

Relationship between institution status and the organizational culture of community health centres in Bali

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ABSTRACT

Background and purpose: The adoption of an appropriate organizational culture model can be instrumental in ensuring the success of an institution. Currently, public health centres (PHCs) in Indonesia are being remodeled to function as independent units managed as regional public service agencies (BLUD). This study aims to determine whether there are differences in the organizational culture of BLUD PHCs with non BLUD PHCs.

Methods: Survey was conducted with 142 staff from BLUD PHCs and with 109 staff from non BLUD PHCs, selected using stratified random sampling technique. Data were collected by completing the organizational culture assessment instrument (OCAI) according to the concept of Competing Values Framework (CVF) and analyzed descriptively to determine aspects of the organizational culture.

Results: Staff at the BLUD PHCs presented with lower education levels, were older and with an average longer working period compared to staff at the non BLUD PHCs. A hierarchical organizational culture was found in three BLUD PHCs and in one BLUD PHCs, while the other two non BLUD PHCs indicated a tendency towards a clan culture. It is hoped that in the next two years all PHC will adhere to a clan organizational culture model.

Conclusions: Significant differences in age, education and number of working years between BLUD PHCs and non BLUD PHCs determine the organizational culture model adopted. The current adopted organizational culture is hierarchical whereas a transition to clan culture is desired.

Keywords: organizational culture, OCAI, CVF, PHCs, BLUD

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INTRODUCTION

Organizational culture is a system of shared assumptions, values, and beliefs, which governs how people behave in organizations. These shared values have a strong influence on the people in the organization and dictate how they dress, act, and perform their jobs.¹ High levels of employee motivation inevitably leads to work effectiveness when supported by a conducive organizational culture.² The smaller the gap between the existing organizational culture with the desired organizational culture, the higher the performance of employees.³ When discussing organizational culture there is no right or wrong, but having a suitable organizational culture and in accordance with organizational goals should be a fundamental priority.

One of the initiatives of the Indonesian government to improve the quality of services in the health sector is to remodel PHCs to become independent units managed by as a regional public service agencies (BLUD).⁴ This remodeling of PHCs has a positive impact on employee job satisfaction resulting in increased motivation and performance predominately due to the flexibility of financial management.⁵⁻⁹ An appropriate organizational culture is

needed to support the successful transition of PHC from non BLUD PHCs to become BLUD.¹

Research into organizational culture within BLUD PHCs and non BLUD PHCs has not been carried out in Bali Province. Available research has only assessed employee performance, financial performance and service quality. Research on organizational culture provides vital insight for policy makers to ensure satisfactory transition, as well as for stakeholders and all PHC staff so as to better understand their own organizational culture. This study aims to determine the differences in the organizational culture profile between BLUD PHCs and non BLUD PHCs.

METHODS

This study was a cross sectional survey, with data collection conducted in March 2017. The PHCs implicated in the study were purposively selected based on the type: rural, urban and accredited health centres, namely three BLUD PHCs: Puskesmas Gianyar I, Puskesmas Tampak Siring II, Puskesmas Sukawati II and three non BLUD PHCs: Puskesmas Bangli, Puskesmas Kintamani III and

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Puskesmas Kintamani I. The survey was conducted with 142 staff from the BLUD PHCs and 109 staff from non BLUD PHCs and they were selected randomly. Data were collected by completing the Organizational Culture Assessment Instrument (OCAI) questionnaire according to the concept of Competing Values Framework (CVF) and was self-administered.

Characteristics of PHC staff were analyzed to explore the differences in sex, age, education and length of working time. Organizational culture is defined by six dimensions, namely dominant characteristics, organizational leadership, management of employees, organization glue, strategic emphases and criteria of success and descriptively analyzed to determine the organizational culture adopted. This research has obtained ethical clearance from the Ethics Commission of Udayana University Medical Faculty/Sanglah General Hospital.

RESULTS

A total of 251 PHC staff participated in the study by filling out the research questionnaire. Table 1 illustrates the differences in the characteristics of PHCs staff. The staff from BLUD PHCs were aged an average of 41.61 years compared to the staff from the non BLUD PHCs, who were 35.65 years. Lower levels of education was found more among the staff from the BLUD PHCs (33.8%), compared to those at the non BLUD PHCs (15.60%), staff at the BLUD PHCs had longer years of working (35.65 years) compared to those of non BLUD PHCs (16.73 years of working). Only the sex of staff did not appear to differ between the two PHC models, wherein overall there were more female than male staff.

