capable

Table D
5 Lowest Instrumental Values

Value Priority	01	02	03	04	05	06	07	08	A	B	C	D
14	Capable	Imaginative	Polite	Intellectual	Polite	Self-controlled	Polite	Loving	Imaginative	Independent	Courageous	Self-controlled
15	Clean	Independent	Responsible	Loving	Self-controlled	Capable	Logical	Logical	Logical	Intellectual	Polite	Obedient
16	Courageous	Broad Minded	Self-controlled	Polite	Obedient	Logical	Ambitious	Obedient	Obedient	Self-Controlled	Forgiving	Ambitious
17	Self-controlled	Obedient	Clean	Imaginative	Imaginative	Obedient	Self-controlled	Imaginative	Ambitious	Obedient	Imaginative	Polite
18	Obedient	Self-Controlled	Imaginative	Obedient	Clean	Polite	Obedient	Self-controlled	Clean	Imaginative	Obedient	Clean

Appendix 4

Cultural Orientation Survey

The following questions are based on the work of Fons Trompenaars and Charles Hampden-Turner both have been studying the effect of culture on management for many years. The results from the surveys will be presented at the September 25th meeting.

Please answer the following questions and be assured that your answers are anonymous and your identity will not be revealed. Thank you. TinaMarie

Question 1

You are riding in a car drive by a close friend. He hits a pedestrian. You know he was going at least 35 miles per hour in an area of the city where the maximum allowed speed is 20 miles per hour. There are no witnesses. His lawyer says that if you testify under oath that he was only driving 20 miles per hour it may save him from serious consequences.

What right was your friend to expect you to protect him?

- 1a my friend has a definite right as a friend to expect me to testify to the lower figure
- 1b he has some right as a friend to expect me to testify to the lower figure
- 1c he has no right as a friend to expect me to testify to the lower figure.

What do you think you would do in view of the obligations of as a sworn witness and the obligation to your friend?

- 1 d testify that he was going 20 miles an hour
- 1 3 not testify that he was going 20 miles an hour.

Question 2

Which of the two ways of reasoning to you think is usually best, A or B? Please circle your answer.

Two people were discussing ways in which individuals could improve the quality of life.

- a) One said "it is obvious that if individuals have as much freedom as possible and the maximum opportunity to develop themselves, the quality of their life will improve as a result"
- b) The other said "if individuals are continuously taking care of their fellow human beings the quality of life will improve for everyone, even if it obstructs individual freedom and individual development."

Question 3

In a meeting you feel very insulted because your business co-worker tells you that your proposal is insane. What is your response (Column 1)? Indicate "1" with the approach you prefer and with "2" your second choice. Indicate with "4" your least favored approach.

Col 1

- _____ I will not show that this person has hurt/insulted me, because that would be seen as sign of weakness and would make me more vulnerable in the future
- _____ I will not show that I am hurt because that would spoil our relationship. This will allow me later to tell the co-worker how much I was hurt by his or her comment so he or she might learn from it. I rather show my emotions when the counterpart has more chance to improve our business relationship.
- _____ I will show clearly that I am insulted so that my co-worker gets the message. I believe the clarity of my message will allow me to be able to control even greater emotional upset in the future
- _____ I will show clearly that I am insulted so that my co-worker gets the message. If business partners cannot behave themselves properly they have to bear the consequences.

Question 4

A boss asks a subordinate to help him paint his house. The subordinate, who does not feel like doing it, discusses the situation with a colleague.

- a) The colleague argues: "You don't have to paint if you don't feel like it. He is your boss at work. Outside he has little authority."
- b) The subordinate argues: "Despite the fact that I don't feel like it, I will paint it. He is my boss and you can't ignore that outside work either."

Question 5

Which of the following four types of people do you prefer to have around you? Review these descriptions carefully, and then circle the one that most closely relates to your preference and the one that represents your second preference.

