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Types of Organizational Culture in Private Jordanian Hospitals

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ABSTRACT

Organizational culture (OC) is vital to an entity's survival and success. This study explores preferred and dominant kinds of OC based on four types: (1) Clans, (2) adhocracies, (3) markets, and (4) hierarchies - in private Jordanian hospitals that implemented quality standards in 2016. The author employed a questionnaire using the OC assessment instrument and distributed it to 442 employees of accredited hospitals, with an overall response rate of 79%. The author concluded that OC in private Jordanian hospitals comprises a mix of the four types mentioned above. Furthermore, the author found that hierarchy culture is the most dominant, while clan culture prevails the least. In terms of the types of OC that employees prefer, they most frequently choose adhocracies, followed by clans, then hierarchies, then markets. Finally, the findings demonstrate that hospitals need to have facilitators, entrepreneurs, team builders, innovation, and a less demanding workplace.

Keywords: Organizational Culture, Private Hospitals, Jordan
JEL Classification: M14

1. INTRODUCTION

In today's era of tough competitive business, many new transformational initiatives are being developed to ensure organizations' sustainability and success. Rapid changes are occurring in hospitals worldwide, which puts them under increasing pressure to apply modern administrative practices (Deloitte, 2016). The World Health Organization (WHO) stated that implementing quality standards (QS) is the best way to guarantee that hospitals can attain their goals; it is important to provide excellent service, and to satisfy both employees and patients (WHO, 2016). Realizing QS in hospitals are accomplished by carrying out hospital accreditation standards (Arce, 1998; Saif et al., 2014; Braithwaite et al., 2015). Accreditation has become an effective approach for continually enhancing healthcare institutions (International Society for Quality in Health Care, 2004). Neglecting organizational culture (OC) is one of the main reasons underlying the failure to properly apply QS (Joint Commission International, 2012; Ng et al., 2013). Recently, OC has become an instrument for improving organizations and ensuring that they succeed (Bogdanowicz, 2014).

In Jordan, hospitals have been one of the country's most important economic sectors (Saif and Saleh, 2013; The World Bank, 2016); Jordan currently has 101 hospitals which have witnessed speedy growth, are competitive, and operate in tumultuous and challenging environments (Saif et al., 2014). In response, all hospitals in Jordan, especially private ones, have seen an increased need to adapt and execute quality and accreditation standards, which was suggested by the U.S. Agency for International Development (Arbaji, 2013). Implementing QS is not just a management initiative, but also involves a shift in an organization's entire OC and employee behavior (Alia et al., 2010). When QS is carried out independently of OC, organizations will not fully succeed (Haffar et al., 2013) because multiple factors are involved in realizing QS; when deviations occur, a unique OC can quickly get an organization back on the right track toward its goals (Myers, 2012; Srinivasan and Kurey, 2014). This study reveals the dominant and preferred types of OC from the perspectives of employees in accredited, private Jordanian hospitals.

2. THE THEORETICAL FRAMEWORK

2.1. Private Jordanian Hospitals

Jordan is located in the Middle East with 89,341 km^2 and over 6 million people; it is classified as an "upper-middle income" country (The World Bank, 2016). Jordan has limited natural

resources and the government is confident in terms of its human capital, as its citizens tend to possess higher education. Jordan has recently focused on creating strategies to improve its healthcare facilities (Saif, 2016). In the Middle East, Jordan is a leader in medical tourism and continues to receive investments and develop its hospital sector. The country boasts 67 private hospitals in which quality and accreditation standards have been adopted (Private Hospitals Association, 2016). Private hospitals in Jordan contain 3,852 beds (33% of Jordan's hospital beds) and employ 23,046 people (55% of healthcare sector workers). Six succeeded in implementing American accreditation standards and became certified by Joint Commission International (JCI) (Joint Commission International, 2016). JCI is the largest accredited healthcare organization in the world and supports hospitals so that they can be the best they can.

