

Rituals & Routines

- Routines can represent a “taken-for-grantedness” about how things should happen and can guide how people respond to issues (Johnson *et al.*, 2011, p. 177).
- The rituals of organisational life are “particular activities or special events that emphasise, highlight or reinforce what is important in the culture” (Johnson *et al.*, 2011, p. 177).

Stories

- The stories told by members of the organisation to each other, to outsiders, to new recruits and so on (Johnson *et al.*, 2011).
- Martin (2002) states that stories are understood by a large number of employees in the organisation, focus on a single event, are allegedly true and the central characters in the story are employees of the organisation.

Cultural Paradigm

- **The Paradigm “is the set of assumptions about the organisation which is held in common and taken for granted in the organisation” (Johnson & Scholes, 2001, p. 304).**
- Kemp and Dwyer (2001) suggest that to understand the paradigm, it is important to be sensitive to signals from the wider culture of the organisation.
- **In addition, the views of outsiders can be valuable when trying to identify the paradigm (Johnson, 1992).**

Symbols

- Symbols are “everything that can be seen, heard, or touched in an organizational context” (Janićijević, 2011, p. 73).
- Examples of symbols include logos, offices, the type of language and terminology used (Johnson & Scholes, 2002).
- Although listed as a separate element many other elements on the web may be symbolic in their own right (Johnson, 2011)

Organisational Structures

- The organisational structure refers to “the roles, responsibilities and reporting relationships in organisations” (Johnson *et al.*, 2011, p. 178).
- Kemp and Dwyer (2001), when describing organisational structure, refer to the degree of centralisation, formalisation, complexity, configuration and flexibility of the organisation.

Control Systems

- The control systems refer to the “formal and informal ways of monitoring and supporting people within and around an organisation and tend to emphasise what is seen to be important in the organisation” (Johnson *et al.*, 2011, p. 178).
- What gets rewarded and how rewards are administered are also included in control systems (Johnson & Scholes, 2002)

Power Structures

- Power Structures “are distributions of power to groups of people in an organisation (Johnson *et al.*, 2013, p. 157).
- Johnson *et al.*, (2011), report that the most powerful members within an organisation are likely to be closely associated with the paradigm.
- Employee empowerment is also considered under power structures (Kemp & Dwyer, 2001)

