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Organizational Culture and the Satisfaction of Primary Health Care Professionals as Quality Indicators for a Primary Health Care Development Strategy †

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Abstract: The aim of the current study was to investigate the relationship between the prevailing and desirable organizational cultures and the job satisfaction of employees in primary health care structures as a development strategy. To evaluate organizational culture we used the Culture Assessment Instrument (OCAI) questionnaire, whose authors are Cameron and Quinn (1999). The measurement of job satisfaction was carried out with Spector's Job Satisfaction Survey (JSP) (1985). The tool used to analyze results was the statistical analysis program SPSS V.22.0. Internal affinity audits, regularity checks, non-parametric controls, ANOVA and Kruskal–Wallis variance controls were performed. The significance level was set at 0.05 for all statistical analyses. This study showed that bureaucracy was predominant, and for the future, there is a desire for change in the direction of human resources. Job satisfaction was at a moderate level, while there was a positive average for working conditions and a negative average for promotion opportunities.

Keywords: primary health care; organizational culture; quality; strategy

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1. Introduction

The purpose of this study was the investigation of the existing organizational culture that characterizes the doctors, health visitors, nurses as well as other health and administrative staff of primary health care structures in the Greek territory, as well as the degree of their job satisfaction.

The word culture has created much confusion among researchers and theoreticians who have tried to define it, and it is an extremely controversial and ambiguous concept, including and expressing the "formation of the spirit" if it has generally been identified with the term "culture".

In an organization, the term culture includes the set of perceptions that characterize a group of employees who share common characteristics, attitudes and behaviors.

The investigation of organizational culture as an important variable in the management of human resources, and consequently in the success of organizations, began in the 1940s and 1950s [1]. In the 1980s, the predominance of Japanese companies over American ones in terms of quality and efficiency was interesting. The success of the former was due to their organizational culture and its easy acceptance by all employees [2].

For organizational culture, many different definitions have been formulated; one of the most popular was formulated by Shein (2004) [3], according to which "organizational culture is a structured set of basic assumptions that have been developed by a group of the organization (leadership) in the effort of facing problems of external adjustment or internal integration. These assumptions have worked well enough in the past to be considered valid

and therefore can be taught to new members as the correct way of perceiving, thinking and feeling about these problems."

Kotter (2010) [4] describes organizational culture through two dimensions. One concerns the rules of behavior that are imposed regardless of the will of individuals in the group, and the second dimension concerns common values shared by the group that determine its behavior.

It is commonly accepted that organizational culture participates decisively in the general operation of an organization, as it is a process and a way of operating; it includes structures, rules and habits, and is a result of the interaction between employees and is promoted by the attitude and behavior of the management of each organization.

On the other hand, the job satisfaction of health professionals has been extensively studied; while disagreements have been expressed, all scholars agree that it is a multi-meaningful and multi-dimensional concept. Work is a part of human life and affects the whole of it.

Job satisfaction is an evaluation indicator for any organization that aims for high productivity and efficiency.

There are many definitions that attempt to describe it. The first complete definition was that of Locke (1976) [5], according to which "job satisfaction is considered a pleasant or positive emotional state arising from the individual's appreciation of his work or from specific experiences in relation to it. Job satisfaction or the lack of it is affected by the relationship between the expectations that the individual has from his work and his personal achievements".

Spector (1997) [6] considered job satisfaction the degree to which people like or dislike their work and consequently whether they find it pleasant or unpleasant to work in that field.

Rose (2001) [7] described job satisfaction as a parameter that is influenced by endogenous and exogenous factors. Endogenous factors mainly concern individual characteristics, the assumption of responsibilities and initiatives, interpersonal relations and balances between employees and executives, while exogenous sources are connected with pay, hours, the feeling of security at work, opportunities for advancement and the workplace environment in general.

Organizational culture is an important factor in the management of healthcare units, as it affects the effectiveness and efficiency of organizations, as well as the safety and satisfaction of employees (Rovithis, 2016) [8].

The quality of services provided should be the main concern of every organized health system, but it requires a combination of both individual and collective effort and responsibility. Knowledge of organizational culture is a key parameter in the implementation of reforms in health systems and their structures.