- a) People who completely accept you the way you are and feel responsible for your personal problems and welfare

- b) People who do their work, attend to their affairs and leave you free to do the same
- c) People who try to improve themselves and have definite ideals and aims in life
- d) People who are friendly, lively and enjoy getting together to talk or socialize

Question 6

Circle the following items on a five point scale (1=strongly agree, 5 = strongly disagree) that most suits your belief.

- a) The most important thing in life is to think and act in the ways that best suits the way you really are, even if you do not get things done
1----- 2----- 3----- 4 -----5
Strongly agree strongly disagree
- b) The respect a person gets is highly dependent on their family background
1----- 2----- 3----- 4 -----5
Strongly agree strongly disagree

Question 7

There are different grounds for according status to employees, based on what people have succeeded in doing or on what qualities are attributed to them by the social system. Consider these statements:

- 1) _____Status should lie in the permanent attributes of employees, i.e. their education. Seniority, age, position and the level of responsibility ascribed. Status should not change according to occasion or just because of recent successes. It reflects intrinsic worth, not the latest forays.
- 2) _____Status should lie in the permanent attributes of employees, i.e. their education, seniority, age, position and the level of responsibility ascribed. Such status tends to be self-fulfilling, with achievement and leadership resulting from what the corporation values in you and expects of you.
- 3) _____Status is a matter of what the employee has actually achieved his or her track record. Yet over time this deserved reputation becomes a permanent attributed, allowing success to be renewed and enabling even more achievement to occur.
- 4) _____Achievement or success is the only legitimate source of status in business. The more recent the achievement, the better and more relevant it is to current challenges. Achievement gets it significance from the humble nature of the individual's birth and background, and from beating the odds.

Indicate with "1" the approach you believe would be favored by your closest colleagues at work, and with "2" the approach which you believe would be that person's second choice.

Question 8

Think of the past, present and future as being in the shape of circles. In the box, please draw three circles in the box, representing past, present and future. Draw these circles in any way you want that best shows how you feel about the relationship of the past, present and future. You may use different size circles (smaller, larger than others or you can use the same size of circle). When you have finished, label each circle to show which one is the past, which one the present and which one the future.



Question 9

Please circle your beliefs and preference for how you manage your time

- 1) Do only one activity at a time
- 2) Do more than one activity at a time

- 1) Appointments are approximate and subject to "giving time" to significant others
- 2) Time is sizable and measurable

- 1) Keep appoints strictly; schedule in advance and do not run late
- 2) Schedules are generally subordinate to relationships

- 1) Strong preference for following where relationships lead
- 2) Strong preference for following initial plans.

Question 10

When managing staff, do you agree or disagree with the following statements:
Please circle your response

- a) Employees most recent performance is the major issue, along with whether their commitments for the future can be relied upon

AGREE DISAGREE

- b) Employee's whole history with the organization and future potential is the context in which their current performance is viewed.

AGREE DISAGREE

Question 11

Please circle the answer that best reflects your belief.
I believe that...

- a) It is worthwhile trying to control important natural forces, like the weather
- b) Nature should take its course and we just have to accept it the way it comes and do the best we can.

Question 12

I believe that...

- a) What happens to me is my own doing
- b) Sometimes I feel that I do not have enough control over the directions my life is taking

Question 13

Consider the relative significance of the past, present and future. You will be asked to indicate your relative time horizons for the past, present and future by giving a number:

Scale

- 7 = years
- 6 = months
- 5 = weeks
- 4 = days
- 3 = hours
- 2 = minutes
- 1 = seconds

Fill in the blanks using the 7 - 1 scale listed above

- a) My past started ____ ago and ended ____ ago
- b) My present started ____ ago and ended ____ from now
- c) My future started ____ from now and ended ____ from now

Question 14

In the following questions please circle (a) or (b) in the followings statements that most suit your beliefs about "doing business"....

