



Toward Understanding Culture and Judgment in an Academic Surgical Department with Assessments using the Competing Values Framework and Hartman Value Profile: A Case Study

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Abstract

Background: Understanding both the culture of an organization and its members' judgment can enhance a leader's ability to meet the organization's goals. We were interested in whether "Organizational Cultural Assessment Instrument" (OCAI) and "Hartman Value Profile" (HVP) will provide insights into our prevailing culture and its members' judgment capacity.

Method: Faculty members of the Department of Surgery at the University of South Florida completed two instruments: The OCAI and HVP. The OCAI asked 6 questions in each of 4 domains assessing present and preferred culture of the member. The relative proportion of each domain ranges from 0 to 100. The domains are the "clan" culture, the "adhocracy" culture, the "market" culture, and the "hierarchy" culture. The respondent has to assess both the present state and their preferred state of their organization. The HVP measures judgment using two sets of lists of items that the individual must rank which lead to an assessment of intrinsic judgment, extrinsic judgment, and strategic judgment. Scores range from 0 (best) to 80+.

Results: The OCAI mean scores for present state: Clan domain 15.6, Adhocracy domain 19.0, Market domain 38.2, and Hierarchy domain 25.7. The preferred state: Clan 31.3, Adhocracy 26.5; Market 24.3 and Hierarchy 17.6. The mean HVP work-side scores: Intrinsic 9, Extrinsic 11, and Strategic 17. There was also a wide range of responses.

Conclusion: We interpret that the faculty members feel that the culture undervalues people and innovations and overvalues external competition and bureaucratic procedures, compared to how they would like the Department to be. It appears that the members have good judgment capacity for relationships and work capacity. These results have allowed us to reflect on the Department's culture and members capabilities.

Keywords: Academic surgery; Organizational culture; Personal judgment; Competing values framework; Hartmann value profile

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Introduction

Organizations in any human endeavor have cultures. Although there many ways to define culture, one of the definitions provided the Merriam-Webster dictionary [1] is "the set of shared attitudes, values, goals, and practices by that characterizes an institution or organization." More specifically in an organization, Schein [2] proposes that "organizational culture is the pattern of shared basic assumptions-invented, discovered, or developed by a given group as it learns to cope with its problems of external adaption and internal integration-that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems." The culture of an organization may affect the thinking and behavior of every member. From the standpoint of leadership, acceptance and performance of assigned tasks may be influenced by the culture of the organization.

Within any organization, however, what makes up the culture are people. Individuals come into an organization with talents, skills, past experiences, and a set of beliefs. They have varying abilities to assess situations and make judgments. These experiences have effects on the individual's assimilation into an organization's culture.

Table 1: Subset analysis of the Hartman Value Profile.

HVP Subset	USF DOS Score (range)	Ideal Score	Population Range
Innovation and creative thinking Decision-making “energy”	24 (0-49)	12	0-50
Morale/attitude/engagement Passion and commitment to work	13 (0-35)	20	0-50
Self-Expectation/tendency toward criticism	36 (13-66)	12	0-75
Ability to adapt/deal with change	24 (3-69)	25	0-75
Emphasis on “quality”	19 (11-28)		0-50
Self-Esteem/Self-Confidence	-10 (+1 to -20)	+5 to -5	+42 to -42

An organization may not achieve its goals when there is conflict within an organization and a malalignment of expectations. Therefore, it is essential that leaders choose members who are compatible with the culture of the organization and who have the necessary judgment to understand and execute its strategic goals. Although the academic surgical leadership may be excellent in assessing a candidate’s professional *bona fides*, these leaders may not have the tools necessary to assess a member’s judgment and cultural affinity. The purpose of this study evaluate if two tools, the “Organization Cultural Assessment Instrument” and the “Hartman Value Profile,” can provide insights to department leaders on the state of their department’s culture and judgment values of its members.

Methods and Materials

All members of the Department of Surgery in the University of South Florida received the two following instruments in the spring of 2014. The Department of Surgery consisted at the time of five divisions: General Surgery, Trauma/Acute Care Surgery, Plastic Surgery, Vascular Surgery, and Pediatric Surgery, comprising a total of 27 faculty members at the time of the instruments administration. The purpose of each instrument was presented to the members. It was emphasized that the instruments were to be used to understand the culture of the department and to give each member insights as to their judgment. It was emphasized that the information would not be used in a punitive manner and that the leaders of the department would not know any individual results because the instruments were anonymous. The authors have had education and prior experience with these instruments; therefore, it was felt that these instruments would provide valuable insights.

