

HOSPITAL STAFF PERCEPTION OF STRUCTURAL ORGANIZATIONAL CLIMATE DIMENSION

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Abstract

Purpose of the Study: Organizational Climate is considered as the perception of the organization by the employees and it is one of the aspects to study the organizational behavior of the human resources in organizations. The purpose of the study is to measure the perception of hospital staff about structural organizational climate dimensions. The dimensions are formalization and working conditions.

Methodology: The study was conducted at seven select hospitals of Manipur and employed a structured questionnaire to collect data from the staff like doctors, nurses, and those who are working in the management levels with a sample size of 323. The valid data was statistically analyzed using IBM: SPSS Statistics Version 22.

Findings: The results indicated that the socio-demographic factor age is the only factor that significantly influences the variation of perception of the staff towards working conditions; while gender and educational qualification of the staff are those factors that significantly influence the variation in their perception towards formalization. Besides a staff of government hospitals have a significantly higher perception of the working condition than those of private hospitals, while staffs of private hospitals have a significantly higher perception of formalization than those of government hospitals.

Application of the study: The outcome of the research would enlighten that by giving importance to the structural Organizational Climate dimensions of the hospital structure, the behavior of the employees can be boosted which then leads to better hospital functioning. The findings would be of immense help to academicians, researchers as well as hospital administration or management for proper policy planning for efficient and effective organizational goal attainment.

Novelty/originality of the study: In this research, the model of hospital staff perception of structural organizational climate dimension is presented comprehensively and completely.

Keywords: *Organizational Climate, Structural Dimension, Working Condition, Formalization, Staff Perception, Hospital, Job Performance.*

INTRODUCTION

Organizational climate is a concept deemed to be important which is perceived by the employees in the organizations. As to cite an example, in any organization, there are different types of employees who observe their working environment differently; some are motivated and some are demotivated. This is just because these employees perceive the environment from different perspectives. So, it is observed that motivated employees have better job performance and higher productivity. So, a positive climate perception means the perception of the work climate by the members where the organization encourages employees and in turn, there will be increased productivity and decreased turnover. Organizational climate has been defined as the perceptions of the work environment, the rules and regulations, the values, and the process of the organization that employees experience ([Ostroff et al. 2003](#); [Schneider & Reichers, 1983](#), [Schneider et al., 2011](#)).

This study is an attempt to study and understand the views and perceptions of those professional staffs working in hospitals like doctors, nurses, managers, etc. Hospital as an organization has certain goals and the ultimate being healthcare services to the patients. So, studying the organizational climate in the hospital is considered important for better organizational performance. The organizational climate dimension under this study is structural and it includes two domains – formalization and working condition.

LITERATURE REVIEW

The World Health Organization ([WHO Technical Report Series \(1957\)](#)) considers hospital as a complex organization. The multi-faceted developments in society have made the masses more conscious of their rights. Today masses are expecting much more from the hospitals. It is rightly said by [Georgopoulos, 1964](#) that “a hospital is basically and fundamentally a man system, it is a complex, human-social system. Its raw material is human, its product is human, its work is mainly done by human hands, and its objective is human-direct service to people, service that is individualized and personalized.”

The hospital is an organization that is influenced by three main factors and they are cultural, technological, and social systems that are interdependent. According to [Perrow, 1965](#), “the cultural system sets legitimate goals; the technological system determines the means available for achieving these goals, and the social structure of the hospital permits a way to achieve the said goals.”

Hospital as a healthcare institution employs human resources to provide treatment and healthcare services. The employees vary from a large number of professionals like specialists, physicians, nurses, technicians, management professionals to other non-professionals staff to achieve its goals. Doctors and other professionals like nurses can do their duties only when supportive staff and other services are put at their end at the right time and in the right place. Therefore, the healthcare services to the patient are mutually supplementary and interdependent ([Goss Mary, 1963](#)).

The roles of the various staff viz the physicians, the administrators, managers, the nurses, etc. are well defined in hospitals which stems from professionalism. However, many role conflicts occur for individual staff. For example, a nursing supervisor has to look after the administrative tasks for the nursing department as well as she has a certain role as a nurse delivering services to the patients. So she may find herself in conflicting roles as a member of the nursing group and as a member of the administrative hierarchy. So, organizational analysis concerned with the environment of the organizational system may be the first approach ([D’cunha, 1999](#)).

Organizational climate is considered as the perceived aspects of the internal environment like values, policies, the standard of service delivery, work culture, etc. of an organization by the staff. However, there may be different organizational climates within the same organization which might be experienced just because of the length of work experience or because of people at different levels of hierarchy or may be due to personal characteristics like needs, attitudes, expectations, etc. ([Rao, 2009](#)). Climate characteristics are defined as “the subjective perception and orientation that has developed among the individuals about their organizational setting” ([James & Jones, 1974](#)).

Hospitals are said to be as a deeply human organization in which people makes the difference as it belongs to service industry; and when we compare it with other commercial and industrial settings, the healthcare services are provided to the human i.e. patients by the touch of human hands i.e. by healthcare professionals. Besides, each hospital has its unique characteristics and thus the pattern of the behavior determines its performance as well as prospects in the industry ([Ansari, 1980](#)).

