Towards Excellent Work Behavior In The Health Tourism Hospitals In Malaysia

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Abstract: The purpose of this paper is to provide a conceptual analysis of group culture and work behavior in the health tourism hospitals. This paper applies social information processing theory to propose the research framework of group culture and work behavior. Our conceptual analysis suggests that individuals who work in an organization with group culture are more likely to engage in excellent work behavior whereas individuals who work in an organization without group culture are less likely to engage in excellent work behavior. Given that work behavior has become an important topic in the health tourism hospitals; this paper proposes a theoretical framework to serve as a basis for future research and also offers practical implications to the healthcare managers.

Keywords: Group culture, work behavior, health tourism hospitals.

I. Introduction

The concept of health tourism in Malaysia has evolved many years ago. According to the statistics estimated by the World Tourism Organization, the numbers of people around the world involved in health tourism have increased by 32% between 2005 and 2010. In terms of revenue, it has increased by 42% in 2010 globally. In Malaysia, the country's healthcare system has performed according to the World Health Organization's (WHO) standards and the overall performance is remarkable. According to Market Watch (2011), "The Healthcare Sector in Malaysia", the health tourism sector has experienced continuous growth since the beginning of 1990's. For the past decade, healthcare tourism has become a significant contributor to Malaysia travel industry. It is also reported in the Market Watch (2011) that Malaysia now receives 85-90% of its patients from ASEAN countries such as Indonesia and Singapore and the rest of 10-15% from Japan, Australia, United Kingdom, Middle East and European countries. To facilitate the trade of health tourism, the Ministry of Health has set up Healthcare Travel Council to collaborate with the Association of Private Hospitals of Malaysia (APHM) to grant private hospitals health tourism status in promoting the country health tourism industry. However, with the increasing expectations on the healthcare services, health tourism hospitals are operating in a highly alert environment with no room for even a slight mistake. Service failures will result customer dissatisfaction and defection. These are unwanted results for any hospital in the health tourism sector since attracting new patients tends to be more expensive than keeping existing patients (Reichheld & Sasser, 1990). Therefore, work behavior in the health tourism hospitals is crucial in improving service performance as work behavior is the fundamental value of achieving high standard of care. In relation to the country's healthcare tourism goals, healthcare organizations should extend their view exceeding the medical perspective and apply a holistic social approach to improve work behavior. However, there was limited discussion on organizational antecedents of work behavior in the health tourism context. Many questions about what actually influences work behavior remain unanswered. Given the paucity of research on this subject, this study attempts to explain work behavior by using group culture.

II. Literature Review

2.1 Work Behavior in the Health Tourism Hospitals

The evolution of caregiver's roles from merely providing basic medical services to upholding the standard of care obviously indicates what is meant by work behavior in a healthcare profession as perceived by the society nowadays. Work behavior exhibited by hospital staffs especially empathy and care are important in patient's evaluation of their experience in the hospital (Darby & Daniel, 1999). In view of the changing demands and expectation of the patients, healthcare providers must emphasize on work behavior to fulfill patient's psychological needs and gaining patient's recommendation to become the preferable treatment centre.

Work behavior in the health tourism hospital is referring to the service behavior of individuals who work in the hospital in responding to patient's needs efficiently and effectively. In the wake of realizing the importance of economic contribution by health tourism industry, the dramatic expansion of the number of nursing institutions and number of caregivers especially young nurses has posed a threat to the standard of care delivered. In relation to this scenario, patient care is more likely to be staffed by younger and inexperienced individuals. According to Barnett, Namasivayam and Narudin (2010), the factor contributing to the criticism of

poor services is due to poor work behaviors toward patients. Owing to poor services by the inexperienced individuals, the unsolved issues of healthcare services have resulted in the increasing numbers of complaints received. Pertaining to this situation, interpersonal work behaviors should be valued more highly as it can contribute to improvements in healthcare outcomes. However, little attention has been given to the state of work behavior and the question on how to improve work behavior in the health tourism hospitals has not been pinpointed in this specific context.

Schneider (1990) in his study stated that exhibiting more positive work behavior among employees is imperative to success in gaining customer's preference. On the same note, Chen and Chen (2010) suggested that the interaction and contact between service employees and customers has critical influence on the performance of an organization and achievement of its management goals. In another study by Chien, Chou and Hung (2008), it was discovered that by eliciting more positive work behavior in the healthcare organizations is essential in obtaining positive patient's evaluation. In order to become the preferable healthcare centre, healthcare providers should draw their attention on establishing measures to improve employee's work behavior since patients are referring to their service behavior for evaluation. Patients often make judgments on the manner in which medical care is delivered to them (Tomes & Ng, 1995). The better work behavior the employee demonstrates, the greater the opportunities for healthcare providers to excel in both services and care. However, the role of group culture in an organization has been overlooked in the process of generating excellent work behavior.

