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From the Editor…

The fifth issue of INTERNATIONAL JOURNAL of ADVANCED MULTIDISCIPLINARY RESEARCH and REVIEW (IJAMRR) is ready.

Now that IJAMRR is indexed in worlds biggest indexers and university libraries, more international researchers apply to have their researches published. In this issue, we again spent huge time to choose the best articles and as we started, we have choosen five very high impact articles.

With all efforts, we are waiting for new researches for our next volume that will be published.

Thanks…

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Qualitative – Attitude Research To Determine the Employee Opinion of a Business Hotel in Istanbul - Turkey

Ahmet Ferda Seymen[1]

INRTODUCTION

Qualitative research is concerned with qualitative phenomenon, i.e., phenomena relating to or involving quality or kind. For instance, when we are interested in investigating the reasons for human behavior (i.e., why people think or do certain things), we quite often talk of 'Motivation Research', an important type of qualitative research. This type of research aims at discovering the underlying motives and desires, using in depth interviews for the purpose.

Other techniques of such research are word association tests, sentence completion tests, story completion tests and similar other projective techniques. Attitude or opinion research i.e., research designed to find out how people feel or what they think about a particular subject or institution is also qualitative research. Qualitative research is especially important in the behavioral sciences where the aim is to discover the underlying motives of human behavior. Through such research we can analyze the various factors which motivate people to behave in a particular manner or which make people like or dislike a particular thing.

In this study; main issues identified by employees were: That the functions of the human resources department was none existent within the company. Recruitment, Reward and Reprimand, Career Development, Performance Evaluation System, Lack of proper orientation, on the job trainings and self-improvement courses needed to be developed and

[1] Universidad Azteca, E-mail: afseymen@gmail.com

implemented in order to raise the declined motivation of employees and the deteriorating relations between the two sides.

LITERATURE REVIEW

TYPES OF RESEARCH

The basic types of research are as follows:

(i) Descriptive vs. Analytical: Descriptive research includes surveys and fact-finding enquiries of different kinds. The major purpose of descriptive research is description of the state of affairs as it exists at present. In social science and business research we quite often use the term Ex post facto research for descriptive research studies. The main characteristic of this method is that the researcher has no control over the variables; he can only report what has happened or what is happening.

Most ex post facto research projects are used for descriptive studies in which the researcher seeks to measure such items as, for example, frequency of shopping, preferences of people, or similar data. Ex post facto studies also include attempts by researchers to discover causes even when they cannot control the variables. The methods of research utilized in descriptive research are survey methods of all kinds, including comparative and correlational methods. In analytical research, on the other hand, the researcher has to use facts or information already available, and analyze these to make a critical evaluation of the material.

(ii) Applied vs. Fundamental: Research can either be applied (or action) research or fundamental (to basic or pure) research. Applied research aims at finding a solution for an immediate problem facing a society or an industrial/business organization, whereas fundamental research is mainly concerned with generalizations and with the formulation of a theory. "Gathering knowledge for knowledge's sake is termed 'pure' or 'basic' research." Research concerning some natural phenomenon or relating to pure mathematics are examples of fundamental research.

Similarly, research studies, concerning human behavior carried on with a view to make generalizations about human behavior, are also examples of fundamental research, but research aimed at certain conclusions (say, a solution) facing a concrete social or business problem is an example of applied research. Research to identify social, economic or political trends that may affect a particular institution or the copy research (research to find out whether certain communications will be read and understood) or the marketing research or evaluation research are examples of applied research.

Thus, the central aim of applied research is to discover a solution for some pressing practical problem, whereas basic research is directed towards finding information that has a broad base of applications and thus, adds to the already existing organized body of scientific knowledge.

(iii) Quantitative vs. Qualitative: Quantitative research is based on the measurement of quantity or amount. It is applicable to phenomena that can be expressed in terms of quantity. Qualitative research, on the other hand, is concerned with qualitative phenomenon, i.e., phenomena relating to or involving quality or kind. For instance, when we are interested in investigating the reasons for human behavior (i.e., why people think or do certain things), we quite often talk of 'Motivation Research', an important type of qualitative research. This type of research aims at discovering the underlying motives and desires, using in depth interviews for the purpose.

Other techniques of such research are word association tests, sentence completion tests, story completion tests and similar other projective techniques. Attitude or opinion research i.e., research designed to find out how people feel or what they think about a particular subject or institution is also qualitative research. Qualitative research is especially important in the behavioral sciences where the aim is to discover the underlying motives of human behavior. Through such research we can analyze the various factors which motivate people to behave in a particular manner or which make people like or dislike a particular thing. It may be stated, however, that to apply qualitative research in practice is relatively a difficult job and

therefore, while doing such research, one should seek guidance from experimental psychologists.

(iv) Conceptual vs. Empirical: Conceptual research is that related to some abstract idea(s) or theory. It is generally used by philosophers and thinkers to develop new concepts or to reinterpret existing ones. On the other hand, empirical research relies on experience or observation alone, often without due regard for system and theory. It is data-based research, coming up with conclusions which are capable of being verified by observation or experiment. We can also call it as experimental type of research. In such a research it is necessary to get at facts firsthand, at their source, and actively to go about doing certain things to stimulate the production of desired information.

In such a research, the researcher must first provide himself with a working hypothesis or guess as to the probable results. He then works to get enough facts (data) to prove or disprove his hypothesis. He then sets up experimental designs which he thinks will manipulate the persons or the materials concerned so as to bring forth the desired information. Such research is thus characterized by the experimenter's control over the variables under study and his deliberate manipulation of one of them to study its effects.
Empirical research is appropriate when proof is sought that certain variables affect other variables in some way. Evidence gathered through experiments or empirical studies is today considered to be the most powerful support possible for a given hypothesis.

(v) Some Other Types of Research: All other types of research are variations of one or more of the above stated approaches, based on either the purpose of research, or the time required to accomplish research, on the environment in which research is done, or on the basis of some other similar factor. Form the point of view of time, we can think of research either as one-time research or longitudinal research. In the former case the research is confined to a single time-period, whereas in the latter case the research is carried on over several time-periods. Research can be field-setting research or laboratory research or simulation research, depending upon the environment in which it is to be carried out.

Research can as well be understood as clinical or diagnostic research. Such research follow case-study methods or in depth approaches to reach the basic causal relations. Such studies usually go deep into the causes of things or events that interest us, using very small samples and very deep probing data gathering devices. The research may be exploratory or it may be formalized. The objective of exploratory research is the development of hypotheses rather than their testing, whereas formalized research studies are those with substantial structure and with specific hypotheses to be tested. Historical research is that which utilizes historical sources like documents, remains, etc. to study events or ideas of the past, including the philosophy of persons and groups at any remote point of time.

Research can also be classified as conclusion-oriented and decision-oriented. While doing conclusion oriented research, a researcher is free to pick up a problem, redesign the enquiry as he proceeds and is prepared to conceptualize as he wishes. Decision-oriented research is always for the need of a decision maker and the researcher in this case is not free to embark upon research according to his own inclination. Operations research is an example of decision oriented research since it is a scientific method of providing executive departments with a quantitative basis for decisions regarding operations under their control.

MATERIALS & METHODS

The survey carried out at the RAMADA PLAZA HOTEL Istanbul where "Employee Assessment of Hotel Company" has been evaluated and statistical findings are listed below:

The survey consists of 6 sections where employees were asked to give their answers to the following:

- 1st. Section; Work conditions & environment
- 2nd. Section Functions of the human resources management
- 3rd. Section Management & communication channels within the company
- 4th. Section Employees, general perception of the company
- 5th. Section Evaluation of managers and their effectiveness within the company
- 6th. Section General Findings

The questions were prepared and employees were asked to indicate their opinions as displeased, neutral and pleased. Hence the score chart of the survey has been set to analyze the answers which are grouped in 3 sections.

Displeased Neutral Pleased

Questionnaire of the survey is designed to measure the answers which fall under 3 categories, The tabulation of the data is collected from each category where employees are asked to mark 'YES' to questions which fall into each category. The scale measures satisfaction level of the employees between 0 - 100

0-59,9 Yes %- Displeased

60-79.9 Yes %- Neutral

80-above Yes %- Pleased

The outcome of the survey is based on a 3 scale answering system to measure the satisfaction level.

The survey was completed by 170 employees out of total 204. Hence an 83% attendance was attained.

Total Employees	Questionnaires Completed	Attendance
204	170	83,33%

CONCLUSION

The summary of the findings consisted of the following:

Out of the 6 categories only;

The Work conditions & environment and

Evaluation of managers and their effectiveness within the company. Scores were above 60%.

Whereas the rest of the topics concerning:

Functions of the human resources department,
Management & communication channels within the company,
Employees, general perception of the company
General Assessment of the company. Scores were below 60%

The main issues identified by employees were: That the functions of the human resources department was none existent within the company. Recruitment, Reward and Reprimand, Career Development, Performance Evaluation System, Lack of proper orientation, on the job trainings and self-improvement courses needed to be developed and implemented in order to raise the declined motivation of employees and the deteriorating relations between the two sides.

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Development of the Cross-cultural Readiness Exposure Scale (CRES)

Dr Emmanuel Jean Francois[1]

Abstract:

Perspectives of individuals who are involved in cross-cultural and cross-societal communications can be very insightful in facilitating authentic intercultural interactions. The Cross-cultural Readiness Exposure Scale (CRES) was developed to capture the level of readiness of individuals prior to intercultural interactions. The initial items were generated from focus groups involving undergraduate and graduate students in the United States. The items were pilot tested on a convenience sample of participants from various countries of the world. The CRES had sufficient validity and reliability, and can be used as a formative evaluation instrument to assess the level of readiness of individuals or groups who will be involved in intercultural interactions through study abroad, international service learning, internship abroad, or assignments in a foreign country.

