An Assessment of the Role of Organizational Culture in Health Care Provision in Saudi Arabia

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Contents

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Abstract

The health care system in Saudi Arabia has faced a variety of problems, such as rising costs, public pressure for better services, high staff turnover and duality of tasks. These problems arise from an organisational culture in Saudi's public sector. The research applies the Competing Values Framework (CVF) beyond its Western context. The research results indicated that the health care provision in Saudi Arabia characterised as high power distance, collectivist culture, femininity and high uncertainty avoidance. This in turn reflects the organisational culture in the hospitals. It reveals that the dominant type of organisational culture is hierarchy. It also reveals that the dominant type of organisational culture in the preferred situation is the clan culture. It seems that to exploit the preference for clan culture will help to make health services more effective. The dimension that has more contributed to highlight the dominant of clan culture at the preferred situation is the dimension of strategic. An important element that focus on human development. High trust, openness, and participation persist which play a vital role to the effectiveness of Saudi health care services. It is hoped (intended) that the research will be of general capability across Arab countries in variety of public service settings.

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1. Introduction

Despite the efforts of the Saudi Arabian government, problems persist with health care management (Mufti, 2000). The management literature argues that culture plays an important role in determining the success an organisation. Understanding the management of culture should be the key element in any attempt to initiate and manage organisational change (Deal and Kennedy, 1982; Schein, 1984; Saffold, 1988; Kotter & Heskett, 1992; Gross et al, 1993; Cameron & Quinn, 1999; Kane-Urrabazo, 2006; Senior & Fleming, 2006). More research is required to shed light on understanding the vital role that organisational culture plays in the facilitation and success of any organisational change efforts in the Saudi health care system. Hence, this study is based on the assumption that the main cause of the problem for health care provision in Saudi Arabia today has a lot to do with organisational culture.

The focus of the study is to explore and investigate the role of organisational culture and assess its impact on health care provision in Saudi Arabia. This study will help to uncover which cultural elements that both support and hinder its efforts to improve services. It is hoped that the research findings will provide useful suggestions and guidelines that will contribute to solving the current problems faced by health care facilities in Saudi Arabia. Moreover, this research will apply theories in organisational culture that have been developed in Western countries with a different cultural basis.

1.2 Research Problem

The health care system in Saudi Arabia faces many problems, For example, growing demand on health services, rising costs, public pressure for better services, poor professional and managerial development strategies, lack of independent decision-making due to unclear lines of accountability, dissatisfaction with management practices, high staff turnover, lack of career development, stressful work conditions, duplication of services (duality of tasks) and lack of authority and leadership (Al-Ahmadi & Roland, 2005; Al-Yousuf et al. 2002; Al-Rabeeah, 2003).

Most of these problems arise from the organizational culture that dominates Saudi's public organizations. The literature indicates these problems are characterized as excessive bureaucracy, high power distance, avoidance of responsibility, a collectivist mentality which allows individuals to use their position to benefit their relatives and loyalty to one's friends, village or region (AI-Awaji, 1971; Bjerke and AI-Meer, 1993; Jabbra and Dwivedi, 2004; Budhwar & Mellahi, 2006). Therefore, an assessment of the role of organizational culture is necessary to:

- Understand the existing culture and subcultures before attempting to change them (CCartwright & Cooper, 1993)
- Manage organizational change (Cameron & Quinn, 1999).
- Shape the life of the organization (Saffold, 1988).
- Understand the failure of implementation in major improvement strategies (e.g. TQM, Downsizing, reengineering) (Cameron and Quinn, 1999)
- Determine the success or failure of an organization (Schein, 1984; Senior & Fleming, 2006).

This study draws upon the Competing Values Framework (CFV) to explore the role of culture. Although culture change is not an easy task, the assessment of culture using the CVF will provide useful suggestions to the policy maker in health care provision in Saudi Arabia and highlight where change is needed to improve health care services.

1.3 Research Questions

Despite the investments in the health care system made by the Saudi government there are still general complaints about its services. To explain why some factors of organisation culture can play a vital role in the effectiveness of health care provision in Saudi Arabia, this study will address the following questions:

1 What is the political and social context of health care provision in Saudi Arabia?

2 What are the dominant types of organisational culture in health care provision in Saudi Arabia?

3 What are the key dimensions of organisational culture which either support or hinder efforts to improve health care services in Saudi Arabia?