2.2. OC

In 1871, Edward Tylor was the first anthropologist to introduce the concept of culture as a set of beliefs, morals, knowledge, laws, customs, and habits created by humans (Tylor, 1871). Culture affects the behavior of individuals and groups across all domains. Organizations, like people, go through specific stages of development and are highly sensitive to the dominant culture that surrounds them (Yaeger et al., 2006). Of course, individual and organizational behavior might be affected by many types or levels of culture. One of the most important is OC (Ashkanasy et al., 2011), which is composed of a broad approach rooted in the practice of organizational learning in the workplace. Hofstede (1991) defined OC as "the collective programming of the mind which distinguishes the members of one organization from another." Many scholars believe OC refers to values, norms, attitudes, expectations, practices, assumptions, and beliefs shared by every member of a business (Shiua and Yub, 2010). The literature suggests that OC is viewed in many different forms (Baker, 2002) and originated in the beliefs and learning experiences of those who found organizations. New members and leaders introduce fresh values and assumptions (Schein, 2010).

In the early 20th century, a number of valuable contributors addressed the role of OC in businesses. Max Weber revealed the importance of OC as an essential factor in a company's success (Veltman, 2005). Hofstede pointed out the worth of OC in organizations' development, and stressed that OC improves a company's performance (Lumpé, 2016). OC plays a vital part in supporting the application of quality systems (Haffar et al., 2013) and creating learning-based organizations (Brdulak and Banasik, 2015). OC is critical to enhancing business performance, employee satisfaction, climate, creativity, and stability, in addition to executing strategic initiatives (Ojo, 2010; Yahya and Ha, 2014). However, OC can be both an asset and a liability (Barbera and Schneider, 2014).

In order to engender appropriate changes in OC, people need to assess it and be aware of what drives employee attitudes; many methods have been suggested to measure OC. Hofstede's (1991) proposed model to gauge the appropriate OC for all kinds of organizations consists of six dimensions: (1) Loose/tight control, (2) being normative/pragmatic, (3) being parochial/professional, (4) an open system versus a closed one, (5) being process-oriented versus focused on results, and (6) being job-oriented versus employee-oriented. Quinn and Rohrbaugh (1981) developed an adequate tool to measure OC based on four types: (1) Clans, (2) adhocracies, (3) markets, and (4) hierarchies. Together, these kinds of OC comprise the OC assessment instrument (OCAI), which today is one of the most famous tools in the world among all kinds of organizations. The OCAI was created as a result of six dimensions: (1) Dominant characteristics (DC), (2) leadership style (LS), (3) management style (MS), (4) organizational glue (OG), (5) strategic emphases (SE), and (6) success criteria (SC). The survey employed in this study reveals the four types of OC mentioned above (Cameron and Quinn, 2006).

2.2.1. Hierarchy culture

Hierarchy culture was the earliest kind of OC to be adopted. It is widely used in organizations whose major challenge is to create efficient, reliable, and predictable outputs. DC involve a very controlled and formal workplace; LS relates to having formal relationships with employees and operating a business using a smooth management method; MS deals with stable relationships with employees, security, control, and the rigidity of rules; OG involves official rules and policies; SE which relate to efficiency.

2.2.2. Market culture

Market culture became popular in the late 1960s and helped workers cope with the increasing challenges of new competition. DC relate to a major orientation toward achieving goals and high productivity; LS involves hard-working producers who are aggressive and results-oriented; MS deals with tough competition and high demand; OG relates to fulfilling aims; SE relate to obtaining customers, contractors, and suppliers; and SE involve being ahead in the marketplace.

2.2.3. Adhocracy culture

Adhocracy culture allows workers to keep up with the pace of the information age; in addition, it has the advantage of decentralization and being open to new ideas. DC involve being interpersonal and dynamic; LS relates to entrepreneurship, originality, and being risk-oriented; MS involves freedom, risk-taking, and innovation; OG relates to being committed to development and modernization; SE deal with creativity; and SC involve new services. Increasing this type of OC can revive an organization.

2.2.4. Clan culture

Clan culture refers to Japanese workplace culture, which is considered clan-like because of its similarity to a family business. DC relates to a very personal workplace that feels like one big family; LS includes nurturing, guiding, and facilitating; MS involves participation and teamwork; OG relates to employees supporting one another; SE deal with human development; SC relate to team development.

3. METHODOLOGY

In the summer of 2016, the author adopted a design that integrates exploratory, descriptive, fieldwork, and quantitative aspects. Of Jordan's 67 private hospitals, six are accredited. The participants

consisted of all six hospitals' employees (n = 4.840). Before carrying out the study, the author followed ethical rules set by the target hospitals. The author randomly distributed 442 questionnaires (9% of the target population) and received a total of 349 valid ones (a 79% response rate).

