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RELATIONS BETWEEN ACTUAL AND DESIRED CULTURE ON HEALTH ORGANIZATIONS: A COMPETING VALUES FRAMEWORK DIMENSION'S APPROACH

RELAÇÕES ENTRE CULTURA ATUAL E CULTURA DESEJADA EM ORGANIZAÇÕES DA ÁREA DA SAÚDE: UMA ABORDAGEM DAS DIMENSÕES DO *COMPETING VALUES FRAMEWORK*

LAS RELACIONES ENTRE LA CULTURA ACTUAL Y DESEADA EN LAS ORGANIZACIONES DE SALUD: UN ENFOQUE DE LAS DIMENSIONES DEL *COMPETING VALUES FRAMEWORK*

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ABSTRACT

This article aims to focus mainly on the relationships between the actual and the desired culture in the Brazilian health organizations' culture. The Competing Values Framework and its matched scale OCAI was used to analyze the Brazilian health organizational culture. Ten health clinics were delimited as the object of this research: the examined population consisted of a hundred and three employees of the private health institutions in the city of Belo Horizonte and two cities in the central-western region of the Minas Gerais state, Brazil. Six dimensions were evaluated: (1) dominant characteristics, (2) organizational leadership, (3) management of employees, (4) organization congruence, (5) strategic emphases and (6) criteria of success. This study also evaluated the grouping of the dimensions. Overall, the authors' findings suggest that for the "Now" perspective, there is a dominance of a hierarchical culture with an internal focus and dominant control and, as for the Preferred perspective, it was possible to identify a hierarchical culture with an internal focus and dominance for Control over Flexibility. It was possible to conclude that organizations should not target only one type of culture since there is the need to consider the compliance with the established rules for work and operational efficiency.

Keywords: Competing Values Framework. Organizational Culture. Health Organizations.

RESUMO

Este artigo tem como foco principal as relações entre a cultura atual e a cultura desejada em organizações brasileiras da área da saúde, as quais foram analisadas por meio do *Competing Values Framework* e sua escala OCAI. Dez clínicas atuantes no setor da saúde constituíram o objeto da pesquisa e a amostra foi composta por cento e três empregados de instituições privadas da área da saúde, atuantes na cidade de Belo Horizonte e de suas cidades da região centro oeste do Estado de Minas Gerais, Brasil. Foram abordadas seis dimensões do *Competing Values Framework*, assim como seu agrupamento: (1) características culturais dominantes; (2) estilos de liderança dominantes; (3) estilos de gestão de pessoas e equipes predominantes; (4) fundamento da coesão interna de pessoas e grupos; (5) ênfases estratégicas dominantes e; (6) critérios de reconhecimento de sucesso. Os resultados da pesquisa sugerem que, para a perspectiva atual, há a predominância de uma cultura hierárquica com foco interno e controle dominante, ao passo que para a perspectiva desejada foi possível identificar uma cultura hierárquica com foco interno e predominância do controle em relação à flexibilidade. É possível concluir que as organizações não devem direcionar seu foco somente para um tipo de cultura, tendo em vista a necessidade de considerar as conformidades com as regras de trabalho e a eficiência operacional.

Palavras-chave: *Competing Values Framework*. Cultura Organizacional. Organizações da Área da Saúde.

RESUMEN

Este artículo pretende centrarse principalmente en las relaciones entre la cultura real y la cultura deseada en las organizaciones de salud brasileño. El *Competing Values Framework* y su escala OCAI se utilizó para analizar la cultura organizacional. Diez clínicas de salud fueron delimitados como objeto de esta investigación: la población examinada consistió en 103 empleados de las instituciones de salud privada en la ciudad de Belo Horizonte y dos ciudades de la región centro-occidental del estado de Minas Gerais, Brasil. Se evaluaron seis dimensiones: (1) características culturales dominantes, (2) estilos de liderazgo dominante, (3) estilos de gestión de personas y equipos predominantes, (4) fundamento de la cohesión interna de las personas y grupos, (5) énfasis estratégicos dominantes y (6) criterios de reconocimiento de éxito. Este estudio también evaluó la agrupación de las dimensiones. Resultados de la encuesta sugieren que, para la perspectiva actual, hay un predominio de una cultura jerárquica con enfoque interno y el control dominante, mientras que para la perspectiva deseada es posible identificar una cultura jerárquica con enfoque interno y la prevalencia de control en relación con la flexibilidad. Es posible concluir que las organizaciones no deberían dirigir su atención solamente a un tipo de cultura, teniendo en cuenta la necesidad de considerar el cumplimiento de las normas de trabajo y la eficiencia operacional.