- a) Softness, persistence, politeness and long, long patience will get rewards
- b) Playing "hard ball" is legitimate to test the resilience of an opponent

- a) It is most important to "maintain your relationships"
- b) It is most important to "win your objective"

- a) Win some, lose some
- b) Win together, lose apart

- a) Conflict and resistance means that you have convictions
- b) Harmony and responsiveness, that is sensibility

- a) I have comfort with waves, shifts, cycles if these are 'natural'
- b) I am uncomfortable when the environment seems 'out of control' or changeable

Organizational Practices

Question 15

In your organization, criticism:

- a) Is aimed at the task, not the person
- b) Is given only when asked for
- c) Is mostly negative and usually takes the form of
- d) Is avoided because people are afraid of hurting each other

Question 16

In your organization, conflict:

- a) Is controlled by the intervention of higher authority, and often fostered by it to maintain power
- b) Is suppressed by reference to rules, procedures and definitions of responsibility
- c) Is resolved through full discussion of the merits of the work issues involved
- d) Is resolved by open and deep discussion of personal needs and the values involved

Question 17

In your organization, hierarchies:

- a) Are redundant because each person is working for his or her own professional development
- b) Are necessary because people have to know who has authority over whom
- c) Are determined by the power and authority of the people involved
- d) Are relevant only if they are useful for getting the task done

**Table E Cultural Orientation Survey Results
(Aboriginal N = 5; Non-Aboriginal N = 3)**

Cultural Orientation	
Universalist	Particularist
5 Aboriginal 2 Non - Aboriginal	
Individualism	Communitarianism
4 Aboriginal	2 Non - Aboriginal
Affective (Feelings and Relationships)	Neutral (Feelings and Relationships)
	3 Aboriginal
Specific Cultures	Diffuse Cultures
4 Aboriginal 2 Non - Aboriginal	1 Aboriginal,
Achieved Status	Ascribed status
4 Aboriginal **	4 Aboriginal 2 Non - Aboriginal
Synchronic Time	Sequential Time
4 - Aboriginal 1 Non - Aboriginal	3 AB (01, 04, 05,) 1 Non - Aboriginal
External - Outer Loci of Control	Internal - Inner Loci of Control
5 Aboriginal ** 2 Non - Aboriginal (A, B,)	4 Aboriginal ** 1 Non - Aboriginal (A,)

*** indicates that a respondent has answered differently to two questions relating to the same orientation, resulting in that individual being recorded under both orientations.*

The following table contains the responses to three questions relating to organizational practices. See questions 15-16-17 of Cultural Orientation Survey.

Table F Organizational Practices Matrix N =11

Organizational Culture	Organizational Practice			
		Criticism*	Conflict*	Hierarchy*
Guided Missile	Aboriginal	5	4	2
	Non-Aboriginal	0	2	1
Family	Aboriginal	0	2	1
	Non-Aboriginal	0	1	0
Incubator	Aboriginal	2	0	0
	Non-Aboriginal	3	0	0
Eiffel Tower	Aboriginal	1	2	5
	Non-Aboriginal			1

*the questions related to this dimension of behaviour only

Guided Missile: Differs from both the family and the Eiffel Tower by being egalitarian, but differs also from family and resembles the Eiffel Tower in being impersonal and task-oriented. The guided missile has a rationale of ends. Everything must be done to persevere in your strategic intent and reach your target. The roles of people are not fixed in advance - they must do what it takes to complete a task.

Family: Hierarchical, power oriented corporate culture in which the leader is regarded as a caring father who knows better than his subordinates what should be done and what is good for them. This type of power is essentially intimate and caring.

Incubator: The incubator culture is based on the existential idea that organizations are secondary to the fulfillment of individuals. If organizations are to be tolerated at all, they should be there to serve as incubators for self-expression and self-fulfillment. Incubators

often, if not always, operate in an environment of intense emotional commitment. This commitment is less towards people per se than to the world-changing, society-redeeming nature of the work being undertaken. Incubator cultures enjoy the process of creating and innovating. Because of close relationships, shared enthusiasms and superordinate goals, the incubator can be ruthlessly honest, effective and nurturing.

