Abstract:
In the health sector, the micro level conflicts are mostly due to the trust deficit at the dyadic level. The trust deficit is a qualitative attribute which widens in the organizational setup when the top leadership lacks initiative in minimizing this attribute. The results is direct consequences on the human capital of the health sector which crops up in the form brain drain, intra and inter individual, organizational conflict etc.. Hence the core of healthcare service needs a review so that the hospital human capital will deliver the quality services to the patients. This paper tries to see the perception level of healthcare employees towards the OCTAPACE culture which represents openness, confrontation, trust, autonomy, pro-activeness, autonomy, collaboration and experimentation variables in the health sector. The quantitative perceptional score of these variables depicts the trust deficit level in the organization.

Key words: OCTAPACE culture, Leadership, Healthcare Service,

INTRODUCTION:
Health care sector is being recognized as a social institution and are being considered as ‘patient focused centers’ (Mir, 2007), as the quality of public health care sector is quite low and inadequate in India which is also depicted in Human Development Index (HDI) ranking of last five years (Anonymous, 2012). Interestingly, as against 2.4 million places of worship, India has the combined total of school and colleges (1.5 million) and hospitals (0.5 million); which comes out to be just 2 million (Bibek, 2006). Moreover, patients are dissatisfied with the level of service provided in the public hospitals (Bhat & Jain, 2006) and the blame always goes to the administration in general and leadership in particular. Research has found the development climate for the healthcare sector is must for human capital to deliver the best service to the patient (Mir, 2011; Mir, 2007) and is hence core pillar of service triangle (Parasuraman et al, 1988; Devaranjan, etal, 2004). To deliver the best to the patient, healthcare service values should be developed as culture so that it can become core competence of healthcare sector (Nevis, 2010). Health care environment based on mutual trust and confidence can becomes culture if it is used for motivating people to avoid any friction as it is the invisible power governing the organization ((Schein, 1985). The top leadership needs to institutionalize the thinking and action of the employees in sync with organizational vision which will minimizes trust deficit among the employees in the organization (Rao & Pareek 1998). The developmental climate is characterized by OCTAPACE culture acronym for openness, confrontation, trust, authenticity, proactiveness, autonomy, collaboration and experimentation. The term has been coined by Professor T.V. Rao (2008) and lot of research studies reveal that cultural issues are among the most central and persistent factors that influence OCTAPACE dimensions in the organization even in the service triangle, all the dimensions viz internal marketing, external marketing and interactive marketing work within the cultural system which determines its success or failure. In addition, transparency favors positive motivational atmosphere in the workplace and the employees feel empowered in the decision making process. This can be done through by developing OCTAPACE culture as a value. Employee involvement through OCTAPACE culture is important in participation, information sharing, guidance and sharing the benefits of organizational achievement (Pareek, 1994; Sultan etal, 2009) and it has been found that apex leadership in most of the organizations gives least account in developing this culture and healthcare institutes are no exception to the rule.
Objectives:

1. To study the existing level of OCTAPACE culture in the study area.
2. To study the opinion of top management in developing the OCTAPACE culture in the study sample.
3. To explore at comparative level, as to what extent the OCTAPACE culture exists in the sample study
4. To give suggestions in improving the OCTAPACE culture of the study area.

Hypothesis (H0):

There is no significant difference of OCTAPACE culture in the hospitals of the sample study.

Methodology:

In this research study, two major hospitals were taken for the research purpose, one being Sher-e-Kashmir Institute of Medical Science (SKIMS) Srinagar, a leading research hospital in the state of J&K and another leading hospital from Punjab namely Christian Medical College (CMC) Ludhiana. The study is mostly exploratory as well as conclusive in nature and efforts were made to elicit the opinions of almost all key personnel in these hospitals through observation, personnel interviews, questionnaires and schedules. Moreover, stratified sampling technique was used for both medical and para-medical staff in terms of experience, gender, and rural/urban background. The questionnaire with both parallel and series type reliability, measures different dimensions of OCTAPACE culture. The level of OCTAPACE culture is essential for facilitating HRD climate in these hospitals and includes the dimensions—openness, Confrontation, Trust, Autonomy, Proactiveness, Authenticity, Collaboration and Experimentation.

Findings:

Health is the basic aspect of Human Resource Development and good health care services are essential for creating sustainable human Capital (Rout & Panda, 2007; Myageri, 2007). The apex leadership in the hospitals need to be knowledge centers and should encourage others to modernize their knowledge, skills, attitude (KSA) for future demands (Goleman, 2000; Kuchinke, 1999).