4 Is there any difference between organisational cultures within the main health care providers in Saudi Arabia?

5 Is there a relationship between health care provision in Saudi Arabia in terms of the demographic characteristics of health service employees?

1.4 Importance of the study

There is a serious gap in the literature on health care management available in Saudi Arabia. This study is also significant due to the importance of organisational culture. From the 1990s onwards, a number of key writers have identified culture as a key determinant of organisational performance (Hofstede, et al. 1990). In addition, to the best of the researcher's knowledge, it is the first attempted replication of the CVF, developed by Cameron & Quinn (1999), in health care provision in Saudi Arabia. Therefore, this study will attempt to determine its suitability for such research.

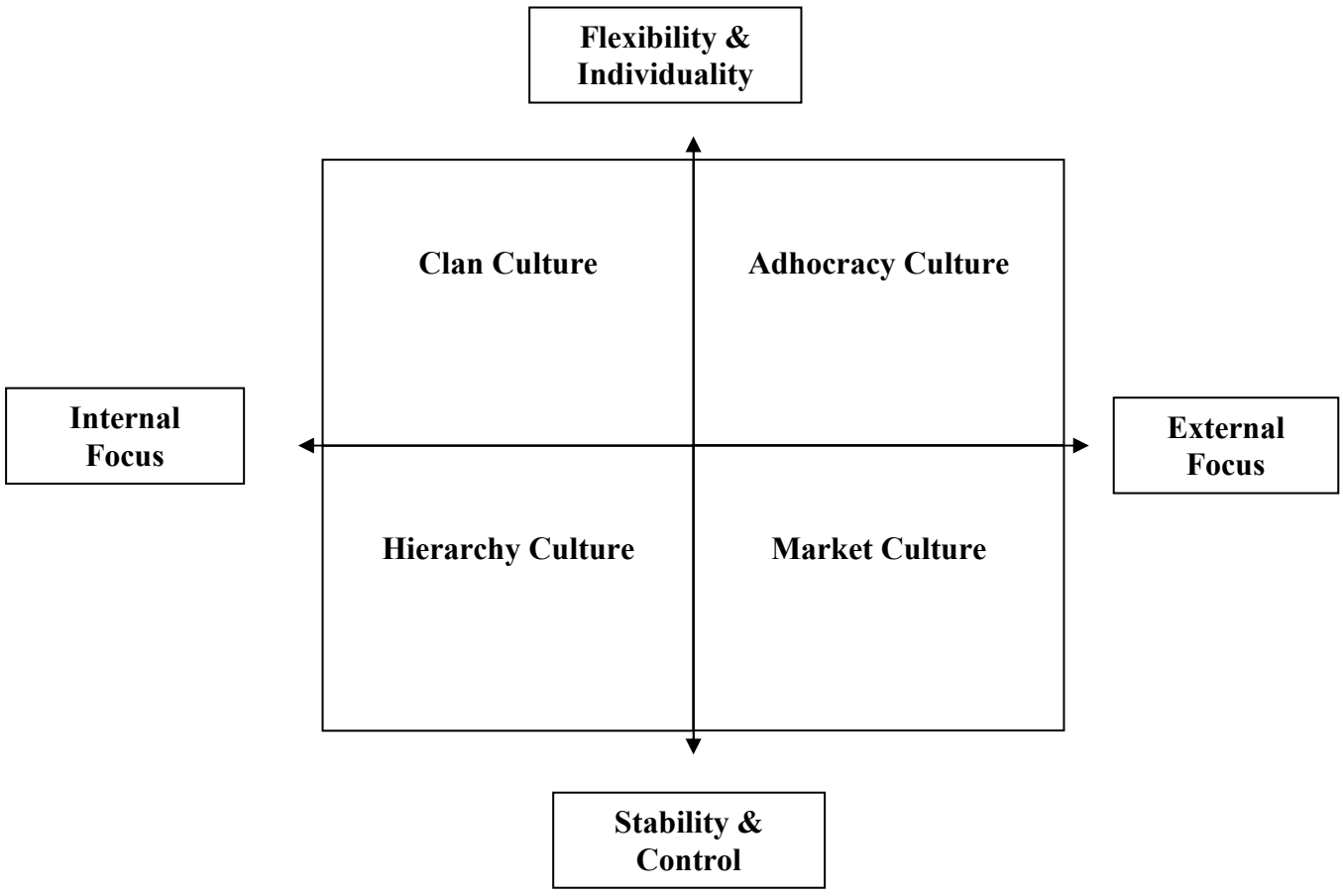
Furthermore, this study will also attempt to answer questions regarding the effectiveness of health care provision in Saudi Arabia. Its findings will be useful for policy makers in health care organisations in Saudi Arabia to solve or reform the current situation of health care provision (Mufti, 2000). Finally, the study will also help employees to contribute to organisational effectiveness.

