

# ASSESSMENT OF THE ORGANIZATIONAL CULTURE OF THE COUNTY EMERGENCY HOSPITAL "DR. CONSTANTIN OPRIS", BAIA MARE

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*The study proposes assessing the organizational culture of the County Emergency Hospital "Dr. Constantine Opris" of Baia Mare, as a basis for developing a strategic plan to facilitate the successful implementation of organizational goals and objectives. As research instruments were used: OCAI (Organizational Culture Assessment Instrument) and the semi-structured interview. The identified organizational culture of the County Emergency Hospital "Dr. Constantine Opris" has characteristics of a weak culture with strong hierarchical accents. Regarding the preferred situation, is obvious the predilection for type clan culture values, based on participation, group cohesion and individual development. The results obtained from the application of the OCAI questionnaire reveals a mismatch between current organizational culture and preferred organizational culture, which requires adapting to contemporary society.*

**Keywords:** *Baia Mare, hospital, organizational culture, OCAI, interview, hierarchic-type culture, clan-type culture*

## **The Assessment Method**

Through culture, organizations show a certain image in the environment. The culture represents that "something" that renders the human dimension of the organization and allows a fresh perspective to reaffirm the role of behavior and experience about the method and rationality.

Based on these considerations, we propose assessing the organizational culture of the Emergency County Hospital "Dr. Constantin Opris" Baia Mare, as a prerequisite to develop a strategic plan for change this culture, so that to facilitate the successful implementation of organizational goals and objectives proposed by management.

The study included 50 subjects, hospital employees: 12 men (24% of the total sample) and 38 women (76% of the total sample). Sample analysis by gender showed a roughly similar proportion existing within the organization, the hospital having 2,037 employees, including 1,661 women and 376 men.

Of the total participants, 12 subjects (24%) are physicians heads of department, head nurses or coordinator nurses, 28 (56%) are doctors, nurses or nurses, and the remaining 10 subjects (20%) are employed by IT, Accounting, Audit and Welfare Departments.

The average age of the sample is 42.58 years, ranging between 25 and 63 years, and the average activity length within the organization is 16.34 years, ranging between 3 months and 36 years.

Regarding the training, 26% of subjects have postgraduate studies, 24% university studies and 50% post-secondary studies.

Sample selection was random, ensuring voluntary participation and anonymity.

Assumptions from which we started were:

H1: The Emergency County Hospital "Dr. Constantin Opris" Baia Mare has hierarchical / bureaucratic culture, old and deeply rooted.

H2: Organizational culture preferred by employees of the Emergency County Hospital "Dr. Constantine Opris" Baia Mare is different from the current organizational culture.

As research instruments were used: OCAI (Organizational Culture Assessment Instrument) and semi-structured interview.

The purpose of using semi-structured questionnaire was so complete data obtained by questionnaire and to identify issues not addressed by the questionnaire, but may have great importance for the organization.