Johnson’s Cultural Web (1988) with contributions from various researchers

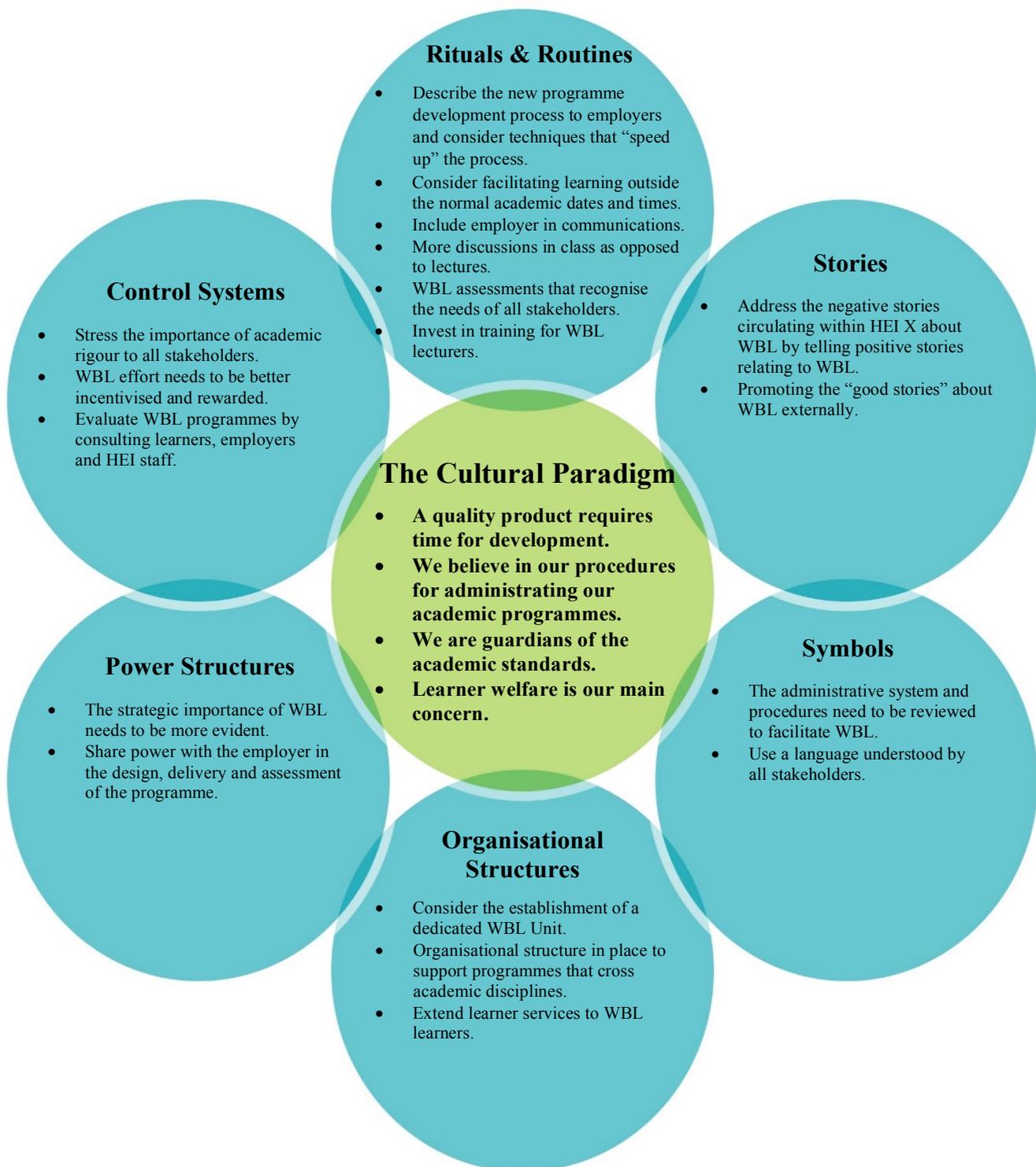


Figure Erreur ! Ce document ne contient aucun texte répondant à ce style.-1 **The cultural web for HEI X**



Figure Erreur ! Ce document ne contient aucun texte répondant à ce style.-2 The cultural web for the external employer organisation



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If you are currently in a managerial role in retail or have aspirations in the future to be a retail manager, then this programme is for you. It has been designed by retail professionals in collaboration with Work Based Learning specialists from Letterkenny Institute of Technology (LYIT). The programme recognises that the retail sector is currently undergoing significant changes and is becoming more dynamic and competitive.

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The duration of this degree programme is three years part time (on average 16 days per year). The next commencement date for Dublin is September 2016. Class commences at 10am and normally finishes before 4.30pm. All our lecturers are very experienced and extremely approachable. We invite highly respected guest lecturers from industry to share their expertise and experiences for each module. Additional online support for each module is also available through our user friendly e-learning tool which is explained in the first module of the programme. Learners are expected to attend all lectures. However, if a learner is unable to attend a particular day, arrangements will be made so the learner is provided with all the notes and material immediately.

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	Semester 1	Semester 2	
Year 1	Learner Development & Study Skills (5) Principles of Marketing (10) Retail Information Technology (5)	Legal Issues in Retail (5) Communications (10) Retail Marketing (10)	Work Placement (30-15 credits per academic year)
Year 2	Human Resource Management (10) Business Organisation & Management(5) Economics (5)	Customer Care (5) Business Information Systems (5) Retail Management (10) Store Design, Atmospherics & Merchandising (5)	
Year 3	Financial Accounting in Retail (10) Buyer Behaviour (5) Operations Management (10)	Purchasing with Supply Chain Management (5) Entrepreneurship & Innovation (10) Work Based Project (20)	

Note: ECTS credits in brackets

Industry partner testimonial

Gretta NashCadden Human Resources Manager, BT2 and Brown Thomas Regional Stores

The Retail Ireland Skillnet Bachelor of Business in Retail Management offers retail professionals a fantastic opportunity to gain a degree level qualification which recognises their industry expertise, setting them up for a career within the retail sector. Our team members completing the Degree Programme are energised and highly motivated within their roles as a result of this learning opportunity. They are thoroughly enjoying the learning experience and can't speak highly enough of the support offered by the LYIT lecturers. As these individuals are completing a degree while working full-time the support and flexibility of the lectures is essential for their success.

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We are looking forward to enrolling more of our team in the next Degree Programme—helping us to maintain our focus on growing the management team of the future!



Application process

Applicants should have relevant retail experience (one year full-time or part-time equivalent) **AND** one of the following:

- A Grade D3 in ordinary level English, Mathematics and three other subjects of the Leaving Certificate Examination (or approved equivalent), **OR**
- Holders of a full QQI Level 5 Award, **OR**
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Application forms can be completed online at:
www.retailirelandskillnet.com

Retail Ireland Skillnet

CoLab

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Testimonials

Anthony Hallahan – Retail Operations Administrator Easons, Dublin (currently learner on programme)

"I would highly recommend this course to anyone looking to take their career in retail to the next level. The modules covered relate to everyday retail business and also the ever-changing retail world. The attention to detail from the lecturers within each module allows you to instantly implement your newly acquired knowledge within your organisation. The guest speakers also give you a great perspective of what it takes to be the best and achieve the best—their retailing experience is second to none and the opportunity to acquire this knowledge from them is immeasurable".

