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DIAGNOSIS OF ORGANIZATIONAL CULTURE IN THE MANAGEMENT SYSTEM OF THE HEALTHCARE INSTITUTION

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ДІАГНОСТИКА ОРГАНІЗАЦІЙНОЇ КУЛЬТУРИ В СИСТЕМІ МЕНЕДЖМЕНТУ ЗАКЛАДУ СФЕРИ ОХОРОНИ ЗДОРОВ'Я

The article is a theoretical analysis of the problem of organizational culture (hereinafter OC), the issues of determining and measuring of OK, which cause the greatest controversy among experts. After analyzing a number of specific definitions of organizational culture, the authors conclude that the content of those characteristics that are most common in the definitions of OC, formulated by foreign and domestic experts. A working definition of OC has been offered on the views of R. Kilman, E. Shane, K. Cameron, R. Quinn. The structure, components, functions, mechanisms of OC formation, external and internal factors influencing it has been revealed.

The article presents the results of the diagnosis of organizational culture in the management system of the healthcare institution (Municipal Non-profit Enterprise of Mykolaiv City Council "City Hospital №4"). It is noted that the OC is an important mechanism for ensuring the quality of medical care, patient satisfaction, staff, prevention of complex conflicts.

In the process of diagnosis, the structural elements of the OK of the medical institution of Municipal Non-profit Enterprise of Mykolaiv City Council "City Hospital №4" were revealed: dominant collective values, culture of working conditions, means of labor and labor process, interpersonal relations, management and the worker. A survey of medical staff and nurses was conducted, as a result, the types of existing and promising culture were identified, and certain problems in the management of the OC were outlined.

In order to increase the efficiency of the staff of the medical institution of Municipal Non-profit Enterprise of Mykolaiv City Council "City Hospital №4", the formation of an appropriate

motivational environment is necessary to combine with the characteristics of cultures of three types (clan, adhocratic and bureaucratic). A set of tools for the formation of a culture of new quality (promising) is proposed. This complex includes: development and implementation of a code of ethics; continuous staff training; implementation of changes at all levels and their control; selection of staff who fully share the values of the new OC; training of new employees in the values and norms of behavior of the new OC; demonstration by the management of new norms of behavior and declaration of the values of the new OC; creation of appropriate procedures and formation of traditions within the organization.

Стаття є теоретичним аналізом проблеми організаційної культури (далі ОК), питань визначення та вимірювання ОК, які викликають найбільші суперечки серед фахівців. Проаналізувавши ряд конкретних визначень організаційної культури, автори статті роблять висновок щодо змісту тих характеристик, які найчастіше зустрічаються у визначеннях ОК, сформульованих зарубіжними та вітчизняними фахівцями. Ґрунтуючись на поглядах Р. Кілмана, Е. Шейна, К. Камерона, Р. Куїнна, пропонують робоче визначення ОК. Розкрито структуру, компоненти, функції, механізми формування ОК, зовнішні та внутрішні фактори, що впливають на неї.

У статті представлено результати діагностики організаційної культури в системі менеджменту закладу сфери охорони здоров'я (КНП ММР «Міська лікарня №4», м. Миколаїв). Зазначено, що ОК виступає важливим механізмом забезпечення якості медичної допомоги, задоволеності пацієнтів, персоналу закладу, запобігання складних конфліктів.

В процесі діагностики розкрито структурні елементи ОК медичного закладу КНП ММР «Міська лікарня №4»: домінуючі колективні цінності, культури умов праці, засобів праці та трудового процесу, міжособистісних відносин, управління. Проведено анкетування лікарського та середнього медичного персоналу, в результаті визначено типи існуючої та перспективної культури, окреслено певні проблеми в управлінні ОК.

Для підвищення ефективності праці персоналу медичного закладу КНП ММР «Міська лікарня №4», формування відповідного мотиваційного середовища необхідно поєднати характеристики культур трьох типів (кланової, адхократичної та бюрократичної). Запропоновано комплекс інструментів для формування культури нової якості (перспективної). Даний комплекс передбачає: розробку та впровадження етичного кодексу; безперервне навчання персоналу; впровадження змін на всіх рівнях та їх контроль; відбір та добір персоналу, який повністю розділяє цінності нової ОК; навчання нових співробітників цінностям та нормам поведінки нової ОК; демонстрація керівництвом нових норм поведінки та декларування ним цінностей нової ОК; створення відповідних процедур та формування традицій в межах організації.