The author obtained secondary data by looking at prior research, professional reports, and books. The author collected primary data using a five-point Likert scale; ensuring a valid and reliable questionnaire depended on the OCAI (Cameron and Quinn, 2006). The number 5 indicates "strongly agree" and 1 means "strongly disagree." The questionnaire was comprised of two parts. The first included the introduction (the title and goals of the study, an invitation to participate, and an explanation of ethical rules) and questions about the respondents' demographic traits (age, education level, and work experience). The second part aimed to identify the dominant and preferred types of OC in hospitals and had six dimensions (LS, DC, SE, OG, MS, and SC).

To analyze the data, the author used the Statistical Package for Social Sciences, Version 17.0 (SPSS, Inc., Chicago, IL, USA). The Cronbach's alpha ranged from α = 0.89 to α = 0.74, thus demonstrating that the survey items were sufficiently reliable. The author used the arithmetic averages, standard deviations, and a one-sample t-test to achieve the study's goals. Mean values of 3.68 indicated a high presence of OC elements. Mean values ranging from 2.34 to 3.67 showed a medium presence, and those that were t2.33 specified a low amount of OC elements. The one-sample t-test was considered significant at a0.05. The demographic characteristics (age, education level, and work experience) revealed that the majority (90%) of the respondents were under 50 years old; 55% had at least a Bachelor's degree, and most (75%) had <10 years of work experience.

4. RESULTS

The author obtained cultural profiles for the hospitals by examining the respondents' ratings (the mean and standard deviation values) for each of the four OC cultures. Tables 1-4 display the averages, standard deviations, and t-test values, which will help the reader to interpret the variables.

4.1. Hierarchy Culture

Currently: Table 1 indicates that hierarchy culture is widespread in the hospitals (MV = 4.24). Table 1 shows that LS is highly typified by rigidity and efficiency (M = 4.63). In terms of daily work, the hospitals adhere strongly to rules and policies (M = 4.50). MS is distinguished by high levels of structure (M = 4.50). Experiences of success depend on reducing costs (M = 4.10). DC are formalized

Table 1: Hierarchy culture concerns, descriptive statistics, and t-test results

No	In our hospital	Now		Preferred	
		Mean±SD	t (sig)	Mean±SD	t (sig)
7	The workplace is formalized and structured	3.98±0.96	21.7 (**)	3.05±1.1	19.5 (**)
8	Leadership exemplifies smooth management	4.63±0.71	41.6 (**)	3.54±0.91	36.3 (**)
9	The MS is characterized by stable relationships	4.50±0.81	33.7 (**)	2.50±1.1	9.9 (**)
10	Official rules and policies comprise the glue that holds the hospital together	4.50±0.61	53.1 (**)	3.21±1.0	25.2 (**)
11	Success defines the basis of efficiency	4.10±0.94	25.3 (**)	3.22±1.0	18.0 (**)
	Total	4.24±0.50	53.4 (**)	3.09±0.80	29.3 (**)

MS: Management style

Table 2: Market culture concerns, descriptive statistics, and t-test results

No	In our hospital	Now		Preferred	
		Mean±SD	t (sig)	Mean±SD	t (sig)
12	People are very motivated to attain results and are achievement-oriented	3.77±0.98	17.0 (**)	3.16±1.1	15.8 (**)
13	Leaders are direct and results-oriented	3.73±1.0	15.0 (**)	2.67±1.1	8.4 (**)
14	The MS is characterized by tough demands	4.04±0.97	23.3 (**)	2.33±1.0	4.5 (**)
15	Achieving goals is the glue that holds the hospital together	3.32±1.1	6.1 (**)	3.24±1.1	15.5 (**)
16	Success is the basis for gaining a new marketplace and having market leadership	3.26±1.0	5.1 (**)	3.47±0.92	24.5 (**)
	Total	3.62±0.72	18.9 (**)	3.07±0.81	20.5 (**)