Keywords: Intercultural competence, cross-cultural competence, global competence, intercultural communication, study abroad, working abroad

[1] Ohio University, Unites States / Email: jeanfran@ohio.edu

Introduction

Traveling for assignment abroad or studying abroad requires the ability to adjust to a new cultural environment. The readiness for encounters from other cultures is critical to help someone experience meaningful intercultural communications. In other words, one should be able to respond appropriately to encounters of other cultures in order to experience meaningful intercultural communications. A lack of cross-cultural readiness may affect one's capacity to engage in effective cross-cultural interactions while being overseas. This study aimed to develop a scale to measure the main components of cross-cultural readiness exposure on separate subscales, with the intention of summing the subscale scores to create a total score that would represent a participant's overall level of cross-cultural readiness. To this end, the inquiry process proceeded by asking, "What are the factors that may be associated with one's readiness for cross-cultural exposure?"

Cross-Cultural Readiness: Review of Related Literature

Cross-cultural readiness exposure refers to one's ability to alter or adapt his/her cultural behavior based on the cross-cultural context (Dalton, Ernst, Deal, & Leslie, 2002). Cross-cultural readiness has become more and more critical, because globalization of communication has transformed the interactions and interrelations among people, nations, and cultures, thus altered the way people communicate to others around the world, especially when studying, working, or doing business in a foreign country (Gannon, 2004; Schmidt, Conaway, Easton, & Wardrope, 2007). Consequently, anyone interacting with others in a cross-cultural context or setting should be prepared or have some level of readiness for exposure to cultural differences, given the potential for misunderstanding and ineffective

interactions (Tuleja, 2005). Cross-cultural exposure has positive influence on the development of one's cultural awareness, especially with respect to a better understanding of other's culture, experiences, and behavior. The readiness to interact and accommodate effectively with people from different cultural backgrounds is very critical for students, faculty, and educators who have to deal with international education involvement (Martin & Nakayama, 2007).

According to Brinkmann and van Weerdenburg (2003), cognitive competence and behavioral effectiveness are essential for cross-cultural exposure. The concept of cognitive competence refers to the knowledge of appropriate communication behavior. Behavior effectiveness implies the ability to match expected outcomes of cross-cultural exchange with appropriate communication. In other words, there are some prerequisites that can be instrumental for effective cross-cultural interactions. Such prerequisites can foster a certain level of readiness that can enhance individual self-efficacy before an immersion or exposure in a cross-cultural setting, especially in a foreign country. Variables such as tolerance (Tucker & Baier, 1982), respect for other beliefs (Wiseman, Hammer, & Nishida, 1989), flexibility and empathy (Dodd, 1987) are related to readiness for effective cross-cultural exposure. The less bias one has about other cultures, the more it is possible to interact in meaningful way with people from different cultural backgrounds.

Lustig and Koester (2006) argue that one can be highly competent and effective in one situation and be moderately competent and effective in another situation. Therefore, a state or level of readiness for cross-cultural readiness does not necessarily guarantee effective intercultural interactions or communications. However, assessing such readiness is a good place to start. This can enable one to take actions to compensate for bias, if any, or increase

awareness about one's assets for meaningful cross-cultural interactions. In fact, Harris, Moran, and Moran (2004) found that cultural adjustment is associated with intercultural effectiveness. Several scales exist that aim to measure the understanding, view, feeling, or perception of individuals or groups regarding cultural differences.

Intercultural Development Inventory (IDI): The Intercultural Development Inventory (IDI; Hammer et al., 2003) was developed to measure intercultural competence of individual and group based on a developmental continuum from ethnocentrism to ethnorelativism, which includes five cultural orientations: DD (denial and defense), R (reversal), M (minimization), AA (acceptance and adaptation), and EM (encapsulated marginality) (Hammer & Bennett, 2001). According to Bennett (1993), individuals who become interculturally competent or sensitive may lose their cultural identity and develop a new identity different from one's cultural background. Sparrow (2000) explained that it is not possible for an individual to completely dispose of one's native culture. Obviously, cultural orientations of individuals may change. However, this change does not occur in a vacuum. Individuals still carry with them frameworks of their native culture, which provide meaning to their new cultural identities. As Shaules (2007) argued, it would be an oversimplication of intercultural experience to think that people go through rigid stages of intercultural development up to an end-point. Numerous studies have used the IDI, and confirmed its validity and reliability (Abbe et al., 2007; Greenholtz, 2000; Hammer, Bennet, & Wiseman, 2003; Paige, Jacobs-Cassuto, Yershova, & Dejaeghere, 2003; Olson & Kroeger, 2001). However, concerns expressed by Shaules (2000), Sparrow (2000), and other scholars (Bredella, 2003) suggest that additional studies, including the development of alternative instruments can help complement the IDI.

Cross-Cultural Adaptability Inventory (CCAI): The Cross-Cultural Adaptability Inventory (CCAI; Kelley & Meyers, 1995) was developed to predict the ability of individuals to adapt to other cultures. Researchers have used the CCAI to assess cross-cultural sensitivity (Majumdar, Keystone, & Cuttress, 1999; Cornett-DeVito & McGlone, 2000; Sinicrope et al., 2007). Davis and Finney (2003) examined the psychometric properties of the CCAI, found poor fit of data for the four-factor model proposed in the scale, and recommended not to use the instrument (Davis & Finney, 2006). The weaknesses identified in the CCAI point to the need for additional research, including the development of alternative or complementary instruments.

The Intercultural Sensitivity Inventory (ICSI): The Intercultural Sensitivity Inventory (ICSI) was developed to measure the ability of an individual to modify his/her behavior in culturally appropriate ways during intercultural interactions (Bhawuk & Brislin, 1992). The ICSI measures constructs such as individualism, collectivism, and flexibility and open-mindedness. The ICSI has been validated through its utilization in various studies (Bhawuk & Brislin, 2000; Sizoo & Serrie, 2004). However, Kapoor, Blue, Konsky, & Drager (2000) have challenged the reliability of the ICSI, arguing that the items used in the scale are abstract in tone and substance.

Intercultural Sensitivity Scale (ISS): The Intercultural Sensitivity Scale (ISS) was developed by Chen and Starosta (2000), and includes five dimensions: (1) interaction engagement, (2) interaction confidence, (3) respect for cultural differences, (4) interaction enjoyment, and (5) interaction attentiveness. Studies have found the ISS to be valid and reliable (Fritz, Mollenburg, & Chen, 2002; Peng, Rangisipaht, & Thaipakdee, 2005). Although the validity and reliability of the ISS have been documented, McMurray (2007)

found that items in the scale such as “I think my culture is better than other cultures” and “I don’t like to be with people from different cultures” had “extremely high standard deviations” (p.70). Therefore, a challenge remains about the loaded nature of some of the items in the scale.

Overall, the aforementioned scales sought to assess whether an individual or a group is interculturally sensitive or competent for intercultural interactions. However, they all have flaws or weaknesses in one way or the other, which provides a scholarly opportunity for additional research or the development of alternative or complementary scales to assess the level of readiness of individuals or groups to engage in meaningful cross-cultural interactions.

Scale Development

An initial list of 58 items related to intercultural readiness when traveling to a foreign country was generated based on literature review and exploratory interviews with a dozen administrators of study abroad programs. The items were categorized in two themes based on their similarities with cultural relativism or ethnocentrism. An instruction statement and a Likert-type scale (Davis, 1992) was added, asking potential respondents to rate their level of agreement with each item, on the extent to which they (a) strongly agree, (b) agree, (c) neutral, (d) disagree, and (e) strongly disagree. Two focus groups of 9 participants each were conducted with students selected on a convenient basis, in order to generate additional items. Participants were international students from Central America and the Caribbean, attending an international program on community leadership. This strategy was used to ensure the relevance criterion of the items (Beck & Gable, 2001). Based on feedback received from the focus groups, 6 items were removed due to their irrelevancy and redundancy. Participants in

the focus groups made recommendations that enabled revision of the remaining 52 items for clarity and potential for cultural bias.

The Content Validity Index (CVI; Polit and Beck, 2006) was used to estimate representativeness, comprehension, ambiguity, and clarity. Tilden, Nelson, and May (1990) suggested that the CVI values should be ≥ .70. The Kappa index (Wynd, Schmidt, & Schaefer, 2003), with a value > .40, was used to assess relevance. A panel of 8 professors teaching courses such as cross-cultural competence, research design, globalization and higher education, and international education, were asked to (a) review the items for clarity and consistency, (a) make recommendations for retention or rejection, and (c) suggest corrections for retained items (if needed) or new items to be included in the scale. A total of 7 items were considered to have insufficient content validity (CVI < .70 and Kappa < .40 in representativeness and/or relevance). The remaining 45 items were retained. The panel suggested nine sub-themes. The nine sub-themes were: (a) racism bias, (b) discrimination bias, (c) ethnocentrism bias, (d) prejudice bias, (e) stereotype bias, (f) international curiosity, (g) cultural relativism, (h) intercultural communication, and (i) intercultural sensitivity. Table 1 provides a concise definition of each sub-theme:

Table 1

Definition of Cross-cultural Readiness Exposure Sub-themes

Sub-theme	Definition
Racism bias	Personal preference that inspires an individual in making or supporting unfair judgment about others based on their race.
Discrimination bias	Personal preference for giving or supporting differential treatment to others based on an unfair demographic categorization.
Ethnocentrism bias	Personal preference for judgment or supporting judgment that considers some ethnic groups or cultures as inferior in comparison to other ethnic groups or cultures that are considered as superior.
Prejudice bias	Personal preference for rigid or unfavorable attitudes toward a particular group without regard to facts.
Stereotype bias	Personal preference for preconceived or oversimplified generalizations regarding the beliefs or behaviors of a particular group.
International curiosity	Curiosity to seek information about foreign countries and cultures.
Cultural relativism	An understanding or support for the idea that there is no right or wrong culture, no inferior or superior culture, and cultural practices, experiences and behaviors should be examined in the context of a particular culture.
Intercultural communication	Ability to communicate either verbally or non-verbally with people from different cultural backgrounds or experiences
Intercultural sensitivity	Ability to show tolerance, respect, appreciation, flexibility, understanding, and empathy when interacting with individuals from different cultural backgrounds.