The Organization cultural assessment instrument

The Organizational Cultural Assessment Instrument (OCAI) is based on the Competing Values Framework as developed by Cameron and Quinn [3]. Although the OCAI has not been validated specifically for academic medicine [3,4], it has previously been used in the healthcare setting [5,6]. In this framework, an organization has varying levels of four core value sets: Clan, Adhocracy, Hierarchy, and Market. Each set has its own general characteristics which help define it. The *Clan* culture focuses on internal maintenance with flexibility, concern for people, and sensitivity to customers, where the workplace is friendly and leaders are considered mentors. The organization is held together by loyalty and tradition. Success is defined in terms of sensitivity to customers and concern for people. The organization places a premium on teamwork, participation, and consensus. The *Adhocracy* culture focuses on external position of the organization vis-à-vis with its competitors, but having a high degree of flexibility. It is a dynamic, entrepreneurial and creative place to work, and its leaders are considered innovators and risk takers. The organization is held together by a commitment to experimentation and innovation.

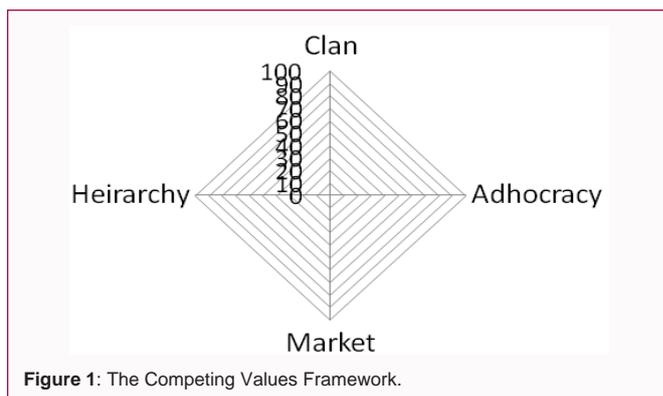
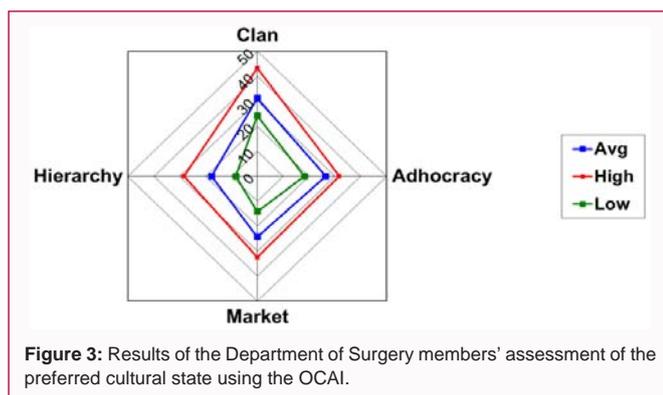
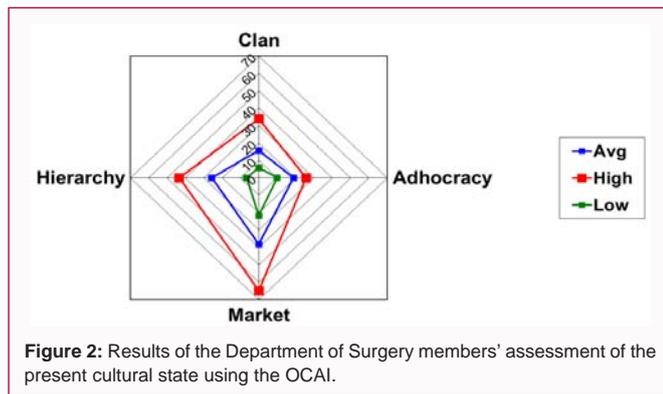


Figure 1: The Competing Values Framework.

Success means introducing unique and new products or services, and it encourages individual initiative and freedom. The *Hierarchy* culture focuses on internal maintenance with a need for stability and control. This culture involves a formalized and structured work place, and its leaders are consider organizers, coordinators, and efficiency-minded. It is held together by formal rules and policies. Success is defined as dependability, reliability, and efficiency. It values secure employment and predictability. Lastly, the *Market* culture focuses on external position of the organization vis-à-vis its competitors with a need for organizational control. It is bottom-lining results-oriented, and its leaders are considered tough competitors. The culture is held together by the need to win, success is defined by market share and penetration, and it emphasizes hard-driving competitiveness.

Organizations which score highly in the *Clan* and *Adhocracy* cultures tend to value personal flexibility and discretion. Those which score highly in the *Adhocracy* and *Market* cultures tend to value a focus on external factors which may affect the organization and its differentiation from other organizations. Those that score highly in the *Market* and *Hierarchy* cultures tend to value organizational stability and process control. Finally, those that score highly in the *Hierarchy* and *Clan* cultures value an internal focus on personnel development, integration of personnel into the organization and the organization’s processes (Figure 1). No one culture is considered superior or inferior to any other. Each organization has a varying amount of each culture. If an organization has none of the characteristics of a culture, then it scores a 0; if it is all that culture is will score 100. Organizations are not all of a single type of culture but rather will be a mixture of all cultures to varying degrees.