Palabras-clave: *Competing Values Framework*. Cultura organizacional. Organizaciones de salud.

INTRODUCTION

Brazil had a high economic growth during 2000 up to 2010, when the wages increased, and the unemployment was around 5%, which can be understood as a full employment rate and, with the support of social programs, these extreme indexes of poverty had a significant reduction. During 2010 up to 2014, the growth rate decreased slowly, in contrast to the inflationary pressure that, in 2015, closed at 10.67%, well above the target for that period (6.5%). In mid-2014, the country entered the economic recession (BRAZIL, 2015), reaching a sequence of negative results of the Gross Domestic Product (GDP), closing 2015 at -3.8%. During 2016, the GDP continued to fall, which reflected a political and economic crisis.

The economic crisis is facing a demographic transition process, consequence of the mortality drop and birth rates, which has caused a change in the Brazilian age structure: a decrease of the youth population and a rapid increase in the adult population and, in the long term, a significant increase in the elderly population (BRAZIL, 2015).

The decrease in the mortality rate and the growth in life expectancy are related to the technological advances and the new possibilities of treatment in the medical area (MATTOS, 2011).

The companies of the medical area have as their objective to care for the people's health and, consequently, function as a system, or better still, as a group within the society of which they belong. This group needs people (doctors, nurses, and managers) and technological and financial material resources to enable the development of their internal processes, which will result in products and services for their clients (FEUERWERKER, 2007).

In the daily life of the health sector, the health care personnel of the technical area are prominent. This is due to the excess of demand and, furthermore, the health group's function cannot be restricted only to the execution of health care procedures, for it also needs to be involved with management actions over which they need to have autonomy, given the nature of their functions and the urgency of the daily demands (VENDEMIATTI, SIQUEIRA, FILARDI, BINOTTO and SIMIONI, 2010). The management professionalization of the health sector's organizations is a necessity, not only for the health care professionals but also for the management professionals, which are part of the health organizations' internal environment.

The group of professional health managers and technicians need to establish a parallel line of interpersonal relationships, establishing that the management and health care functions must assume a role of mediators in the relationships, increasing the focus on the organizational culture (VENDEMIATTI *et al.*, 2010). Thus, given the context hitherto mentioned, the question of this research is: What is the dominant organizational culture in the organizations of the health area? Therefore, the objective of this study is to analyze the organizational culture of the private health clinics that operate in the state of Minas Gerais.

THEORETICAL FRAMEWORK

Among the different elements to be observed in the organizations, the cultural aspects have shown themselves to be the key point in the organizational debates. This situation occurs due to the fact that the competitive advantage of the organizations is based on the comprehension, respect, and the use of the different existing cultures (NEWTON and MAZUR, 2015). The cultural concept emerged to represent habits, customs, and qualities that are passed forward from generation to generation and efficiency, which has a tendency to develop perfection in the business process.

Organizational Culture

Organizational culture is understood as a stable and compact social unit, which is formed by individuals that share a vision of the world. This is because they have lived and reached solutions,

collectively, for the difficulties of internal integration and external adaptation, and that are capable of hiring new employees and also in transmitting their way of thinking to them (SCHEIN, 1990).

Ouchi (1979) describes three cultural values or mechanisms that are fundamentally different and which can help the organizations to deal with management problems and become more competitive: market, bureaucratic and clan. Mintzberg and Quinn (2001) add another organizational culture value which is capable of making a company more competitive: adhocracy. Adhocracy does not have any relationship with power or authority, for the power passes from the individual to the team (CAMERON and QUINN, 2006). The Clan is the friendly and welcoming environment that has as its principal values the commitment and communication, and adhocracy is a dynamic and creative environment that has as its central values innovation and agility (KAYA, ERGÜN and KESEN, 2014).

Implications of each type of culture

The hierarchical culture

The hierarchical culture has a clear organizational structure with standardized rules and procedures, strict control and defined responsibilities, and is prepared for the market. Hierarchies have respect for position and power. They often have well-defined policies, processes, and procedures. Hierarchical leaders are typically coordinators and organizers who keep a close eye on what is happening.

The market culture

The open market is understood as a social arrangement immersed in the environment, withdrawing from it and transmitting to it, in a mutual interaction, norms, and standards of behavior, that constitute proper ways of action in a competitive environment (CAMERON, 1985; DASTMALCHIAN, LEE and NG, 2000).

The Market organization also seeks control but does it by looking outward, and in particular, taking note of transaction costs. Note that the Market organization is *not* one which is focused only on marketing, but one where all transactions, internal and external, are viewed in market terms. Leaders in market cultures are often hard-driving competitors who always seek to deliver the goods.