Emma Cahill – Kilkenny Group

"I am currently in my final year of my BA in Retail Management Practice. Throughout the progression of the degree it has increased my confidence. I started in the Kilkenny group as junior manager, since then I have gone from strength to strength and have progressed to a store manager within the company with the help and support of Skillnets. The program has given me an invaluable insight into all areas of retail – not just what a store manager does.

I would recommend anyone looking to develop their management skills or open their own business to undertake the degree programme".

Brian Quinn – Centra Regional Manager, Musgrave Retail Partners Ireland

"Despite having worked for some of retail's largest companies over the last 20 years in a management capacity, I wanted to have a recognised qualification as this is essential for career advancement and improved competence in the workplace.

It has being said that you learn something new every day and through attending the courses and completing the modules, the degree programme has certainly taught me things I didn't know and has given me ideas to take back to my day job. The flexible delivery of the programme ensures I am not away from the workplace too much.

The Retail Management Degree is informative and enjoyable, it is delivered by lecturers who are very supportive and approachable. The course has also given me opportunities to meet with industry leading guest lecturers and take key learning from their presentations, as well as the opportunity to engage with other retail employees from other businesses".

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The Retail Ireland Skillnet is funded by member companies and the Training Networks Programme, an initiative of Skillnets funded from the National Training Fund through the Department of Education and Skills.



Part 2: Applying the cultural web – Changing the labour ward culture

This article seeks to demonstrate the potential and application of Johnson's cultural web model (1992) as a means to bring about change in labour ward culture. This model can be applied to any aspect or area of the maternity services but, as way of example, the problems often associated with management of the second stage of labour are explored as exemplars for possible change. The process starts with identifying the focus for change, that is those problems commonly encountered in the management of the second stage, such as timing, positions, poor use of gravity, directed pushing and unnecessary intervention, to name but a few. This enables us to identify the different aspects related to the focus for change, why and when are such practices carried out, and whether or not this is a common approach or associated with different shifts or individuals. From routines and rituals, a cultural web can then be developed, providing greater detail as to the many factors and facets that impact the problem under consideration. Eventually, this process unmasks the taken-for-granted assumptions that lie within the cultural paradigm, highlighting what needs to be challenged. In understanding the problem, the culture in which it exists and the grounds to challenge such approaches to care, midwives, managers and, importantly, supervisors of midwives (SoMs) are able to consider an alternative, desired culture that aligns with current national and government strategies, ie. the change required.

The cultural web in action

This theoretical work arose out of a group project that was required for the completion of the 'Preparation for Supervisors of Midwives' programme at Bournemouth University. Although this focused on leadership and the role of the SoM in promoting best practice, it has to be acknowledged that cultural change cannot be achieved solely through supervision. Nevertheless, SoMs have a key role in recognising and responding to poor practice, and working with others with the power, position and influence to support and bring about change that enhances the quality of

Abstract

This is the second of two articles looking at cultural change in maternity services using Johnson's cultural web model (1992). Part one explored and explained the model in terms of the dominant cultural paradigm, and its analysis and potential for change (Freemantle, 2013). This article demonstrates the application of the cultural web model to maternity services and its potential impact on women-centred care—specifically labour ward culture. A cultural web is developed and summarised before using the model to consider change and identify a desired culture that aligns with the Chief Nursing Officer's (CNO) '6 Cs' vision for nursing and midwifery care (Department of Health (DH), 2012), the *Safer Childbirth* report (Royal College of Obstetricians and Gynaecologists (RCOG) et al, 2007) and *Maternity Matters* (DH, 2007). For demonstration purposes, the change focus or problems are continued use of outdated, entrenched labour ward practices around the second stage of labour, which conflict with National Institute for Health and Care Excellence (NICE) (2007) best practice guidance and may well diminish or deny the opportunity for normal birth (Williams, 2007). It recognises the fundamental part midwives and midwifery leadership plays in shaping and changing the culture of care, with particular reference to Supervisors of Midwives (SoM). Consequently, this model has the potential for widespread application throughout maternity services by improving efficiency, effectiveness and the environment of care.