Key words: *organizational culture; management system; healthcare institution; medical staff; city hospital; motivational environment.*

Ключові слова: *організаційна культура; система управління; заклад охорони здоров'я; медичний персонал; міська лікарня; мотиваційне середовище.*

Problem statement. All existing healthcare facilities differ from each other in that each has its own history, philosophy, organizational structure, types of communications, systems and procedures for setting and solving problems, certain rituals, traditions and myths. Therefore, the organizational culture in each institution is its own, special and manifested in relations between people. Most researchers who deal with organizational issues are aware of the impact of culture on the performance and effectiveness of medical organizations. In addition, organizational culture affects individuals, their moral qualities, dedication, physical health and emotional state.

Analysis of publications. Theoretical, methodological bases and practical aspects of diagnostics of organizational culture and management have been studied by many scientists, in particular V.L. Gevko, D.R. Denison, O. Dolgalyova, K.Cameron, R. Quinn, V. Mykhailychenko, J. Rohrbach, N.V. Smirnova, V.S.Shevchenko, E.P. Shane and other researchers. However, it should be noted that there are no works that consider the diagnosis of organizational

culture in the management system as a basis for justifying measures to form a promising organizational culture in healthcare institutions.

Purpose of the article. Based on the above mentioned material, we can formulate a research task, which is to generalize the methodological support, diagnostics of organizational culture in the management system of a particular medical institution, using its results to justify measures to form a promising organizational culture.

The main material research. Today, the literature uses two terms - organizational culture (OC) and corporate culture, which are usually interpreted as synonyms. The concept of OC for the healthcare system is relatively new, while in other areas it has existed for a long time.

OC is the subject of research abroad since the 80s of XX century, when it began to form its perception as a factor in business efficiency [1, p. 29]. Several models of OC and approaches to its study are proposed. E.P. Shane considers OC as an object of study on three levels – artifacts, proclaimed values and basic ideas [3, p. 19-21]. K. Cameron and R. Quinn propose to study the OC framework structure of competing values, which provides for the presence of four types of OC - hierarchical, market, clan and adhocratic ones [5, p. 64].

R. Quinn and J. Rohrback's model considers OC in three directions – “integration/differentiation”, “internal focus/external focus”, “tools/instruments – results/indicators” [2, p. 118].

Recently the OC of medical organizations is of particular interest for research. Foreign works deal with issues related to the social aspects of health, the relationship between doctor and patient, the peculiarities of the use of personnel technology. With good management OC can be an important mechanism for improving the quality of medical care, innovation, satisfaction of patients and medical staff, as well as prevention of interpersonal and intergroup conflicts according to current data.

The main components of the OC are: the idea of the place of the organization in the surrounding reality; internal organizational values; internal organizational social roles; internal organizational norms; intra-organizational socio-psychological atmosphere.

The structure of the OC includes general provisions and is specified depending on the level of development of the organization: the dominant collective values of the organization, ensuring the achievement of its main goals; culture of working conditions; culture of means of labor and labor process; culture of interpersonal relations; management culture; employee culture [7, p. 27].

OC of organization can be characterized depending on the degree of influence on staff behavior as strong or weak; depending on job satisfaction and the level of mutual cooperation of staff - as optimal and inadequate one. OC can be destructive if it is built only on the priority of administrative and economic management methods, when the socio-psychological climate is not sufficiently taken into account and the professional and personal potential of employees is not properly used.

The key functions of the OC include the following ones: the formation of organizational values and standards of conduct; content-forming; regulatory; coordinational; motivational, image-forming; cognitive; communicational; recreational; integrational; team-building; stabilizing; security function; orientational; socializing; customer-oriented function [8].