Openness: Openness refers where employees feel free to discuss ideas, with one another and involves regular exchange of information which has positive correlation with ultimate performance. Research has found that high trust groups were more open, and share more relevant information (Zand, 1972) and in long run creates emotional openness (Chowdhury, 2005; Levin & Cross 2004; Mayer et al., 1995) by enhancing listening skills among people (Andrews & Delahaye, 2002; Zand, 1972). Hospitals can be classified in a continuum from completely open to completely close. However, no organization may be on the two extremes of the continuum and as they will tend to be towards one or other end. The survey reveals that the level of satisfaction in medical category towards openness in these hospitals shows a low mean score whereas the level of openness in case of medical (2.03 ± 0.24) and paramedical staff (2.08 ± 0.24) in the CMC-L is higher than the SKIMS as shown in the table 1.1. With reference to paramedical category the overall percentage score depicts that the openness culture in SKIMS is in the primitive stage as depicted also by the mean score 1.40 ± 0.16 which is further supported by the Zcal values showing significant population distribution difference between CMC-L and SKIMS. This reveals that the Openness between boss–subordinate (b-s), subordinate-subordinate (s-s) and subordinate–boss (s-b) is low and can be cause of both intra and inter conflict level in the healthcare sector which is of great challenge for hospital leadership to tackle. It is also important that an optimum level of openness between doctor and patient helps also in rapport building which will ultimately lead to the patient satisfaction.

Confrontation: Confrontation is the culture of facing issues squarely with very little fear of hurting each other and if prevails in the organization enhances the problem-solving ability. The ‘warmth and support’ may develop a more ‘affiliation oriented culture’; The result may manifest higher morale, positive attitude and ultimately higher job satisfaction. The confrontation dimension of OCTAPACE culture received a
mean score in case of medical category 1.22 ± 0.13 in SKIMS and 2.07 ± 0.26 in case of CMC –L whereas in case of paramedical category 2.01 ± 0.26 in CMC -Ls and 1.55 ± 0.16 in case of SKIMS which is very low in both categories. This has been further shown by the Z_cal value, as there is significant population distribution difference between the two populations of CMC-L and SKIMS. It has been found in third world countries, employees are not habitual to the practice of confrontation with their team leader as they are groomed in the bureaucratic (Kuchinke, 1999) and hierarchial structures so it is the duty of boss to inculcate the appropriate level of confrontation culture in the hospitals which is must for development of broad based planning of the organization and to develop core competence of the healthcare sector in the present globalization phase.

**Trust:** The organizational dynamics fundamentally is based on core value of trust and mutual respect (Kimmel etal, 1980; Mayer etal., 1995) and there is reliance and disclosure based trust where former trust is person’s willingness to depend on another and later trust is person’s willingness to disclose personal or work-related information to another (Zand 1972; Roussean, etal, 1998). In the healthcare sector particularly in India, top leadership supports latter case to get an added advantage in order to appease higher up leadership which is very dangerous for juniors to get exploited and was normal in pre- liberalized era due to hierarchial structures. This can be one of the reason that dyadic trust deficit widens in the healthcare sector (Gabarro, 1978; Lewis & Weigert, 1985; Grunfield et al, 1996; Rao, & Abraham, 1986). Adoption of truth as a value is important because it develops system competence, benevolence, credibility and reliability. Moreover, inculcates trust among all the stakeholders of the organization (Ipshita & Niharika, 2011; Dirks, 1999).

The satisfaction level of medical staff towards the core value of trust is low but still the trust level of CMC-L is higher than SKIMS ( Table 1.1) The perception score in both medical and paramedical is 2.22 ± 0.23 and 2.20 ± 0.23 in CMC-L whereas 1.33 ± 0.16 and 1.16 ± 0.15 in SKIMS showing poor level of trust in the study area. This variable needs lot of effort from top leadership to develop a trust in the organization. While developing a good culture in an organization, trust is an important dimension which helps in developing dyadic relationship, team work etc. in an organization. If the level of trust is low, the various dimensions of OCTAPACE culture are normally seen with suspicious (Renzl, 2008; Mayer etal., 1995)) and therefore the credibility of the system may go down and consequently the system may become a ritual and cease to perform the main functions for which it is meant.