care, makes best use of the skills of the midwife and protects the public. *Figure 1* demonstrates the cultural web in action, which initially started with consideration of the routines, rituals and stories around second stage of labour and labour ward culture. This allowed logical progression to the other elements of the web in order to consider the wider cultural paradigm of the labour ward; and the process uses the types of questions identified in part one of these two articles looking at the cultural web (Freemantle, 2013). Historical roots were examined to understand how practices become locked in over time (Johnson et al, 2011), which is important in order to challenge deep-rooted, taken-for-granted assumptions that underpin what we do and why we do it. Blending together literature and collective shared clinical experiences of group members identifies factors which expose the cultural

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Figure 1. The cultural web of existing labour wards—using the 'change focus' of second stage of labour practices (Developed from Johnson and Scholes' cultural web of the NHS (1997:70) and blended with literature (as cited) on second stage of labour practices and NHS labour ward culture)

paradigm. This provides understanding and makes explicit the need for change and how this may be brought about. However, as labour ward culture is site specific (Hunt and Symonds, 1994) and leaders shape culture (Schein, 2010), this will vary from organisation to organisation and is used here as examples of cultural norms which might exist (Figure 1).

Summarising findings of current culture

In the model, clear examples are provided from research evidence as to where second stage of labour management is often at odds with known best practice (Figure 1). Although unscientific, prevailing culture can be characterised using the information as shown in the cultural web.

This powerfully typifies how individuals may perceive their organisational culture (Johnson et al, 2011), ie. NHS 'providers know best' (Johnson and Scholes, 1997). In essence the second stage routines and rituals identified represent surface manifestations of labour ward culture (*Figure 1*). These influence and are influenced by the cultural paradigm of the dominant culture. Such 'cultural practices' are often historically rooted and define the norms of practice around controlling birth rather than implementing best practice.

As such, all midwives—but in particular SoMs—need to be honest and open in the appraisal of current service provision within their organisation. The environment of care should not be such that it undermines the roles and responsibilities of midwives, nor places women in conditions that are not conducive to good care and comfort or robs them of their dignity and personal autonomy as women. Supervisors, in line with the strategic aim of the 6Cs, should use this as a template for cultural and strategic alignment. Is the care, compassion, competence, communication, courage and commitment of midwives of the highest standard, or is it compromised to any degree by the demands of culture and conditions which exist in the workplace? It is all too easy to know what is happening and say nothing or, more likely, to feel that nothing that is said will bring about change. This is nothing less than wilful blindness and SoMs need to develop the techniques, toughness and togetherness as a group to raise their concerns and tackle cultural values that are at odds with best practice (Heffernan, 2011).

Figure 1 identifies the factors that exist within the dominant, cultural paradigm. And it is incumbent upon those seeking to bring about change to explore the six influencing factors and the cultural elements that emerge from them in order to plan and implement the necessary changes in practice and service provision.

Using the cultural web model to bring about change

Understanding the dominant culture permits consideration of whether or not change can be accommodated within the culture of any given labour ward. Alternatively, if this is not possible a shift in culture is definitely required (Johnson et al, 2011). It also allows identification of what is problematic about the existing culture, indicating the type of change required,

‘Is the care, compassion, competence, communication, courage and commitment of midwives of the highest standard, or is it compromised to any degree by the demands of culture and conditions which exist in the workplace?’

and highlights aspects of culture that act as facilitators or block change (Johnson et al, 2011).

For example, culturally rebellious practices may represent what Kirkham (2010) describes as opposing midwifery and medical models of care, yet these subcultures might be harnessed in facilitating change. This can be seen when midwives intentionally misrepresent their findings from vaginal examination, reporting and underestimating cervical dilatation in order to extend the period of the second stage and provide the woman with more time (Russell, 2007; Cooke, 2010).

As the cultural paradigm influences and is influenced by the six inter-relating factors of the model, each aspect should be considered in terms of mapping out and designing the necessary changes (Johnson et al, 2011). For example, the paradigm in *Figure 1* is influenced by elements of the web such as historical, organisational and power structures. Power is maintained and reinforced with obstetricians being key decision-makers and, usually, the leaders in multidisciplinary teams (The King's Fund, 2008; RCOG, 2013). This affects autonomy (Russell, 2007) of both mothers and midwives. Although labour ward structure varies across acute birth settings (RCOG et al, 2007), *Figure 2* represents typical labour ward structure. SoMs need to engage with senior obstetric colleagues in order to ensure a midwifery and woman-centred perspective is reflected, supported and included in decision-making, strategy and organisational values. This is an aspect of culture which has implications not just for how midwives approach the management of the second stage, but how they use their insight, knowledge and understanding to best effect in improving the welfare and wellbeing of women.