Table 2 presents an analysis of organizational culture at the two different PHC models. A hierarchical culture was found in the three BLUD PHCs, namely Puskesmas Gianyar I, Puskesmas Tampak

Siring II, Puskesmas Sukawati II and one non BLUD PHCs, that was Puskesmas Bangli. Meanwhile, in two other non BLUD PHCs, Puskesmas Kintamani III and Puskesmas Kintamani I a clan organizational culture was identified. In contrast to the current organizational culture, all PHCs expect to have a clan culture, both the BLUD PHCs and non BLUD PHCs.

DISCUSSION

This study shows the differences in the organizational culture profile between BLUD PHCs and non BLUD PHCs. Study indicates that three BLUD PHCs and one of the three non BLUD PHCs have a hierarchical culture, whereas the other two non BLUD PHCs support a clan culture. PHC with a hierarchical culture is considered a rigid, structured and controlled place with leaders acting as coordinators.¹⁰ The research undertaken by Wijayani et al. at PHC in the Jember District, and Sani et al. at PKU Muhammadiyah Sruweng General Hospital found the same result, wherein the dominant organizational culture at the time of data collection was hierarchical.^{11,12}

The hierarchical culture currently formed at the BLUD PHCs and one of the non BLUD PHCs is informed by bureaucratic traditions. A traditional feudalistic, strict regulatory culture is still embraced within the bureaucratic system of Indonesian government.¹³ The hierarchical culture seen within the BLUD PHCs is also due to the effect of transitioning and a top down policy, in which all PHC staff are only as implementation agents, and not as a policy makers. The downside of a top down approach is that the decision making does not involve the entire range of existing staff who are therefore unable to play an active role in decision making, and this lack of involvement leads to the unpreparedness of PHC staff in the face of this transition.

Table 1 Characteristics of respondent

Characteristics	BLUD PHC (n=142)	Non BLUD PHC (n=109)	Number	p value
Sex				
Female	104 (73.24)	30 (27.52)	134 (53.39)	0.89
Male	38 (26.76)	79 (72.48)	117 (46.61)	
Age (years), mean (±SD)	41.61±8.78	35.65±8.52	-	0.00
Education				
Graduate	27 (19.02)	20 (18.34)	47 (18.72)	0.015
Diploma	67 (47.18)	72 (66.05)	139 (55.37)	
High school	48 (33.80)	17 (15.60)	65 (25.90)	
Working time (years), mean (±SD)	35.65±8.52	16.73±9.38	-	0.00

Table 2 Organizational culture profile

PHC	Organizational culture	Current state		Desired state (in two years)	
		Mean score	Type	Mean	Type
BLUD PHCs					
Gianyar I	Clan	23.69	Hierarchy	26.32	Clan
	Adhocracy	23.99		24.11	
	Market	25.12		23.32	
	Hierarchy	27.10		26.27	
Tampak Siring II	Clan	23.49	Hierarchy	29.12	Clan
	Adhocracy	21.57		21.14	
	Market	24.34		21.96	
	Hierarchy	30.15		27.81	
Sukawati II	Clan	21.71	Hierarchy	29.25	Clan
	Adhocracy	24.78		27.62	
	Market	25.67		21.48	
	Hierarchy	27.83		21.69	
Non BLUD PHCs					
Bangli	Clan	24.35	Hierarchy	27.41	Clan
	Adhocracy	22.52		23.65	
	Market	25.41		23.29	
	Hierarchy	27.66		25.65	
Kintamani III	Clan	28.85	Clan	35.39	Clan
	Adhocracy	25.34		28.82	
	Market	23.73		18.70	
	Hierarchy	22.23		17.13	
Kintamani I	Clan	29.75	Clan	31.31	Clan
	Adhocracy	23.53		27.36	
	Market	23.81		21.05	
	Hierarchy	22.85		20.41	

There are more staff with less education at the BLUD PHCs, with longer average working periods and higher age compared to non BLUD PHCs staff, which also affects the formation of organizational culture. The work culture that was formed before transitioning to independent status is maintained up to now, top down, with staff carrying out work according to the instructions of the leader, with a demonstrable lack of innovation. The hierarchical culture found in the BLUD PHCs supports the results of research conducted by Mahesa, where employees with long working periods and over 40 years of age will continue to cultivate pre-existing conditions and express no intention to change.¹⁴

The organizational culture expected over the next two years in both the BLUD PHCs and non BLUD PHCs is that of clan. PHCs with clan culture are found to be a more familial than economic institution.¹⁰ Research conducted in the Bombana District by Sani et al. and by Indrawati et al. in the