In a study of the perception of part-time employees in a medical rehabilitation hospital toward specific organizational characteristics (structure, policies and reward systems, the level of trust among organization members and the distribution of power than the full-time employees), the comparison of their attitudes and feelings of overall job satisfaction was conducted with those of full-time employees. The study showed that part-time employees had significantly favorable attitudes toward these organizational characteristics ([Eberhardt & Shani, 1984](#)).

In a study conducted by [Michae I & Tracey \(1988\)](#) on “Organizational Climate and Burnout in a New Zealand Social Service Agency” on 58 staff members in three psychiatric units, the findings highlighted the salient features of organizational climate variables and illustrate the utility of work environment perceptions as components of a multi-dimensional climate construct.

While in the globalized world, many effective advances and changes are taking place in the healthcare industry, what remains constant is the pursuit of quality by the industry. Not only that, but nowadays people are also becoming knowledgeable and most of them strive for the best quality services since they have become much concerned about their health. So, improvement in the organizational aspects in terms of organizational climate dimension is much concerned particularly in hospitals by the administrative or management department to assure an increase in the job performance of the employees; and ultimately that would be reflected in the main service. ([Rudnick Jr. & Doherty-Draper, 1987](#))

In a study “Identifying the relationship between work and non-work stress among bank manager”, the finding showed the influence of various demographic and socio-economic factors on the perceived stress level of the employees in the bank; and it was statistically significantly seen between genders, among management levels and age groups ([Bednar et al., 1995](#)). So, stress could be considered as one of the effects of workload or work pressure that an employee may have. Such organization studies are related to the final job performance. And therefore, the influence of certain factors on the organizational climate dimension is considered important for particularly the service industry.

Because of the high degree of differentiation and professionalism in hospitals, there is a critical issue of coordination in hospitals to deliver the service. Thus, it could be observed from the above few studies that without proper coordination, attainment of hospital goals could not be ensured. As such organizational climate has certain dimensions that influence the organizational performance. Some researchers have conceptualized organizational climate as dependent variables whereby the emphasis is given to study the causes of the climate perception ([Dieterly & Schneider, 1972](#); [Litwin & Stringer, 1968](#); [George & Bishop, 1971](#); [Lawler et al., 1974](#); [Payne & Pugh, 1967](#); [Payne & Mansfield, 1973](#)) and was measured through questionnaires. So, for this particular study, the researcher has identified the structural organizational climate dimensions (as dependent variables) and these are formalization and working conditions for understanding the cause of the perception by the members as a group in the hospital while certain socio-demographic profile as independent factors.

1. Working Conditions

Working conditions encompass those conditions where the members of the organization work. Various studies on measuring organizational climate had identified salary, welfare facilities like provident fund, family pension, medical allowance, uniform, leave travel allowance, insurance, etc. as structural dimensions. The reward was incorporated as one of the dimensions of organizational climate (Pritchard & Karasick, 1973). It is the belief that people work for money and it is also to some extent true, but some employees in the organization are so motivated that money does not matter. But when employees are not encouraged and the question of motivation arises, the only factor that let these employees work is the economic factor that means their salaries. (Singh & Das, 1978). When the employees are satisfied, their behavior will be better as well as better performance can be expected out of them. The researcher felt strongly to include working conditions for measuring organizational climate and tried to investigate whether the working conditions are good and adequate as perceived by the staff of the hospitals. For this study, eight statements on working conditions had been incorporated related to economic and social support from the organization.

2. Formalization

Formalization has been defined as the organizational technique of prescribing what, how, when, and by whom tasks are to be performed (Hall, 1972). In studies conducted by Aiken & Hage(1966), 5 (five) indicators were suggested to measure the degree of formalization in the organization and these are job codification, rule observation, rule manual, job description, and job specification. Further, the importance of formalization has to be viewed from the nature of the organization (Street et. al., 1966; Hasenfeld & English, 1978).

The nature of members and the techniques involved in the organization determine the degree of formalization. For instance, in an autocratic type of organization, where every task performed is controlled from the top-level management the extent of the formalization is very high. Whereas in organizations like hospitals where the main service is the ultimate human service and a high degree of formalization like strict rules may give negative results. Hall(1972) had opined that a certain degree of formalization may have important consequences for the individual behavior; either the member in the organization becomes a silent follower of rules and regulations of the organization or a constant rebel who fights against these rules. Besides these, where there is a high degree of formalization in the service industry, one could expect is only minimal participation from its employees. The high degree of formalization becomes impossible for some employees from using individual freedom, creativity, an informal and personalized approach. So, in an organization like hospitals which the main goal is to provide various treatment systems to patients cannot function meaningfully in a strictly induced organizational environment. It is fact that for the successful functioning of the hospital, a certain amount of formalization is required; however, the organization should also allow some degree of freedom to decide by its members like doctors in achieving its set goals.

In this study, the researcher intends to inquire about the degree of formalization existing in hospitals of Manipur concerning four indices to measure this dimension of organization adopted from Hage & Aiken, (1967) and these are job codification, rule observation, rule manual, and job specification.

3. Socio-demographic Factors

The independent variable considered for this study is the socio-demographic factors of the employees working in the organization. It is considered that these socio-demographic factors may influence the perception of the organizational climate dimension. Certain studies have shown a difference in the perceived climate between different employees based on socio-demographic factors (Astin,1963; Payne & Mansfield, 1973; Waterset.al., 1974).