However, fundamental change in professional relations and power structures is also required to enable midwives to empower women. Experiencing individual empowerment enables midwives to gain confidence and be more ably supported (Kirkham, 1999). Therefore, in

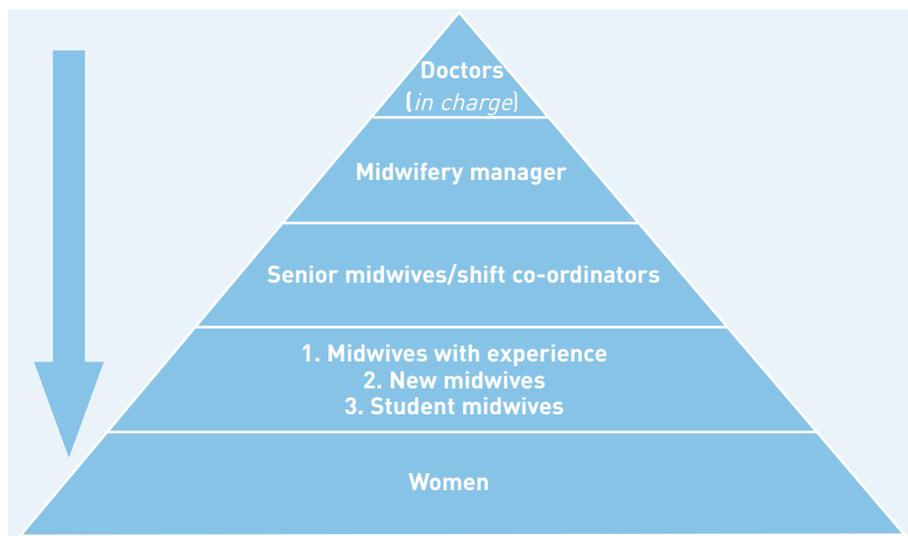


Figure 2: Top-down labour ward organisational structure (excluding senior management) (Developed using Russell, 2007)

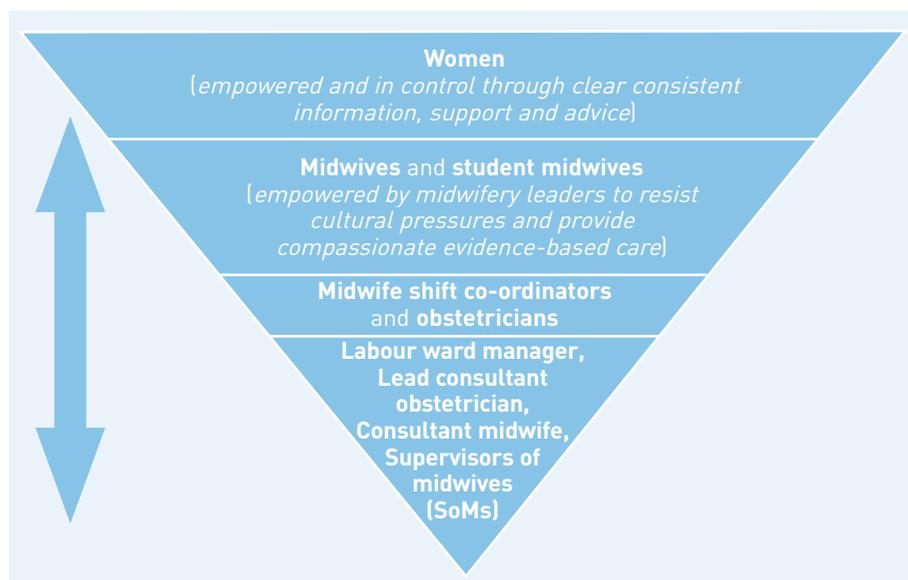


Figure 3: Inverted labour ward structure (Developed from Safer Childbirth (RCOG et al 2007) and The King's Fund (2008) reports)

contrast to Figure 2, Figure 3 represents a desired or optimal labour ward structure with women with greater control as reflected in the Chief Nursing Officer's (CNO) vision (Department of Health (DH) and NHS Commissioning Board, 2012). This emphasises the principle of 'No decision about me without me'. The presence on the labour ward of SoMs, consultant midwives and other midwifery leaders is not only symbolic, but can provide a different perspective to a singular medical model, and help to strengthen and create an effective multi-professional dynamic, in which the voice of both women and midwives is more likely to be heard. Supervision and SoMs are an essential part of maternity services in the UK and must play their part in helping, honing and harmonising the

organisation and environment of care.