2. Research Methodology

2.1 Research design

The research mixes both quantitative and qualitative approaches based on the CVF. The CVF is a model which assumes that there are four different 'models' of organizational culture (Hierarchy Culture, Market Culture, Clan Culture and Adhocracy Culture), six essential dimensions of culture (Dominant Characteristics, Organizational Leadership, Management of Employees, Organizational Glue Strategic Emphasis, and Criteria for judging Success) and that each model has preferred approaches for each of the six dimensions.

Figure (1) Competing Value framework



The questionnaires were developed by adopting The Organizational Culture Assessment Instrument (OCAI) based on the CVF.

This study also collected qualitative data using semi-structured interviews which consisted of questions taken from the CVF. The intention is to triangulate the findings to give the analysis depth and strength, and to gain confidence in the obtained results from the questionnaire.

2.2 Selecting a sample

This study used the combination of stratified-and-random sampling technique through multi-stage sampling technique as follows:

- Phase 1: The researcher selected a random sample of hospitals that represented each category of the main health care provision in Riyadh City. The criterion used by the researcher in the selection of this sample involved choosing hospitals which contained 500 beds with the exception of the private sector hospitals where the standard of selection involved hospitals with 200 beds or more, as there were no private hospitals containing 500 beds.
- Phase 2: The researcher distributed the questionnaires to each selected hospital according to proportional distribution method.
- Phase 3: The researcher distributed the questionnaires to professional groups (physicians, nurses, technicians and administrative), according to their proportion in each hospital. Meaning stratified sample using the method of proportional distribution.
- Phase 4: The researcher's random selection of the number required for each category (professional group) from each hospital.

Sample selection for semi-structure interview, this study employed a purposive sampling technique to interview Chief Executive Officers or Senior Managers because these individuals are qualified to provide answers to the questions ‘what’ and ‘why’ on the specific type of organisational cultures which are prevalent in their hospital.

2.3 Sample size

The sample size for the questionnaire was based on Krejcie & Morgan's table (1970). The total of target population of this study is 53761; therefore the sample size is 382. However, the sample size was increased from 382 to 395 because the sample size of the Security Forces Hospital was about 17, and this number was increased to 30. According to Roscoe (1975) where samples are to be broken into sub samples, a minimum sample size of 30 for each category is necessary.

Therefore, the researcher's goal is to get at least 395 questionnaire responses from employees from different backgrounds in public hospitals in Riyadh, a number that the researcher aims to reach as a sample size from the seven main health care providers. To reach this sample size, 762 questionnaires were distributed (based on the Survey Random Sample Calculator: http://www.custominsight.com/articles/random-sample-calculator.asp).

The sample size for the semi-structured interviews was 28 respondents. This number represents the balance between the seven study populations. The researcher also conducted four semi-structured interviews with senior managers from four professional groups (physicians, nurses, technicians and administrative) in each health care provider.

2.4 Response rate

The fieldwork of this study started on 1st January 2008 and continued to 15th of April 2008. The researcher received back approximately 419 out of the 760 questionnaires distributed, meaning that the response rate was about 55%, which was an acceptable response rate for this type of research. No rules govern an acceptable response rate. Clearly, higher is better. A rate of at least 50% is adequate for analysis and reporting (Babbie, 2004).