The sub-themes could be easily categorized in factors that may deter cross-cultural readiness exposure (racism bias, discrimination bias, ethnocentrism bias, prejudice bias, and stereotype bias) and factors that may foster cross-cultural readiness exposure (international curiosity, cultural relativism, intercultural communication, and intercultural sensitivity). The panel members were invited to express their level of agreement with the sub-themes. Kappa values were calculated, using the Software Package for Statistical Analysis (SPSS; Altman, 1999). The Cohen's Kappa values were .46 for racism bias, .45 for discrimination bias, .48 for ethnocentrism bias, .49 for prejudice bias, .50 for stereotype bias, .54 for international

curiosity, .55 for cultural relativism, .48 for intercultural communication, and .51 for intercultural sensitivity. All Cohen's Kappa values were significant ($p < .0.001$), thus confirming the relevance of the sub-themes (Wynd, Schmidt, & Schaefer, 2003).

Pilot Testing of Items for the CRES

The 45 items were used in a pilot testing, which involved 12 undergraduate and graduate students at a large Southern university of the United States, in order to ensure further construct validity. Participants answered a series of open-ended questions about processes relevant to cross-cultural readiness, tailored to explore each of the main components of the construct. The purpose of the sessions was to identify whether an individual is ready for cross-cultural interactions. Participants were asked to express their level of agreement with each of the 45 items. Participants then gave feedback about the items in terms of their comprehensibility and relevance to the topics just discussed in the group. Participants were instructed to check any items that seemed unclear or confusing. Also, participants were asked to confirm or infirm their level of agreement with each retained item based on the extent to which such item will contribute to the measurement of at least one facet of an individual readiness for effective cross-cultural interactions. All the items were considered to have sufficient content validity, CIV $\geq$ .70, based on criteria suggested by Polit and Beck (2006).

Methods: Participants and Procedures

A total of 387 participated in testing the scale. Participants were selected on a convenient basis in settings such as university campuses and academic conferences. Some participants completed a hard copy questionnaire. Other participants completed the questionnaire online, through survey monkey. About 70% of the participants were females and 30% were males. Also, 25% of the participants were undergraduate students, 56% were graduate students, 10%

were administrative staff working in international education programs, and 9% were college faculty members. The majority of the participants were citizens (70%) or residents (88%) of the United States. The remaining of participants were citizens or residents of Australia, Canada, Cape Verde, Chile, China, Columbia, England, France, Ghana, Haiti, Kenya, Mexico, Scotland, South Africa, South Korea, and Spain. The age groups of the participants were diverse, with 11% under 25 years of age, 37% aged 25-34, 35% aged 35-44, and 17% 45 years or older.

Results

Data were screened to ensure the validity of the observations (Polit & Beck, 2006). The researcher removed from the sample any observation with one or more incorrectly answered validity items. The data were analyzed for normality (skewness and kurtosis) and reliability (Cronbach's alpha). A total of 9 items were excluded from the analyses because they had skewness or kurtosis greater than 2.00. A two-tailed alpha level of .05 was set a priori and used for all statistical tests. The Cronbach's coefficient alpha value for the entire scale was .79. This is a reasonable Cronbach's alpha value based on the criteria suggested by George and Mallery (2003). All 36 retained items of the CRES have good alpha values as well. Table 2 provides means, standard deviation, and factor loading for each item.

Table 2

Items and Factor Loadings for CRES Subscale Factors

#	Item	*M*	*SD*	*Factor loading*
1	Developing countries would have no political problems if they fully adopted a European or American system of democracy. *(Reverse coding)*	2.57	1.010	.791
2	Racism is still an issue in many parts of the world.	4.35	1.071	.800
3	People who have completed their prison time should not be denied any social, economic, or political opportunities.	3.68	1.148	.787
4	People in poor countries tend to have relatively low self-esteem. *(Reverse coding)*	2.10	.890	.789
5	Sometimes discrimination is justifiable. *(Reverse coding)*	1.96	1.100	.792
6	I would seize the opportunity to attend an activity on international topics or issues, learn a foreign language, or participate in a program abroad.	3.85	.995	.780
7	If I judge people based on my own cultural standards, I will make inappropriate judgments about their cultural behaviors.	4.15	1.069	.791
8	I have the ability to quickly develop relationship with someone from a different cultural background that I meet for the first time.	3.23	1.160	.793
9	I always ask people questions to better understand their cultural values.	4.08	.807	.790
10	It is naturally better to marry someone from my race. *(Reverse coding)*	2.18	.977	.792
11	I never miss an opportunity to learn about the history, life style, or culture of people from other countries.	3.85	1.080	.781
12	Older people lose the ability to learn. *(Reverse coding)*	1.90	.988	.777
13	Some countries have some silly food taboo. *(Reverse coding)*	2.61	1.090	.780
14	Study abroad programs have no academic value. *(Reverse coding)*	2.64	.790	.780
15	I always seize an opportunity to have a conversation with someone from another country or culture.	3.84	.962	.789
16	No matter what people say, most traditional religious rituals are simply unacceptable. *(Reverse coding)*	3.04	1.002	.775
17	I am willing to learn as many languages possible.	3.80	1.075	.792
18	I can work productively with people who have strong cultural differences with me.	4.25	.671	.790
19	Modern life style is obviously far superior to that of many traditional societies. *(Reverse coding)*	2.63	.918	.775

20	Most of the time people tend to over-react about discrimination. *(Reverse coding)*	2.68	1.272	.777
21	If I have to work with someone from a different culture, I will pay attention to word or attitude that may be considered offensive by that person.	3.29	1.080	.781
22	Employers should have the freedom to hire employees from ethnic groups or races of their choice. *(Reverse coding)*	2.25	1.315	.779
23	It is more convenient for people of same racial or ethnic backgrounds to socialize together.	2.70	1.166	.776
24	Study abroad, learning about other countries, cultures, or global issues have no value for people who plan to work only in their own country. *(Reverse coding)*	2.28	1.262	.795
25	My country would be friendlier if there were less ethnic groups. *(Reverse coding)*	1.73	.939	.785
26	Each culture is unique and should be judged accordingly.	4.28	1.022	.805
27	People who are gay, lesbian, or bisexual should hide their sexual orientation. *(Reverse coding)*	2.49	1.289	.773
28	I have no bad feelings about the beliefs, values, and practices of people from other countries.	3.66	1.115	.801
29	Some races are obviously smarter than others. *(Reverse coding)*	1.60	.986	.774
30	People who are suffering because of their own bad decisions should not expect to receive public assistance. *(Reverse coding)*	2.05	1.008	.784
31	Women who like activities that are traditionally dominated by men are likely to be lesbians. *(Reverse coding)*	1.58	.889	.777
32	I am not willing to work in group with people who do not show up on time to a meeting.	1.54	.852	.774
33	Judgment made about an unknown culture is likely false, misleading, and arbitrary.	4.03	1.066	.783
34	People of some races work harder than others. *(Reverse coding)*	2.37	1.228	.782
35	To better understand the behavior of people from other countries, one needs to understand their norms and values.	4.18	.839	.788
36	It is very difficult for me to understand why some societies are still attached to some old cultural practices. *(Reverse coding)*	2.53	1.095	.769

Also, the subscales have reasonable Cronbach's alpha values (George & Mallery, 2003). As Table 3 indicates, internal consistency reliability was .71 for racism bias, .95 for discrimination bias, .74 for ethnocentrism bias, .83 for prejudice bias, .80 for stereotype bias, .77 for international curiosity, .888 for cultural relativism, .81 for intercultural communication, and .89 for intercultural sensitivity. All the items in each subscale had loadings that are greater than .60.

Table 3

Subscales Cronbach's Alpha Values

Scale/ item	**Chronbach's alpha**
Racism bias	**.71**
Racism is still an issue in many parts of the world.	.87
It is naturally better to marry someone from my race.	.65
Some races are obviously smarter than others.	.68
People of some races work harder than others.	.67
Discrimination bias	.88
Sometimes discrimination is justifiable.	**.95**
Most of the time people tend to over-react about discrimination.	.79
Employers should have the freedom to hire employees from ethnic groups or races of their choice.	.77
My country would be friendlier if there were less ethnic groups.	.78
Ethnocentrism bias	**.74**
Developing countries would be better off if they fully adopted the European or American model of democracy.	.86
Some countries have some silly food taboo.	.70
Modern life style is obviously far superior to that of many traditional societies.	.72
It is very difficult for me to understand why some societies are still attached to some old cultural practices.	.69
Prejudice bias	**.83**
People who have completed their prison time should not be denied any social, economic, or political opportunities.	.96
It is more convenient for people of same racial or ethnic backgrounds to socialize together.	.68

People who are gay, lesbian, or bisexual should hide their sexual orientation.	.67
People who are suffering because of their own bad decisions should not expect to receive public assistance.	.66
Stereotype bias	**.80**
People in poor countries tend to have relatively low self-esteem.	.86
Older people lose the ability to learn.	.68
No matter what people say, most traditional religious rituals are simply unacceptable.	.67
Women who like activities that are traditionally dominated by men are likely to be lesbians.	.78
International curiosity	**.77**
I would seize the opportunity to attend an activity on international topics or issues, learn a foreign language, or participate in a program abroad.	.81
I never miss an opportunity to learn about the history, life style, or culture of people from other countries.	.68
Study abroad programs have no academic value.	.65
Study abroad, learning about other countries, cultures, or global issues have no value for people who plan to work only in their own country.	.74
Cultural relativism	**.88**
If I judge people based on my own cultural standards, I will make inappropriate judgments about their cultural behaviors.	.97
Each culture is unique and should be judged accordingly.	.79
Judgment made about an unknown culture is likely false, misleading, and arbitrary.	.76
To better understand the behavior of people from other countries, one needs to understand their norms and values.	.77
Intercultural communication	**.81**
I have the ability to quickly develop relationship with someone from a different cultural background that I meet for the first time.	.84
I always seize an opportunity to have a conversation with someone from another country or culture.	.72
I am willing to learn as many languages possible.	.70
I am not willing to work in group with people who do not show up on time to a meeting.	.80
Intercultural sensitivity	**.89**
I always ask people questions to better understand their cultural values.	.93
I can work productively with people who have strong cultural differences with me.	.81
If I have to work with someone from a different culture, I will pay attention to word or attitude that may be considered offensive by that person.	.81
I have no bad feelings about the beliefs, values, and practices of people from other countries.	.86