The clan culture

The Clan is an organic association in which there is solidarity as a form of unity between the objectives and the necessities of each individual (DURKHEIM, 1933). Solidarity, or social integration, is the feeling of personal comfort in the social relationships (BARNARD, 1968). The necessity of unity is basic for an informal organization, and it is essential for the formal organization to function (BARNARD, 1968).

The basic assumptions of the clan culture are: the environment that can be better managed through teamwork and the employee's qualification, which will facilitate their conscious participation, commitment, and loyalty; clients should be seen as partners, and it is the organization that should develop a more human working environment (CAMERON and QUINN, 2006). The clan culture is based on shared values and common goals in a collective atmosphere and of mutual help, with emphasis on the employees' qualification and involvement (YU, LU and WU, 2009).

The adhocracy culture

The adhocracy culture prizes autonomy and the organizational values that are related to self-promotion, in other words, the employees' well-being and their fulfillment (DOMENICO, LATORRE and TEIXEIRA, 2006). The adhocracy culture worries about the individuality of each member of the

organization, emphasizing the flow of information, in a decentralized way, prioritizing projects as they arise and, whenever the organizational tasks are accomplished, the company is recharged quickly when new tasks appear (YU *et al.*, 2009).

> Where market success goes to those with the greatest speed and adaptability, the adhocracy will rapidly form teams to face new challenges. It will use prototyping and experimenting rather than long, big-bang projects and development. Leaders in an adhocracy are visionary, innovative entrepreneurs who take calculated risks to make significant gains.

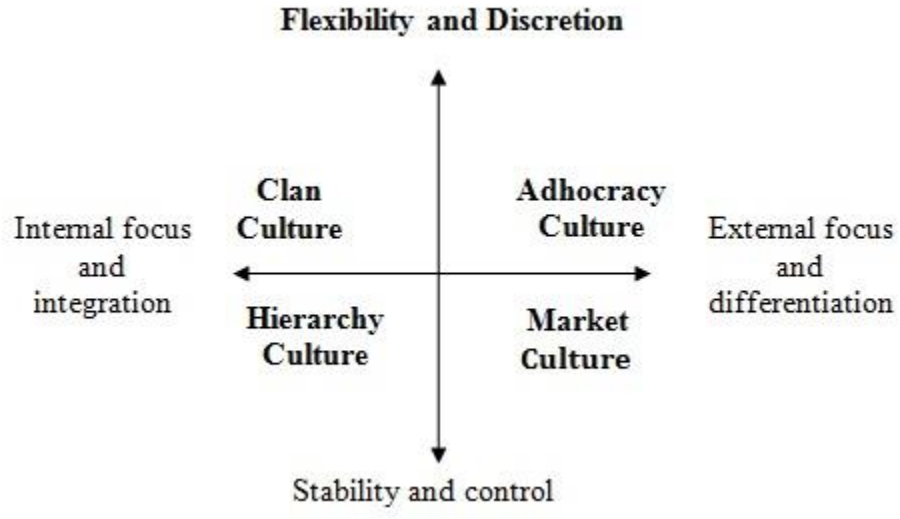
Competing values framework and Organization Culture Assessment Instrument

According to the CVF (Figure 1), there is a dominant culture (which manifests itself in the employees' points of view at all levels of the organization), but there is no better culture: all of the four cultures can operate in a determined organization and with relative stability over time (MORAIS and GRAÇA, 2013). Companies have to be flexible and adaptable to changes, but also have to be stable and controlled. Their needs are growth, acquisition of resources, besides being flexible and having teamwork.

Leone, Dussault and Lapão (2014) presented the CVF, classifying the organizations according to a more explanatory typology: clan, market or rational, hierarchical and adhocracy or developmental. Thus, a four-quadrant model was created, which reflects the indicators of organizational effectiveness that are associated with each of these cultures.

The lower left quadrant represents the hierarchical culture. Here culture is characterized as a very formal and structured working space, in which the procedures rule what people do. In this is a type of organization, the leadership is effective because the organization has a mechanical working scheme where what is important are the orders and rules (ACAR and ACAR, 2014).

Figure 1 - Competing Value Structure Model



Source: authors, 2017

The lower right quadrant characterizes the market culture. The company is orientated to the external environment for transactions with suppliers, clients, unions, regulating organs and competitors. The primary objective is to lead the organization in the direction of productivity, results, and profit, creating competitive advantage, which can be reached employing a better external positioning. The health sector organizations tend to be increasingly competitive, which has forced the health services to evolve (ACAR and ACAR, 2014).