Johnston (1976) had emphasized that care must be given to identify specific personality and other socio-demographic factors that may influence on organizational climate on psychological well-being. He said that the concept of organizational climate is a joint function of situational and personality variables.

In this study, the socio-demographic factors of the sample staff working in the hospitals are their gender, marital status, age, and educational qualification. Finally, figure 1 is the theoretical framework of the present study.

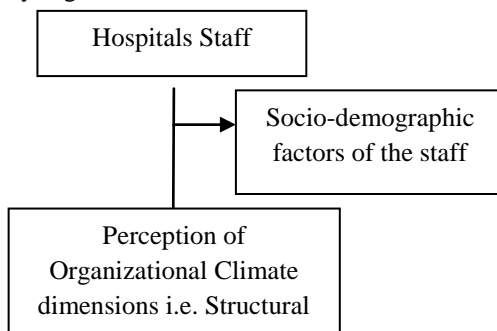


Figure 1: Theoretical Framework of the study

OBJECTIVES OF THE STUDY

1. To study the influence of socio-demographic factors of the staff on their perception of structural organizational climate dimensions.
2. To compare the perception of the staff in Government and Private Hospitals based on structural organizational climate dimension.

HYPOTHESIS

The hypotheses formulated according to the objectives are as follows:

1. H_0 : There is no significant variation among the staff in their perception of structural organizational climate dimensions in regards to socio-demographic factors (gender, marital status, age, and educational qualification) in the hospitals of Manipur.
2. H_0 : There is no significant variation among the staff in their perception of structural organizational climate dimensions in the Government and Private Hospitals of Manipur.

METHODOLOGY

Design: The study was conducted at seven select hospitals of Manipur and employed a structured questionnaire to collect primary data from the staff like physicians, nurses, and those who are working in the management hierarchy with a sample size of 323. Primary data is collected through the distribution of questionnaires, formal, and informal personal interviews of the staff in the hospitals under study.

Data Analysis: The information was first transferred to Microsoft Excel Worksheet and then to SPSS (Statistical Package for Social Sciences) Data Document. Then after thorough scrutiny and checking of the data, statistical analysis was performed by using IBM: SPSS Statistics Version 22. Series of statements provided to measure perception on organizational climate is measured by a *Likert scale* with three categories of 1, 2, and 3 points in some questions and with three categories of 0, 1, and 2 points in remaining questions. Table 1 shows the detail of the structural organizational climate (OC) dimensions with the number of statements along with maximum and minimum scores.

Table 1: Details of structural OC dimensions with several statements

Domains	No. of statements	No. of categories of 1, 2 & 3 points	No. of categories of 0, 1 & 2 points	Maximum score	Minimum score
Working condition	8	8	0	24	8
Formalization	13	12	1	27	1

Source: Primary data

For analysis purposes, the total number of scores earned through working conditions and formalization were converted into mean percentages. All the scores are expressed in terms of mean and standard deviation ($\text{Mean} \pm \text{SD}$) and their variation between two categories is tested by Independent Samples t-test while the variation of more than two categories is advocated by the *F-test*, known as *ANOVA (Analysis of Variance)*. For analysis purposes, all the comparisons are two-sided. The cut off values for significance, highly significance and very highly significance are P-values of < 0.05 , < 0.01 and < 0.001 respectively.

FINDINGS

The following section shows the findings of the study according to the set objectives of the study.

Objective no. 1: To study the influence of socio-demographic factors of the staff on their perception of structural organizational climate dimensions

Socio-demographic Profile: The socio-demographic profile for the study includes gender, marital status, age, and educational qualification of the staffs in the hospital and the following sections shows the analysis of objective no. 1.

Gender: In the present sample, there are 53 males and 270 females. Female has much more number (83.6%) than that of her male counterpart (16.4%).

Table 2: Difference of mean % of the total score of structural organizational climate dimensions between genders

Parameters	Mean \pm SD		t-value	df	P-value
	Male (53)	Female (270)			
Working condition	76.49 \pm 15.59	76.68 \pm 16.66	0.076	321	0.939
Formalization	73.93 \pm 11.25	83.00 \pm 10.89	5.510	321	<0.001

Source: Primary data

*Figure within parenthesis indicates the number of the case; SD: standard deviation; t: independent samples test; df: the degree of freedom; P-value: probability due to chance factor.

In the present sample, there are 53 males and 270 females, and the mean percentage of total score earned through the structural OC dimensions is distributed between them and is presented in table 2. It is interesting to note that in both working conditions and formalization considered, the female sample has better organizational climate perception than that of her counterpart male in the hospitals as their mean percentage of total scores are larger than the mean percentage of total scores for male. The mean percentage of the total scores of working condition and formalization in the case of the female are 76.68 percent and 83.0 percent respectively and these are higher than those of male staff (76.49 percent and 73.93 percent respectively).

To test the significant variation in the perception of the male and female staff, independent samples t-test is used. The hypothesis and its sub-hypotheses for this particular analysis are:

H₀₁: There is no significant variation among the staff in their perception of structural organizational climate dimensions in regards to the gender of the staff in the hospitals of Manipur.

- i. There is no significant variation among the staff in their perception of working conditions in regards to gender in the hospitals of Manipur.
- ii. There is no significant variation among the staff in their perception of formalization in regards to gender in the hospitals of Manipur.

