

ARTICLE INFORMATION

Received: May, 28, 2024

Revised: June, 29, 2024

Available online: June, 30, 2024

at : <https://ejournal.malahayati.ac.id/index.php/minh>

Measuring innovation culture in an organization using the organizational culture assessment instrument

Mila Triana Sari¹, Daryanto^{2*}, Miko Eka Putri¹

¹Program Studi Ilmu Keperawatan, Sekolah Tinggi Ilmu Kesehatan Baiturrahim Jambi

²Jurusan Keperawatan, Politeknik Kesehatan Kementerian Kesehatan Jambi

Corresponding author: *E-mail: daryanto2766@gmail.com

Abstract

Background: Organizational culture greatly influences employee behavior within an organization. The quality of service performance reflects the prevailing organizational culture within the organization. Research findings confirm that measuring organizational culture using the organizational culture instrument model is an important aspect of an organization, although its implementation is still limited.

Purpose: To measure innovation culture in an organization using the organizational culture assessment instrument at Jambi Regional Mental Hospital

Method: An analytical quantitative design with a cross-sectional approach. Out of 146 nurses on duty in the wards at the Jambi Provincial Mental Hospital in 2023, 96 were selected using proportional random sampling, adhering to ethical principles for the respondents as subjects. Data collection included biodata and measurements of organizational culture using the Organizational Culture Assessment Instrument. Descriptive analysis was conducted to depict the prevailing organizational culture.

Results: The current proportions of organizational culture types were Clan Culture at 22, Adhocracy Culture at 23, Market Culture at 27, and Hierarchy Culture at 28. The desired organizational culture characteristics by the members showed Clan Culture with the highest score at 27, followed by Hierarchy Culture at 26, Adhocracy Culture at 24, and Market Culture at 23.

Conclusion: The organizational culture that needs improvement according to the nurses' expectations are Clan and Adhocracy cultures, while Market and Hierarchy cultures have met expectations. The mental hospital director should emphasize the importance of implementing Clan and Adhocracy cultural characteristics in services.

Keywords: Assessment; Culture; Instruments; Organization.

INTRODUCTION

Organizational culture comprises the values, principles, traditions, and ways of working that members of an organization share, influencing their actions (Robbins & Judge, 2022; Greenberg & Baron, 2008; Nelson, Quick & Khandelwal, 2016). Employees' perceptions and how these perceptions are formed create a pattern of beliefs, values, and expectations (Gibson, Ivancevich, Donnelly, & Konospaske, 2012). It includes values, beliefs,

attitudes, systems, and rules that shape employee behavior (Wong, 2023), as well as the assumptions within an organization (McShane & Glinow, 2007). Organizational culture significantly influences behavior, particularly assumptions about others, which is crucial in healthcare (Whitehead, Weiss, Tapen, 2010). These perspectives confirm that organizational culture encompasses values, habits, and work principles that guide daily behavior and

steer employees toward achieving organizational goals.

Organizational culture can be measured by using the competing values framework (Wudarzewski, 2018). The implementation of organizational culture in nursing services is not well understood (Yustiawan, 2018). The OCAI questionnaire has psychometric properties that ensure accuracy, reliability, and discriminative power (Sani, Yuliadi, Maryati, 2015). Typically, organizational culture is dominated by hierarchy culture, followed by market culture, while the desired culture is often clan culture, followed by adhocracy culture (Basar, Ilkan, & Mutair, 2022). Organizations often exhibit a mix of clan culture and adhocracy. The nature of organizational culture, based on competing values, impacts employee and company performance (Hidayat & Mardiaman, 2017).

The Regional Mental Hospital of Jambi has received a plenary accreditation rating from the Hospital Accreditation Commission, valid until 2026. It is crucial to build a strong organizational culture profile to understand the strengths and potential for cultural development within the organization. So far, no efforts have been made to establish values that support the realization of an organizational culture. Additionally, the implementation of the hospital's organizational culture by care staff has never been evaluated. Similarly, no research has been conducted using the organizational culture assessment instrument (OCAI) approach. Analyzing organizational culture using the OCAI is essential to support the hospital in achieving high performance in the future.

RESEARCH METHOD

An analytical quantitative design with a cross-sectional approach, meaning that researchers

measure variables at a single point in time. The variables measured are organizational culture and demographic characteristics. The study population includes all nurses in the inpatient department at the Jambi Provincial Mental Hospital in 2023. A sample of 96 out of 146 nurses was selected using proportional random sampling.