Eiffel Tower: Bureaucratic - strict division of labour with various roles and functions. Steep, symmetrical, narrow at the top and broad at the base, stable, rigid and robust. Its structure is more important than its function. Almost everything the Family culture accepts the Eiffel Tower rejects. Personal relationships are likely to warp judgments, create favoritism.

Appendix 5 Diagnosing Organizational Culture

Please check your answers to be sure that you have assigned only one "4" one "3" one "2" and one "1" for each phrase in the **"existing column"** and for each phrase in the **"preferred column"**

"Ranking Key"

- 4 = the dominant view or your most preferred alternative
- 3 = the next most dominant view or preferred alternative
- 2 = the next most dominant view or preferred alternative
- 1 = the least dominant view or least preferred alternative

Existing Culture	Preferred Culture	Question
1. Members of the organization are expected to give first priority to		
		<ul style="list-style-type: none"> a) meeting the needs and demands of their supervisors and other high-level people in the organization. b) carrying out the duties of their own jobs' staying within the policies and procedures related to their jobs c) meeting the challenges of the task, finding a better way to do things d) cooperating with the people with whom they work, to solve work and personal problems
2. People who do well in the organization tend to be those who		
		<ul style="list-style-type: none"> a) know how to please their supervisors and are able and willing to use power and politics to get ahead b) play by the rules, work within the system, and strive to do things correctly c) are technically competent and effective, with a strong commitment to getting the job done d) build close working relationship with others by being cooperative, responsive, and caring
3. The organization treats individuals		
		<ul style="list-style-type: none"> a) as "hands" whose time and energy are at the disposal of persons at higher levels in the hierarchy b) as "employees" whose time and energy are purchased through a contract, with rights and obligations for both sides c) as "associates" or peers who are mutually committed to the achievement of a common purpose d) as "family" or "friends" who like being together and who care about and support one another

Existing Culture	Preferred Culture	Question
4. People are managed, directed, or influenced by		
		<ul style="list-style-type: none"> a) people in positions of authority, who exercise their power through the use of rewards and punishments b) the systems, rules, and procedures that prescribe what people should do and the right ways of doing it c) their own commitment to achieving the goals of the organization d) their own desire to be accepted by others and to be good members of their work group
5. Decision-making processes are characterized by		
		<ul style="list-style-type: none"> a) directives, orders, and instructions that come down from higher levels b) the adherence to formal channels and reliance on policies and procedures for making decisions c) decisions being made close to the point of action, by the people on the spot d) the use of consensus decision-making methods to gain acceptance and support for decisions
6. Assignments of tasks or jobs to individuals are based on		
		<ul style="list-style-type: none"> a) the personal judgments, values, and wishes of those in positions of power b) the needs and plans of the organization and the rules of the system (seniority, qualifications etc.) c) matching the requirement of the job with the interests and abilities of the individuals d) the personal preferences of the individuals and their needs for growth and development
7. Employees are expected to be		
		<ul style="list-style-type: none"> a) hard-working, complaint, obedient, and loyal to the interests of those whom they report b) responsible and reliable, carrying out the duties and responsibility of their jobs and avoiding actions that could surprise or embarrass their supervisors. c) self-motivated and competent, willing to take the initiative to get things done; willing to challenge those to whom they report if that is necessary to obtain good results d) good team workers, supportive and cooperative, who get along well with others