The formation of OC is influenced by external and internal factors. External factors include: state, regional, national and historical features; normative legal regulation; socio-political and economic situation in the country. Internal factors are the form of ownership, financing, specialization, management system of the organization; history of the organization; the size of the organization; level of education of employees; available resources and technologies; service contingent; formed value norms and traditions.

The main mechanisms of formation of OC are: determining the composition of values, creating the image of the leader, motivating the team, creating foci of new culture, forming a commitment to the organization, developing a code, selecting employees who meet core values, encouraging compliance. The tool of realization of OC is the ethics code of the organization [4, p. 10].

V.Mykhailychenko and O.Dolgalyova identified the factors and mechanisms through which the OK is able to influence the effectiveness of the organization. Factors include management's attention to employee professionalism, coordination and coherence of employees, effective leadership style, team atmosphere, employee motivation, awareness of the mission of the organization, the presence of a social package, the existence of corporate and leisure traditions. Mechanisms are: involvement in the work process, innovation, commitment to the organization, the formation of ethics of communication with patients and partners [6].

To increase the competitiveness of the medical organization, the process of formation of OC should not be spontaneous, but controlled. First of all, it is necessary to assess it to understand the advantages and disadvantages in the context of solving the tasks. The approach to the formation of a better OC should be based on the principle of continuity of change with the involvement of all employees of the organization. It should include developing the mission of the organization, defining strategy, main priorities, principles, approaches, norms and desired behavior patterns, developing measures to form and consolidate better OC, purposeful change of existing OC, evaluation of results.

The Table 1 presents the structural elements of organizational culture Municipal Non-profit Enterprise of Mykolaiv City Council “City Hospital №4”. It is clear that in this form it cannot be a motivational environment for improving the efficiency of medical staff.

Table 1.
Characteristics of the existing organizational culture of the polyclinic of Municipal Non-profit Enterprise of Mykolaiv City Council “City Hospital №4”

Structural elements of organizational culture	Core values
Dominant collective values	Attitude to the provision of medical care as a process of providing medical services (technocratic approach); priority of economic and quantitative indicators in the assessment of staff performance; priority of the values of the medical institution over the values of the individual employee.
Culture of working conditions	Observance of the approved sanitary and hygienic norms of working conditions; creating favorable aesthetic conditions in the workplace.
Culture of means of labor and labor process	Use of clinical guidelines; use of modern medical and diagnostic equipment; automation of medical and diagnostic process.
Culture of interpersonal relations	Unity in achieving the common goal of the unit / medical organization.
Management culture	Authority of the head; indisputability of management decisions; strict control over compliance with internal regulations; encouraging high economic performance.
Employee culture	Responsibility; discipline; strict compliance with internal regulations; the desire to achieve high economic performance.

To identify existing problems in the management of the OC, a survey of medical staff (24 respondents) and nurses (32 respondents) was conducted. The results of the survey of managers has shown that they give low importance to the impact of OC (5.3 points on a 10-point scale) and industrial climate (4.6 points on a 10-point scale) on the work of the organization.

To develop a program of necessary changes, the types of existing and prospective OC were identified through staff questionnaires (Table 2).

Table 2.
Existing and perspective organizational culture of the polyclinic of Municipal Non-profit Enterprise of Mykolaiv City Council “City Hospital №4”

	Component of organizational culture	Existing organizational culture	Promising organizational culture
1. Important characteristics			
A	Favorable psychological climate in the team. Openness of management. Human resources development.	10	40
B	Improving the organization of the treatment and diagnostic process. Introduction of new medical technologies. Improving the quality of medical care.	15	30
C	Increasing the volume of medical services provided. Improving the economic efficiency of medical care.	50	5
D	Multilevel quality control of medical care	25	25
	Total	100	100
2. General leadership style			
A	Mentoring. Support.	10	35
B	Innovation. Improving the quality of medical care.	15	30
C	Implementation of the economic plan.	45	10
D	Adherence to clinical guidelines.	30	25
	Total	100	100
3. Management of medical personnel.			
A	Encouraging teamwork. Creating conditions for learning.	10	30
B	Encouraging creativity and initiative. Motivation to master new medical technologies.	10	30
C	Encouraging competition between health professionals. Stimulating the implementation of the economic plan.	55	10
D	Monitoring compliance with clinical guidelines.	25	30
	Total	100	100
4. Connecting essence			
A	Trust between health professionals. Mutual assistance. Professional development.	10	30
B	Introduction of innovative technologies. Continuous improvement.	10	25
C	Implementation of the economic plan.	60	15