Conclusion

The purpose of this study was to develop a scale to assess the readiness for exposure to cross-cultural settings, particularly in a foreign country. The construct of nine factors of the Cross-cultural Readiness Exposure Scale (CRES) was derived from literature review and discussions among panels of experts. The CRES has sufficient construct validity and reliability to be further tested, for example in research related to students participating in study abroad programs or professional who are preparing to travel for overseas assignments. On the other hand, international education administrators can use the CRES as an assessment tool to help participants uncover biases related to readiness for cross-cultural interactions. Zimmerman (1995) argued that contact with host national is one of the most important predictive factors for successful adaptation to a new culture. Obviously, one must be cross-culturally ready and prepared in order for such contact to be effective or successful. The CRES can provide information to make such assessment at the pre-departure stage. The sample involved in the study was homogeneous to some extent, because the majority of the participants were either citizens or residents of the United States. Further studies may help confirm the validity and reliability of the CRES. The CRES does not intend to replace previous scales such as the Behavior Assessment Scale for Intercultural Communication (Olebe & Koester, 1989), Intercultural Competence Scale (Elmer, 1987), the Cross-Cultural Sensitivity Scale (Pruegger & Rogers, 1993), the Foreign Assignment Success Test (Black, 1988), the Intercultural Developmental Inventory (Bennett & Hammer, 1998), the Cross-Cultural Sensitivity Scale (Pruegger & Rogers, 1993), the Intercultural Sensitivity Inventory (Bhawuk & Brislin, 1992), the Intercultural Sensitivity Inventory (Bhawuk & Brislin, 1992), the Prospector (Spreitzer, McCall, & Mahoney, 1997), the Intercultural Sensivity Survey (Towers, 1991), and other

similar scales. Instead, it aims to provide an additional framework to assess one's readiness to engage in authentic intercultural interactions.

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A proposed design of ANPR System utilizing short range wireless technologies

Razi Iqbal[1], Dawer Saeed[2]

Abstract:

This paper proposes the design of an Automatic Number Plate Recognition (ANPR) System utilizing short range wireless technologies. One of the aims of this paper is to discuss the cost and power efficiency of the proposed system while communicating information from the road side units (RSUs) to the control center using short range wireless technologies. The paper proposes the use of ZigBee (IEEE 802.15.4) to transfer information which will reduce the overall cost of the system and enables it to be developed and deployed in developing countries where cost and power are major factors in the design of any system. Furthermore, this paper also discusses the suitability of ZigBee for special outdoor systems like Intelligent Transportation Systems where wireless communication can be affected by various factors like distance between wireless modules, communication at high density traffic areas, effect of weather and interference of other radio signals on wireless communication.

Keywords:

Wireless Communication, Automatic Number Plate Recognition, Intelligent Transportation Systems, Wireless Channel Effect

[1] Al-Khawarizmi Institute of Computer Science, University of Engineering and Technology, G.T. Road, Lahore, Pakistan. Email: razi.iqbal@kics.edu.pk

[2] Al-Khawarizmi Institute of Computer Science, University of Engineering and Technology, G.T. Road, Lahore, Pakistan. Email: dawer.saeed@kics.edu.pk

1. Introduction:

This research is an effort to develop a low power and cost efficient ANPR (Automatic Number Plate Recognition) system using short-range wireless technologies. ANPR is a system in which the image of the vehicle is captured using High Definition cameras installed at the road [1]. The image is used to detect the vehicle type (car, van, bus, truck, and bike etc.), its color (white, black, blue etc.), its name/model (Toyota Corolla, Honda Civic etc.) and then this image is processed using segmentation and OCR techniques to get the vehicle registration no. in the form of characters. After extracting the required information from vehicle number plate, this information is sent to the control center for further processing.

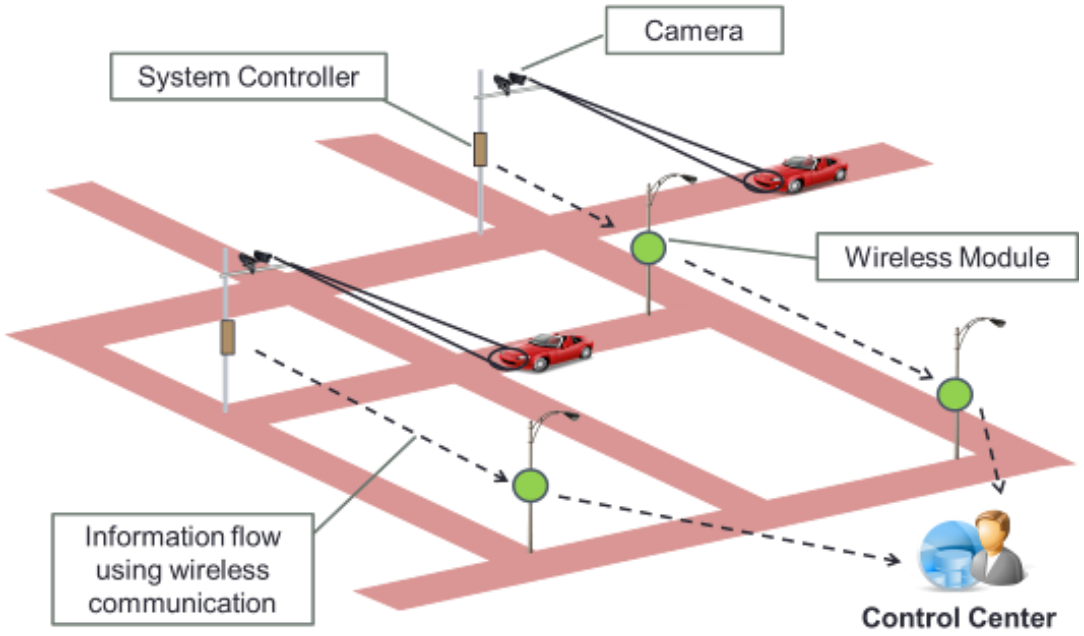

Figure 1: Proposed System Model for ANPR System

Figure 1 shows the proposed system model for ANPR System. In this proposed system, cameras are mounted on the roads. Two images of the vehicle are captured by these cameras (frontal and back image of the vehicle). A System Controller is mounted on the pole which processes these images instantly. As soon as the images are processed, they are sent to the control centre using ZigBee wireless module mounted with System Controller. Multi-hop communication [2] is used to transmit data from RSUs to control centre. The information received at the control centre can then be processed further to take appropriate actions.

The proposed system is very comprehensive in nature; however this paper deals with only the communication part of the system. The major aim of the paper is to study the performance of ZigBee in Intelligent Transportation Systems where sensitive data is expected to be the transferred from road to the control centre without large delays.

2. Literature Review:

João Paulo et al. [3] presented techniques to use low power CMOS for storing and sharing of information in a shared network. Their application "CMOS-SRWSN" can be used in cars for communication and entertainment. This in-vehicle wireless communication also removes the hassle of wires.

Mirjana Stojilović et al. [4] discussed various techniques for developing an antenna for collecting sensor readings and transmitted it using cellular technology. Their study showed that sensor can communicate with both RF and cellular technology. Comparison of various techniques shows that RF switching scheme is the best design for such systems.

S. Savazzi et al. [5] introduces a method of wireless connecting the sensors to collect the data about natural disasters like earthquake. The method presented in this paper creates a wireless sensor network in which each sensor can connect to other sensor wirelessly. The data gathered by the sensor can then be transmitted to the central location wirelessly. This reduced human effort and hassle of wires.

Digi White Paper [6] gives an overall understanding of ZigBee, its architecture, protocols, topologies and transmission frequencies. This paper also describes the Personal Area Networks (PAN) and how ZigBee can connect with other personal devices to create a PAN.

Razi Iqbal et al. [7] explain the use of ZigBee in Intelligent Transportation Systems. They conducted various experiments to measure the range of wireless communication on various types of roads, e.g., straight and curve. Furthermore, they performed various experiments to show how ZigBee signals are affected by solid surfaces like buildings and rough surfaces like trees.

3. Proposed System Model:

One of the core objectives of this paper is to evaluate the efficiency of short range wireless technology, ZigBee in Intelligent Transportation Systems. Figure 2 shows the proposed arranged of a system that is used for performing various experiments to collect data and analyze the behavior of ZigBee in transportation Systems. The proposed system enables transmission of information wirelessly up to 1 KM.

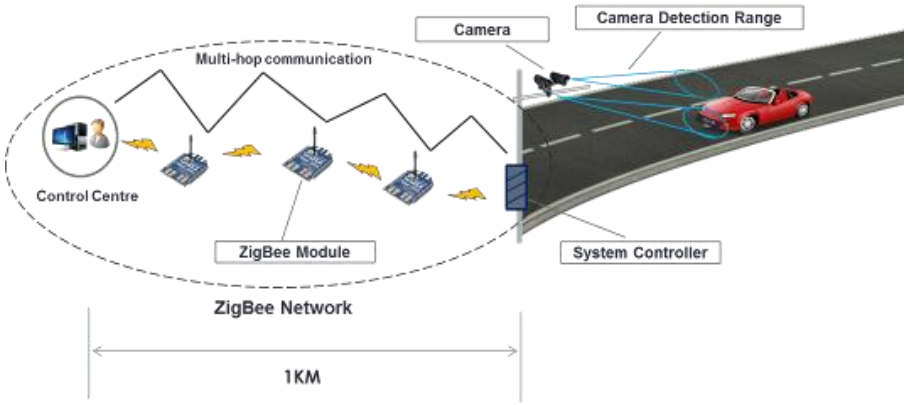

Figure 2: Proposed Technical System Model

As illustrated in Figure 2, the information is sent using ZigBee, wirelessly to Control Centre. The wireless modules used in this project (XBee Pro) have a good range of around 1.5 KM for data transfer. However in order to overcome the issues of data loss, high error rate and hindrance at the road because of heavy traffic, multi-hop ZigBee communication is used. In a multi-hop communication, the data is sent to multiple modules and they create a network cloud for sending and receiving data to and from the modules. So for this purpose ZigBee Host, ZigBee clients and ZigBee relays modules are used for transferring data from road side units to the control centre wirelessly.