Existing Culture	Preferred Culture	Question
8. Manager and supervisors are expected to be		
		<ul style="list-style-type: none"> a) strong and decisive; firm but fair b) impersonal and proper, avoiding the exercise of authority for their own advantage c) democratic and willing to accept subordinates' ideas about the task d) supportive, responsive and concerned about the personal concerns and needs of those whose work they supervise
9. It is considered legitimate for one person to tell another what to do when		
		<ul style="list-style-type: none"> a) h/she has more power, authority or "clout" in the organization b) it is part of the responsibilities included in h/her job description c) h/she has greater knowledge and expertise and uses it to guide the other person or to teach him or her to do the work d) the other person asks for h/her help, guidance or advice
10. Work motivation is primarily the result of		
		<ul style="list-style-type: none"> a) a hope for rewards, fear of punishment, or personal loyalty to the supervisor b) acceptance of the norm of providing a "fair day's work for a fair day's pay." c) strong desires to achieve, to create, and to innovate and peer pressure to contribute to the success of the organization d) people wanting to help others and to develop and maintain satisfying working relationships
11. Relationship between work groups or departments are generally		
		<ul style="list-style-type: none"> a) competitive, with both looking out for their own interests and helping each other only when they can see some advantage for themselves by doing so b) characterized by indifference toward each other, helping each other only when it is convenient or when they are directed by higher levels to do so c) cooperative when they need to achieve common goals. People are normally willing to cut red tape and cross organization boundaries in order to get the job done d) friendly, with a high level of responsiveness to requests for help from other groups

Existing Culture	Preferred Culture	Question
12. Inter-group and interpersonal conflicts are usually		
		<ul style="list-style-type: none"> a) dealt with by the personal intervention of people at higher levels of authority b) avoided by reference to rules, procedures, and formal definitions of authority and responsibility c) resolved through discussions aimed at getting the best outcomes possible for the work issues involved d) dealt with in a manner that maintains good working relationships and minimizes the chances of people being hurt
13. The larger environment outside the organization is responded to as though it were		
		<ul style="list-style-type: none"> a) a jungle, where the organization is in competition for survival with others b) an orderly system in which relationships are determined by structures and procedures and where everyone is expected to abide by the rules c) a competition for excellence in which productivity, quality, and innovation bring success d) a community of interdependent parts in which the common interests are the most important
14. If rules, systems, or procedures get in the way, people		
		<ul style="list-style-type: none"> a) break them if they have enough clout to get by with it or if they think they can get away with it without being caught b) generally abide by them or go through proper channels to get permission to deviate from them or have them changed c) tend to ignore or by-pass them to accomplish their tasks to perform their jobs better d) support one another in ignoring or bending the, if they are felt to be unfair or to create hardships for others
15. New people in the organization need to learn		
		<ul style="list-style-type: none"> a) who really runs things; who can help or hurt them; whom to avoid offending; the norms (unwritten rules) that have to be observed if they are to stay out of trouble b) the formal rules and procedures and to abide by them; to stay within the formal boundaries of their jobs c) what resources are available to them to do their jobs; to take the initiative to apply their skills and knowledge to their jobs? d) how to cooperate; how to be good team members; how to develop good working relationships with others.

Table F Diagnosing Organizational Cultures Results²¹
(N=12)

ID	Existing Culture				Preferred Culture			
	Power	Role	Achievement	Support	Power	Role	Achievement	Support
01	52	43	37	28	57	46	28	19
02	54	41	26	23	17	32	50	51
03	54	47	52	17	57	42	27	24
04	38	46	42	24	28	45	36	41
05	34	49	35	34	21	43	44	42
06	26	43	49	37	16	39	48	50
07	21	38	42	51	17	33	47	53
08	46	36	33	35	58	35	26	15
A	25	28	51	46	21	31	52	46
B	38	43	42	30	20	37	50	43
C	48	37	19	46	48	37	19	46
D	58	43	30	30	17	29	56	48

Table G
Aboriginal Respondents
(N = 8)

Preferred Culture	Power	Role	Achievement	Support
More of..	3	1	3	6
Less of..	5	7	5	2

Table H
Non-Aboriginal
(N = 4)

Preferred Culture	Power	Role	Achievement	Support
More of..	0	1	3	2
Less of..	3	2	1	0
About the same	1	1	1	2

²¹ Aboriginal Respondents are identified by the numbers 01 - 08.
Non-Aboriginal Respondents are identified by the letters A -D.

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