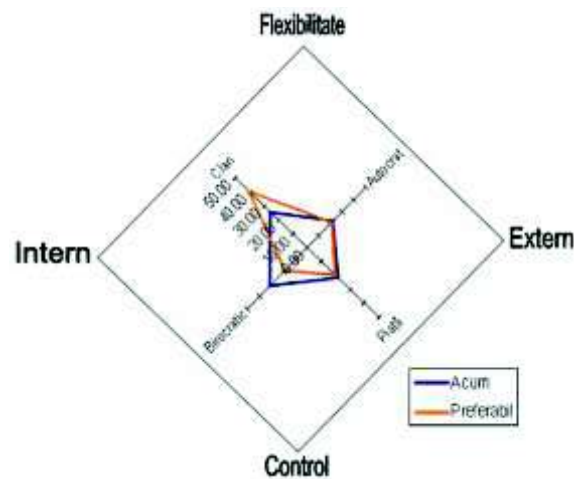
### Data Interpretation

**Table 1. OCAI statistical indicators for present and preferred situation**

Type of culture	Media		Standard Dev.		Minim		Maxim	
	Present	Preferred	Present	Preferred	Present	Preferred	Present	Preferred
<i>Clan-type culture</i>	25.43	40.88	11.46	12.90	2	19.16	58.33	80
<i>Autocrat-type culture</i>	21.80	20.92	8.87	7.00	0	0	46.66	32.5
<i>Market culture</i>	21.34	19.63	6.50	6.57	0	0	31.66	35
<i>Hierarchic culture</i>	30.98	18.18	13.67	7.75	10	6.66	74.16	47.5

Statistical start indicators and the cultural profile of the organization obtained from the application of OCAI reveals for the present situation the dominance of hierarchic-type cultural values  $m = 30.98$ , but the differences obtained between this average and the averages for other types of cultural values are not significant, ie more than 10 points, so they do not support the existence of a strong hierarchic culture within the organization analyzed, but rather a weak culture, with strong hierarchic accents. Comparing the averages for the hierarchical cultural profile obtained for the current and the preferred situation reveals a significant difference (approximately 12 points), which indicates the willingness of employees to reduce the hierarchical culture values of the cultural profile of the organization they serve.

Hierarchical culture is characterized by emphasis on respect for authority, rational approach procedures and division of labor. The structure is hierarchical and power is based on formal authority (Pitariu & Budean, 2007), and communication is done through written arrangements from the top to bottom level.



Regarding the preferred situation, is obvious the predilection for clan-type culture values  $m = 40.88$ , but also the trend to reduce the hierarchical characteristics of the cultural profile of the organization, in favor of the characteristics of the clan-type culture.

Clan-type culture is based on participation, individuals, the social element, mutual trust, group cohesion and individual development. The communication system is primarily verbal and informal. Decisions are often based on informal contacts (Pitariu & Budean, 2007).

Next, we have analyzed the cultural profiles on each dimension, to observe their matching with the general cultural profile.

<b>Table 2. Upper averages obtained on OCAI dimensions</b>						
<b>Dimension</b>	<b>Current Situation</b>			<b>Preferred Situation</b>		
	Average	St. Dev.	Type of Culture	Average	St. Dev.	Type of Culture
<b>1. Dominant Characteristics</b>	27.98	22.30	Hierarchical	40.90	22.55	Clan
<b>2. Leadership</b>	35.20	22.13	Hierarchical	36.90	19.13	Clan
<b>3. HRM</b>	34.20	23.02	Hierarchical	39.90	21.62	Clan
<b>4. Organizational Binder</b>	30.60	22.98	Hierarchical	39.70	19.23	Clan
<b>5. Values</b>	28.80	21.29	Hierarchical	41.50	21.52	Clan
<b>6. Success Criteria</b>	29.40	20.27	Clan	46.40	20.92	Clan

The global examination of the upper averages, resulting from the application of OCAI for each cultural dimension in part, reveal a high congruence of organizational culture within the County Emergency Hospital “Dr. Constantin Opris” Baia Mare, both for the present and for the preferred situation, but, according to Cameron and Ettington, corporate efficiency is better associated with the type of culture, than the power or congruence of culture.

Cultural profiles conducted separately for each cultural dimension reveal about the same issues as the overall cultural profile, indicating a shift to interiority and control for the present situation, and to flexibility and interiority for the preferred situation.

Data obtained through interviews, and results from the application of OCAI indicates an organization with strong bureaucratic accents, functioning as means of legitimizing power, of the need for stability and predictability, balance and consensus. Content analysis of interviews revealed some aspects that could not be identified through OCAI.

Reduced employee satisfaction regarding their work is largely due to shortcomings in the interpersonal relationships, organizational communication, or leadership style sometimes too directly, also to faulty design of health reforms. Reward system is perceived as unfair and demotivating.