2.5 Data analysis

- SPSS was used to analyze the questionnaires

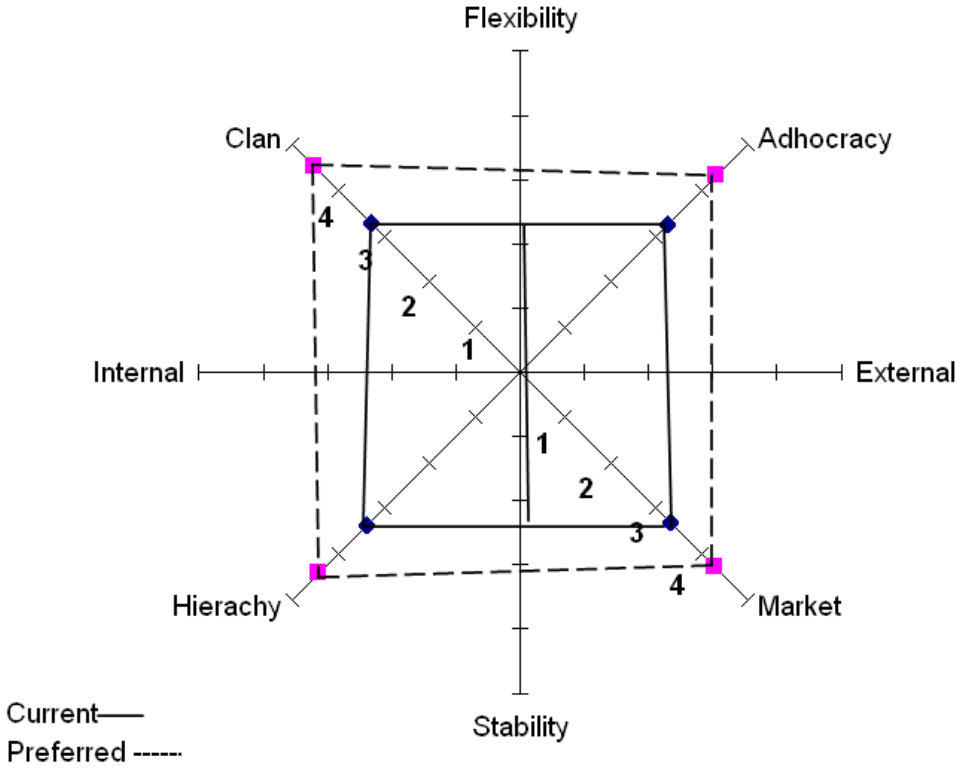
- For the qualitative analysis, this study used Content Analysis

Table 1: paired-sample t test for the significant differences between current and preferred situations under each dimension (element) that comprises the main axes of organizational culture.

Types of organisational culture ordered according to priority in working towards improvement	Mean of the degree of approval in the preferred situation	Mean of the degree of approval in the current situation	Mean difference between the preferred situation and the current situation	Paired-Samples T Test	
				T test of the difference	Sig. 1-tailed
Clan culture	4.4937	3.2826	1.21108	24.763	*0.000
Hierarchy culture	4.4167	3.3997	1.01692	22.011	*0.000
Adhocracy culture	4.3145	3.2552	1.05931	23.388	*0.000
Market culture	4.2948	3.3223	0.97250	20.000	*0.000
Types of organisational culture in general	4.3727	3.3275	1.04515	22.453	*0.000

* D. significant at the 0.05 level.

Figure (2): Graphical representation of the highest mean scores in the four culture types for both current and preferred situations of Saudi health care provision.



As illustrated in Tables (1) and figure (2), the statistical results of this study (using a paired-sample t test) reveal that the dominant type of organisational culture is hierarchy. It also reveals that the dominant type of organisational culture in the preferred situation is the clan culture. There is a statistically significant difference in the degree of response approval in the preferred situation and the current situation, according to the availability of all types of organizational culture under all dimensions (elements) that comprise the main axes of organizational culture in general. The positive differences were for the preferred situation rather than the current (value of the significant level (Sing. 1-tailed) is equal to (zero), which is less than the statistical significance level specified in advance by the researcher (which here, $\alpha = 0.05$), meaning that the degree of approval of the importance of the main types of organizational culture in general, and for each type separately in the preferred situation, was statistically significant more than the degree of approval of the

importance of the main types of organizational culture in general, and for each type separately, in the current situation in these hospitals.

Ordering these types of organizational culture under all dimensions that comprise the organizational culture, according to the values of the mean differences, and then giving priority to working to improve health care services within these hospitals is as follows (starting from the most important): clan culture, hierarchy culture, adhocracy culture and market culture.

The findings from analysing the semi-structured interviews are in agreement with the overall finding of this research.