MS: Management style

Table 3: Adhocracy culture concerns, descriptive statistics, and t-test results

No	In our hospital	Now		Preferred	
		Mean ± SD	t (sig)	Mean ± SD	t (sig)
17	The workplace is very dynamic and entrepreneurial	3.31 ± 1.1	5.6 (**)	3.22 ± 0.95	14.0 (**)
18	Leaders exemplify entrepreneurship and are risk-oriented	3.18 ± 1.0	4.1 (*)	3.84 ± 0.89	22.4 (**)
19	The MS is characterized by risk-taking and innovation	2.71 ± 0.99	5.1 (**)	3.70 ± 1.0	18.6 (**)
20	The commitment to development and innovation is the glue that holds the hospital together	2.70 ± 1.0	5.3 (**)	3.61 ± 0.97	18.3 (**)
21	Success is the basis for producing new goods and services	3.53 ± 0.99	11.5 (**)	3.35 ± 0.89	16.6 (**)
	Total	3.08 ± 0.09	3.4 (**)	3.55 ± 0.70	24.0 (**)

MS: Management style

Table 4: Clan culture concerns, descriptive statistics, and t-test results

No	In our hospital	Now		Preferred	
		Mean±SD	t (sig)	Mean±SD	t (sig)
22	The workplace is a like a very friendly, large family	3.08±1.1	3.1 (*)	3.52±0.81	21.4 (**)
23	Leadership exemplifies guidance and facilitating	2.91±1.1	4.1 (*)	3.84±0.82	34.7 (**)
24	The MS is characterized by participation and teamwork	2.71±1.1	4.6 (*)	3.55±0.97	24.4 (**)
25	Mutual support is the glue that holds the hospital together	2.60±1.1	7.0 (*)	3.30±1.0	19.7 (**)
26	Success is based on human resources development	2.39±0.99	11.0 (*)	2.97±1.1	12.5 (**)
	Total	2.74±0.71	7.9 (**)	3.44±0.74	29.7 (**)

MS: Management style

in the hospitals (M = 3.98). This indicates that all six dimensions of OC highly support the prevalence of hierarchy culture.

Preferred: Table 1 shows that employees prefer hierarchy culture at a medium rate (M = 3.09). They also desire LS, which focuses on smooth management and was found to exist to a medium extent (M = 3.54). The efficiency of reducing expenses was found to be lacking at a medium level (M = 3.22). In addition, there is a medium need to adhere to rules (M = 3.21), as well as a medium amount of desire to have an official atmosphere (M = 3.05).

4.2. Market Culture

Currently: Table 2 indicates that market culture reached the upper limit of a medium presence (MV = 3.62). The results show that tough competition and demand are present to a high degree (M = 4.04). DC, for which the results are not balanced, were present at a high level (M = 3.77). An aggressive focus on productivity by leaders was high (M = 3.73). OG and SC were medium (M = 3.32, 3.26).

Preferred: Table 2 shows that the required level of market culture is medium (M = 3.07), and is employees' least preferred OC. Successful competition was found to be lacking at the medium level (M = 3.47, 3.24). The employees desire to unite the results with DC at a medium level (M = 3.16). Employees want hard-working producers and competition to a low extent (M = 2.67, 2.33).

4.3. Adhocracy Culture

Currently: Table 3 shows adhocracy culture at a medium level (MV = 3.08) in hospitals. The work environment was characterized by a dynamic feel at a medium level (M = 3.31); this is the same for LS, which was medium (M = 3.18) in terms of entrepreneurship. MS and OG were typified by modest amounts of creativity, innovation, and commitment to development (M = 2.71, 2.70). The ability to produce new goods and services as indicator of success was also medium (M = 3.08).

Preferred: Adhocracy culture is desired near the upper limit at a medium level (M = 3.55). There is a medium willingness among workers to stay in a highly dynamic workplace (M = 3.31). Employees preferred that leaders advocate for originality and take risks to a high extent (M = 3.84). They also prefer MS, which is characterized by a high level of innovation and being open to new possibilities. The commitment to develop new goods and services was found to exist at an average level (MV = 3.35, 3.55).

4.4. Clan Culture

Currently: Table 4 indicates that clan culture was found to be close to the minimum average of a medium level (M = 2.74). DC, which related to a sense of friendliness like a large family, were found to exist to a medium extent (M = 3.08). The presence of facilitators and leaders in hospitals was at a medium level (M = 2.91). In addition, MS involved participation and supportive teamwork at a medium level (M = 2.71). The support that holds employees together was medium (M = 2.60). SC, which relate to human resources development, were found to exist at a medium level (M = 2.39).