The use of wireless modules for transferring information can be beneficial in decreasing the cost of the system, reducing power consumption and hassle of wiring from road side units to the control centre.

4. Factors affecting wireless communication:

In order to develop a sustainable outdoor system, it is essential to measure the efficiency of its components against various factors. To measure the efficiency of ZigBee, Received Signal Strength Indicator (RSSI) is checked against various factors. RSSI is the strength of a radio

signal. It is measured in dBm and its value ranges from 0 to -120 dBm. The closer the value to 0, better the signal.

4.1. Distance between modules

As mentioned earlier, ZigBee modules are low range modules, so if communication is to be done at large distances, multi-hop communication is required. In order to deploy the modules in the open environment, we modified Friis equation [8] to calculate the distance between the modules. Below is the equation used for calculations:-

$$R = \frac{10^{(P_t + G_t + G_r - P_r)/20}}{41.88 \times f}$$

$\mathbf{P_r}$ = Transmission power of sender
$\mathbf{P_t}$ = Sensitivity of receiver
$\mathbf{G_r}$ = Antenna gain of sender
$\mathbf{G_t}$ = Antenna gain of receiver
f = Frequency
R = Transmission Range

Several experiments were performed to calculate the distance between the modules by keeping the RSSI value between -40 to -70 dBm.

Table I: Variations in RSSI at different distances between modules

Distance (m)	RSSI (dBm)	No. of Bits	Error %
10m	-45	96	0 %
20m	-48	96	0 %
30m	-52	96	0 %
40m	-57	96	0 %
50m	-66	96	0 %
80m	-69	96	0 %

100m	-84	96	10%

Table I shows the value of RSSI at different distances between the wireless modules. Number of bits in this case is kept constant. It is evident from the table above that increase in the distance between the modules, decreases the value of RSSI and hence the signal. Furthermore, increase in the distance between the modules can increase loss of packets and hence error in communication.

4.2. Communication at high density traffic area

Wireless technologies are prone to data loss at areas where there is lot of congestion e.g. houses, humans, vehicles and other materials like trees etc. In order to make the communication of wireless modules efficient in specific areas it is very important to check the area for feasibility of installation. One of the major factors in this regard is the height of the modules. The modules should be installed at a suitable height so that there is no interference as far as humans and vehicles are concerned. Several experiments were performed to measure the efficiency of the modules at various heights.

Table II: Variations in RSSI at different heights

Height (m)	RSSI (dBm)	No. of Bits	Error %
1m	-55	96	0 %
2m	-48	96	0 %
3m	-42	96	0 %
4m	-40	96	0 %
5m	-37	96	0 %

Table II above shows the results of experiments performed to check the efficiency of wireless communication at various heights. Results show that better the height, less are the chances of hindrance from objects like humans and vehicles etc.

4.3. Effect of weather on wireless communication

In Intelligent Transportation Systems, wireless modules are expected to be deployed in the outdoor environment. Hence it is important to measure efficiency of wireless communication against various environmental factors like weather etc. In order to measure the efficiency of ZigBee against various weather conditions and temperatures, several experiments were performed.

Table III: Variations in RSSI against different weather conditions

Temperature (c)	Weather Condition	RSSI (dBm)	No. of Bits	Error %
43c	Hot Sunny	-49	96	0 %
40c	Humid	-50	96	0 %
27c	Heavy Rain	-61	96	2 %
29c	Drizzle	-53	96	0 %
26c	Windy	-56	96	0 %

Several experiments were conducted in different weather conditions to gauge the effect of weather conditions on wireless communications. Table III above shows that weather has minimal effect on wireless communication.

4.4. Effect of Interference of other wireless technologies

In this multi-wireless technology environment, several various signals are available in the air. These signals operate on various frequency bands. However, many wireless technologies operate on similar frequency bands due to their unlicensed nature. Presence of different wireless signals can affect the communication. In order to gauge the efficiency of ZigBee in the presence of its peer wireless technologies like Bluetooth, RFID, Wi-Fi and GSM, several experiments were conducted. Table IV below shows the results of conducted experiments in this regard.

Table IV: Effect of Interference from other wireless technologies

Technology	Frequency	RSSI (dBm)	No. of Bits	Error %
Bluetooth	2.4 GHz	-53	96	0 %
Wi-Fi	2.4 GHz	-52	96	0 %
GSM	900 MHz	-55	96	0 %
RFID	13.56 MHz	-52	96	0 %

As shown in the table above, the RSSI value of ZigBee is not much affected by the presence of other peer technologies in the surrounding. However, the communication can be affected by significant increase in the numbers of devices nearby.

Conclusion:

The paper presented the design of an Automatic Number Plate Recognition system based on short range wireless technology, ZigBee. The presented system is a very comprehensive system; however, the scope of this paper is to check the eligibility of ZigBee for use in Intelligent Transportation Systems by gauging the efficiency of ZigBee against various factors like distance between the modules, communication at high density areas, effect of weather on wireless communication and effect of interference of other wireless technologies. Several experiments were performed to measure the efficiency of ZigBee for use in Intelligent Transportation Systems and the results show that ZigBee is well suited for transportation systems in developing countries due to its low power consumption and cost effectiveness.

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Achieving Universal Coverage; Lessons From The Experience of Other Countries for National Health Insurance Implementation in Indonesia

Misnaniarti Misnaniarti[1], Dumilah Ayuningtyas[2]

Abstract

Indonesia is not the only country that will lead to universal coverage. Several countries took an initiative to develop social security, through Universal Health Coverage (UHC) to achieve health insurance and welfare for all residents. Even, some countries have already reached universal health coverage since a few years ago. The purpose of this paper is to assess the achievement of universal coverage of the health insurance implementation in several countries. In general, some countries require considerable time to achieve universal coverage. Mechanisms and stages that need attention is on the univeral registration aspects that cover the entire population, progressive and continuous funding sources, comprehensive benefits package, the expansion of gradual coverage for diseases that can cause catastrophic expenditure, increasing capacity and mobilizing supporting resource. National Health Insurance policy in some countries can improve access to care, utilization and quality of quality health services to all citizens. Indonesia is expected to learn from the experience of other countries to achieve UHC, so that the projection of the entire population of Indonesia to have health insurance in 2019 will be reached soon.

Keywords: Social Health Insurance, Health Policy, Universal Coverage

[1] Lecturer in Department of Health Policy and Administration, Faculty of Public Health, Universitas Sriwijaya, Ogan Ilir, Indonesia. e-mail: misnaniarti@gmail.com

[2] Lecturer in Department of Health Policy and Administration, Faculty of Public Health, Universitas Indonesia, Depok, Indonesia.

Introduction

Health is an important factor that becomes a basic requirement for a country to have competitive advantage. The right to an adequate standard of living for health and welfare is a human right and recognized by all nations in the world, including Indonesia. The recognition is listed in Declaration of United Nation in 1948 on Human Right. Based on it, some countries take an initiative to develop social insurance, such as Universal Health Coverage = UHC [1].

In March 2005, World Health Organization (WHO) Asia-Pacific regional office, Southeast Asean and Middle East held a meeting in Manila to discuss policy and guidance of social health insurance development in those areas. Since financing system in Asia came various at that time, it was agreed that the purpose of social health insurance was to realize universal access for healthcare [2].

In addition, the annual meeting of WHO (General Assembly) in May 2006 adopted UHC concept to be implemented in all country members. World Health Assembly (WHA) underlines the importance of health financing system development that ensures the availability of healthcare access for public and gives protection to the public againts financial risk. WHA released a resolution stated that sustainable health financing through UHC should be implemented with the mechanism of social health insurance [2].

Before the WHA resolution was released, in 2004, Indonesia issued the Law of National Social Security System (SJSN law) to give complete and integrated social protection for the people. Explicitly mentioned in Article 3 of the law, Social Security Act (SJSN) aims to ensure proper basic needs for each participant and his family. However, the implementation of the law was postponed for almost 10 years and just realized in 2014 in line with the implementation of National Health Insurance (JKN).

The postpone of the JKN impementation will further burden the people because medication cost is expensive in our country. Before JKN is completely functioned, public is not protected againts poverty or death when they get illness. According to Indonesia Ministry of Health (Kemenkes RI) [3] around 36.82% of Indonesians do not have social insurance. Further, the Survey of Demography and Health of Indonesia (SDKI) in 2012 shows that majority do not have social insurance (around 63% women, and 69% men).

Healthcare system which is established based on supercapitalistic system can affect to poverty or death when people suffer from illness, though they are hospitalized in government hospital because they do not have money to get medical treatment. Since healthcare has become trade commodition for dozen of years, the most rational and realistic solution is created a system that is able to "buy" healthcare for public, and it is represented in JKN system [2].

The condition of health system performance in Indonesia needs attention from all parties. Unlike the health system performance in neighbouring countries, the health system in Indonesia is left behind. It is indicated by the condition of health financing in the last 40 years which is about 2-3% of Gross Domestic Product (GDP). Meanwhile, low income countries have paid 5.3% of GDP for health in 2012 [2], in line with the poor population health indicator, such as maternal mortality rate and infant mortality rate in Indonesia, according to SDKI 2012, AKI is 359 per 100.000 live births (kh), while AKB is 32 per 1000 kh. According to WHO, this rate is higher than other ASEAN countries, and too far to meet the MDGs target in 2015 [4].