P-value suggests that in formalization, female staff have a very highly significant better perception of organizational climate dimensions than that of her counterpart male in the hospitals as evident by their corresponding P-values which are less than 0.001. So, the null hypothesis for structural OC dimension particularly formalization is rejected and the alternative hypothesis is accepted that “there is highly significant variation among the staff in their perception of formalization in regards to gender in the hospitals of Manipur.” Thus, female staffs have a very highly significant better perception of organizational climate dimension i.e. formalization than the male counterparts. So, gender is considered one of the factors that influence the perception of the staff about formalization.

While for working conditions, there is not much variation between the genders despite some visible variations in their perception which might be caused due to chance factors. So the alternative hypothesis for the working condition is rejected and the null hypothesis is accepted that “there is no significant variation among the staff in their perception of working condition in regards to gender in the hospitals of Manipur.” So, it implies that gender does not affect much significantly on the perception of the staff about their working environment.

Marital Status: The second socio-demographic factor as an independent variable under the study is the marital status (married or unmarried) of the staff under consideration. Here the researcher is trying to measure the variation in the staff perception in the structural organizational climate dimensions based on the marital status of the staff in the hospitals under investigation. Out of 323 samples, 235 staff in the sample are married (72.8 percent) while only 88 are unmarried (27.2 percent).

Table 3: Difference of mean % of the total score of structural organizational climate dimensions between marital status

OC Dimensions	Mean±SD		t-value	df	P-value
	Married (235)	Unmarried (88)			
Working condition	77.42± 16.19	74.57± 17.09	1.389	321	0.166
Formalization	81.46± 11.55	81.64± 11.20	0.129	321	0.898

Source: Primary data

*Figure within parenthesis indicates the number of the case; SD: standard deviation; t: independent samples test; df: the degree of freedom; P-value: probability due to chance factor.

The above table 3 shows that the mean percentages of the total score of staff perception for working condition and formalization are high viz 77.42 percent and 81.46 percent respectively in the case of married employees and 74.57 percent and 81.64 percent for unmarried employees in the hospitals under study. However, when the total mean scores are compared it is found that in the case of working conditions, the married staff has a higher total score than that of unmarried staff. In the case of formalization, the mean percentages of the total score are higher for unmarried staff than that of married staff.

To test the significant variation in the perception of the married and unmarried staff, independent samples t-test is used. The hypothesis and its sub-hypotheses for this particular analysis are:

H₀₂: There is no significant variation among the staff in their perception of structural organizational climate dimensions in regards to the marital status of the staff in the hospitals of Manipur.

- i. There is no significant variation among the staff in their perception of working conditions in regards to marital status in the hospitals of Manipur.
- ii. There is no significant variation among the staff in their perception of formalization in regards to marital status in the hospitals of Manipur.

Table 3 also reveals that the marital status of the staff doesn't have any significant role in the organizational climate in hospitals. This statement is supported by insignificant test value as none of the P-values is less than 0.05, the significance level adopted for the purpose. Hence, all the alternative hypotheses for working condition and formalization are rejected and null hypotheses are accepted that there is no significant variation among the staff in their perception of organizational climate dimensions (working condition, and formalization) in regards to marital status in the hospitals of Manipur. So there is not much influence of marital status on the perception of staff on the organizational climate dimensions.

Age: The third socio-demographic factor as an independent variable for measuring staff perception is Age group. This part is an attempt to investigate and measure the variation in the staff perception of structural organizational climate dimensions in regards to age groups in the hospitals.

Table 4: Difference of mean % of the total score of structural organizational climate dimensions among age groups

Age group (yr)	Mean±SD of OC dimensions	
	Working condition	Formalization
21 – 25 (23)	69.38± 17.57	83.73±8.98
26 – 30 (76)	74.94±16.65	81.96±11.04
31 – 35 (79)	75.68±15.02	79.70±12.88
36 – 40 (67)	77.48±16.18	81.81±11.34
41 – 45 (34)	84.19±13.63	85.29±10.69
46 – 50 (17)	75.49±23.33	81.69±7.34
51 – 55 (15)	77.77±17.58	78.27±12.89
56 – 60 (12)	81.94±12.72	77.77±12.23
Total (323)	76.65±16.47	81.51±11.44
F-value	2.085	1.325
df	(7, 315)	(7, 315)
P-value	0.045	0.237

Source: Primary data

*Figure within parenthesis indicates the number of the case; SD: standard deviation; F: ANOVA (analysis of variance); df: the degree of freedom; P-value: probability due to chance factor.

Table 4 shows that out of 323 staff, a maximum number have the age range of 26 – 40 years. Those having the age range of 56 – 60 years have the least number which is followed by 21 – 25 years. The table also deals with a detailed comparison of the mean percentage of the total score of category 1 staff perception of working conditions and formalization amongst eight age groups.

It is observed that the mean percentages of the total score of the staff perception of the OC dimensions based on age group are all above 50 percent. The highest score being the age group 41-45 years (84.19 percent) and second is seen in 56-60 years (81.94 percent) and lowest 21-25 years (69.38 percent) for working conditions. In the case of formalization, it is observed that the mean percentage of the total score of the staff perception is highest in the age group 41- 45 years (85.29 percent) and lowest is that of 56-60 years age group (77.77 percent).

Further, to test the significant variation in the perception of the married and unmarried staff, F-test is used. The hypothesis and its sub-hypotheses for this particular analysis are:

H₀₃: There is no significant variation among the staff in their perception of structural organizational climate dimensions in regards to the age groups of the staff in the hospitals of Manipur.