As the six inter-relating factors of the cultural web require consideration to plan change (Figure 4), then fundamental approaches need to alter and better represent the leadership of mothers, midwives and medical practitioners. Such equal sharing of routines and responsibilities devolves power and control and allows otherwise unheard voices to contribute to the process of change. For example 'ward round proformas' or record keeping that document women's involvement in their care are powerful symbols of inclusion and allow all involved to contribute to the clinical picture, consider wider options of care and be part of the decision-making process. These are important in promoting co-operative interprofessional working, the involvement of women and mutual respect for the unique contribution individuals bring (Kirkham, 2010). Working within the clinical team is underpinned by statutory requirements (Nursing and Midwifery Council (NMC), 2008; 2012). Midwives and their SoMs need to be fully aware of the benefits of these ways of working, for they create a culture in which their views and opinions are more likely to be held in positive regard. Leadership as embodied in professional roles such as supervision is key to cultural change.

Using the web to identify a desired labour ward culture and consider changes required

The process of suggesting a future labour ward culture started with consideration of a desired cultural paradigm, ie. what was happening and what needed to change in respect to the management of the second stage of labour and culture per se. This is based upon current national policy and strategy. Changes were considered using each of the six inter-related and overlapping factors in terms of how they might influence and be influenced by the new paradigm. Figure 4 suggests a vision of desired labour ward culture.

Midwifery leadership—the role of the supervisor of midwives in organisational culture change

Leadership is the process by which culture forms and changes and is two sides of the same coin. Consequently, cultural understanding is essential for leaders to lead (Schein, 2010) and the web model offers a framework to support this. As protection of the public, the quality of care and the conduct and competence of the



Figure 4. Using the cultural web to identify desired labour ward culture and map out changes—using the 'change focus' of second stage of labour practices (Developed from Johnson et al (2011) and blended with literature on organisational culture, NHS labour ward culture, Chief Nursing Officer's (CNO) vision (DH and NHS commissioning Board, 2012), Safer Childbirth (RCOG et al, 2007), Maternity Matters (DH, 2007) and the Francis Report (2013))

midwife are central to the role of the SoM, then support, audit and assessment of both the work of the midwife and the clinical environment are similarly integral to the role. Consequently, supervisors need to be effective change agents, when the needs of either individuals or the service demand this of them.

Undoubtedly, clear dynamic leadership roles are needed (RCOG et al, 2007) at all levels (The King's Fund, 2008; DH and NHS Commissioning Board, 2012), both strategically and through building strong, integrated local leadership teams to support midwives (DH, 2009). Indeed consultant midwives have had positive impacts in reversing rising caesarean section rates, attributed to provider behaviour, and in giving greater value to the skills that support physiological birth and confidence in midwifery practice (RCOG et al, 2007). Similarly, Kirkham (1999) observed effective, culturally aware senior midwives achieving change within an existing culture. They appeared to achieve this through various strategies such as role modelling other behaviours, supporting and equipping midwives to consciously resist adverse cultural pressures and gain confidence in their new ways of working. This was further supported through sensitive and appropriate challenge and praise of midwives in the context of a changing culture. Paradoxically, however, organisational culture sets the criteria for leadership (Schein, 2010) and it takes fresh aspirations and fresh eyes to recruit the kinds of leaders who are able and willing to bring about change. Leadership for change operates within a creative tension (Senge, 1990) and will often demand key elements of transformational leadership (Kouzes and Posner, 2012). It requires an accurate perception of reality (Huczynski and Buchanan, 1997), the development of a 'shared vision' of the desired future (Johnson et al, 2011; DH and NHS Commissioning Board, 2012) and the ability to articulate the need for and the necessity to change; effecting buy in and the motivation required to bring this about (Schein, 2010). Leaders will also need to adopt questioning approaches that challenge 'taken-for-grantedness' (Johnson et al 2011), perhaps supporting the principle of 'constructive friction' whereby correct challenge is acceptable and healthy.

Challenges of cultural change

Importantly, cultural change creates high levels of anxiety. This may be resisted as group members and/or powerful dominant individuals seek to maintain the 'status quo' (Schein, 2010). Many midwives gain security from existing culture

(Kirkham, 1999). Indeed, those individuals with low tolerance of ambiguity and the need to feel secure in their work environment often prefer tighter 'role' cultures (Handy, 1993), such as may exist on the labour ward. Fundamental change therefore requires leaders to develop strategies that support and respect such individuals (Kirkham, 1999), while at the same time acknowledging the dissonance in current practice with good practice, appealing to their professional values and motivating them to change. Planning cultural change requires consideration of psycho-social dynamics (Schein, 2010), which can be combined with the web model for a logical and pragmatic approach to change creating new ideas and a synthesis of what is good in both old and new models of care. *Figure 5* summarises this in relation to second stage of labour.