Looking at a picture of health degree of Indonesians population, like or dislike, government should try hard to develop health sector. Commitment to implement JKN can not be postponed to cover all people. As a part of countries in the world, Indonesia takes responsibility to realize global commitment listed in WHA resolution of 2005. The recommendation of sustainable health financing implementation through UHC should be realized soon.

The development of health insurance in Indonesia runs more slowly than other neighboring countries. Up to 1968, there was no significant development in the health insurance field in Indonesia [2]. The beginning of 2014 is a historical moment for implementation of health insurance in Indonesia, especially JKN system. Through mandatory Social Health Insurance mechanism,[1] JKN is developed with the concept that ensures people universally. However, the coverage will be gradually realized, so in 2019, it can cover all people [5]. According to data in 2014, there are 132 millions people registered in JKN.

Indonesia is not the only country that will lead to UHC. Some countries even have achieved UHC since a few years a go with different ways and various health systems. Thus,

Indonesia can learn the experience from those countries. Therefore, this study aims at reviewing general pattern of universal coverage achievement on the implementation of health insurance in some countries. This study is expected to be a suggestion for related parties to implement JKN to immediately realize Universal Health Coverage for all Indonesians before 2019.

Health Insurance as Social Security

Social security is a form of social protection to ensure all people to fill proper basic needs [5]. Social security system is a mechanism created by a country to ease a transition process in a difficult condition due to a number of risks facing humane situation such as illness, delivering a baby, nursing children, work accident, the elderly with any consequences or death [6].

Social insurance or social security is an insurance that must be followed by the entire population or a part of them. Its premium is a percentage of wage which is mandatory to be paid. The advantage is equal to all participants [2]. Kinds of ocial security include health insurance, work accident insurance, old age insurance, pension insurance, and life insurance. Social insurance in the field of health suggests healthcare financing to be borne by public or workers with government or company aids depending on their work status. If the participant is a privat company employee, the cost is borne by the employee or company [7].

Health insurance is a social instrument to ensure a person to get the benefits of healthcare and protection to fill health basic needs without considering economic condition when the person needs healthcare. Therefore, with health insurance, people can reduce the risk of bearing the cost from their own pocket when they get illness, with the unpredictable cost and sometimes needs high amount of funding [1, 8].

Health Universal Coverage

The term “Universal Coverage”, or “Universal Health Coverage” originally came from WHO. It was further developed from a jargon “health for all”. Currently, the term “universal coverage” is widely used in social security, especially health insurance [9].

Universal Health Coverage is a system where each person in a community is able to access healthcare without suffering financial hardship [10]. WHO clearly defines universal coverage as an access for community to get comprehensive healthcare with reasonable price and without suffering financial hardship through protection againts catastrophic health expenditure [11]. Therefore, JKN is also insurance or universal health coverage because it has a principle to free people from high amount of medication cost when they get sick**.**

The World Health Report 2010 explains the concept of UHC into three dimensions: 1) how many percent of people insured; 2) how complete the service insured, and 3) how big the proportion of direct budget borne by people. In short, universal coverage includes: universal participant coverage, access of equal healthcare, the cost proportion of public (out of pocket) which is getting fewer [5, 9, 11, 12].

Healthcare implementation includes: prevention, promotion, medication, rehabilitation, and palliative care. This healthcare shoud be enough to fill the health needs, both in quantity or quality. It should be also ready to face unpredictable condition, such as disaster, nuclear or chemical accident, pandemy, etc [11].

The Purpose of Universal Health Coverage

There are two motivations related to commitment of implementing universal health coverage. First, each individual has a right of health. Second, poor health has negative externality from an individual to community, or from poor countries to the rich countries. Therefore, public has an obligation to make sure that poor people get access to health coverage [13].

In the beginning, health assurance concept was not implemented to ansure all people, but current development proves that the social insurance concept in a country becomes a reliable concept. Social insurance aims at ensuring an access for all people who needs healthcare without considering economic status or age. The principle is called social equity. It is a life philosophy of all people around the world. Social insurance functions as redistribution

of right and obligation between a group of people: rich-poor, healthy-sick, old-young, low risk-high risk, as a realization of human civilization [2].

A country which has achieved health universal coverage focuses on three problems, such as: who is covered, for what service they are covered, and in what level the financing contribution? People who wants to improve the health service access is always debated whether they have filled the requirements and what is the reason. Other components are what kind of healthcare insured, inpatient or outpatient, and expensive or cheap care. Also, financing resource are funded through public levies, privat contribution, or payment when they get the healthcare.

Therefore, the purpose of UHC is to make sure that everyone gets health service (it could be prevention, promotion, medication, rehabilitation, and palliative) without financial catastrophic risk or poverty, now and in the future [11].

Stages to Implement Health Universal Coverage

Health Universal Coverage is an attempt that consists of three stages [14]:

1. Universal registration, strongly related to legal coverage, and right for all people to get the benefits of health service funded by public insurance
2. Universal Coverage implies access to comprehensive health service package with financing protection for all.
3. Effective insurance universally covers all people based on equility, where health result can be achieved optimally with high quality health package, as well as prevent financial impact due to out of pocket payment.

This stage tends to run progressively, but with the degree of overlapping interest. As an example, registration result has covered all citizens, expanding healthcare package coverage, so that the financing protection increases. In line with that, the quality is also increased because the system adjusts to new demands. Primarily, WHO tends to see reciprocal relationship between three important dimentions of UHC, namely population coverage, service coverage, and financing coverage [11].

Some countries have achieved universal health coverage with different ways and various health system. However, the way to achieve universal health coverage usually has three main fitures: (1) political process pushed by social power to create public program and regulation that expands service access, improving equity, and collection of financial risk; (2) income growth which is able to buy health service for many people; (3) The increase of health financing portion whch is higher than household out of pocket payment [15].

Mechanism of Health Financing to Achieve Universal Coverage

Health financing is a part of important attempt to ensure social protection in the field of health. Theoritically, the way to universal health coverage is relatively simple, such as doing these important things: a country should provide adequate budget, reduce dependency on direct payment to finance healthcare, and also improving efficiency and equitability.

Many low-income and middle-income countries have achieved universal coverage in the last decade, such as Brazil, Chili, China, Mexico, Rwanda, and Thailand. Recently, they have made a big step to overcome the three financing problem. Gabon has introduced inovative ways to collect fund for health, including retribution of cellphone use. Cambodia has introduced equity health finance which cover poor community health finance, while Lebanon has improved efficiency and quality of its primary care network [11].

It should be noticed that the health financing in several countries are varied. Some countries develop social health insurance, which is established with basic principle. Mostly, it covers mandatory participation, the equal health insurance package (relatively equal, egalitarian equity) and proportional fee of income [8]. There is also financing system through tax (also known as National Health Service concept, NHS) by providing free healthcare when they get sick. NHS model is financed from income tax when the people are healthy and productive (receiving salary). This model is practised in Malaysia, Srilanka, and Thailand.

Health outcome is a result of many complicated factors inside or outside the health system. Poverty affects the health outcome, not only through access to formal health sector, but also through adequate nutrition, home enviromental safety, water and sanitation quality, exposure of toxic subtances, knowledge limit about health seeking behaviour, and direct effect of low social status to phisiological stress and psychosocial welfare [13].

Experiences in Some Countries

UHC achievement with those three dimensions are various among countries, depending on political will and country financing ability. The richer the country, the easier the country to ensure healthcare for the citizens. Duration required to achieve UHC is also different from one another. Austria, for example, has achieved UHC for 79 years since the first law on health insurance was issued. Belgium achieved UHC within 119 years, Costa Rica (20 years), German (127 years), Japan (36 years), South Korea (26 years) and Luxemburg (72 years).

According to Carrin and James, the success of the achievement is determined by 5 factors, namely: citizens income level, country economic structure, especially related to the proportion number of formal and informal level, country citizen distribution, the ability of country to manage social health insurance, and social solidarity level in the community. Those five factors should be considered by government to create guidance and regulation (stewardship) in order to achieve UHC through social health insurance. Below is the explanation of the experience of some countries to implement Health Universal Coverage (UHC), and also its impacts on some aspects.

Mexico

Health Insurance Program of 'Seguro Popular' in Mexico achieved UHC in 2012 after it was introduced in 2003. This program succeeded to ensure health protection for 52,6 millions of Mexican who never received insurance (informal worker). The financing came from public income (tax), and it provided comprehensive healthcare package

In the beginning, until 2010, the benefits offered in outpatient clinic and general hospital did not cover expensive intervention for non-communicable diseases, such as heart disease, cancer and diabetes complication [16]. However, a year later, the coverage was expanded to ensure medical treatment of cronical diseases, [14] because according to evidence of prevention and medication of cronical diseases, cancer is a disease which is urgent and prioritized to get insurance. .

Knaul FM, et all (2012), analyzed some ways of achieving UHC in Mexico. There are three dimensions of protection: for health risk, for patients with healthcare quality insurance, and for financial consequences of disease and injury.

After 9 years, this program has improved healthcare access and reduced the prevalention of poor and catastropic health financing expenditure, especially for poor people [14]. Program evaluation result of health insurance program in Mexico indicates that this program is effective to reduce out of pocket payment of the poor, and they accept this program [17]. Financing inovation in Mexico succeeds to improve insurance coverage, infrustructure availibility, and basic health input, service utilization, effective service coverage, and financial protection level especially among the poor. Other effect is the increase of immunization coverage and death due to diarrhea, acute respitory infections, and decreased reproduction case [16].