- i. There is no significant variation among the staff in their perception of working conditions in regards to the age groups in the hospitals of Manipur.
- ii. There is no significant variation among the staff in their perception of formalization in regards to the age groups in the hospitals of Manipur.

From the table 4 set forth, it is observed that the mean percentage of total scores for working condition varies significantly over the groups as their P-values (0.045) is less than 0.05 but more than 0.01. In this case, the alternative

hypothesis is accepted. So there is significant variation among the staff in their perception of working conditions in regards to the age groups in the hospitals of Manipur. So, the variation measured in the perception of the staff based on age groups is significant for working condition and hence, age as a factor influences the perception of the staff about the working condition.

On the contrary, the mean percentage of total scores for formalization does not vary significantly over the age groups as the P-value is not less than 0.05 ($P = 0.237 > 0.05$). So, the null hypothesis is accepted that there is no significant variation among the staff in their perception of formalization, in regards to the age groups in the hospitals of Manipur. So the study implies that age does not influence the perception of the staff towards formalization.

Educational qualification: The fourth socio-demographic factor under the investigation is the educational qualification levels of the staff. Here the researcher has attempted to measure the variation in the staff perception in the organizational climate dimensions based on the educational qualification of the staff in the hospitals and is trying to find out if such educational qualification influences the staff perception about the identified OC dimensions considered in the study.

Table 5: Difference of mean % of the total score of structural organizational climate dimensions among educational qualification

Educational qualification	Mean \pm SD of OC dimensions	
	Working condition	Formalization
Nursing diploma (194)	74.63 \pm 16.58	84.55 \pm 9.56
Nursing postgraduate (5)	85.00 \pm 17.33	82.96 \pm 15.62
Graduate (6)	75.00 \pm 13.69	77.77 \pm 9.07
Laboratory technician (28)	78.57 \pm 15.32	72.35 \pm 13.04
MBA (10)	87.08 \pm 12.94	74.44 \pm 9.47
Medical graduate (25)	80.00 \pm 13.44	72.74 \pm 15.00
Nursing graduate (40)	79.16 \pm 18.41	82.40 \pm 10.19
Postgraduate (7)	79.16 \pm 15.77	71.42 \pm 6.66
Medical postgraduate (8)	76.56 \pm 17.94	82.40 \pm 9.23
Total (323)	76.65 \pm 16.47	81.51 \pm 11.44
F-value	1.359	8.367
df	(8, 314)	(8, 314)
P-value	0.214	<0.001

Source: Primary data

*Figure within parenthesis indicates the number of the case; SD: standard deviation; F: ANOVA (analysis of variance); df: the degree of freedom; P-value: probability due to chance factor.

To study the role of the educational qualification of the staff towards the organizational climate in the hospital, table 5 is initiated highlighting the distribution of mean percentage score for the structural organizational climate dimensions according to nine categories of educational qualification. The educational qualification with their respective number of cases (i.e respondents) in the sample is listed below: nursing diploma (194), nursing postgraduate (5), graduate (6), the laboratory technician (28), MBA (10), medical graduate (25), nursing graduate (40), postgraduate (7), and medical postgraduate (8).

Further, the variation of mean percentages within each dimension is tested by F-test and its value along with P-value is also outlined in table 5 itself. The hypothesis and its sub-hypotheses for this particular analysis are:

H₀₄: There is no significant variation among the staff in their perception of structural organizational climate dimensions in regards to the educational qualification of the staff in the hospitals of Manipur.

- There is no significant variation among the staff in their perception of working conditions in regards to educational qualifications in the hospitals of Manipur.
- There is no significant variation among the staff in their perception of formalization in regards to the educational qualification in the hospitals of Manipur.

It is observed that the mean percentage of the total score for formalization for all the staff with a different educational qualification is above 50 percent which shows that they have a high perception about the formalization of the hospitals. The variation in the perception was tested and highly significant P-values (<0.001) for formalization indicate that there is a great variety of means over the educational qualification in this dimension of organizational climate. Hence, the null

hypothesis is rejected and the alternative hypothesis is accepted. So there is highly significant variation among the staff in their perception of formalization in regards to their educational qualifications in the hospitals.

On the contrary, no significant variation is experiential within the working condition as the P-value of 0.214 (>0.05 the value adopted for significance level) So, in this case, the null hypothesis is accepted that there is no significant variation among the staff in their perception of working condition in regards to their educational qualification in the hospitals. The variations were observed which may be due to chance factors.

Objective no. 2: To compare the perception of the staff in Government and Private Hospitals based on structural organizational climate dimensions

The data collected from the respondents are shown in mean percentages with standard deviations as shown in table 6. And the hypothesis and the sub-hypotheses formulated are as follows:

- There is no significant variation among the staff in their perception of structural organizational climate dimensions in Government and Private Hospitals of Manipur.
 - i. There is no significant variation among the staff in their perception of working conditions in Government and Private Hospitals in Manipur.
 - ii. There is no significant variation among the staff in their perception of formalization in Government and Private Hospitals in Manipur.