Preferred: Table 4 shows that a medium level of clan culture is required in hospitals (M = 3.44). There is a high need for leaders who can be advocates, as well as guides and facilitators (M = 3.84). A medium need was found among employees for MS that encompasses teamwork and mutual support (M = 3.55), and DC involved a personal and friendly workplace (M = 3.52). The desire to support each other was medium in terms of OG (M = 3.30), and development of human resources related to SC (M = 2.97).

5. DISCUSSION

The current study examined a number of variables relevant to OC. It revealed which OC cultures are currently dominant and preferred in private Jordanian hospitals. The target hospitals are committed to applying QS. The author measured OC using the OCAI and discovered four types: (1) Clans, (2) adhocracies, (3) markets, and (4) hierarchies. The OCAI is a valid and reliable tool, and the one used the most worldwide to assess OC. The author concluded that in private Jordanian hospitals, OC is comprised of a mix of the four types, with hierarchy being the most dominant, and clan culture being the least dominant. In addition, market and adhocracy-based cultures were found to exist at a medium level. This means that hospitals that implement QS are still dominated by old patterns of OC; they have an undesired kind of OC and failed to develop a distinctive, preferred form of it. This might mean that hospitals seeking accreditation are not causing radical changes in terms of OC.

Factors that led to hierarchy culture emerging include a workplace being highly controlled, a high degree of formality in the relationships between bosses and employees, and rigidity in the work environment. The dominance of this pattern of OC can be explained in the sense that the leaders of these hospitals are also the owners and are not health administration experts. They therefore rely on instructions to control the situation at hand and achieve

their goals. The hospitals placed a strong emphasis on increased productivity and maintaining efficiency. The leaders were tough and demanding; they could not be facilitators or adapt important management techniques, such as teamwork and human resources development. It is better for a business to have a moderate amount of market culture, but when it becomes the main type of OC, companies will suffer from an aggressive drive to compete, the rush to reach goals, and managers who are hard-driving. These findings are consistent with Saif et al., 2014, who found no positive link between carrying out accreditation standards and fostering creativity in Jordanian hospitals. In turn, this is consistent with Saif and Sartawi (2013), who found that education and training are not well established in Jordanian hospitals.

In terms of the types of OC that employees prefer, they most frequently chose adhocracies, followed by clans, then hierarchies, then markets. This means that employees desire to have facilitators and risk-taking leaders, as well as to work in a dynamic, creative, and friendly setting. This is be consistent with the literature in the sense that in the early stages of a hospital's lifecycle, having some formal structure is essential; however, the trend is to use supportive types of OC such as clan culture, which is imperative for success. This is consistent with Bogdanowicz (2014), who found that clan culture significantly affected organizational effectiveness in Poland. Furthermore, Shiua and Yub (2010) found a positive correlation between clan culture, employee satisfaction, and organizational performance in Taiwan.

This study has some shortcomings that point to possibilities for future research. Since this study was limited to the private sector, there is a need to investigate all other sectors that play an important role in providing health services. This study was based on a quantitative approach; using a qualitative technique allows for more in-depth understanding of hospitals' needs. The study was limited to hospitals that have succeeded in applying QS; in a future investigation, it would be appropriate to reveal the relationship between OC and various levels of implementing QS. Furthermore, the study did not consider the role of moderator variables, such as features of employees and the hospitals.

6. RECOMMENDATIONS

The hospital sector needs strategies to promote clans and adhocracies. We need to pay attention to markets and hierarchies in a way that does not negatively affect an organization's efficiency and existence. Key dimensions have been identified that help hospitals adopt effective OCs, which in turn allows them to enhance their overall performance. These elements include the following:

- Leadership: The need to be a facilitator, entrepreneurial, and not aggressively results-oriented.
- MS: The need for management to be characterized by teamwork, risk-taking, and some degree of structure.
- Hospital cohesiveness: The need for hospital staff to support one another.
- Strategic emphasis: There is a need to emphasize human development and smooth operations.
- SC: The need to base success on human resources development and teamwork.

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