In Greece, the study of organizational culture in the health sector is a few years old. In research by Rovithis (2016) [8] that studied organizational culture in hospitals and health centers in Crete, it was found that a defensive or aggressive culture prevails, with dominant characteristics of competition and the display of power, and not the positive culture expected.

In health professions, job satisfaction is directly related to the provision of quality health services, the smooth functioning of organizations and the expression of satisfaction by the recipients of these services (Pelechas & Antoniadis) [9].

In Greece, surveys have documented the outdated situation and poor working conditions of health service providers, as well as the frustration of health professionals. For example, 56.4% of nursing staff evaluated building infrastructure from very bad to bad, while 78.8% found major deficiencies in materials and means. Additionally, 92.1% consider that there is a lack of staff and 85.4% are unable to cope with family obligations due to fatigue and burnout.

Organizational culture has been characterized as the identity of an organization. It often defines its design and operation, and these in turn affect HR satisfaction.

The first correlation of job satisfaction with organizational culture was described in the two-factor theory of Herzberg (1959) [10]. Later, Tovey and Adams (1999) [11] concluded that job satisfaction is influenced by individual and organizational factors as well as by the organizational culture that governs the organization. Grifford et al. (Grifford et al., 2002) [12] concluded that the administrations of health organizations must develop a good organizational climate so that human resources perform more effectively.

In Greece, the number of relevant studies is limited to non-existent, as there has always been an interest in large hospitals.

The relative absence of research data in the Greek region regarding the correlation of professional satisfaction and the organizational culture of health professionals in primary health care led to the design of the present study.

2. Materials and Methods

Health professionals (doctors, health visitors, nurses and other health and administrative staff) of health centers, regional offices and local health units participated in this research.

The survey was conducted in the first quarter of 2019 after receiving all approvals from the Ministry of Health and the Third Ministry of Health.

For the design and conduct of this study, all procedures required for the completion of research and the formulation of conclusions were observed and followed. The method deemed most appropriate was a quantitative one, which prevailed over qualitative methods, as it processed numerical data from a large, random and anonymous sample, and assumptions and statistical relationships were checked regarding questions and assumptions that preceded this research; analysis of results was based on statistics and these results can be generalized.

Raw data collected were converted into numbers and analyzed by the statistical calculation of mean values and standard deviations between values.

The tool chosen to serve the purposes of this study was the questionnaire, which consists of three parts. The first part recorded the demographic, individual and professional characteristics of the sample. The second part included the job satisfaction questionnaire (Job Satisfaction Survey, JSS) used by Paul E. Spector in 1985 [13], and was primarily aimed at public sector workers. It consists of 36 questions that cover the nine aspects of job satisfaction as defined and concerning pay, opportunities for promotion, supervision, extra benefits, extra rewards, work environment, colleagues, subject of work, work and communication in the work environment.

The third part included the organizational culture questionnaire, which is a tool based on the competing values framework theory developed by Cameron and Quinn (1999) [14]. It is a model that measures the deviation between existing and desired culture.

The reliability test of the questionnaire and the internal consistency of questions were assessed with Cronbach's alpha index, and its values were acceptable, as $\alpha > 0.700$.

Processing and analysis of primary data were performed using the software IBM SPSS STATISTICS 22.

3. Results

The mean of overall satisfaction appeared marginally positive (mean = 3.05) (Table 1). Regarding parameters that create satisfaction, the highest percentage was that of working conditions (average 3.33), while the lowest was the parameter related to opportunities for promotion (2.24) (Table 2). More generally, 55.4% of workers in primary health care disagreed that they were paid enough for the work they offer, while 36.8% agreed that their pay was less than was deserved.

Table 1. Total satisfaction.

N	**204**
Average value	3.05327
Standard deviation	0.400580

Table 2. Average value and standard deviation of the nine dimensions of job satisfaction.

Dimensions of Job Satisfaction	**Average Value**	**Standard Deviation**
Payment	3.04	0.61
Opportunities for promotion	2.24	0.65
Supervision	3.10	0.96
Additional benefits	2.89	0.53
Rewards	3.32	0.70
Working conditions	3.33	0.49
Collaborators	3.24	0.86
Subject of work	3.12	0.66
Communication	3.16	0.80

A total of 78.9% expressed their ambivalence about opportunities for promotion and the inability to progress.