The research instruments used in this study include questionnaires that gather respondent demographic data such as age, gender, education level, marital status, job position, and length of work. Organizational culture is measured using the Organizational Culture Assessment Instrument (OCAI) model. The questionnaire consists of six dimensions: dominant characteristics, organizational leadership, management of employees, organizational bond, strategic emphases, and criteria for success. Each dimension offers four alternatives related to organizational culture (Clan, Adhocracy, Market, and Hierarchy), with a total of 100 points to be distributed. Respondents must rate their current organizational culture and how they would like it to be in five years, filling out ratings in the "Current" and "Expected" columns.

This research project adheres to ethical principles, respecting the rights of research subjects and upholding the principles of human dignity, privacy and confidentiality, autonomy, veracity, non-maleficence, beneficence, and justice. Participants receive an explanation of the objectives, procedures, benefits, and their rights before the research begins, and they sign a consent form agreeing to participate.

The statistical analysis technique used in this study includes univariate analysis of demographic characteristics and organizational culture. Data are presented in the form of frequency distributions and percentage tables.

Mila Triana Sari¹, Daryanto^{2*}, Miko Eka Putri¹

¹Program Studi Ilmu Keperawatan, Sekolah Tinggi Ilmu Kesehatan Baiturrahim Jambi

²Jurusan Keperawatan, Politeknik Kesehatan Kementerian Kesehatan Jambi

Corresponding author: *E-mail: daryanto2766@gmail.com

RESEARCH RESULTS

Table 1. The Characteristics of Respondents (N=96)

Variables	Results
Age (n/%) (Mean±SD)(Range)(Year)	(32±5.865)(20-60)
20-30 years old	15/15.6
31-40 years old	50/52.1
≥41 years old	31/32.3
Gender (n/%)	
Male	25/26.0
Female	71/74.0
Education (n/%)	
Diploma - Undergraduate in Nursing	42/43.8
Nursing Professional Education	54/56.2
Marital Status (n/%)	
Unmarried	8/8.3
Married	88/91.7
Occupation (n/%)	
Head of Nurse	9/9.4
Head of Nursing Team	20/20.8
Nursing Staff	67/69.8
Lengths of Work (n/%)	
1-5 years	17/17.7
6-10 years	37/38.5
>10 years	42/43.8

Table 1 shows that the mean age of respondents is 32 with a standard deviation of 5.865, and the age range is 20 to 60 years. Most respondents are in the 31-40 age range, comprising 52.1% of the sample, and the majority of respondents are female, accounting for 74.0%. Regarding other demographic characteristics, 91.7% are married, 69.8% hold staff positions, and 43.8% have a length of work of 11 years or more.

Table 2. Average Organizational Culture Values based on Organizational Culture Assessment Instrument (OCAI) (N=96)

Organizational Culture Character	Total Average Values		Value Difference
	Current Culture (%)	Expected Culture (%)	
Clan	22	27	-5
Adhocracy	23	24	-1
Market	27	23	4
Hierarchy	28	26	2
Total	100	100	

Mila Triana Sari¹, Daryanto^{2*}, Miko Eka Putri¹

¹Program Studi Ilmu Keperawatan, Sekolah Tinggi Ilmu Kesehatan Baiturrahim Jambi

²Jurusan Keperawatan, Politeknik Kesehatan Kementerian Kesehatan Jambi

Corresponding author: *E-mail: daryanto2766@gmail.com

Table 2 shows that the average value of the current cultural characteristics for Clan culture is 22%, while the expected culture is 27%, with a difference of -5%. The current Adhocracy cultural characteristic is 23%, and the expected is 24%, with a difference of -1%. The current Market cultural characteristic is 27%, and the expected value is 23%, with a difference of 4%. The current Hierarchy cultural characteristic is 28%, and the expected value is 26%, with a difference of 2%.

DISCUSSION

These findings align with other studies indicating that current cultural characteristics are predominantly Hierarchy in the first rank and Market in the second (Sani *et al.*, 2015); Hierarchical cultural model (47.75%) followed by Clan culture (23.76%), Adhocracy (10.42%) and Market (14.46%) (Goula, 2020). The current organizational culture of hospital structural officer is also dominated by Hierarchy culture and Clan culture (Asih, Setianto & Adriansyah, 2021). Furthermore, organizational culture that affects employee performance is Hierarchy culture (Amran & Setyanegara, 2021). This suggests that nurses perceive the hierarchical organizational culture as more dominant in daily activities and among hospital officials. Hierarchical culture places strong emphasis on having a consistent and well-structured organization. Work activities are systematically regulated according to established provisions. Organizational leaders coordinate activities with strong oversight, emphasizing efficiency and strict time management (Cameron *et al.*, 2011). Thus, the prevailing perception of organizational culture in hospitals is influenced by leaders' behavior in implementing cultural values, which in turn affects performance targets and the achievement of the organization's vision.