The clan culture, which is in the upper left quadrant, represents flexibility, discernment, and internal focus, and is defined by its similarity with a type of family organization. Successful Japanese

organizations with teamwork and with an active structure are typical examples of this culture (CAMERON and QUINN, 2006).

Finally, the upper right quadrant represents the adhocracy culture, which configures flexibility, discernment, and differentiation. Aspects, such as innovation and pioneering initiatives, are considered as the points that lead to success. Adhocracy is a type of organization that is the opposite of bureaucracy, characterized by been open to innovation, with low levels of formalization, distancing it from the traditionally established standards (CAMERON and FREEMAN, 1991).

METHODOLOGY

This topic delineates the context that was studied, the research's type and method, as also the techniques and data collection methods and the data analysis that was used to achieve the objective that was presented.

Population and sample

Ten health clinics were delimited as the object of this research: as the research population, a hundred and three employees of the private health institutions of the city of Belo Horizonte and two cities in the central-western region of the Minas Gerais state, Brazil, which have as their primary activity the provision of health services.

The sample that was raised is characterized as being non-probabilistic, that is, the sample was selected based on the facility of obtaining the collaboration of individuals to complete the questionnaire.

Of the population (103 eligible individuals), a sample of ninety-two questionnaires answered by the members of the organizations was used. The sample consisted of professionals from the health area (Doctors, nurses, and physiotherapists, attendants, nursing assistants) managers (administrators and administrative assistants) that were chosen due to their accessibility in the ten private clinics.

Method of Data Collections

The method that was used for the data collection consisted of visiting the organizations to apply a structured questionnaire to the members of these institutions. The organizational culture was analyzed, using the results of the applied questionnaire, which identified the culture types, based on the perception of their members.

This questionnaire was translated and adapted from Cameron and Quinn (2006), and structured into two parts: the first, with information covering aspects related to the respondents, such as age, gender, the length of employment, professional background and position held. The second, with a set of adequate questions, with the intention of identifying profiles that represent the different types of organizational culture, in other words, the clan, the adhocracy, the market and the hierarchical cultures.

Each individual was asked to answer each question, using a Five-point Likert scale, where: 1, means that it never occurs; 2, rarely occurs; 3, occasionally occurs; 4, frequently occurs; 5, always occurs.

This questionnaire has six items with the objective of identifying one of the different cultural dimensions: dominant characteristics, organizational leadership, management of employees, organizational congruence, strategic emphasis and criteria of success (CAMERON and QUINN, 2006; GOBBI, 2012).

Organizational Culture Identification

The organizational culture has dimensions that were raised using a questionnaire with 24 questions. Each set of six questions is related to a type of organizational culture (Table 1).

Table 1 – Identification of the cultural profile

Types of organizational culture	Questions
Clan Culture	1, 5, 9, 13, 17 and 21
Adhocracy Culture	2, 6, 10, 14, 18 and 22
Market Culture	3, 7, 11, 15, 19 and 23
Hierarchical Culture	4, 8, 12, 16, 20 and 24

Source: authors, 2017

The score was obtained in each group or culture quadrant and, subsequently, added and divided by six, which is the number of questions of each group (Table 1) that is needed to identify each type of organizational culture, in other words, each culture's variable. In the questionnaire, the 24 variables were elaborated with the intention of determining the characteristics of the dominant cultures (CAMERON and QUINN, 2006).

Organizational Culture Evaluation

The six dimensions presented in Table 2 refer to the dominant characteristics, organizational leadership, and management of employees, organization congruence, strategic emphases and criteria of success (CAMERON and QUINN, 2006). The dimensions were analyzed to explain the organizational culture's behavior.

Table 2 - Profile Dimensions' Evaluation

DIMENSIONS	QUESTIONS
1. Dominant characteristics	1A,1 B, 1C, 1D
2. Organizational leadership	2A, 2B, 2C, 2D
3. Management of Employees	3A, 3B, 3C, 3D
4. Organization Congruence	4A, 4B, 4C, 4D
5. Strategic Emphasis	5A, 5B, 5C, 5D
6. Criteria for success	6A, 6B, 6C, 6D

Source: authors, 2017

The dominant cultural characteristic dimension was contemplated with four variables, which were presented using four questions. The first (A) identified the characteristics related to the first quadrant (A – Clan Culture); the second form, related to the second quadrant (B – Adhocracy Culture); the third (C – Market Culture) and, the fourth (D – Hierarchical Culture). The dimension had to totalize 100 points distributed between the questions A, B, C, and D, according to the respondent's perception of the characteristics of the cultures indicated in the quadrants A, B, C, and D.