**Autonomy:** Employees should have some freedom to act independently within the boundaries of their role and if autonomy given, people work independently with responsibility. It has been observed in the study area hardly any medical professional below the head of the Department delegates any power to its juniors whatsoever. The delegation of authority, communicating weaknesses in a non threatening way and treating employee with understanding rather than punishing them for making mistakes slows the power of autonomy culture in these hospitals. The perception score shows that the employees in CMC-L are little bit more autonomous than SKIMS of the study area as the mean score in both categories of medical and paramedical staff is 2.11 ± 0.26 and 2.14 ± 0.26 (CMC-L) is higher than SKIMS (1.52 ± 1.0) and (1.0 ± 0.95) respectively. Even the Z_cal value is depicting significant difference between two sample populations of CMC-L and the SKIMS hospital. It has been found that this dimension of autonomy in OCTAPACE culture is a missing value at the lower level of the study area.

**Proactivity:** Proactiveness implies encouraging employees to take initiative so that the culture of innovation and creativity can be groomed in the organization with the result healthcare institutes can become learning organizations in the globalized environment and this is possible only when the value of authenticity is given due respect in the organizational setup (Srivastava, etal, 2009; Sultan etal, 2009). In addition it helps new activities and new ways of doing things in the organization as a cultural value of learning organization. In hospitals, doctors have to face such situation where they have to go for risks without waiting for their seniors and should be the core function of job description. Proactiveness in the hospitals of the sample unit received overall 35 percentage score, showing
extremely poor satisfaction level. In the CMC-L hospital the mean score is 2.32 ± 0.24 (Medical) and 2.30 ± 0.24 (paramedical) whereas in SKIMS, it is very low as the perception scores is 1.02 ± 0.18 for medical and 1.26 ± 0.14 for paramedical. This is the biggest challenge for the hospital culture wherein nobody is willing to take responsibility and the whole responsibility rests more or less with the top leadership. Medical community should be more proactive in dealing with patients as well as other issues in the healthcare sector. This can also attributed to the curriculum content in the respective academic programme. Nevertheless, it has been found during the survey that almost all district hospitals in Kashmir valley are referral centers without properly diagnosing the problem which has put tremendous pressures on the SKIMS Srinagar which is detrimental to the quality of health care whereas in case of CMC-L the pressure is not much, as in the Ludhiana city (Punjab) India, where the CMC is located, there are nearly eight major tertiary sector hospitals available which caters to the major chunk of the patients reducing pressures on other hospitals thus increasing patient care and quality of services in comparison to the SKIMS hospital of Kashmir which can be also attributed to lack of visionary policies on the part of apex leadership of healthcare sector.

**Authenticity:** Speaking the truth fearlessly and keeping up the promises made means, to what extent people mean what they say and practices. The dimension of authenticity received the less than 55 percentage score from the study area of Kashmir region whereas the satisfaction level of both medical and paramedical staff in CMC-L was also following the same trend as mentioned in the table 1.1. Moreover, $Z_{cal}$ value of the table also shows that the population distribution among the hospitals of the sample unit is same. Hence null hypothesis (0.05 level of significance) has been accepted.

**Collaboration:** Collaboration is a process of exchanging information, sharing resources, enhancing capacity for mutual benefits to achieve a common goal and can be helpful for processing human capital into social capital which is possible only when the apex leaderships envisions in sync (Farrell et al., 2005). Collaboration develops the ‘spirit of sacrifice’ (Lin, 2007) and ‘we’ culture is developed as value which is key to an effective leadership. In the survey it was found to some extent that this value is practiced when there emergency of patient’s health. However, collaboration was significantly poor in SKIMS as it received around 45 percentage score which depicts that respondents are pessimistic about the existing collaborative climate in SKIMS and can be detrimental to team culture. In case of CMC-L, the mean score is 2.55 ± 0.21 and 2.58 ± 0.21 for medical and paramedical category respectively which is still better but the general perception score in both cases is poor hence needs a review from the top management. No doubt, this value is practiced in crisis situation.

**Experimentation:** Finally, experimentation, as the value emphasis the importance given to innovation and trying out new and effective ways in solving. The essence of experimentation as value can be well gauged from the amount of importance given to the development of OCTAPACE in the organization. Experimenting variable in SKIMS received overall percentage score of approximately 35 percent which reveals that the medical staff are following trend. The experimentation culture in these hospitals was significantly low, this depicts that it needs a lot of commitment from the top leadership so that sense of innovations, creativity and confidence is percolated down. The experimenting culture in the CMC-L is slightly better than the SKIMS hospital (table 1.1).