Table 6: Difference of mean % of the total score of structural organizational climate dimensions between Government and Private Hospitals

Parameters	Mean \pm SD		t-value	df	P-value
	Government hospital (168)	Private hospital (155)			
Working condition	79.29 \pm 15.92	73.79 \pm 16.61	3.037	321	.003
Formalization	79.32 \pm 12.69	83.89 \pm 9.38	-3.656	321	<.001

Source: Primary data

*Figure within parenthesis indicates the number of the case; SD: standard deviation; t: independent samples test; df: the degree of freedom; P-value: probability due to chance factor.

It is observed that there is a mixed response/perception regarding the organizational climate between the staff of government and private hospitals.

Working Condition

Good working condition motivates the employees to perform well in an organization. The mean percentage of the score for domain working conditions is found higher amongst the staffs who are working in a government hospital (79.29 percent) as against those who are working in a private hospital (73.79 percent). Further, when the t-test is applied as a test of significance, it comes into the light that the variation of figures between the government and private hospitals for the working condition is varied highly significantly as the P-value of 0.003 is less than 0.01 as shown in the table no. 6. Hence, the null hypothesis for OC dimension working conditions is rejected and the alternative hypothesis is accepted that "There is highly significant variation among the staff in their perception of working conditions in Government and Private Hospitals of Manipur." Thus, it is found that the staffs working in Government hospitals have a significantly better perception of this particular structural OC dimension than those of the private hospitals.

Formalization

Formalization in an organization means the prevalence of strict official procedures which is characterized by well-defined work procedures, rule specification for contingencies, written rule manual, etc. To study this matter, it is found that the mean percentage of the total score for the dimension formalization is higher amongst the staff who are working in private hospitals (83.89 percent) as against those who are working in government hospitals (79.32 percent). When the t-test is applied as a test of significance, P-value suggests that in formalization, staffs working in private hospitals have a very highly significant perception of this particular dimension than those of the government hospitals as evident by P-value which is less than 0.001. So, the null hypothesis for formalization is rejected and the alternative hypothesis is accepted that "There is significant variation among the staff in their perception of formalization in Government and Private Hospitals of Manipur." Thus, it reveals that the staff working in private hospitals have significantly very much higher in the sense better perception for the structural OC dimension i.e. formalization than those of the government hospitals.

DISCUSSION

From the findings of the study, the ongoing discussion based on various theoretical and empirical studies under which organizational climate has been studied is referred that studying organizational climate is a useful constructive tool in the understanding and studying organizations. Organizational climate helps in the prediction of organizational phenomena (D'cunha, 1999). The theoretical studies considered under the present paper are based on the fact that organizational characteristics are perceived and the perceived features are interpreted by the members of the organization. The organizational members are divided by the organizational characteristics basically by socio-demographic factors such as gender, age, education, marital status, etc. Using these dimensions, the groups were found to have different perceptions of the organizational climate dimensions (Payne & Pugh, 1967; James & Jones, 1974; D'cunha, 1999).

The main step in this analysis is to identify and discuss those structural dimensions of organizational climate that are deemed to be considered as crucial for the ultimate behavior of the organizational members. According to D'cunha, in 1999 in her scholarly work wrote that "the function of structure in any kind of entity is to hold the things together, to give it a form rather than randomness, to give it consistency and stability, to relate its parts to one another, and to delineate its operations. So also in the context of organizations too, structure helps to delineate and regulate the work, actions, and behavior of the people in a consistent way." It won't be wrong to say at this juncture that supports from the organization and the existence of the control system in the organization is a must to meet the organizational goals. As stressed earlier, the study included working conditions and formalization as the structural organizational climate dimensions. Firstly, the influence of socio-demographic factors of the staff on their perception of these dimensions was analyzed and secondly, the different perceptions of the staff of two hospitals' government and private were compared.

By dividing into different groups of the staffs based on identified socio-demographic factors in this present study, in case of formalization, gender and educational level of the staff have influenced statistically significant in the perceptions of the staffs; while age factor influence significantly on the staff's perception of working condition dimension of the organization. The findings of the study are also supported by previous studies conducted (Astin, 1963; Forehand, 1968; Payne & Mansfield, 1973; Waters et al., 1974; Rao, 1985; Bednar et al., 1995). While when the comparison is analyzed between perceptions of structural organizational climate dimension of the staffs of the government and private hospital, in hospitals generally, strict adherence to the rules and regulations, standardization and impersonality cannot be practiced to some members like doctors as they are treating different patients with the situation of life and death. The findings of the present study agree with the studies regarding the structural characteristics of an organization that influences organizational climate (Payne & Mansfield, 1973). It is observed that structural factors i.e. working conditions and formalization have influenced the perception of the staff working in both the type of hospitals. In the case of working conditions, staffs working in government hospitals have a significantly better perception as they felt that they are paid properly, they have secured jobs and their organizations also support them. While in the case of the formalization, staffs of private hospitals have a significantly better perception about it; they perceived it so because in private hospitals, strictly following the values, rules, and regulations, manuals for regular tasks are more important than in the government hospitals.

CONCLUSION

The purpose of the study is to gain some insight into the perception of the staff (executives in the management hierarchy, physicians, and nurses mainly) towards structural organizational climates such as working conditions and formalization. The first objective of the study was to highlight the variation of the organizational climate perception of the staff based on the influence of the socio-demographic factors. The independent variables under the study being socio-demographic factors such as gender, marital status, age, and educational qualification in the organization were considered and their influence on the perception of the staff was measured. To sum up, it can be concluded from the findings that staff perceived the structural organizational climate dimensions i.e. working conditions and formalization which are influenced by certain socio-demographic factors.

