

A PROFILE VIEW OF HEALTHCARE SERVICE SECTOR ORGANIZATIONS THROUGH INTEGRATION WITH ORGANIZATIONAL CULTURE AND SUBCULTURE

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ABSTRACT

PURPOSE:

This paper aims to identify the fundamental features of culture within an organization and thereafter examines the subculture, which is imminent in relation to the attributes of employees.

METHODOLOGY:

This research was carried out by involving 22 prominent healthcare service sector organizations, which were selected randomly from three major districts in Odisha state, India. The study is based on 358 selected sample responses from front-line employees of these selected healthcare service sector organizations. The statistical techniques that were used on data derived in this study were analysis of variance, descriptive statistics, and t-tests.

FINDINGS:

It was found that employees of the healthcare service sector organizations involved considered cultural characteristics such as outcome, team orientation, and attention to detail to be the least prevailing in their organizations. The study revealed significant differentiation of the perception of the organizational culture prevailing within the organization, through post facto analysis of verification for variation potentials, for tenure in a specific position, age, and job position. Thus, this study argues that based on occupation, employment relationship type, and gender, an insignificant influence was displayed on the employees' perception of the prevailing organizational culture.

PRACTICAL IMPLICATIONS:

The development of a superior culture that promotes service quality enhancement maximizes patient satisfaction. To achieve successful proliferation and quintessential existence of the organization, it is cardinal that all the personnel within the organization have a firm grasp of the main operating culture and the intrinsic subculture. This study highlights the impact of organizational culture and subcultures within various organizations catering to the healthcare service sector of Odisha.

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KEYWORDS

Organizational Culture, Subculture, Employees' Perception, Healthcare sector

INTRODUCTION

The term organizational culture defines the overall comprehension of all the organization's personnel regarding its fundamental ideals' beliefs and general environment, which continuously operates in their subconscious or unconscious mind [1]. For this reason, healthcare service sector organizations worldwide have made many efforts to improve business management, accounting systems, wholesale quality management, business services, business plan rehabilitation, and patient-centred care [2]. Primarily this research focuses on the in-depth understanding of the Organizational Culture within the health care service sector organizations. Secondly, this research aims to bring into the limelight the subculture groups which are operating within the dominant organizational culture. Thus, the aims of this study are to identify and elucidate subcultures within the healthcare service industry organizations operating in Odisha, India which supports certain important aspects related to employees such as job tenure, position, type of employment relationship, occupation, age, and gender.

LITERATURE REVIEW

ORGANIZATIONAL CULTURE

Recent studies have elucidated that for the effective improvement of the performance of the employees operating in the healthcare service sector leading to a better quality of service provided to the patients, along with their overall occupational health, organizational culture plays a crucial role [3], [4], [5]. Studies have shown that a positive organizational culture is one of the key elements which promote not only satisfaction as well as the overall well-being of the employees while enhancing their performance. It also leads to desirable positive outcomes of healthcare service provided to patients in terms of the overall experience, satisfaction and sense of security of the patients [6], [7]. It is considered that the healthcare service sector organizations that have a well-established organizational culture provide a better working environment to the employees, which in turn leads to a better quality of healthcare delivered to the patients [8], [9]. The present study considers culture as a compilation of values and assumptions common to employees, creating a corporate event that is at least somewhat changeable and conducive to managerial intervention. The objective of this current research is to identify the organizational culture that operates inside the healthcare service sector

organizations of Odisha and to examine how high-quality healthcare service is provided.

SUBCULTURES

In addition to an integrated view of organizational culture, there is a consensus at the organizational level that emphasizes clarity and consistency, and a differentiated approach focuses on the presence of multiple subcultures within an organization [10]. The term subcultures is used to expound subgroups of organizational members interacting with each other, identifying themselves as a distinct group within the organization, sharing the same issues, and acting commonly [11]. What is essential, however, is that although subcultures are cohesive, stable, and consistent, they do not fit into the core organizational culture because though the subculture groups might have certain values common with the dominant organizational culture, but major core values and preferences may differ from the dominant organizational culture [12]. Subsequently, it has been suggested that prospective researchers might focus on the contribution of organizational subcultures to provide elucidation to facilitate a better comprehension of the causality that a few change attempts prevail while the remaining fail to succeed. In a study, it was elucidated that subcultures operating within the dominant organizational culture of the healthcare service sector organization contain different sets of values and beliefs, which generally are in contrast with the common "shared values" of the dominant organizational culture, this, in turn, may lead to conflicts among the different subculture groups [13]. Studies have also shown that in the case of healthcare service sector organizations, subculture groups have a significant influence over leadership, commitment, and overall satisfaction of the employees [14], [15]. As a result, this study aims to shed light on the importance of organizational culture along with its co-existing subculture groups on staff values of employees working in the healthcare service sector organization of Odisha and to provide recommendations for improving service quality.

METHODOLOGY

DATA COLLECTION AND SAMPLE DESIGN

For data collection, the sampling techniques used were a combination of simple random sampling and convenience sampling, keeping in mind the prevailing scenario. The data was collected from nursing homes, hospitals, and testing laboratories operating in the selected places for this study in Cuttack, Bhubaneswar, and Puri (from three

significant districts of Odisha state, India - Cuttack, Khorda & Puri). For this study, 500 questionnaires were distributed, out of which 358 usable responses were received and used for analysis. The questionnaires were circulated for data collection using Google forms. Out of the initially 58 shortlisted healthcare service sector organizations, only 34 agreed to provide the data required for this study, out of which usable data could be sourced from 22 organizations; this created a limitation for this study as the other targeted organizations' data could not be taken into account as the information provided in the questionnaires was incomplete or not properly provided.

Clearance of the Ethical Committee of Kalinga Institute of Industrial Technology, India (KIIT-DU/IRSFH/22/161) was waived as this research did not necessitate that.

MEASURES

For the measurement of organizational culture, "Organizational Culture Inventory" (OCI) [16], "Competing Values Model" [17] and "Organizational Culture Profile" (OCP) [18] are the most widely known measurement tools. Nevertheless, its elevated volume (including 120 elements) was an obstacle to the present research. However, for this study, the OCP is not only relatively small, but its dimensions reflect employee congruence as well as its influence on patients' satisfaction with the healthcare service provided (emphasis on reward, decisiveness, supportiveness, team orientation, innovation, attention to detail, aggressiveness, and outcome orientation). OCP constituted of 54 questions, which necessitated a response from the employees to what extent emphasis is given on particular

norms and values in the organization in which they are presently working [19], [20]. For instance, elements considered for inclusion are fairness, team orientation, social responsibility, competitiveness, praise for good performance, flexibility, and initiative. The structured questionnaire used to collect data consisted of modified questions from the original OCP questionnaire deemed relevant for this study. Content validity was carried out, following which only suitable questions which remained relevant in line with recent studies conducted using the OCI and OCP models were selected. Cronbach's alpha, in this case, was 0.94.

DATA ANALYSIS AND INTERPRETATION

The objective of this study is to identify the culture within an organization as well as the impact of the subcultures concerning the attribute of employees. Understanding the relationship between descriptive statistics of the respondents upon the organizational culture in the health care sector is considered and presented in Table 1. Likewise, the viewpoints of the culture among the sub-cultural group within the organization are considered and presented in Table 2 by considering various managerial and non-managerial employees of the organization. Lastly, to have a detailed clarification on the significant differential perspective on cultural and sub-cultural dimensions among the employees, a study of ANOVA is conducted and presented in Table 3 that states how far an employee's age group and the tenure of experiences within the organization bring such a different perspective.

TABLE 1: CULTURAL DIMENSION AND ITS DESCRIPTIVE STATISTICS

Dimensions	SD	Mean
Aggressiveness	0.89	3.22
Attention to detail	1.12	3.01
Decisiveness	0.88	2.88
Emphasis on reward	0.83	3.12
Innovativeness	0.91	2.98
Outcome orientation	0.91	3.01
Supportiveness	0.87	3.31
Team orientation	0.92	2.69

TABLE 2: MANAGERIAL AND NON MANAGERIAL EMPLOYEES CULTURAL VIEW A T-TEST

Dimensions	Departmental Position	Sig.	t	SD	Mean
Aggressiveness	Management	0.022	2.336	0.88	3.11
	Non-Management			0.88	2.99
Attention to detail	Management	0.007	2.839	0.99	3.32
	Non-Management			0.99	3.01
Innovativeness	Management	0.003	3.266	0.72	3.36
	Non-Management			0.72	3.08

TABLE 3: UNDERSTANDING CULTURAL DIMENSION THROUGH EMPLOYEE'S AGE AND EMPLOYEE TENURE THROUGH AN ANOVA TEST

	Dimensions	Groups in f test	Sum of Squares	df	Sig	f	Mean Squared
EMPLOYEE'S AGE	Aggressiveness	Total	646.82	358	0	5.88	
		within	632.21	355			0.962
		Between	14.61	3			5.124
	Attention to detail	Total	745.27	358	0.002	4.338	
		within	732.58	355			1.101
		Between	12.69	3			4.332
	Decisiveness	Total	603.64	357	0.002	5.396	
		within	587.32	354			0.813
		Between	16.32	3			4.602
	Innovativeness	Total	506.656	358	0	8.632	
		within	492.334	355			0.561
		Between	14.322	3			4.993
	Outcome orientation	Total	470.036	358	0	6.992	
		within	459.64	355			0.593
		Between	10.396	3			3.361
	Supportiveness	Total	660.93	358	0.024	3.236	
		within	652.14	355			0.912
		Between	8.79	3			3.062
EMPLOYEE TENURE	Attention to detail	Total	745.27	358	0.009	2.913	
		within	733.88	352			0.993
		Between	11.39	6			3.227
	Decisiveness	Total	603.64	357	0.007	2.761	
		within	589.29	351			0.637
		Between	14.35	6			2.323
	Innovativeness	Total	506.656	358	0.004	3.662	
		within	492.766	352			0.572
		Between	13.89	6			1.835
	Outcome orientation	Total	470.036	358	0.003	2.996	
		within	458.356	352			0.737
		Between	11.68	6			1.694

RESULTS AND DISCUSSION

The OCP factor analysis accepts eight dimensions by excluding five due to multiple existences in other factors. The Cronbach's alpha result clearly defines the factors - aggressive as 0.88, attention to detail as 0.71, decisiveness with 0.77 scores, emphasis on reward as 0.69, innovativeness as 0.81, outcome orientation as 0.71, supportiveness with the scores as 0.81 and team orientation as 0.73. Table 1 represents the descriptive output that suggests that the highest characteristics are supportiveness and aggression, and the lowest are team orientation and decisiveness. On average, all the employees are competent in the cultural dimensions, ranging from 3.22 to 2.69.

The next action is to segregate the variables in to different demographic categories i.e. job position (management and non-management), gender (male and female), age (20-25, 26-30, 31-35, 36-40, 41-45 and 45+), job profile (administration, nurses and doctors), job tenure (> 1 year, 1-3 years, 5-10 years, 10-20 years and 20+ years). The analysis was conducted to understand the cultural factors based on establishing the relationship between job, gender, and departmental position. The t-Test is used, and the f-Test, i.e., ANOVA, is a tool that is considered for evaluating the variations in the tenure, age, and job profile. The result depicts a significant output that conveys no significant association among the employment type, gender, and occupation. However, a significant difference is observed in the departmental position, tenure, and age. Table 2 shows that management is more concerned with innovation, detail to attention, and aggressiveness. The resulting output of Table 3 shows the significant variances among age and aggressiveness, attention to detail, decisiveness, innovativeness, outcome orientation, and supportiveness. A similar output is also observed in the tenure of the job as a prospective of cultural dimensions. Table 3 shows attention to detail, decisiveness, innovativeness, and outcome orientation. As per the Tukey post hoc test, the agreeableness of decisiveness, innovativeness, and outcome orientation is the conception for those who have served more than 20 years. Adding to it the concept of more attention to detail is the agreeableness in case of 20 years + employees compared to those whose contribution is between 1 to 3 years.

As reported in the responses of the employees of the organization regarding the cultural perceptions within their

organization it showcased that team orientation, decisiveness and attention to detail weren't regarded to be one of the most influential features of the healthcare service sector organizations operating in Odisha. This was so observed because not all healthcare service staffs could execute similar levels of service quality that would enhance patient satisfaction. The experienced staffs or the front-line employees could step-up to not only provide superior quality of service but also assist the less experienced ones.

Finally, given the complexity of the human system and the demand to supply of the specialized healthcare services which are provided by some healthcare service organizations, it is crucial to give proper attention to details. Giving proper attention to details is crucial for patient's satisfaction which directly leads to enhanced market reputation of the organization as well as gaining competitive advantage over its market competitors in the stringent competitive market. In view of these conditions, quality enhancement steering councils, working groups, ad hoc working groups, and committees should be formed and encouraged. No differences were revealed based on occupation, employment relationships, and gender, as opposed to tenure, management status, and age. The formation of a subculture could be based on employment status, tenure and age, which are somewhat interrelated factors. In the healthcare service sector organizations of Odisha, employees who hold executive positions believe that their organizations should be aggressive and innovative, paying more attention to details than those who hold non-executive positions. Thus, employees belonging from different subculture groups have different views on goals based on identifying organizational traits and their features. As a result, corporate agencies need to take action based on the ideologies of every group. As far as attention to detail is concerned, this can be improved by establishing an efficient control system. Lastly, innovativeness increases when more space is left for the initiative.

CONCLUSION

As organizational culture is contemplated to be essential for successful implementation of healthcare service quality stratagem [2], this research conveys the operational culture to suggest changes in the organization that facilitate improvement in healthcare service quality that is delivered to the patients. Based on the study's findings, it is revealed that the culture in healthcare service sector

organizations of Odisha was not that profound. Moreover, in a healthcare service industry organization, ensuring the quality of services offered to the patients and achieving higher patient satisfaction is a definitive end goal because healthcare service-based industries are aiming for profit maximization compared to other financial institutions. However, this is in the case of private organizations of the healthcare sector as government/public sector hospitals were not taken into consideration in this study. From the deductions made from the findings of the study it can be safely stated that for getting desired outcomes. Human resource management practices and policies must be decentralized, thus facilitating incentives for top-level management of hospitals and controlling desired behaviours. Having a supportive organizational culture in the organization helps in maintaining a healthy working environment within the organization without getting any negative impacts from conflicting subculture groups which would vary from the dominant culture in terms of differentiated core values. By doing so it ensures that the overall quality of healthcare services provided to the patients is enhanced along with the increase in satisfaction, commitment [21], reduces work-related stress which leads to employee turnover [22] and promotes organizational citizenship behaviour of the employees working in the healthcare service sector [23]. In the post-COVID-19 pandemic environment, healthcare service sector employees are under pressure this can not only lead to the formation of a negative subculture work-group but also could have an adverse impact on both the image of the organization as well as the business, in the minds of their patients [24].

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