2.2 The Role of Group Culture

Since 1980's, organizational researchers have started paying attention to the concept of organizational culture (e.g. Ouchi, 1981; Pascale & Athos, 1981; Peter & Waterman, 1982; Deal & Kennedy, 1982). Organizational culture demonstrates the enduring ideology that people carry inside their heads (Cameron & Quinn, 1999). Smircich (1983) stated that organizational culture maybe the crucial key that managers used to direct the course of their organizations. It provides guidance to behaviors in the organizations and profoundly influences decision making in unnoticeable ways (Hofstede, 2001). According to Schein (1985), organizational culture comprises the values and norms shared by members of a social unit. These values and norms suggest correct ways of relating to others and in turn reflected in actual behavioral patterns. To gain better understanding of organizational culture, Van Muijen, Koopman, Dondeyne, De Cock and De Witte (1992) defined organizational culture in terms of behavioral norms, core values, artifacts and behavioral patterns which rule the ways members in an organization interact with each other and invest energy in their jobs. This is the reason why culture has been seriously studied in organizations.

Group culture originated from the two-dimensional typology of organizational cultures proposed by Quinn (1988) in the Competing Values Framework (CVF). Group culture has been selected over other types of culture in the present study because it is characterized as having high flexibility, individuality, spontaneity and internal focus. These characteristics are suitable for healthcare organizations. Organizations which adopt group culture encourage broad participation by employees; emphasize cooperation and positive interpersonal interaction (Cameron & Quinn, 1999). In addition, it creates teamwork, empowerment and human resource development (Helfrich, Li, Mohr, Meterko & Sales, 2007). Some characteristics such as shared values, cohesion, goals, participation, individuality and sense of belongingness permeate group culture. Basic assumptions in group culture include organization can best be managed by teamwork and customers are best treated as partners (Cameron & Quinn, 1999). Leaders in the organization tend to be participative, considerate and supportive (Denison & Spreitzer, 1991). They are taught of as mentors or parent figures with warm and caring characteristics. They develop employee's full potential and facilitate their participation, commitment and loyalty (Cameron & Quinn, 2006). Given the above rational of group culture, it is postulated that group culture is able to contribute to the intended excellent work behavior in the healthcare organizations. This is because it forms the human relation model which stresses spontaneity with a focus on the internal organization. Employees propel through attachment, cohesiveness and membership in the organization that are essential in shaping excellent work behavior collectively.

2.3 Theoretical Framework and Research Proposition

According to Social Information Processing Theory (Salancik & Pfeffer, 1978), the development of work behavior is a function of the information process by individuals through their immediate organizational context. Group culture that forms the organizational context and norms is a suitable predicting variable of work behavior. Individuals can be motivated by core values of the group culture to produce excellent work behavior. In the case of health tourism hospitals, individuals need to work in group culture that emphasizes on moral, high cohesion, warm, caring and high commitment in order to exhibit outstanding work behavior. On this basis, it is suggested that healthcare organizations should adopt group culture to stimulate work behavior in fulfilling the

needs of the patients and for better patient's outcomes. Our proposed theoretical framework underpinned by the Social Information Processing Theory is shown in Figure 1.

As stated by Salancik and Pfeffer's (1978) Social Information Processing Theory, the ability of individuals to display work behavior is related to the information they acquire through social and organizational environment. Therefore, group culture is expected to enhance individual's work behavior in the sense that it provides information and expectations concerning individual's behavior and the logical consequences of such behavior in an organization (Salancik & Pfeffer, 1978). Based on the above explanation, we propose that:

- Proposition 1: Individuals who work in an organization with group culture are more likely to engage in excellent work behavior.
- Preposition 2: Individuals who work in an organization without group culture are less likely to engage in excellent work behavior.

III. Research Implications

3.1 Theoretical Implications

This study attempts to explain the influence of group culture in generating excellent work behavior among individuals working in the Malaysian health tourism hospitals. Past literatures have stated that culture of an organization provides a meaning system for employees who are interacting with their work environment (Cooke & Rousseau, 1998; Martin, 1992; Parker, 2001; Schein, 1985; Weick, 1995). However, past studies were not specifically focus on group culture and work behavior in the health tourism context. Hence, the present study uses Social Information Processing Theory to support the relationship between group culture and work behavior. The outcome of this study is expected to add to the literature of group culture which rarely has been tested with work behavior. Additionally, this study also provides guidance for future similar research to other service industries such as bank, hotel, insurance agencies and restaurants which require excellent work behavior in their daily operation.

3.2 Practical Implications

In terms of practical implications, this study provides a research framework which intends to create outstanding work behavior that will ultimately elevate the standard of care and contribute to the development of the country's health tourism. The practice of group culture in the health tourism hospitals will lead to the understanding of new values and norms that can formulate excellent work behavior in fulfilling patient's needs. Such practice will assist healthcare managers to generate a cohesive workforce with broad participation and promote internal communication. This in turn will be an advantageous strategy to promote the country's health tourism.