Taiwan

Health Financing System in Taiwan is known as National Health Insurance (NHI) with national pooling. NHI program was started by integrating 3 social health insurance programs, labor insurance, civil servant insurance, farmer and informal worker insurance. The integration has improved eficiency and service quality which ensures equal access to all citizens [2]. Comprehensive insurance package ensures Western and Chinese medication style, including outpatient, prescription cost, home care, and dentists [18].

Taiwan has learned a lot from several countries such as England and U.S which earlier implemented health insurance system. Since it was introduced in 1995, they achieved universal health coverage for about 99% from the population in 2004. All citizens received health insurance from the government by paying insurance premium. The calculation is based on 6 different categories, to ease low-income people. Some employee premiums are paid by company, but the poor is subsidized by government [18].

Thailand

National Health Insurance implementation in Thailand has been proposed since 1996 managed by three organizing bodies. It is currently under the process of integration into one governing body [2]. This program has achieved UHC since 2002 by using Universal

Coverage Scheme (UCS) for 47 millions of people or 75% out of all citizens who have not got the benefits, such as Civil Servant Medical Benefit Scheme = CSMBS or Social Security System (SSS) [19, 20]. This program is funded by Muangthai government about 2.600 bath for each person every month in 2006 (around 80.000 rupiah). It is too far compared to Indonesia which only around 19.500 every month for each.

Comprehensive healthcare package includes antiretroviral for HIV in 2004, and renal replacement therapy for renal desease in the end of 2008. [19]. Thailand who has succeeded to introduce Universal Health Coverage for high-cost intervention, like renal replacement therapy, gives valuable lesson for other countries [21].

Research shows that UHC impact is not only reducing financial burden on family expenses for health, but also effectively giving wider access for health, increasing hospital admissions for more than 2%, increasing outpatient visit for 13%, and increasing prevention activities [22].

Empirical evidence shows that UCS has improved health equity financing and provided high-risk financial protection. Some UCS design which contributes to this result are: tax financed scheme, comprehensive benefit package, and gradual coverage expansion for desease that causes catastrophic household expenses, and capacity to mobilize adequate resource [23].

Rwanda

Community-Based Health Insurance Program (Mutuelle de Sante) in Rwanda has been the focus for several large setudies in global health policy. Comprehensive insurance reformation has changed Multuelle de Sante into tiered premium system for more progressive and sustainable financing. Many countries in Africa and Asia to study approaches Rwanda, in particular mechanisms to achieve high coverage. During the first decade in 2010, NHI program in Rwanda includes more than 90% of the population, managed to reduce the out-of-pocket spending on health from 28% to 12% of total health spending, and increased use of services for 1.8 contacts per year [24].

This program was originally developed as a scheme of basic target community, and was modified to register the most vulnareble citizens in national social protection programs.

Each person progressively collects premium with tiered system that includes a full subsidy for the poorest. Besides, local leaders and 45.000 community health service workers have an incentive to support registration of individuals in Mutuelle de Sante by involving the level of region coverage as a key indicator in performace-based financing scheme. Finally, the mechanism of household cooperative savings (Ibimina), developed by rural areas, has spread throughout Rwanda. Some districts report that 40% of pre-paid premium have been paid three months before fiscal year [24].

Conclusion

The implementation of Universal Health Coverage (UHC) achivement in several countris is not instantly achieved, but it needs time and support from international world. Mechanism and steps that needs attention is in the universal registration aspect which includes all citizens, progressive and sustainable financing resourse, comprehensive benefit package, and gradual coverage expansion for desease that can cause catastrophic expenditure, capacity improvement and supported resource mobilization.

Implementation of National Health Insurance is a policy that has been decided to be implemented by many country. The problems that arise in the context of a policy evaluation is what the impact of the implementation of the policy. World Health Assembly also suggested to WHO to encourage member countries to evaluate the impact of changes in health financing systems on health services as they move towards Universal Health Coverage. National Health Insurance policy in some countries can improve access to care, utilization and quality of quality health services to all citizens.

Indonesia is expected to learn from the experience of other countries to achieve universal health coverage by implementing UHC achievement mechanism. Thus, the projection of the entire citizens to have health insurance in 2019 will be reached soon.

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Improving Customer Experience in Mental Health Service: A case Study of Ivy Willis House

Waheed Azeez[1]

Abstract

The negative effects of the current economic climate on mental health service providers under the NHS cannot be overemphasised. As the government is trying to cut its expenses and minimise wasteful activities and unnecessary spending within the NHS, every trust and every department or unit within the trust has now realised that it has to justify its existence and review its services to the public. More so, the on-going restructuring of the NHS has led to the closure of some hospitals and departments that are considered not fit for purpose.

Meanwhile, the closure of certain hospitals or departments, especially the accident and emergency departments (A&E), have caused outrage among the general public who reside within the vicinities or catchment areas served by those departments. In some cases, this move is challenged in the courts of law forcing the government to rescind its decision and leave certain hospitals open after they have been marked for closure.

The joint efforts of staff and patients of these hospitals and their determination to preserve these valuable institutions are paying off greatly. However, the same cannot be said about the mental health facilities within the NHS. This is probably because the services provided by mental health departments are not meant for every member of the public. The services are meant for those who have mental health issues. As a result of this, only those who are concerned with mental health issues advocate for their continuous existence and maintenance. The general public do not always speak out for them.

[1] Lecturer, London School of Business and Computer, United Kingdom / Email: onilenla60@yahoo.com

The aim of this report is to look into the plight of these mental health institutions and the difficulties they are facing in terms of funding, staffing levels, public support, research and development, patient satisfaction among other things. We have chosen Ivy Willis House because of its achievement as one of the most successful mental health rehabilitation centres in the south-west area of London.

Keywords: Customer Experience, Mental Health Service

Introduction

Events have shown that any mental health facility that is not providing remarkable benefits to its service users is prone to closure by the government. We understand that the government is desperately looking for ways to save money so as to prevent the economy from returning back to recession. Organisations that are not really focused by the public may be a soft target in this regard. The mental health facilities are good examples of such organisations.

According to NHS statistics, 1 in 4 people will experience at least one mental health condition in their life. Apart from affecting a huge number of people, little attention is paid to this problem. However, if untreated, mental health issues can develop into many other unsocial activities and harmful behaviours or life threatening physical conditions.

The quality and length of the treatment that a person receives during the course of a mental illness contribute immensely to the quality of his physical and social wellbeing later in life. This is why it is very important to look into this problem so as to evaluate patients' experience assessing their levels of satisfaction with a view to identify where improvements are needed. Apart from creating a positive impression in the eye of the government and prevent the services from being suspended or stopped, it will also give confidence to potential service users and encourage them to access the services without any fear.

Ivy Willis House is one of the facilities of the Oxleas NHS Foundation Trust which provide rehabilitation and residential services to residents of Bromley and its environs. The centre offers 24 hour care to clients with complex needs aged 18 to 65 years. The entirety of this report revolves around this mental health facility.

The adoption of the marketing concept as a working business culture

Establishing a customer care culture is a very important ingredient needed for any organisation to be successful. As Geoff and Lester (2010, p.308) portend, this is a holistic way of looking at customer satisfaction and it remarkably affects every stage of marketing including the planning and implementation processes. It is on the basis of this that they suggest that a commitment to customer care should be enshrined in corporate mission statement. This kind of commitment should serve to form and guide a customer care culture and philosophy throughout the organisation.

By and large, it is pertinent to state here that customer care is all about satisfaction. It is also about identifying the need of the customer and trying to meet them. This is more important in the service industry. This is why researchers usually focus on service quality whenever studies are conducted in relation to marketing (Fisk, Brown and Bitner 1993). The development of the SERVQUAL instrument came about in response to this need. SERVEUAL is the modern tool which is now frequently used to measure the quality of service provided by an organisation. The tool was developed by, Zeithaml and Berry (1985) after conducting a series of focus groups providing organisation interviews with executives and customers at well-recognised services. (SSRN)

At Ivy Willis House, improving patient experience is considered as a very paramount goal with which the services of the organisation are evaluated and with which the organisational success is determined. In view of this, many programmes have been put in place to make sure that all staff and stake holders in the organisation constantly focus their attention on this pivotal goal. According to the unit manager, Mr Daniel Daka, every new employee is properly educated during the induction process about the main focus of the organisation. Regular meetings and update sessions are held for existing staff to remind them of their roles in ensuring excellent patient satisfaction. Internal memos are distributed both electronically and in prints for proper delivery. Our interactions with some members of staff further confirmed this claim.

While the efforts of the management of Ivy Willis House should be commended in this regard, it must be stated here that there is still more room for improvement. More efforts are required to promote the marketing concept as a working business culture. This may be

achieved by having unique mission statement that will make the unit stand out among its equals within the trust. Currently, the unit uses the trust's mission statement which is shared by all departments and units within the trust. There is nothing wrong in having a personalized mission statement peculiar to the unit but not dissimilar to the general mission statement for the trust.

Understanding Customers and Segmenting Customers

The first step in achieving customer satisfaction is by understanding their needs and priorities. In other words, the service providers must know what the customers want and device a way to meet those needs. Sometimes, customer segmentation may be required to gain insight into customers' worldview and priorities regarding the services being provided. Minwir (2011 p.296) posited that effective behavioral segmentation might be required for better understanding of the critical business issues to be resolved and the choice of variables applied for the segmentation help produce a meaningful outcome.

The management of Ivy Willis House fully understands the importance of segmentation in identifying the needs of its service users. For instance, the open unit of Ivy Willis House regularly runs focus groups to get feedback from the service users. This gives the management the opportunity to review and evaluate their individual and group experiences.

However, this practice has not been implemented at the close section as of the time of writing this report. The management's attention was called to this and they have decided to extend the practice to the close unit as well.

Analysing Needs, Wants, Values and Expectations of Residents

Despite the importance of customer understanding and segmentation, all the efforts will be worthless without the proper analysis of the feedback collected from customers. Don, (2010, p.164) is right to suggest that all information regarding benefits, priorities, perceived values, and expected values must come from customers themselves. This will enable the service providers to check their opinions with those of their customers. The same thing applies when conflicts occur. We therefore agree with Musunuru (2011) that it is imperative for every

healthcare organisation to make sure that it provides sustained services that will lead to best customer satisfaction.