For working conditions, age is the only factor that statistically proved significantly that the variation seen in the perception of the staff about the structural OC dimension working condition is influenced by this age factor. And in the case of formalization, gender and educational qualification of the staff under consideration are those socio-demographic factors that significantly influenced their perception about formalization and the variation observed in their perception is also statistically significant. So, with these findings, it is observed that some socio-demographic factors influence the perception of the staff towards the aforesaid structural characteristics.

While the second objective was to prove that with different organizational settings in government and private hospitals in terms of structural organizational climate dimensions, the observations of the comparison of the perception of the staffs in the study on the structural organization climate dimensions between government and private hospitals were pertinent, it can be concluded as follows:

- Staffs working in Government hospitals have a significant statistically better perception of working conditions than those of staff working in the private hospitals. Salary, secured jobs, and job allowances are some of the economic factors under working conditions while promotions, appreciation for work, and power are some social factors that motivate employees to work for the organization. So, in hospitals, specialized employees like doctors, nurses, etc.

behave so well towards their colleagues and other staff members just because they are satisfied to a great extent about their working conditions. The staffs of the government hospital were happy and satisfied in terms of having a secured job.

- And in case of formalization, staffs working in private hospitals have a significantly higher perception of the formalization than those staffs working in government hospitals. In private hospitals, the authorities stress more rules and regulations on their staffs so that the ultimate service delivery to the patients is satisfactory and the organization attains their organizational goals. It simply means that the degree of formalization in government hospitals is lesser than those of private hospitals.

Thus, to sum up, the study can highlight the importance of socio-demographic factors of the members of the organization (here hospitals), as these influence their thinking process and perception about the structural characteristics of the work environment. Besides, the study is also able to prove that with the different work settings in terms of working conditions and degree of formalization in both the types of hospitals, the staffs of the respective organizations have different perceptions. So, this study is an important aspect to study organization for understanding organizational behavior, job performance, and goal attainment.

LIMITATION OF THE STUDY

The limitation is an indispensable part of any kind of research work.

This study is restricted to the employees who are directly delivering services to the patients and those who are in the management hierarchy. The study must have included other staff that indirectly provides services to patients like pharmacists, accountants, drivers, security officers, housekeeping staff, etc.

The study did not attempt to cover those healthcare organizations like Community Healthcare Centres, Primary Healthcare Centres, AYUSH hospitals and dispensaries, nursing hospital, etc. which was not qualified for the inclusion criteria. Therefore, the findings could not be generalized to such types of hospitals.

FUTURE SCOPE OF THE STUDY

The outcome of the research would enlighten that by giving importance to the structural Organizational Climate dimensions of the hospital structure, the behavior of the employees can be boosted which then leads to better hospital functioning. The findings of the study would be of immense help to academicians and researchers to inquire into certain areas and develop more studies in this area. This would also help hospital administration or management for proper policy planning for efficient and effective job performance of the employees and ultimately the organizational goal attainment.

It is suggested that studies related to employee participation as the main dimension of organizational climate can be done.

Psychological aspects of the employees like work stress which can affect the perception of the employees are suggested for the study.

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AUTHORS CONTRIBUTION

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Both the co-authors^{1*} and ² conceived and developed the framework of the study; designed the model and also planned the study accordingly.

First author ^{1*} covered the fieldwork, interviewed the respondents and collected data, perform analysis, and drafted the manuscript with inputs from the second author ².

The second author overall supervised the study, checked the results, gave critical feedback. And finally, both the co-authors ^{1*} and ² contributed to the manuscript for the initial submission for review.

REFERENCES

1. Aiken, M., and Hage, J. (1966), Organizational Alienation: A Comparative Analysis, *American Sociological Review*, 31(4), 497-507. <https://doi.org/10.2307/2090773>
2. Ansari, M.A. (1980), Organizational Climate: Homogeneity Within And Heterogeneity Between Organizations, *Journal of Social and Economic Studies*. 8, 89-96.
3. Astin, A.W. (1963). Further Validation of Environment Assessment Technique, *Journal of Educational Psychology*, 54(4), 217-226. <https://doi.org/10.1037/h0041234>