The OCAI is a survey asking members of the organization to assess six key dimensions of the organization’s culture in its present state and in the state the member prefers the organization to be. There are four items in each dimension. The member will assign a value from 0 to 100 for each item, but the total of all four items must be exactly 100. For example, if the member assesses item an in



dimension 1 as 100, then necessarily the values for items B, C, and D must be 0. If the member assesses it at 25, then the sum of the assessment for items B, C, and D must be 75. This is the essence of the “competing” values-when one value goes up, another or others must go down. The survey used in this study was adopted from the one provided by Cameron and Quinn³ to be applied to an academic department of surgery (Appendix I).

The Hartman value profile

The Hartman Value Profile [7] (HVP) is based on the study of axiology. Axiology is the philosophical study of value, specifically, how people determine the value of different things. The HVP was developed to assess an individual's values and judgment. It has been validated extensively and has been previously used in the healthcare setting [8,9]. The HVP is an axiological inventory that measures a person's capacity to make value judgments about the world and one's self. It is composed of two parts: 18 items pertaining to the world and 18 phrases related to the self. Specifically, the “self” portion concentrates on one's work (Appendix II). From these two rankings, a profile of three types of judgment can be constructed: *Intrinsic Value Judgment* (I), which is the capacity for excellence in relational judgment as evidenced simply in “good people skills,” the capacity to integrate with others, and the capacity to “read” people. A stronger (i.e., lower) score tends to reveal caring, respect, and tolerance. *Extrinsic Value Judgment* (E), which is the capacity for excellence in tasks, projects, processes, and basic implementation of skill set competencies, a capacity to perform tasks effectively, strong work ethic/dependability, high expectations of performance of others, and high trainability with new dynamics of practice or technology. Finally, *Systemic Value Judgment* (S) is the capacity for excellence in abstract domains of work and life such as long range planning, strategic visioning, structural integrations, implications, and consequences; this reflects the capacity to see “the big picture” with its implications

and consequences. The HVP is divided into two parts: part I, “The Work Side,” focuses on value judgments as it relates primarily to the world of work or the world that is “external” to the person; and part II, “The Self Side,” focuses on judgments that an individual makes concerning oneself on a more personal, “internal” side. Scores range from 0 to 160, with lower scores reflecting greater capacity for good judgment.

The OCAI was given to all members of the department with an explanation as to its purpose and returned to the first author after completed anonymously. The first author was responsible for scoring the OCAI. The HVP was administered on-line through the Hartman Institute and results were returned as aggregate scores, although each member of the Department received their own scores.

Results

Of the 27 members of the Department of Surgery, 16 (59%) returned the OCAI, while all members completed the HVP instrument.

The OCAI

Figure 2 presents the results of the OCAI for the Department's present state with each dimension's average score, plus the individual high and low scores to assess the range. The average scores were Clan culture 15.6, Adhocracy culture 19.0, Market culture 38.2, and Hierarchy culture 25.7. Because the highest scores are in the Market and Hierarchy cultures, it appears that the members who responded to the OCAI believe that the department values organizational stability and process control. Figure 3 presents the preferred state for the department. The average scores were Clan 31.3, Adhocracy 26.5; Market 24.3 and Hierarchy 17.6. Because the preferred scores are in the Clan and Adhocracy cultures, it appears that the members would rather the department place more value on individual discretion and flexibility.

The HVP

The average HVP Intrinsic Value Judgment (I) score for the department was 9 (range 2-20). The average in the general population is 40, with a range of 0-80+. According to the Hartman Institute, the average for healthcare is 18, with ideal scores for healthcare paradigms ranging from 0-20. The “ideal” score is based on the Hartman Institute database for different organizations and industries on which individual scores appeared to be most successful and productive. This score implies that the members of the department demonstrate better than the industry standard judgment potential for advancing relationships and human dynamic components of work environment. The average Extrinsic Value Judgment (E) score was 11, (range 4-24). The average in the general population is 40, with a range of 0-80+. According to the Hartman Institute, the average for healthcare is 14, with ideal scores for healthcare paradigms ranging from 0-20. This score implies that the members of the department demonstrate better than the industry standard potential for advancing tasks in an orderly, efficient, effective, and economical manner. The correspondence of strong I/Intrinsic Value Judgment and E/Extrinsic Value Judgment creates a strong ability to see potential in situations and people and to understand how to best actualize this potential. The average Systemic Value Judgment (S) score was 17 (range 6-35). The average in the general population is 40, with a range of 0-80+. According to the Hartman Institute, the average for healthcare is 34, with ideal scores for healthcare paradigms ranging from 0-25. Because this is the weakest score compared to the I and E scores,

it may get overshadowed by the other domains. The table presents subset analysis of the component scores of the HVP.