Organisational cultures can take many years to change (Schein, 2010) and leadership capabilities must be planned and developed (DH, 2009) accordingly. Hopefully, this will include cultural competence and individuals who not only value, but are able to create the opportunities and roles, which both realistically and symbolically redress the imbalance in power, while enabling a culture of flexibility, adaptability, inclusion and respect. Yet cultural change does indeed have implications for everyone involved in health care: individuals, leaders, professions, services users and providers as well as regulators (DH and NHS Commissioning Board, 2012). Essentially the organisational world must be viewed through cultural lenses (Schein, 2010). Unleashing the capacity for change requires the courage to look and determination to see (Heffernan, 2011).

Conclusion

Organisational culture change is now imperative and this well-documented problem can no longer be tolerated. Maternity care must be free from dysfunctional culture to deliver flexible, skilled and compassionate evidence-based care. But given the complexity of organisational culture it is important to understand, diagnose and manage it correctly as without such insights, there could be unintended consequences. Therefore it is worthwhile sourcing models and tools concerning organisational culture, cultural change management and leadership that are derived from other disciplines, which can benefit NHS midwives, midwifery leaders and services. The role of the SoM is fundamental to this both on a day-to-day basis and at the strategic, organisational level.

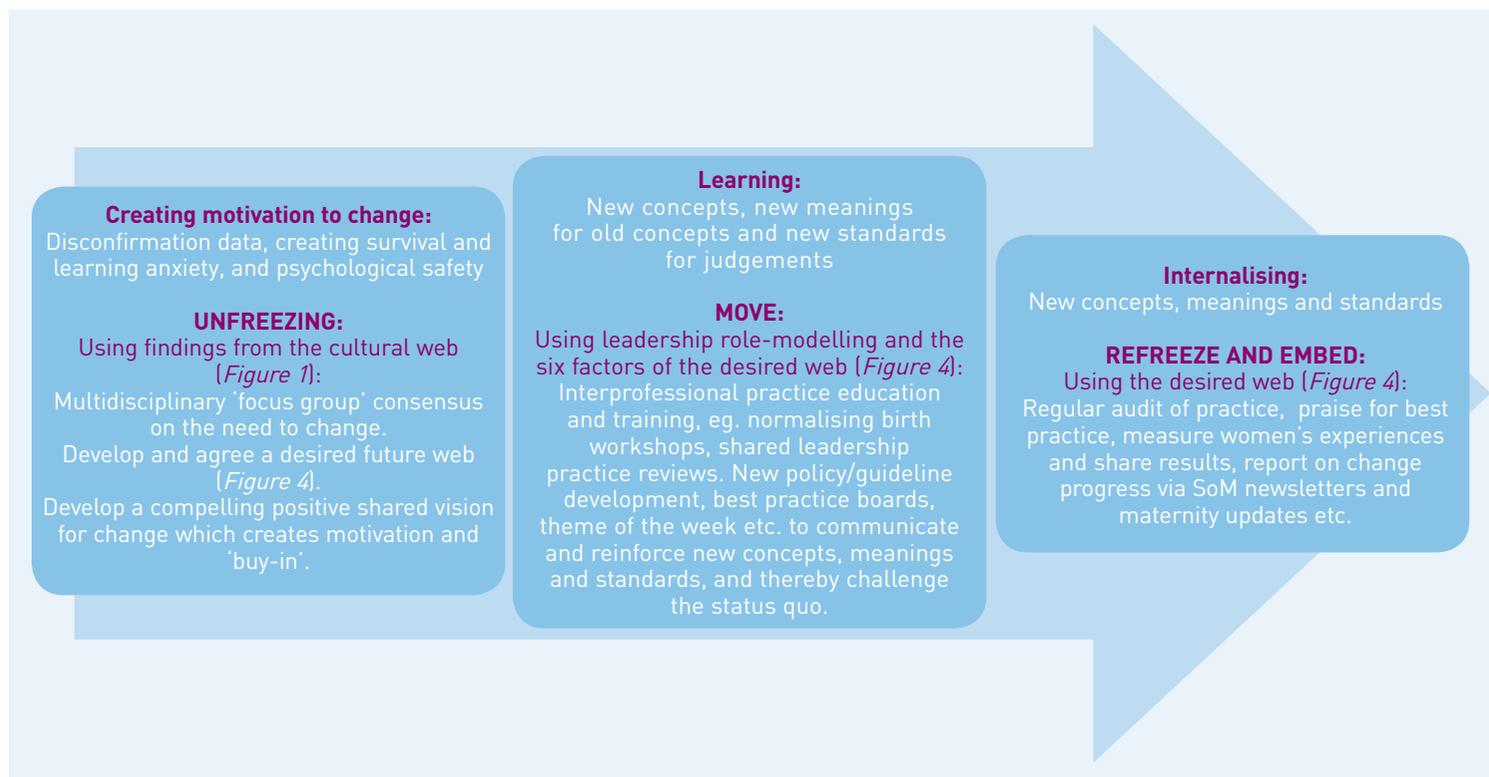


Figure 5. Stages of learning and culture change in relation to second stage of labour practices and the developed cultural web models (Cooke, 2010; Schein, 2010; The King's Fund, 2012)