IV. Conclusion

In conclusion, the propositions in this conceptual paper may be generalizable to healthcare provider who has the responsibility to inculcate excellent work behavior among employees in the organization. In addition, the introduction of group culture is expected to create conducive organizational environment and norms that can foster the relationship among members as well as forming teamwork with outstanding work behavior. This in turn will bring significant growth in the health tourism industry and make the country to become the preferred destination for health tourism. By examining the influence of group culture on work behavior, this study not only provides propositions that may guide future research but also offers healthcare managers recommendations required for the delivery of quality healthcare.

References

- [1] Market Watch (2011). *The healthcare sector in Malaysia*. Malaysian-German Chamber of Commerce and Industry, Market Watch 2011.
- [2] Reichheld, F.E., & Sasser, W.E. (1990). Zero defections: Quality comes to services. Harvard Business Review, 68(5), 105-111.
- [3] Darby, D.N., & Daniel, K. (1999). Factors that influence nurses' customer orientation, Journal of Nursing Management, 7, 271-280.
- [4] Barnett, T., Namasivayam, P., & Narudin, D.A.A. (2010). A critical review of the nursing shortage in Malaysia. *International Nursing Review*, 57, 32-39.
- [5] Schneider, B. (Ed.). (1990). The climate for service: An application of the climate construct. In *Organizational climate and culture*, 383-412. San Francisco: Jossey-Bass.
- [6] Chen, M.L., & Chen, K.J. (2010). The relations of organizational characteristics, customer-oriented behavior and service quality, *African Journal of Business Management*, 4(10), 2059-2074.
- [7] Chien, C.C., Chou, H.K., & Hung, S.T. (2008). A conceptual model of nurses' goal orientation, service behavior and service performance. *Nursing Economics*, 26(6).
- [8] Tomes, A.E., & Ng, S.P.C. (1995). Service quality in hospital care: The development of an inpatient questionnaire, *International Journal of Health Care Quality Assurance*, 8(3), 25-33.
- [9] Ouchi, W.G. (1981). Theory Z: How American business can meet the Japanese challenge. Reading, MA: Addison-Wesley.

- [10] Pascale, R., & Athos, A. (1981). The art of Japanese management. New York: Simon & Schuster.
- [11] Peter, T., & Waterman, R. (1982). In search of excellence. New York: Harper and Row.
- [12] Deal, T.E., & Kennedy, A.A. (1982). Corporate cultures: The rights and rituals of corporate life. Reading, MA: Addison-Wesley.
- [13] Cameron, K.S., & Quinn, R. E. (1999). Diagnosing and changing organizational culture. Addison-Wesley: Massachusetts.
- [14] Smircich, L. (1983). Concepts of culture and organizational effectiveness. *Administrative Science Quarterly*, 28(3), 339-58.
- [15] Hofstede, G. (2001), Consequences: Comparing Values, Behaviors, Institutions, and Organizations Across Nations, Sage, Thousand Oaks, CA.
- [16] Schein, E. (1985). Organizational culture and leadership: A dynamic perspective. San Francisco: Jossey-Bass.
- [17] Van Muijen, J. J., Koopman, P. L., Dondeyne, P., De Cock, G., & De Witte, K. (1992). Organizational culture, the development of an international instrument for comparing countries. In G. Hunyady (Ed.), *Proceedings of the second European congress of psychology*, 249 259. Budapest, Hungary: A jtosi Duver.
- [18] Quinn, R.E. (1988). Beyond rational management: Mastering the paradoxes and competing demands of high performance. San Francisco, CA: Jossey-Bass Publishers.
- [19] Helfrich, C.D., Li, Y-F., Mohr, D.C., Meterko, M., & Sales, A.E. (2007). Assessing an organizational culture instrument based on the Competing Values Frame: Exploratory and confirmatory factor analyses. *Implementation Science*, 2(13), 1-14.
- [20] Denison, D.R., & Spreitzer, G.M. (1991). Organizational culture and organizational development. In R. W. Woodman & W. A. Pasmore (Eds.), *Research in Organizational Change and Development*, 5, 1-21. Greenwich, CT: JAI Press.
- [21] Cameron, K. S., & Quinn, R. E. (2006). Diagnosing and changing organizational culture: Based on the competing values framework. San Francisco: Jossey-Bass.
- [22] Salancik, G.R., & Pfeffer, J. (1978). A Social Information Processing Approach to Job Attitudes and Task Design. Administrative Science Quarterly, 23(2), 224-253.
- [23] Cooke, R.A., & Rousseau, D.M. (1988). Behavioral norms and expectations: A quantitative approach to the assessment of organizational culture. *Group and Organization Studies*, 13, 245-273.
- [24] Martin, J. (1992). Cultures in organizations: Three perspectives. New York: Oxford University Press.
- [25] Parker, M. (2001). Organizational culture and identity. Thousand Oaks, CA: Sage Publications.
- [26] Weick, K. (1995). Sensemaking in organizations. Sage Publications: Thousand Oaks.

Figure 1: Proposed Theoretical Framework