<table>
<thead>
<tr>
<th>Dimension/ Variables</th>
<th>Medical Staff CMC-L Mean</th>
<th>S.D.</th>
<th>SKIMS Hospital Mean</th>
<th>S.D.</th>
<th>Z1-Value</th>
<th>Para-Medical Staff CMC-L Mean</th>
<th>S.D.</th>
<th>SKIMS Hospital Mean</th>
<th>S.D.</th>
<th>Z2-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Openness</td>
<td>2.03</td>
<td>1.26</td>
<td>1.22</td>
<td>0.93</td>
<td>3.37*</td>
<td>2.08</td>
<td>1.23</td>
<td>1.4</td>
<td>1.01</td>
<td>2.17*</td>
</tr>
<tr>
<td>Confrontation</td>
<td>2.07</td>
<td>1.32</td>
<td>1.22</td>
<td>0.83</td>
<td>3.54*</td>
<td>2.01</td>
<td>1.32</td>
<td>1.55</td>
<td>0.96</td>
<td>1.73</td>
</tr>
<tr>
<td>Trust</td>
<td>2.22</td>
<td>1.19</td>
<td>1.33</td>
<td>0.97</td>
<td>3.7*</td>
<td>2.2</td>
<td>1.19</td>
<td>1.16</td>
<td>0.94</td>
<td>3.78*</td>
</tr>
<tr>
<td>Autonomy</td>
<td>2.11</td>
<td>1.36</td>
<td>1.52</td>
<td>1.0</td>
<td>2.26*</td>
<td>2.14</td>
<td>1.36</td>
<td>1.0</td>
<td>0.95</td>
<td>3.7*</td>
</tr>
<tr>
<td>Pro-Activity</td>
<td>2.32</td>
<td>1.24</td>
<td>1.02</td>
<td>1.1</td>
<td>5.0*</td>
<td>2.3</td>
<td>1.25</td>
<td>1.26</td>
<td>0.81</td>
<td>3.92*</td>
</tr>
<tr>
<td>Authenticity</td>
<td>1.84</td>
<td>1.22</td>
<td>1.94</td>
<td>1.12</td>
<td>0.38*</td>
<td>1.8</td>
<td>1.22</td>
<td>1.33</td>
<td>1.2</td>
<td>1.64</td>
</tr>
<tr>
<td>Collaboration</td>
<td>2.55</td>
<td>1.08</td>
<td>1.68</td>
<td>0.85</td>
<td>4.14*</td>
<td>2.58</td>
<td>1.07</td>
<td>1.44</td>
<td>0.91</td>
<td>4.44*</td>
</tr>
<tr>
<td>Experimentation</td>
<td>2.09</td>
<td>1.38</td>
<td>1.37</td>
<td>0.99</td>
<td>3.34*</td>
<td>2</td>
<td>1.38</td>
<td>1.16</td>
<td>0.69</td>
<td>2.24*</td>
</tr>
</tbody>
</table>
The research study also revealed that in OCTAPACE variables, the value of openness, confrontation, trust, authenticity, and collaboration seems to have been discouraged in these hospitals, as many respondents, both medical and para-medical staff, did not disclosed their identity in the demographic variables of the questionnaires. Going through the above discussion of different dimensions of OCTAPACE culture, it is now clear that the population vis-à-vis medical and paramedical staff in these hospitals is significantly poor, and still a lot needs to be done to improve the culture in these hospitals. Moreover, health sector of J & K state needs drastic intervention so as to improve the level of OCTAPACE culture to deliver quality healthcare services. Here the top leadership both at micro and macro level will play a crucial role in improving the OCTAPACE culture in the sample unit organizations. This will ultimately improve the patient satisfaction which is the ultimate motto of every organization (Mattoo & Mir, 2005).

Suggestions & Policy Implication:

In the study area there is a significant cultural variance among most of the variables of OCTAPACE culture as these dimensions forms core of quality healthcare services in delivering to the patients. Therefore culture building in the micro perspective is not only important but also crucial for sustainability of the organization hence top leadership needs to review the roles and styles of functioning for the global challenges. Therefore the top leadership of the health sector needs to show seriousness to provide the remedy for the aforesaid intangible factors which depends on both the content and context of the interaction. To bring the attitudinal change within the organizational setup, hospital leadership needs to be sensitive to the emotional needs of employees, as it will help in minimizing the trust deficit at dyadic level. Moreover, the organization need to stimulate motivation among employees by adopting a transparent scientifically tested appraisal system wherein ‘solid citizens and star performers’ will be suitable rewarded and others will get easily separated from the hospitals. Moreover, maximum possible autonomy with authority should be provided to employees so that problems are solved at their source at the gross root level and should be encouraged to step outside established roles to accept challenges beyond the scope and structure of the existing job description as now it is the age of multitasking. For the sustainability of healthcare sector, the value of pro-activeness and experimenting should be promoted at all levels so that the culture of innovation and creativity is developed as its core competence.

References:


