

Determining the Organizational Intelligence Level of Hospitals in Our Region

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ARTICLE INFO	ABSTRACT
<p><i>Article type:</i> Original Article</p> <hr/> <p><i>Article history:</i> Received: 12- Jul-2013 Accepted: 19-Aug-2013</p> <hr/> <p><i>Keywords:</i> Component of organizational-intelligence Hospital Organizational intelligence</p>	<p>Objectives: A new and unique tool for survival of organizations among their competitors is the use of organizational intelligence; Organizational intelligence means having a comprehensive knowledge of all the environmental factors that affect on the organization. This research is one of the few studies with the aim of determine the organizational intelligence level of hospitals and ranking of organizational intelligence components to enable administrators to provide more accurate identification of strengths and weaknesses and take more effective steps to improve service delivery.</p> <p>Materials and Methods: This is a descriptive-analytical and applicable study performed in the 2012 at 12 General Hospital related to Mashhad University of Medical Sciences. Data collection was performed by Albrecht organizational intelligence questionnaire. The data gathering tool was the questionnaire Albrecht Organizational Intelligence. The collected Data were analyzed using T-test and Smirnov test with SPSS-16 software. The significance level for all tests was considered 0.05.</p> <p>Results: All components of organizational intelligence were in the optimum status. Component of Shared fate gained the first rank and component of knowledge Deployment gained the last rank.</p> <p>Conclusion: Ranking of organizational intelligence components is different in hospitals of the province and the county; representing different features and conditions. Considering the importance of organizational intelligence role in the promotion of organization, hospital managers can take active steps to improve organizational intelligence based on done rankings.</p>

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Introduction

Hospitals, as a center of medical care, hold a crucially important position in the overall success of health and treatment network. Like any other

open system, medical centers need to interact with their environment properly. It is necessary that the hospital uses a variety of resources, facilities, and community participation to improve the quality of offered health services (1).

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It is believed that there is a potential capability in the organizations called “organizational intelligence” which can be regarded as the combination of human intelligence and machine intelligence (2). Indeed, organizational intelligence is defined as the capacity of an organization to mobilize all its available brain power and to have it focused on achieving the organization's goal (3). Relying on human intelligence as an infinite source of intellectual capital improves the organization flexibly in coinciding to the local, national and global needs, if it's properly identified and managed (4). One of the greatest management challenges today is how smart organizations can be created to be able to change rapidly as their environment changes and ensure the success and survival of the organization in the bubbling and turbulent external environment (5). The obtained results show that organizational intelligence status in different organizations is acceptable, though not desirable. In this regard, the study of Beikzadeh on governmental organizations in East Azerbaijan estimates the mean organizational intelligence as around 2.99 which is an acceptable score according to Albrecht rating (6). Also, by studying the relationship between intelligence and efficiency of administrators in Physical Education organization of East Azerbaijan, Khodadadi found that the average overall organizational intelligence score was 106.283, and considering the fact that each of 35 questions achieved a score of 3 in average, this value is acceptable too (7). Moreover, in studying the relationship between the components of organizational intelligence with learning organization in the Islamic University, Rudehen branch, Banisi et al indicated that the average organizational intelligence was the acceptable score of 170.65, since each of 49 questions had a mean score of 3.48 (8). Gholami conducted a study on the relationship between organizational intelligence and performance of the administrators of the education departments in the universities of Garmsar and found the organizational intelligence of the mentioned department as non-satisfying (4). Nowadays, Albrecht is the most famous model in organizational intelligence (3). (Figure 1)

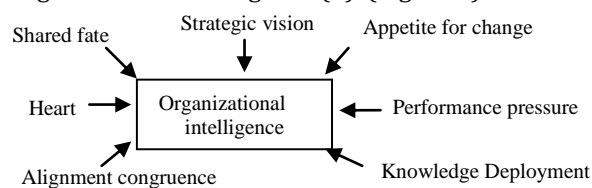


Figure1: Albrecht organizational intelligence model (9)

Albrecht suggests that employing smart people in an organization simultaneously leads to increase collective retardation and group stupidity. Generally, the organizations harm themselves rather than hindering their competitors (2). He uses the “organizational intelligence” term against “retardation” and believes that utilizing the organizational intelligence method is the only way to fight against retardation (9). Enhancing organizational intelligence enables the organizations to analyze the data gathered from the surrounding environment more efficiently. These data can be stored and provided to decision makers in appropriate situations (4). Indeed, the emergence of new technologies and the need to dominate and to take advantage of these new technologies force management to pay special attention to the issue of organizational intelligence (5). The management must determine the appropriate starting point for the organization as well (10).

Given the importance of organizational intelligence in hospitals and its effects on the offered quality, performance and ultimate productivity, it is worth being attended by hospital officials. As a result, this paper explores the dimensions of organizational intelligence and identifies their levels to implementation as an effective measure in this regard.

Materials and Methods

In this descriptive and cross-sectional survey, 388 subjects among the staff of public governmental hospitals related to Mashhad University of Medical Science were investigated. They were selected randomly and classified according to the sample size estimation table of Morgan Jersey and Kejsi (return rate 97%). Regarding ethical principles, the hospitals' names were replaced by numbers so that numbers 1-3 were allocated to hospitals of Mashhad and 4-12 were used for the hospitals in counties. Gathering data was done by using the standard Albrecht organizational intelligence questionnaire which contains 7 subscales (strategic vision, shared fate, Appetite for change, Heart, Alignment congruence, Knowledge Deployment, and Performance pressure). The questionnaire contains 51 questions which are ranked in 5-point Likert scales from “strongly agree” (5) to “totally disagree” (1). Questions number 15 and 37 were considered as a lie detector. (Table 1)

Table 1: Organizational Intelligence headings of each question

Row	Topics	Numbers
1	Strategic vision	1-2-3-4-5-6-7
2	Shared fate	8-9-10-11-12-13-14
3	Appetite for change	16-17-18-19-20-21-22
4	Heart	23-24-25-26-27-28-29
5	Alignment congruence	30-31-32-33-34-35-36
6	Knowledge Deployment	38-39-40-41-42-43-44
7	Performance pressure	45-46-47-48-49-50-51

Data were analyzed using descriptive and inferential statistical methods. For descriptive statistics, frequency tables and percentages, means and standard deviations were considered. Kolmogorov-Smirnov test was used to determine the normality of variables. The t-test or sign test was applied to identify the desirability of organizational intelligence components, and Friedman test was used to rank the variables. All analysis was done using IBM SPSS 21.0 and Minitab 16.0 softwares.

Results

Occupational health comprised the highest percentage of respondents (88.7%) whereas the lowest percentage was attributed to the IT job category (33%). Out of the 388 respondents, 33% were male and 67% female. The 30-40 age group held 42.3% of our subjects and only 2.3% of our subjects were older than 50 years of age. The majority of subjects (83%) were undergraduates, and a minority (4.6%) had a doctorate degree. Using t-test and sign test, the desirable level of variables were studied based on normality and abnormality of the obtained data for the organizational intelligence components in all

selected hospitals. Finally, it was found that all components of organizational intelligence in all selected hospitals were in the significance level (P-value<0.05) (Table 2).

According to Friedman test p-value, there are significant differences between the variables in terms of rankings. Based on the normality of the organizational intelligence components in Mashhad hospitals and using the t-test for studying significance level of variables, it was revealed that the components of organizational intelligence in these hospitals fell in an acceptable range (P-value<0.05) (Table 3).

According to Friedman test p-value, there are significant differences between the variables in terms of rankings. Based on the normality of the organizational intelligence components in hospitals of other cities and using the t-test for studying the significance level of variables, it was found that the components of organizational intelligence in these hospitals were also acceptable (P-value<0.05) (Table 4).

According to Friedman test p-value, there are significant differences between the variables in terms of rankings.

Table 2: Ranking of organizational intelligence components using the Friedman test for all selected hospitals

Topics	Mean	Ranking
Strategic vision	4.30	1- Shared fate
Shared fate	5.14	2- Alignment congruence
Appetite for change	3.51	3- Strategic vision
Heart	3.58	4- Performance pressure
Alignment congruence	4.32	5- Heart
Knowledge Deployment	3.25	6- Appetite for change
Performance pressure	3.90	7- Knowledge Deployment
Quantity of the Friedman test	205.723	
p-value	0.00	

Table 3: Ranking of organizational intelligence components using the Friedman test for selected hospitals in Mashhad

Topics	Mean	Ranking
Strategic vision	4.39	1- Shared fate
Shared fate	5.06	2- Strategic vision
Appetite for change	3.47	3- Performance pressure
Heart	2.93	4- Alignment congruence
Alignment congruence	4.27	5- Knowledge Deployment
Knowledge Deployment	3.56	6- Appetite for change
Performance pressure	4.32	7- Heart
Quantity of the Friedman test	36.77	
p-value	0.00	

Table 4: Ranking of the organizational intelligence component using the Friedman test for hospitals in other cities

Topics	Mean	Ranking
Strategic vision	4.29	1- Shared fate
Shared fate	5.15	2- Alignment congruence
Appetite for change	3.52	3- Strategic vision
Heart	3.69	4- Performance pressure
Alignment congruence	4.33	5- Heart
Knowledge Deployment	3.20	6- Appetite for change
Performance pressure	3.83	7- Knowledge Deployment
Quantity of the Friedman test	178.844	
p-value	0.00	

Discussion

As the findings showed, significance threshold for all seven components of organizational intelligence in Mashhad and counties were less than 0.05 and therefore the results were acceptable. Seyed Alavi's research on the librarians showed that the components of Knowledge Deployment, Strategic vision, Appetite for change, and Performance pressure were in the desired level but factors of Alignment congruence, Shared fate and Heart were not (11). Bagherzadeh and Akbari Dybavar in the research which was performed in the Cultural Heritage organization indicated that the Strategic vision was undesirable (12) and Norouzi and Vaezi who evaluated the organizational intelligence components in the Department of Organizational and Technical College of Tehran University found the "strategic vision" and "Shared fate" scores unacceptable among the subjects (13). Accordingly, hospitals have a more desirable position in the field of organizational intelligence among all studied organizations in this regard. Considering the obtained ranking, it is clear that the component of "shared fate" achieved the first rank in the hospitals of counties, capital of the province, and the province. Moemeni and his colleagues examined the quality of services and organizational intelligence strategies and showed that among organizational intelligence components, strategic vision, shared fate, Appetite for change, Alignment congruence, and the Knowledge Deployment have a significant relationship with the quality of offered services (14). Similarly, Beikzadeh indicated that organizational intelligence and its dimensions (strategic vision, shared fate, Appetite for change, Heart, Alignment congruence, Knowledge Deployment and Performance pressure) have a significant relationship with the performance of governmental agencies in Tabriz (6). This highlights the fact that administrators have been able to have the employees participate in the programs, issues and their outcomes and the making decision process which improves their quality and performance. The component of

Alignment congruence came second among all components in hospitals of the counties and in total. The story was different in case of Mashhad hospitals where it was ranked as fourth. In fact, our data from Mashhad hospitals were similar to the results of Alavi who showed that the Alignment congruence held the fifth rank (11). These findings indicated that the hospitals of the counties are mostly focused on authority, cooperation, regulating policies and procedures due to the higher priority of work. The component of strategic vision had the third rank in hospitals of counties and in total, but achieved the second rank in Mashhad hospitals. According to Alavi's study, this component held the first rank in the central library (11). The results show that more attention is paid to having the process, regular programs and consulting group-working for codifying a strategic program in hospitals of Mashhad. The performance pressure came forth in hospitals of counties and in total but was ranked third in hospitals of Mashhad, a finding consistent with the results of Alavi. Managers must explain the duties and job expectations clearly at the time of staff recruitment. Also, the staff performance outcomes should be given as a feedback to themselves and their level of performance must be taken into consideration when negotiating salaries.

The component of Heart held the fifth rank both in the hospitals of other cities and in total but became last in the hospitals of Mashhad which is again consistent with the results of Alavi study. This component indicates the quality of working life and the level of pride an individual feels from working in that hospital and following its manager's orders because of their commitment, enthusiasm and optimism. Since this component became last in the hospitals of Mashhad, administrators should pay more attention to the quality of their staff's working life and promote it through programs including entertainment, family vacations, and religious programs, etc in appropriate situations. The component of Appetite for change was ranked

sixth in all hospitals while it had the third place in Alavi's research. Khodadadi showed that among all components of organizational intelligence, Appetite for change, Heart, and Knowledge Deployment are able to significantly predict productivity (7). As a result, hospital managers should take these factors seriously and take appropriate measures according to the changing environment to increase the desire to change in their staff. This could be done by using improved innovative support mechanisms (such as suggestion systems, embracing new ideas of personnel, etc) which will promote the growth and sustainability of the organization. Also, they must put effort in establishing a reward system in the organization to provide creative offers and better solutions in the organizational processes. This is consistent with the findings of Gholami et al who stated that Knowledge Deployment plays a significant role in managers' performance in the field of human resources (4). Vedady's research showed Knowledge Deployment has the highest correlation with crisis management among all organizational intelligent components (15). However, this component was ranked fifth in Mashhad hospitals and in other cities. It even stood last in the overall ranking.

Therefore, hospital managers, particularly in small cities should pay special attention to setting up websites in the hospitals in order to inform personnel about the latest conducted research related to their job and organization. Furthermore, they must use necessary strategies to identify the skills and the strengths of the staff and utilize their internal skills whenever required. Also, they should provide grounds for the continuing education of employees without concern.

Comparing the ratings of the hospitals in cities, capital and the overall data revealed that the components of shared fate, alignment congruence, strategic vision and the performance pressure allocated the first place to themselves whereas the Heart, Appetite for change and Knowledge Deployment components were ranked as last.

Conclusion

As the organizational intelligence has a direct impact on organizational learning (8), quality of service (14) and performance of the administrators (4,6) and the staff (5), paying special attention to the organizational intelligence has a great effect on improving service delivery and organizational success. Eventually, hospital administrators can utilize the findings of this research to take active measures in promoting the hospital.

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