Communication is done mainly from top to bottom in weekly reports, or through written arrangements. Healthcare teams form a pyramid structure, almost military, i.e. a type of organizational system that is closed. The power (decision making, the means to put the decision into effect and to control action) decreased as the employee is closer to the bottom. In general, cooperation and open communication are missing, and support for developing other skills beyond those strictly monitored by the institution, are not a priority. A cold and formal atmosphere is prevailing. Rituals, although frequent, were more intended to show the hierarchy of power than to create an environment for creative thinking.

Top management is focused on control and accomplishment of tasks, with reduced interactions with employees. There is also a low interest for the personal development of the employees and ensuring complementarity between the goals of the organization and employee needs.

### **Conclusion**

Questionnaire items allow the classification of the organization in a specific culture, but the interviews seem more appropriate to identify deep aspects of organizational culture.

The results obtained from the application of the OCAI questionnaire reveals a mismatch between the organization's current culture and the organizational culture preferred by employees, which will require the need to change its orientation. Bureaucracy proved to be an appropriate organizational form under a stable environment, and following purely economic purposes, but in the conditions of the present society, characterized by rapid change and a deeply unstable environment, are necessary organizational forms able to respond adequately to these challenges.

Identified organizational culture County Emergency Hospital "Dr. Constantin Opris" has the characteristics of a weak culture with strong hierarchical accents. The lack of market orientation, the discouragement of the initiative, the lack of motivation, and communication difficulties dominate. Renewal spirit and innovativeness face obstacles because of inability to understand market mechanisms, but also because of attitudes, disinterest, blocking in the routine, and, sometimes, use of an inappropriate management style.

A worrying aspect is the static nature of the knowledge in the Emergency County Hospital "Dr. Constantin Opris", mainly due to the division into "occupational castes", but also to issues related to internal competition, which were taken up and internalized by members of this organization.

Practice shows that a person's expertise, however high, shall not ensure by itself a higher productive behavior. Moreover, the organization central unit is not the individual, but the relationship between behaviors that constitutes the collective mind (Chirică, 2003). Of course, without the necessary instruction, people cannot get superior results, but the continuum of training and service quality is an important value. They act as an informal control system more powerful than any other control system, because it provides purpose and meaning for what must be done to obtain performance results.

What we know for sure is that, currently, there is not a set of shared values, in order to connect members of organization. What unites them is an engagement into a deep and inefficient routine whose outcome is most often dissatisfaction.

### **Bibliography**

1. Cameron, K. S. & Quinn, R. E. (1999). *Diagnosing and Changing Organizational Culture*. Reading: Addison-Wesley.
2. Chirică, S. (1996). *Psihologie Organizațională. Modele de Diagnoză și Intervenție*. Cluj-Napoca: SO-Casa de Cultură și Consultanță "Studiul Organizării".
3. Chirică, S. (2003). *Inteligența Organizațiilor. Rutinele și Managementul Gândirii Colective*. Cluj-Napoca: Presa Universitară Clujeană.
4. Dygert, Ch & Jacobs, R (2006). *Managementul culturii organizaționale*. București: Polirom
5. Furtunescu, F (2008). *Importanța cunoașterii culturii organizaționale pentru managerii din sistemul de sănătate*. Acta medica Transilvanica, dec 2008
6. Ilin, C. (2008). *Scimbările organizaționale și percepția lor psihosocială*. Timișoara: Editura Universității de Vest
7. Kimball, B. (2005). *Cultural Transformation in Health Care*. The Robert Wood Johnson Foundation.
8. Makin P, Cox Ch (2006). *Schimbarea în organizații. Optimizarea comportamentului angajaților*. București : Polirom
9. Pitariu, H. D., & Budean, A. D. (2007). *Cultura Organizațională. Modele și Metode de Intervenție*. Cluj-Napoca: ASCR.
10. Radu, R. (2004). *Evaluarea culturii organizaționale - instrumentul OCAI, RET Nr.3*. Craiova, Editura universitară