4. Bednar, A., Marshall, C., & Bahouth, S. (1995, December), Identifying the Relationship between Work and Non-work Stress Among Bank Managers, *Psychological Reports*, 77(3), 771-777. <https://doi.org/10.2466/pr0.1995.77.3.771>
5. D'cunha, P. (1999). *A study on Organizational Climate in the Hospital Set-up* (Ph.D. Thesis), Mahatma Gandhi University, Kottayam.
6. Dieterly, E. D. & Schneider, B. (1974). The Effect of Organizational Environment on Perceived Power and Climate: A laboratory Study, *Organizational Behavior and Human Performance*, 11(3), 316-337 [https://doi.org/10.1016/0030-5073\(74\)90023-3](https://doi.org/10.1016/0030-5073(74)90023-3)
7. Eberhardt, B. J. & Shani, A. B. (1984), The Effects of Full Time versus Part-Time Employment Status on Attitudes Toward Specific Organizational Characteristics and Overall Job Satisfaction, *Academy of Management Journal*, 27(4), 893-900. <https://doi.org/10.2307/255887>
8. Forehand, G.A. (1968), On The Interaction of Persons and Organizations, In Tagiuri, R. and Litwin, R. (Eds), *Organizational Climate: Explorations of a Concept*, Boston Harvard University Press.
9. George, J.R. & Bishop, L.K. (1971). Relationship of Organizational Structure And Teacher Personality Characteristics to Organizational Climate. *Administrative Science Quarterly*, 16(4). 467-475 <https://doi.org/10.2307/2391766>
10. Georgopoulos, B.S. (1964), Hospital Organization And Administration: Prospects And Perspectives, *Hospital Administration*, Summer, 25-26.
11. Goss, Mary, E.W. (1963), Patterns of Bureaucracy among Hospital Staff Physicians, In E. Friedson, ed., *The Hospital in Modern Society*. 170-194. Glencoe, III: The Free Press.
12. Hage, J. & Aiken, M. (1967). Relationship of Centralization to Other Structural Properties. *Administrative Science Quarterly*, 12(1), 72-92. <https://doi.org/10.2307/2391213>
13. Hall, R.H. (1972). *Organizational Structure and Process*, Eaglewood Cliffs. Prentice Hall.
14. Hasenfeld, Y. & English, R.A. (1978) Eds. *Human Service Organization*, The University of Michigan Press.
15. James, L.R. & Jones, A.P. (1974). Organizational Climate: A Review of Theory and Research, *Psychological Bulletin*, 81(12). 1096-1112. <https://doi.org/10.1037/h0037511>
16. Johnstone, H.R. (1976), A New Conceptualization of Source of Organizational Climate, *Administrative Science Quarterly*, 21(1), 95-103. <https://doi.org/10.2307/2391881>
17. Lawler, E.E., Hall, D. & Oldham, G. (1974). Organizational Climate Relationship to Organizational Structure and Performance. *Organizational Behaviour and Human Performance*, 11, 139-155. [https://doi.org/10.1016/0030-5073\(74\)90010-5](https://doi.org/10.1016/0030-5073(74)90010-5)
18. Litwin, G.H., and Stringer, R.A. (1968). *Motivation and Organizational Climate*, Cambridge Mass: Harvard University Press.
19. Micheal P.O'Driscoll and Tracy Schubert. (1988). Organizational Climate and Burnout in a New Zealand Social Service Agency. *Work & Stress: An International Journal of Work, Health & Organizations*. 2(3), 199-204. <https://doi.org/10.1080/02678378808259167>
20. Ostroff, C., Kinicki, A. J. & Tamkins, M.M. (2003). Organizational Culture and Climate. In *Handbook of Psychology: Industrial and Organizational Psychology*, ed. WC Borman, DR Ilgen, RJ Klimoski, 12. 565-93. Wiley. <https://doi.org/10.1002/0471264385.wei1222>
21. Payne, R.L. & Mansfield, R. (1973). Relationships of Perceptions of Organizational Climate to Organizational Structure, Context, and Hierarchical positions. *Administrative Science Quarterly*, 18(4), 515-526. <https://doi.org/10.2307/2392203>
22. Payne, R.L. & Pugh, S.S. (1967). Organizational Structure and Organizational Climate. In M.D. Danneltee (Ed) *Handbook of Industrial And organizational Psychology*. 1125-1173, Rand Mc.Nally and Company.
23. Perrow, C., (1965), Hospitals: Technology, Structure, and Goals. In James G. March (Ed). *Handbook of Organizations*, 910-971. Rand Mc. Nally and Company.
24. Pritchard, R.D. & Karasick, B.W. (1973). The Effects of Organizational Climate on Managerial Job Satisfaction. *Organizational Behavior And Human Performance*, 9, 126-146. [https://doi.org/10.1016/0030-5073\(73\)90042-1](https://doi.org/10.1016/0030-5073(73)90042-1)
25. Rao, V.S.P. (2009), *Organizational Behaviour*, Excel Books.
26. Rudnick, J.D. Jr, & Doherty-Draper E., (1987), The Direct Effect of Health Managers on Quality Control, Assessment, Assurance, *Journal of Health Care Strategy Management*, October, 5(10),12-16.
27. Schneider, B. & Reichers, A.E. (1983). On the Etiology of Climates. *Personnel Psychology*, 36, 19-39 <https://doi.org/10.1111/j.1744-6570.1983.tb00500.x>
28. Schneider, B., Ehrhart, M.G. & Macey, W.H. (2011), Perspectives on Organizational Climate and Culture. In *APA Handbook of Industrial and Organizational Psychology: 1. Building and Developing the organization*, ed. S Zedeck, 373-414, American Psychological Association. <https://doi.org/10.1037/12169-012>
29. Singh, P., & Das, G.S., (1978), Organizational Culture and Its Impact on Commitment to Work, *Indian Journal of Industrial Relations*, 13(4), 511-523.
30. Street, D., Vinter, R.D. & Perrow, C. (1966). *Organization for Treatment: A Comparative Study of Institutions for Delinquents*. Free Press. <https://doi.org/10.1037/e438152008-055>



31. Waters, L.K., Darell, R. & Nick, B., (1974), Organization Climate Dimensions and Job-Related Attitudes, *Personnel Psychology*, 27(3), 465-476. <https://doi.org/10.1111/j.1744-6570.1974.tb01168.x>
32. WHO Technical Report (1957), 147. https://www.who.int/biologicals/technical_report_series/en/