D	Adherence to clinical guidelines. Ensuring the quality of medical care.	20	30
	Total	100	100
5. Strategic goals are achieved on the basis of:			
A	Support in the team, high trust, openness, complicity. Training of medical staff.	5	30
B	Introduction of innovations in the medical-diagnostic process.	15	25
C	The desire of medical staff to implement the economic plan.	60	15
D	Strict adherence of medical staff to clinical guidelines	20	30
	Total	100	100
6. Success is achieved on the basis of:			
A	Formation of commitment of medical staff and continuous professional development.	15	25
B	Achieving uniqueness in the medical services market.	10	30
C	Achieving leadership in the market of medical services in economic terms.	65	15
D	Ensuring high quality of medical care.	10	30
	Total	100	100

According to the results of the survey we graphically represent each item, which is determined by the Organizational culture assessment instrument (OCAI) and build a general organizational profile of the polyclinic (Table 3).

Table 3.
Data for building a common organizational profile of the polyclinic

Component of organizational culture	Existing organizational culture	Promising organizational culture
A	10	31
B	12	29
C	56	11
D	22	29
Разом	100	100

Explanations and types of culture according to the OCAI are given in Table 3:

– clan culture (A) – a culture of unity, which helps to focus the organization on internal issues. Clan culture characterizes a friendly-oriented place to work. The importance of human resources development with the necessary cohesion and morality is given. Success is determined by caring for people, teamwork and unity are encouraged);

– adhocratic culture (B) – the culture of creativity, the organization focuses on external factors with a high degree of flexibility and individualism. The culture of creativity is characterized by dynamic, creative and working conditions that encourage initiative, entrepreneurship, freedom of creativity, possession of unique products or services;

– market culture (C) – a culture of competition, the organization is focused on external factors and results, the need for stability and manageability (control). The integrity of the organization is maintained via the emphasis on gaining market share, leading positions;

– hierarchical culture (D) – the organization focuses on internal problems, the need for stability and manageability (control). The integrity of the organization is supported by formal rules and policies. Diligence and efficiency are encouraged.

Formation and strengthening of positions of perspective organizational culture Formation of the best OC should be carried out taking into account mission which should consist in rendering of high-quality medical care, its improvement at the expense of innovative development, professional development and motivation of medical personnel.

The main values of promising culture for the polyclinic of Municipal Non-profit Enterprise of Mykolaiv City Council “City Hospital №4” is represented in Table 4.

Table 4.
The main values of promising culture for the polyclinic of Municipal Non-profit Enterprise of Mykolaiv City Council “City Hospital №4”

Structural elements of culture	Core values
Dominant collective values	- providing high quality medical care and its improvement continuously; - manifestation of innovation activity; - desire for continuous professional development; - negative attitude to excessive provision of medical services.
Culture of working conditions	- creating a motivational work environment; - healthcare of medical staff; - prevention and overcoming of professional burnout; - observance of the approved sanitary and hygienic norms of working conditions; - creating favorable aesthetic conditions in the workplace.
Culture of means of labor and working process	- use of communication skills at work; - compliance with the rules of medical ethics and deontology; - use of approved clinical guidelines at work; - use of modern medical and diagnostic equipment.
Culture of interpersonal relations	- availability of free vertical, horizontal and diagonal communications; - observance of the command principle at work.
Management culture	- openness of leaders at all levels; - providing opportunities for feedback; - providing opportunities for creativity and initiative; - encouraging innovation.
Employee culture	- desire to provide qualitative medical care; - desire for continuous professional development; - responsibility; - discipline.

Formation of perspective organizational culture for the polyclinic of Municipal Non-profit Enterprise of Mykolaiv City Council “City Hospital №4” provides for the following measures:

1. Development of a code of ethics.

Code of ethics for the polyclinic of Municipal Non-profit Enterprise of Mykolaiv City Council “City Hospital №4” should include information on the mission and values of the organization, management system, responsibilities of employees at all levels, ethical standards. The code of ethics must be adopted by the whole team and approved by the leader.

2. Development of internal regulations.

All core values and ethical standards should be reflected in internal regulations, which include standard operating procedures and internal regulations for the provision of health care in a variety of clinical situations.

3. Holding meetings.

Meetings should be held at 3 levels: 1) the head of the polyclinic with administrative staff; 2) the head of the medical organization with all employees; 3) administrative staff with immediate subordinates. At a meeting with the staff of the administration, the head should explain the reasons for the planned changes in the OC, the goals facing managers at different levels, determine the timing of changes and criteria for their effectiveness. At a joint meeting for all employees, the manager must inform about the planned changes, justify their need and set deadlines. Administration staff should discuss with the medical staff the details of the planned changes, as well as the nuances associated with a particular unit or medical organization.

4. Training.

When forming a promising culture, it is necessary to train separately the medical staff and separately the staff of the administration. The training program should include the following information blocks: definition of OC, its goals and objectives; characteristics of the existing OC; justification of changes to the existing OC; promising OC, its mission and values; code of ethics. The training program for the administration should additionally include such information blocks as: organizational measures for the formation of a promising culture; tools for the implementation of measures for the formation of a promising culture; criteria for evaluating the effectiveness of measures for the formation of a promising culture.

Training can be organized using internal resources. If necessary, an external specialist in organizational culture (manager-culturologist) can be involved as a consultant and trainer.

5. Implementation and control of changes in organizational culture.

The implementation of the change program should be carried out by the heads of the relevant levels.

Support of perspective organizational culture:

1. Selection of medical staff.

When selecting medical staff, great attention should be paid to the extent to which the personal and professional values of the potential employee correspond to the mission and values of the prospective OC; and its willingness, if

necessary, to review and change its values. To do this, you can use specially designed questionnaires.

2. Training of new employees.

During the adaptation, health professionals should be thoroughly acquainted with the main provisions of the code of ethics. It is advisable to conduct training in the form of an interactive seminar. Key issues related to mission, values and norms of behavior should be included in the initial test control.

3. Demonstration by managers of internal organizational norms of behavior.

Leaders at all levels should set an example of implementing organizational values. This should be expressed in the demonstration of patterns of behavior inherent in the promising OC. Particular attention should be paid to this during adaptation, when new employees are forming stereotypes of professional behavior in a particular work environment.

4. Declaration of internal organizational values by managers.

During the adaptation, the immediate supervisor should explain to the new employee the specifics of the mission and values. If the behavior of a health worker does not meet the accepted norms, the manager must delicately point to this individually, explain what model of behavior should be used in similar situations in the future in detail.

New employees should also be encouraged to comply with the code of ethics and/or change their usual behaviors in accordance with the OC. In addition, internal organizational values should be regularly declared by leaders at various levels in meetings and in individual communication with subordinates.

5. Creation of internal organizational procedures.

In order to maintain a forward-looking culture, key behaviors related to health care, innovation activity and training should be established in the form of standard operating procedures and instructions. At the same time, it is important that they do not restrict the initiative, creativity and freedom of choice of medical staff.

6. Creation of internal organizational traditions.

Corporate events should be held, such as the celebration of significant dates for the medical organization, public awards to health professionals.

Conclusions. Thus, the types of existing and promising culture, the problems of cultural management were identified. In order to create conditions for improving the efficiency of medical staff, the required motivational environment is necessary to combine the characteristics of the culture of clan, adhocratic and bureaucratic types. Its main values should be: providing high quality medical care; manifestation of innovative activity; desire for continuous professional development; negative attitude towards excessive provision of medical services. Tools for the formation of a better culture are proposed: development of a code of ethics and internal regulations, training of medical staff, holding meetings, implementation and control of changes at all levels, as well as ways to support it, selection of medical staff who share the values of promising culture, training new employees in the values and norms of behavior of promising culture, demonstration by the management of internal organizational norms of behavior, declaration by the management of the values of perspective culture, creation of internal organizational procedures, formation of internal organizational traditions.

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