A total of 35.8% stated that they felt they were being wronged by their supervisor, while 27% said that their supervisor was not interested in employees and did not value their work.

Dissatisfaction was also expressed about pay. While most workers felt proud of their work and satisfied with their duties, there was frustration, as 50% felt their work had no meaning.

There was sympathy among colleagues; however, a large percentage declared that they needed to work more because of the incompetence of the rest. This was justified, and may have been due to the skills and knowledge gap among workers and the difficulty older people face handling technology.

Rules, procedures and bureaucracy appeared as obstacles to the prompt execution of tasks. A large percentage of professionals declared that they did not know what was happening in the service, as there were barriers to effective communication between leadership and human resources.

The type of organizational culture that prevailed was bureaucracy, with an average of 2.82 and a standard deviation of 0.604 (Table 3). The main characteristic of bureaucratic operating systems that was reflected in the culture of employees was standardization. Although in people's minds the word "bureaucracy" has been imprinted as a negative word and process, it has some advantages, and this explains the increased rate for the future desired state (average 3.45). Its main advantage is the ability to perform tasks in a very efficient way due to the standardization of procedures. Companies governed by a bureaucratic culture can cope with less competent and talented, and consequently lower paid, managers. Rules and procedures supersede their judgment.

Table 3. Average values and standard deviations for four types of existing and desirable cultures.

Type of Culture	**Known**		**Future**	
	Average Value	**Standard Deviation**	**Average Value**	**Standard Deviation**
Human resources	2.637	1.015	**4.434**	0.4775
Development	2.362	0.947	4.285	0.5403
Target model	2.657	0.653	3.677	0.5818
Bureaucracy	2.82	0.609	3.45	0.561

These results followed the model of goals. This was probably due to the existence of the new ToMY health structures (Table 4). The operation of these departments differs from that of health centers. These are co-financed development projects in the health sector with a different status, accountability system and obligation of actions and programs. The human resource model was third in line, while the extroverted development model lagged significantly behind.

Table 4. Cronbach's alpha internal consistency index results for the organizational culture questionnaire by culture type.

Type of Culture	Cronbach's Alpha Known	Cronbach's Alpha Desirable
Human resources	0.914	0.819
Development	0.905	0.828
Target model	0.715	0.708
Bureaucracy	0.714	0.703
Total	0.929	0.865

For the future, the desire of employees is to change the prevailing culture with a focus on human resources (Table 3). They desire a more humane climate where the leader is seen as a consultant, and facilitates and enhances employee development. This follows the development model, which focuses on the imperative for change, innovation, freedom to make decisions, generate new ideas and acquire resources.

The above results partially agree with a significant number of studies [15]; however, it is worth noting that no studies were found in the literature that included the measurement and evaluation of the organizational culture of ToMY and the job satisfaction of its employees.

4. Discussion and Conclusions

The health care system of Greece, and primary health care in particular, showed significant problems regarding the structure, organization and proper functioning of services, as well as the coordination and administration of human resources.

The perennial lack of an integrated system for providing primary services is the cause of pathologies. Due to the economic crisis of the last decade, a harsh income policy was implemented, which affected both health services and services provided to citizens and their quality.

This specific study aimed to record the job satisfaction of health professionals of all specialties and the organizational culture within which health structures operate today. If this study had stopped at this point, its relevance would have been diminished. Therefore, an attempt was made to capture the desired organizational culture over a period of five years in order to highlight the differences and wishes of human resources.

According to existing studies' results, measurement of job satisfaction in the health sector is not easily accomplished, as it is influenced by many factors. This explains the fact that there are studies that show satisfied nursing staff and other studies that report dissatisfied nursing staff [16].

In future research, it will be interesting to investigate a larger sample in more health units in order to obtain comparable results with the present study. It would also be interesting to study and evaluate organizational culture and professional satisfaction from the management side, and compare the results with those from officials.

Finally, it would be useful for the results of this study to be utilized as the basis for constructive changes in the health sector so that citizens can enjoy quality health services.

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