3. Research findings and recommendations

3.1 National culture

The research results about national culture (Hofstede, 2001) reveal that health care provision in Saudi Arabia is characterised as follows:

- The high power distance means that health care provision management in Saudi Arabia tends to be highly centralized, with several hierarchical levels and a large proportion of supervisory personnel. Subordinates expect to be supervised closely and believe that power holders are entitled to special privileges.
- Collectivist culture means that health care provision management in Saudi Arabia reinforces extended families and the importance of 'in-groups'.
- Femininity means that health care provision management in Saudi Arabia considers the quality of life and helping others to be very important. Although the researcher believes that this description cannot be generalized to Saudi culture in general, it can be found in the Saudi health setting in particular, which has special characteristics, such as multi-cultural employees from different countries, exempt from some governmental regulations, etc.
- High uncertainty avoidance means that health care provision management in Saudi Arabia has a low tolerance for uncertainty and ambiguity. This creates a

rule-oriented society that institutes laws, rules, regulations, and controls, in order to reduce the amount of uncertainty.

3.2 Dominant type of organisational culture at the present time

National culture, in turn, reflects the organisational culture in the hospitals. The research indicated that organisational culture has an impact on health care provision in Saudi Arabia and is not characterized by just one cultural type. Therefore, it reveal that the dominant type of organisational culture is hierarchy whereby most hospitals in Saudi Arabia focus more on internal than external issues and values stability and control over flexibility and discretion. This culture works well if the goal is efficiency and the organisational environment is stable and simple. Therefore, this system can be characterized as a very controlled, structured place.

Formal procedures generally govern what people do. In addition, the leadership style in these hospitals is generally considered to be exemplified by coordinating, organising, or smooth-running efficiency. Moreover, the management style in these hospitals is characterized by security of employment, conformity, predictability, and stability in relationships. What is more, the glue that holds these hospitals together is the formal rules and policies. Maintaining a smooth-running organization is important. Furthermore, these hospitals emphasize permanence and stability. Efficiency, control and smooth operations are important. Finally, these hospitals define success on the basis of efficiency. Dependable delivery, smooth scheduling, and low-cost services are critical. This is no surprise since these public hospitals are run by the government.

3.3 Preferred type of organisational culture to improve health care provision in Saudi Arabia

With regard to the preferred situation, the results of this research reveal that clan culture is the dominant culture in the preferred situation. According to the respondents, it can determine which type of culture has priority in working to

improve health care. Clan culture here means that health care provision in Saudi Arabia focuses on internal issues and values flexibility and discretion rather than stability and control. Its goal is to manage the environment through teamwork, participation, and consensus. Therefore, this system can be characterized as a very personal place. It is like an extended family. People seem to care for others. Moreover, the leadership in these hospitals is generally considered to be exemplified by mentoring, facilitating, or nurturing. Furthermore, the management style in these hospitals is characterized by teamwork, consensus, and participation. In addition, the glue that holds these hospitals together is loyalty and mutual trust. Commitment to this organization runs high. What is more, these hospitals emphasize human development. High trust, openness, and participation persist. Finally, these hospitals define success on the basis of the development of human resources, teamwork, employee commitment, and concern for people.

Differences between health care providers in Saudi Arabia in term of hospital affiliation

With regard to the difference between organisational cultures within the main health care providers, this study reveals that the dominant type of organisational culture at the present time was the hierarchy culture in health care provision in Saudi Arabia, meaning that there is no statistically significant difference regarding the dominant type of organisational culture at the present time in terms of hospital affiliation in Saudi health care provision.

Difference between health care provisions in Saudi Arabia in terms of employee's demographic characteristics

With regard to the participant's demographic characteristics, there were only two personal characteristics that showed a statistically significant difference in the views of participants regarding the dominating type of organisational culture at present time (hierarchy culture) in health care provision in Saudi Arabia. The two characteristics were nationality and previous work in the private sector. The remaining characteristics showed no statistically significant difference.

3.4 Conclusion

The health care provision in Saudi Arabia characterised as high power distance, collectivist culture, femininity and high uncertainty avoidance. This in turn reflects the organisational culture in the hospitals. This research applies the CVF beyond its Western context and found out its suitability for such research. It reveals that the dominant type of organisational culture is hierarchy by applying the CVF beyond its Western context. It also reveals that the dominant type of organisational culture in the preferred situation is the clan. It seems that to exploit the preference for clan culture will help to make health services more effective. The dimension that has more contributed to highlight the dominant of clan culture at the preferred situation is the dimension of strategic emphasis. An important element that focus on human development. High trust, openness, and participation persist which play a vital role to the effectiveness of Saudi health care services.

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