The cultural web model offers a visual analytical framework to understand this complex phenomenon and consider change that challenges the taken-for-granted assumptions within the cultural paradigm. It can be used for incremental or fundamental change. Analysis and understanding of culture allows the design, innovation and mapping out of changes using the six inter-related factors of the web. This can be extended to identifying a desired future culture, which aligns with strategy. Indeed, the model has potential for widespread application throughout maternity services to improve efficiency, effectiveness and the environment of care. Although the cultural web is a successful business tool, which has been adapted, some modification may still be needed.

This article approached the model of change through a theoretical framework and took as its focus the management of the second stage of labour. It was not intended to give answers to problems, which may or may not exist within the organisations in which midwives work. It does, however, seek to convey the process of Johnson's model of change and how consideration of the dominant cultural paradigm is necessary in order to ensure that change is timely, appropriate and effective, with clear benefits to service users and providers alike. In considering each aspect as set out in the model, it enables the change agent

to fully explore the factors and facets that make up and contribute to the organisational culture. It also creates greater certainty as to what aspects need to change and what innovations might be introduced.

Importantly, as leadership and organisational culture are inherently linked, effective midwifery leadership that is strong, dynamic and culturally

Key points

- Individual midwives need to acknowledge and articulate practice which is not evidence based or in the interests of women
- Midwifery leadership and the role of the Supervisor of Midwives (SoM) are fundamental to cultural change, and SoMs should play an active and assertive role in clinical governance of NHS maternity services as change cannot be achieved solely through supervision
- The culture of the organisation needs to be women centred and service orientated in line with government policy and national strategic direction
- Cultural analysis begins with a 'focus for change' or identified problem which allows consideration of the six influencing factors of Johnson's cultural web model (1992), to ultimately expose the cultural paradigm
- Existing culture must be understood in order to identify a desired culture and to allow the mapping out and designing of necessary changes
- Culture can take many years to change, requires a deep commitment and is associated with anxiety and resistance

aware is fundamental in shaping and changing culture. While this article and model has focused on the problems arising from the management of the second stage of labour, it can be applied to other equally resistant aspects of midwifery care. Change in the 21st century is a necessity of life as we incorporate new knowledge, new technologies and new ways of working. Midwives and midwifery leaders are fundamental in orchestrating the imperatives of change which will enable successful and sustained adaptation for future generations of mothers, midwives and families. **BJM**

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Web Element	HEI X Challenges	Culture to overcome challenges
<p>Rituals and Routines The routines can make up “the way we do things around here” (Johnson & Scholes, 2002, p.231).</p> <p>“Rituals are special events or activities that are important in a culture” (Johnson et al., 2011).</p>	<ul style="list-style-type: none"> • New programme development • Academic calendar • Communications rituals and routines • Delivering WBL programmes • WBL assessment • Training for WBL lecturers 	
<p>Stories “Stories told by members of the organisation to each other and to outsiders can shape the organisational culture and can indicate the behaviour required in certain situations” (Johnson <i>et al.</i>, 2011).</p>	<ul style="list-style-type: none"> • Addressing the “bad stories” about WBL in HEI X • Promoting the “good stories” about WBL externally 	
<p>Symbols “Symbols are words, objects, conditions, acts or characteristics of persons that signify something different or wider from themselves, and which have meaning for an individual or group” (Kemp & Dwyer, 2001, p.81).</p>	<ul style="list-style-type: none"> • The administrative system • Language 	
<p>Power Structures “Power structures refer to the pockets of power that have the most</p>	<ul style="list-style-type: none"> • Strategic importance of WBL • Sharing power with the employer 	

<p>influence on decisions made within an organisation” (Johnson <i>et al.</i>, 2011).</p>		
<p>Organisational Structures “The organisational structures refers to the roles, responsibilities and reporting relationships in organisations” (Johnson <i>et al.</i>, 2011, p. 178).</p>	<ul style="list-style-type: none"> • Dedicated WBL unit or department • Lack of collaboration between departments • WBL learner services • 	
<p>Control Systems “The control systems refer to measurements and reward systems that emphasise what is important to monitor in the organisation e.g. products sold or number of customers” (Johnson <i>et al.</i>, 2011).</p>	<ul style="list-style-type: none"> • Academic rigour • Incentivise and reward WBL efforts • Evaluation 	