In contrast, the organizational culture in private banks is dominated by Clan and Adhocracy cultures (Basar *et al.*, 2022). Clan culture currently scores highest at 26.51 and is expected to reach 28.67. Similarly, Clan culture is found to be dominant in other studies (Aulia, Arbianti & Ardlina, 2023), with a model showing Clan culture at 31.72%, followed by Hierarchy at 25.46%, Market at 21.5%, and Adhocracy at 21.28% (Balkova & Jambal, 2023). Clan culture emphasizes relationships and a strong

family system, with leadership acting as facilitators for conflict resolution. Group cohesiveness and employee moral development are key measures of organizational effectiveness (Greenberg & Baron, 2008; Barling & Cooper, 2008; Nelson *et al.*, 2016; Robbins *et al.*, 2022). Therefore, the character of an organization's culture is significantly influenced by whether it is a government or private entity, the prevailing leadership style, and the organization's vision.

The expected cultural model represents the desired improvements for the future. According to the study results, Clan culture is anticipated to dominate (27%), followed by Adhocracy culture (24%). These findings are similar to other studies, which show the expected organizational culture model as primarily Clan culture (34.52%), followed by Market culture (24.47%), Adhocracy (22.49%), and Bureaucracy (19.03%) (Goula, 2020). Also, the expected organizational culture is dominated by Clan culture, followed by Market culture (Sani, *et al.*, 2015). And more, Clan culture model (35.3%), followed by Hierarchy culture (22.91%), Adhocracy, 22.63% and Market (19.17%) (Aulia, *et al.*, 2023; Balkova, *et al.*, 2023). The Clan and Hierarchy culture prevailed in government and private hospitals in Palestine (Alsaqqa, & Akyürek. 2021). These findings, along with several previous studies, confirm that the application of Clan culture can be enhanced in organizational activities. Clan culture operates similarly to a family approach, emphasizing teamwork, collective learning, performance feedback, open communication about mistakes, and the development of human resources without punitive responses (Cameron *et al.*, 2011). This type of cultural character is particularly suitable for staff with similar cultural backgrounds, but it requires significant effort when employees come from diverse backgrounds. This scenario tests the importance of leadership control and strong leadership. Therefore, it is necessary to further explore the relationship between organizational culture, leadership style, and employee performance.

Hierarchy culture currently dominates this organization, implying that most nursing staff believe a structured organizational framework will guide their activities to meet collective goals. Relationships between staff nurses and leaders are determined by job roles and involve two-way communication, with

Mila Triana Sari¹, Daryanto^{2*}, Miko Eka Putri¹

¹Program Studi Ilmu Keperawatan, Sekolah Tinggi Ilmu Kesehatan Baiturrahim Jambi

²Jurusan Keperawatan, Politeknik Kesehatan Kementerian Kesehatan Jambi

Corresponding author: *E-mail: daryanto2766@gmail.com

all nurses required to follow the hospital leaders due to their authority. However, the organizational culture expected to improve in the future is Clan culture, followed by hierarchy culture. This suggests that employees perceive the current hierarchical culture as having shortcomings and hope for the clan culture to become more prominent and integrated into all organizational activities.

A hierarchical culture emphasizes power and requires subordinates to obey superiors' orders, often resulting in a rigid and inflexible atmosphere (Whitehead *et al.*, 2010; Cameron *et al.*, 2011). In contrast, clan culture emphasizes a family-like approach, fostering warm and open communication, thoughtful decision-making, and minimizing punitive responses to problems. Although sometimes seen as less firm, the family approach aligns with the Jambi Malay cultural preference for carrying out activities in a comfortable and stress-reducing environment while remaining focused on organizational goals. Therefore, hospital leaders should consider optimizing the Clan culture approach to meet the expectations of the nursing staff. If adopted, the leadership must still evaluate the effectiveness and outcomes of this cultural shift in the future.

CONCLUSION

Currently, the predominant organizational culture is Hierarchy, while the expected culture is Clan. The Hierarchy culture is typical in formal government organizations like mental hospitals. Staff nurses hope that organizational culture will evolve to enhance Clan culture in the future.

SUGGESTION

The Director and subordinate leaders are encouraged to enhance Clan culture by emphasizing familial camaraderie in managing organizational operations, while also adhering closely to structured functions and processes within a more flexible and transparent bureaucratic framework. Future research should explore the impact of workshops and socialization on organizational culture to support the achievement of organizational goals.

REFERENCES

Alsaqqa, H. H., & Akyürek, Ç. E. (2021). Assessment of organizational culture types, leadership styles

and their relationships within governmental and non-governmental hospitals in Gaza Strip of Palestine. *BMC Health Services Research*, 21, 1-11.