Blitar District also found that the organizational culture of PHCs in the two districts was clan.^{12,15} The results of this study further reinforces the impression that the dominant culture in Indonesia is the familial culture,¹⁶ in Cameron and Quinn's theory is called the clan culture.¹⁰ PHCs adopting a clan culture implies that staff expect or prioritize a sense of ease and comfort in the workplace. An income-sharing system based on rank, class, position, length of work, and not performance appraisal does not motivate PHC staff. Transitioning to become staff working at BLUD PHCs does not impact upon desired cultural expectations, and the same is true of the research conducted by Indrawati et al.¹⁶

The hierarchical culture encountered in the three BLUD PHCs suggests that the willingness to implement healthy business practices is absent. BLUD PHCs should be further capacitated in the provision of primary health care alongside educated on

organizational culture and how to transform existing management patterns into an entrepreneurship government model. The same condition is also found in Klungkung District Hospital which functions now as an BLUD but has not yet fully applied the independent financial management pattern.¹⁷ Research conducted by Rondonuwu et al. on NTB Province Mental Health Hospital also shows that management of change in the transformation process is not maximal, which has impacted upon service provision.¹⁸

If the transition is informed by and based on a proven business strategy plans that address the financial perspective, the customer perspective, the internal business process perspective, the growth and learning perspective (as carried out at Kalisat District Hospital) this will inevitably help to improve the financial and non-financial performance.¹⁹ The determination of appropriate organizational culture is also crucial to the success of the BLUD PHCs. Robbins states that no organizational culture is right or wrong, nor is there a most superior organizational culture, but that a culturally appropriate organizational culture that resonates with the context is needed.¹ Management leaders and management teams as policymakers in PHCs should be able to recognize the potential of human resources and other supplementary factors that can support the existing vision and improve the performance of PHCs across the board.

Research conducted by Acar et al. in Turkish hospitals in 2014 discovered that within a clan organizational culture it is difficult to achieve superior performance in service provision and with regards to financial aspects.²⁰ BLUD PHCs work better with an organizational cultural blend of both market and adhocratic models. Flexibility of existing financial management can be applied along with the creation of a sound business strategy in order to be able to control the market share of health services in the region. Adhocratic culture is applied by making innovations in providing services, both internally and externally in order to achieve improved service quality. Research conducted by Tandiarrang et al. and Jeffrey et al. indicated that positive organizational culture, as well as the smallest gap between current and expected organizational culture in the future, will lead to high work effectiveness and strengthen the performance of employees.^{3,21} In this study there is an organizational cultural gap at the BLUD PHCs, regarding the current state (hierarchical), expected in the next two years (clan), as well as the ideal organizational culture (market and adhocracy) therefore strategies are required to facilitate the organizational process of transition.

Bangli District Health Office will matriculate three PHCs for the years 2016-2021.²² Therefore

preparation is required addressing aspects of strategy, structure and system as well as software in the form of organizational culture.²³ Desired change within an organization must address structural, cultural and co-managed aspects for maximum results.^{24,25} Change in organizational culture without any individual behavioral changes is difficult to actuate.¹⁰ Change ultimately depends on changes within the organization members, and in their ability to reinforce the aspired and desired values of the proposed new organization form, and research indicates that such change can take five to ten years.²⁶

The results of this research can be used for the basis of policy making when preparing for transition among PHC in Bangli Regency. The identified current organizational culture and that expected within the next two years can be used as an evaluation tool, whether the culture can support the goal of change. The PHC status change policy needs to be promoted across the entire staff, so that they understand the purpose of the changes made, and can accept them and take advantage of the available flexibility to improve service quality and provision.

The use of Competing Values Framework in this study is advantageous, practical, simplistic, is time efficient, and data collected can be easily processed,¹⁰ while the weakness of this study only used quantitative methods alone to obtain data from PHCs staff. In future similar research, in-depth interviews and participant observation would produce more complete data and support data from the results of the OCAI questionnaire. Evaluating an agency's organizational culture is not an easy thing, where beliefs, values and assumptions are not always explicit.²⁷ Qualitative approaches will be beneficial for obtaining more detailed data on environmental factors in the process of promoting the formation of organizational culture.²⁸

CONCLUSION

Significant differences in the characteristics of age, education and length of work between BLUD PHCs and non BLUD PHCs affect the type of organizational culture that is formed. The three BLUD PHCs and one of non BLUD PHCs currently support a hierarchical culture, while the other two under the previous system have a clan culture. All PHCs implicated in the study aspire to a clan organization culture in the next two years.

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