Discussion

We have reported our experience using two instruments to assess the culture of our academic department of surgery and the judgment of the individuals within it. What we have found is that type of culture presently within the department is viewed as weighted toward a hierarchical/market culture more prone to stability and control, whereas what is desired is a culture more toward the clan/adhocracy culture with more of an emphasis on individual flexibility and discretion. On average, the individuals within the department show highly developed qualities of intrinsic, extrinsic and strategic judgment well higher than population norms and well within the ideal ranges for healthcare. Subset component analysis (Table 1), however, reveals that lower than ideal scores in the "Innovation/Creativity" subset may reflect too many unknowns, uncertainties, and "gray areas" within the larger organization. Although the average "morale/attitude/engagement" score is good, there are a few outliers who can adversely affect this component. The "self-expectation" component may lead to a culture more of criticism than compliment and cause too much focus on failure and blame. However, the "ability to adapt" component shows the group has a strong capacity to adapt to the environment. The emphasis on quality shows strong commitment to quality work. Lastly, the "self-esteem" component suggests that there are tendencies for "ego" to "mask" a lack of self-awareness, self-regard and self-confidence.

After obtaining these scores, it naturally begs the question as to what to do with this information. Organizational culture has been shown to affect organizational performance in healthcare delivery [10-15], patient satisfaction [5], research [16], teaching [17], member satisfaction and turnover [18], and financial and market pressures [19,20]. In addition, culture can affect the relationship between the dean and department [21,22], between the dean and hospital administration [23], on-boarding a new department chair [24], and the ability to address significant issues within the department and university [25]. With respect to the OCAI, Cameron and Quinn [3] provide a mechanism to promote cultural change. This mechanism is quite intensive requiring members to fully engage in defining what, in our case, it means and does not mean to move more toward clan and adhocracy cultures and away from market and hierarchy cultures. In addition, because both the OCAI and HVP were returned anonymously and only in aggregate, we are unable to correlate individual scores with individual faculty performance. The results were provided to the faculty members for their own consideration.

This is still a work in progress. A pilot project within the Division of General Surgery has exposed difficulties in the process (unpublished data). The first difficulty is the time-intensiveness of the process. In busy academic surgical practices, with both research and teaching commitments, it has proven to be difficult to bring together the members to discuss the cultural changes necessary. Secondly, the process requires honesty and integrity, with a commitment to achieving what is best for the organization. Individuals with personal, "hidden" agendas can sabotage the process of cultural change. Although the department's leadership sees the value in moving toward more of a clan culture, how to accomplish this is still under consideration. Lastly, it requires political commitment from the university and hospital, which may not be forthcoming due to institutional or financial boundaries.

As for the HVP, information from it allows organizational leaders to place individuals with the right judgment skills into positions to maximize their effectiveness. Within our department, the Division of Plastic Surgery has used the HVP to help in the resident selection process and has shown a correlation between it and resident performance Harrington MA et al. [7], unpublished data. As with the OCAI, there may be a variety of barriers which prevent leaders from using it to place the right people in the right roles which could be related to institutional structure, personal goals of the members, or political considerations. Nevertheless, the best use of the HVP may be in the initial hiring process, because it may allow for selection of candidates that best fit the organization's culture and goals [9].

Neither the OCAI or HVP are the only instruments available, nor do we claim that they are the best available. Scott et al. [26] reviewed 13 cultural assessment instruments which could be applicable to healthcare organizations, including the OCAI. What they found is that there is neither uniformity of definitions nor what is assessed. In addition, each has varying degrees of resource intensiveness. The HVP is certainly not the only assessment tool of personnel. An internet search will produce a plethora of companies and instruments assessing all manner of personnel traits, such as a personality, integrity, emotional intelligence, psychological suitability, competency, etc. It is certainly unclear as to how well or poorly each would perform in an academic surgical setting.

There are many limitations to this experience. First, we do not know if the instruments chosen for this assessment are the best ones for what we hoped to learn. Second, it requires good faith on the part of the members of the department to respond to the survey honestly and with the goal of improvement department culture. It is unclear what other motives could have affected the results. Third, with respect to the OCAI, we had a response rate of 59%. It is unknown how the non-responders would have assessed the Department's culture. Lastly, the HVP data are aggregate data; we cannot correlate the HVP to the OCAI in a more granular way.

Conclusion

The case study of our culture and members' judgment provided our leadership additional information. We are still trying to determine how best to respond to this information. Much work still needs to be done to understand the culture and skill sets within academic medicine. We hope to use the data to address needed cultural change and placing individuals in the positions that would maximize their skill sets.

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