Amran, T. G., & Setyanegara, G. A. S. (2021). Measurements, analysis and effect of Organizational Culture Assessment Instrument (OCAI) towards employee performance. *International Journal of Economics, Business and Accounting Research (IJEBAR)*, 5(3), 2827-2843.

Asih, A. Y. P., Setianto, B., & Adriansyah, A. A. (2021). Analisis Budaya Organizational Culture Assesment Instrument (OCAI) pada Pejabat Struktural di RS Islam Surabaya. *Jurnal Kesehatan Vokasional (JKESVO)*, 6(4), 200-207.

Aulia, G. B., Arbianti, K., & Ardlina, N. (2023). Evaluation of Organizational Culture As a Step To Improve Patient Safety at RSIGMP Sultan Agung Semarang. *Journal: JMMR (Jurnal Medicoeticolegal dan Manajemen Rumah Sakit)*, 12(1), 88-98.

Balková, M., & Jambal, T. (2023). Evaluation of organizational culture in enterprises in the Czech Republic using OCAI. *Frontiers in Psychology*, 14, 1297041.

Barling, J., & Cooper, C. L. (Eds.). (2008). *The SAGE Handbook of Organizational Behavior: Volume One: Micro Approaches (Vol. 1)*. SAGE.

Başar, P., Ilkan, E., & Mutair, F. (2022). Cameron and Quinn's model of organizational culture: A case study in CAC bank. *Journal of Organizational Behavior Research*, 7(2), 259-266.

Cameron, K. S. & Quinn, R. E. (2011). *Diagnosing and Changing Organizational Culture Based on Competing Values Framework*. Third Edition. San Fransisco: John Wiley & Sons.

Gibson J. L., Ivancevich J. M., Donnelly J. H., Konospaske R., (2012). *Organizations -Behavior, Structure, Processes*. 14th edition. USA: McGraw-Hill Companies.

Mila Triana Sari¹, Daryanto^{2*}, Miko Eka Putri¹

¹Program Studi Ilmu Keperawatan, Sekolah Tinggi Ilmu Kesehatan Baiturrahim Jambi

²Jurusan Keperawatan, Politeknik Kesehatan Kementerian Kesehatan Jambi

Corresponding author: *E-mail: daryanto2766@gmail.com

- Goula, A. (2020). The present and the desired organizational culture model of Greek public hospitals. *Journal of Human Resource and Sustainability Studies*, 8(03), 203.
- Greenberg, J., & Baron, R. A. (2008). *Behaviors and Organizations*. Pearson Prentice Hall.
- Hidayat, N. U., & Mardawan, O. (2017). Studi Deskriptif Mengenai Budaya Organisasi pada Perawat Ruang Rawat Inap di Rumah Sakit Al-Islam Bandung. *Prosiding Psikologi*, 454-460.
- McShane, S. L., & Glinow, M. V. (2007). *Organizational Behavior (5th editio)*. New York (US): McGraw-Hill.
- Nelson, D. L., Quick, J. C., & Khandelwal, P. (2016). *Organizational behavior: A South Asian perspective*. Delhi: Cengage Learning India.
- Robbins, S. P., & Judge T.A. (2022). *Organizational Behavior*. 19th edition. Pearson.
- Sani, M. B., Yuliadi, I., & Maryati, T. (2015). Pemetaan Budaya Organisasi Menggunakan Organization Culture Assessment Instrument pada RS PKU Muhammadiyah Sruweng. *Asosiasi Program Pascasarjana Perguruan Tinggi Muhammadiyah (APPPTM)*, 3, 77-88.
- Whitehead, D. K., Weiss, S. A., & Tappen, R. M. (2010). *Essentials of Nursing Leadership and Management*. FA Davis Company.
- Wong, K. (2023). *Organizational Culture: Definition, Importance, and Development*. Retrieved from: <https://www.achievers.com/blog/organizational-culture-definition/>
- Wudarszewski, G. (2018). Validation of Cameron and Quinn's organizational culture assessment instrument (OCAI) in polish conditions. *Journal of management and economics*, 6(1), 79-105.
- Yustiawan, A. (2018). Budaya Organisasi dalam Pelayanan Keperawatan di Ruang Rawat Inap Rumah Sakit Ibu dan Anak Kumala Siwi Jeparo. *Jurnal Manajemen Kesehatan Indonesia*, 6(2), 107-113.

Mila Triana Sari¹, Daryanto^{2*}, Miko Eka Putri¹

¹Program Studi Ilmu Keperawatan, Sekolah Tinggi Ilmu Kesehatan Baiturrahim Jambi

²Jurusan Keperawatan, Politeknik Kesehatan Kementerian Kesehatan Jambi

Corresponding author: *E-mail: daryanto2766@gmail.com

DOI: <https://doi.org/10.33024/minh.v7i4.398>