The entire team of the Ivy Willis House recognises this fact. Treatments ought to be individualised. That is why the needs and wants of every patient are evaluated individually and these are reflected in their individual care plans. Patients are given the opportunity to express their feelings, review their own treatments and rate the services they receive. They do this through the weekly ward round. Every resident attends the ward round fortnightly for a personal review of his/her experience and expectation. The Care programme approach (CPA) is held at regular intervals to enable residents assess the services they receive with staff assistance. Group activities are also held regularly to facilitate close rapports between residents and staff and among residents themselves. These activities include motivation group, current affairs group, relaxation group, creative group, recovery star group among others.

With all these means, the multidisciplinary team at Ivy Willis House is able to gather and analyse the needs, wants, values and expectations of residents allowing residents themselves to take part in this.

This is a major achievement on the part of the management. But we think there is need for a staff to be employed with the sole responsibility to coordinate the assessment of the needs of the patients. This may be a patient liaising officer that will serve as a bridge builder between the staff and residents.

Creating Customer-based Value Propositions for Customer Segments

One of the strategies used by the Ivy Willis team to segment customers for optimal satisfaction is what can be referred to as resident-based value propositions. With this strategy, the team is able to make the unit highly persuasive to potential residents and this also enables the unit stand out among its equals. Within the competitive market of mental health and rehabilitation facility, Ivy Willis House is able to weather the storm and also survive the quality test continually imposed by the government and regulating agencies.

In line with James et.al (2003), Ivy Willis House uses three types of value propositions. These are: all benefits, favourable points of difference and resonating focus. These are discernible

from the unit's handbook and posters pasted around the buildings as well as documents provided to visitors on open days or individual visits.

What we have observed however is that the management relies too much on all benefits for its value proposition to target customers. The most effective way is to apply all the three types of value proposition to achieve the best result.

Managing the Customer Experience through Relationship Marketing & Customer Care

Relationship marketing is another emerging concept in marketing that is gaining prominence among modern managers and policy makers. According to Atol and Jagdish (2008 p.20), this domain of customer relationship management extends into many areas of marketing and strategic decisions. It is even more relevant in the health service sector with particular reference to the social care. The duty of care is often emphasized between healthcare professionals and service users. Reid et.al (2005 p.348) explains that this duty of care is not expected to be borne solely by the altruism and heroism of individual healthcare workers. Rather, it is the natural sense of empathy and social reflection on our shared vulnerability to disease and death. This kind of attitude generates an actionable and measurable method of evaluating patient satisfaction.

The Ivy Willis team achieves this through various forms of patient engagement. Close rapport is facilitated between staff and residents and questionnaires are distributed to residents to enable them express their feelings and showcase their experiences. The open unit is noted to be more effective in this task.

Reinforcing the Organization's Identity (or Brands) through changes to the Marketing Mix Variables

To survive in the modern competitive business environment, an organization, be it in the production or service sector, must develop and promote it's own brand. This is a method of reinforcing the organisation's identity in consonance with the changes to marketing mix variables.

These variables are the controlling factors of the marketing trade which managers vary in response to changes in the business environment (Ferrel et.al p.446). By and large, the ability

to create a unique branding for one's product or service is necessary in today's competitive market environment. Schmitt et.al (2007 p52) therefore postulates that brand experience directly and indirectly affects customer satisfaction as a result of brand personality associations.

Basically, Ivy Willis House is an integral part of Oxleas NHS Foundation Trust. Oxleas has succeeded in developing a unique brand that makes it stand out among several trusts within the NHS. Creating a niche that focuses on the mental health and with special interest in Social Care, the trust has made itself easily identifiable in this regard. Using personalized symbols, colours and specialized building structures and designs, it has become almost natural to associate Oxleas with professionalism as far as mental health is concerned.

However, Ivy Willis House does not have any branding system different from that of Oxleas. Whereas, the services it renders to its service users are excellent. The unit needs to also showcase its own success rather than relying on Oxleas for this.

Research Requirements for the Organisation to track the Total Customer Experience

One of the ways by which an organisation can retain customers is to undertake research activities required to track the total experience of those who use its services. Managing experiences is however not achieved merely through creative engagements and entertainments only. It rather involves a very complex and complicated strategy with which organizations try to understand client's experience including expectations and disappointments. Through this type of knowledge, managers are able to orchestrate series of clues that collectively meet people's needs and expectation. (Leonard 2002)

The Ivy Willis team recognizes this power of research and its potency in evaluating the experience of the service users. Various strategies are employed to collect and process data concerning the services received by the residents. Despite employing an administrator who deals with all administrative matters in the unit, collection and preservation of data on patient experience is considered a collective responsibility of all members of staff.

We have earlier mentioned some series of activities organized on regular intervals to stimulate reactions from residents regarding their experiences. We have also stated above that questionnaires are distributed to residents from time to time in order to get feedback from

them. These questionnaires are collated and analyzed and the data collected from them is stored for careful consideration.

Not only that, adequate supports are provided for any member of staff that is willing to conduct research in any area that is related to the services provided at Ivy Willis House. Attending seminars, symposia, conferences and short courses on mental health is encouraged and often funded. Apart from updating their knowledge, these activities give staff the opportunity to be conversant with latest discoveries in the field and open their eyes on new methods to be explored.

The Outcomes from becoming more Customer Centric

Customer centricity is an essential ingredient that must be applied by any organisation that operates in the service industry. Customer centricity here is not the same as customer service. Neither is it about being nice customers. It is a strategy used by organisations to align their products or services to the wants and needs of its customers. It starts with radically rethinking of organisational design, performance metrics, product development and other things in a new and unique ways of serving the customers. It is commonplace for companies to make attempts to steal each other's customers. You must be able to identify the most valuable customers and make them feel special so that you can maximise their value to organisation. (Peter 2012)

Being customer centric is one of the qualities with which Ivy Willis House is renowned. The unit's multidisciplinary team is passionate about trying to identify the particular group of patients that can benefit the most from the services provided. Knowing what it is best at, the team assesses every potential patient and match his/her needs with the team's capacity and the facilities put in place to meet those needs. Identifying the target group within the unit's catchment areas is fundamental to providing an excellent service to the patients.

In most cases, patient is referred to the unit from other hospitals or mental health homes. During the referral process, a team of nursing and medical professionals normally visits the patient and explains to him/her what the unit has got to offer. A follow-up visit by the patient to the unit will be facilitated to make him/her have a feel of the unit's environment.

By and large, all these steps are taken to ascertain that the patient is suitable to live and receive treatment for his condition and benefit from the services rendered within the unit.

With this procedure, the Ivy Willis team is able to make adequate provisions for a form of treatment that is measurable, actionable, predictable and result-oriented.

It is pertinent to mention at this juncture that Oxleas NHS Foundation Trust has a research network that brings together all the research activities undertaken by its teams including that of Ivy Willis. The aim of the network, called ResearchNet, is to showcase innovations that bring about the future shape of mental health services. This usually includes new technology as well as new theories and policies on clinical care and co-produced evaluations and research related to mental health rehabilitation services.

Conclusions

Ivy Willis House has distinguished itself as one of the most efficient and most successful mental health rehabilitation centres in London. Being part of the Oxleas NHS Foundation Trust, the unit tries to maintain the highest standard of practice and this makes it survive and excel in this competitive environment. Oxleas itself stands out among its equals when it comes to maintaining good patient experience. Oxleas' performance is analyzed by Monitor, the independent regulator of NHS foundation trusts and the rating was quite favorable. The rating remains green with no evident concerns.

The current drive to close down ineffective and non-performing hospitals and health facilities is sending panic down the spines of many hospital managers and stake holders. This has ignited heated competition among trusts and among departments and units within various trusts. Every trust, hospital, department and unit is now trying to outperform others in order to survive in the present dispensation.

The Ivy Willis team has nothing to worry about. There is no doubt that the team is performing beyond expectation. As far as customer experience is concerned, Ivy Willis has a lot to write home about. The management has different ways of getting feedback from its service users in order to evaluate their experience, identify their needs and expectation and endeavor to meet those needs.

The Care Quality Commission visited Ivy Willis in October, 2013 and gave the unit the highest possible rating. The commission is saddled with the responsibility to inspect hospitals, care homes, dental and GP practices and other similar institutions in England with the aim to

ensure that service users are provided with safe, effective, compassionate and high quality care. Its findings are usually based exclusively on client experience. Also in 2013, two members of the Ivy Willis team won the nurse of the year and the support worker of the year awards respectively.

It is interesting to note that even on many occasions, some patients of Ivy Willis request to be allowed to stay longer on the unit after being effectively discharged. All these point to the quality of services provided by the team.

Despite the success achieved so far, it is pertinent to state at this juncture that there is no room for complacency. The Ivy Willis team needs to intensify their marketing strategy so as to keep up with the constant changes in technology as well as the demographic changes in its catchment areas.

Research Plan

We have adopted combined methods in the collection and analysis of data for this report. To start with, published and unpublished materials were consulted. These materials include books and academic articles published in revered journals on this subject. Also consulted are newspapers and magazines including commission reports and electronic sources. We also visited websites whose pages are relevant to the study undertaken.

We also had some chats with staff and service users at Ivy Willis House to collect first-hand information from them. An informal interview was conducted with the unit's manager, Mr Daniel Daka on Friday 20th December, 2013 at 14:00 hours. He provided this writer with some pamphlets and leaflets during the interview and these documents contain very relevant and useful information.

Another method used is what can be referred to as experiential participation. The writer achieved this by working directly alongside the nurses and other members of staff and this proved to be the most effective way of gathering privileged and obscure information that is not ordinarily available to the general public.

Owing to the nature of the report, both inductive and deductive approaches were employed in analysing the data collected.

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