For each block, four distinct alternatives were presented and arranged in two columns, with the objective of highlighting the situations "NOW" and "IDEAL." In the column "NOW," that represents the current state of the organization, as well as in column "IDEAL," being the desired situation, a weight was distributed for each of the alternatives so that the total sum of the block was 100.

This analysis was supported by the *Competing Values Framework* (CVF) model. It is a model specially designed to represent the cultures of the organizations in the health area. With the objective of measuring the CVF, the Organizational Culture Assessment Instrument (OCAI) (Cameron and Quinn, 2006) was used. It is a useful and assertive instrument in the diagnosis of the essential predominant culture in an organization. It is a model that helps to identify the current company's culture and the one

that is considered ideal to meet a future demand of the environment and able to give support to the organization in the coming challenges (CAMERON and QUINN, 2006).

The organizational culture types that were considered in this research were: clan, adhocracy, market and hierarchical. These constructs were evaluated in the segment of health clinics. Problems of comprehension, by part of the respondents, occurred in the measurement of the attribution. Thus, the answers that were blank were excluded from the sample.

Based on the obtained results from the questionnaire, we were able to construct graphs that illustrated the four culture types. Initially, it was calculated the average of points raised for each option (A, B, C, and D) in all six suggested dimensions, that is, add the obtained points in the same alternative (for example, A) in all the questionnaire's items and then divide this result by six (in the example below), Figure 2, the following averages were used to illustrate: A = 20; B = 30; C = 40 and D = 10). The obtained value was then recorded on the diagonal line of each respective quadrant (Figure 2).

Figure 2 – A Culture's Point Diagram with Averages

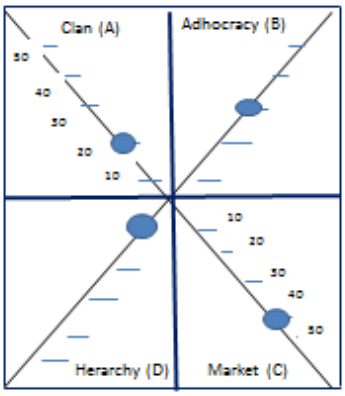
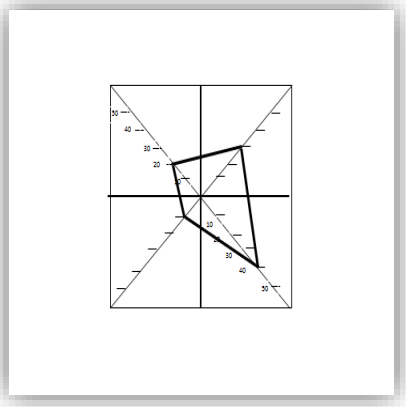


Figure 3 - Traced Culture Profile



Source: research data, 2017.

Next, the points of each quadrant were connected, drawing an image between the quadrants (Figure 3). These are the representation of the companies' organizational culture profile, which allows the visualization of the dominant culture's aspects. Thus, it was possible to draw the profiles for each dimension (1, 2, 3, 4, 5 and 6). This fact indicates that, instead of raising the value averages and drawing a single profile, one can optionally use the partial values to draw six distinct profiles for the group of organizations.

RESULTS

This section discusses the results that were found based on the answers from the questionnaires that were applied.

Dominant Characteristics and Organizational Leadership

This section discusses the results that were found based on the answers to the questionnaires that were applied. The variables of the joint sample of the clinics were analyzed, with the objective of determining which was the dominant culture in the six dimensions (dominant characteristics, organizational leadership, management of employees, organization congruence, strategic emphases and criteria of success), in the respondents' perception.

The results for the Dominant Characteristic (Dimension 1), for the "Now" respondents' perception, show a tendency towards hierarchy in the surveyed organizations, followed by a market tendency (Figure 4). As for the "Ideal" perception, it is observed a hierarchy dominance, which is followed by the market type, but on a higher level.

Figure 4 - Dominant Characteristic

Source: research data, 2017.

In the diagram (Figure 4), it is possible to visualize a group of organizations in which the dimension of control and stability is more intense, based on the obtained score in the lower left quadrant. The companies are less flexible, with less initiative, probably due to their concern with their market segment, when trying to meet the populations' demands, and worries about not failing.

In the organizations, managers establish the forms of Organizational Leadership with individuals (Dimension 2) to fulfill the determined objectives. In the results for the Organizational Leadership (Dimension 2), in the "Now" respondents' perception, they show a tendency towards hierarchy and control, followed by a market tendency (Figure 5). In the rational culture type or market, leaders are attentive to the external market, where the belief is that rewards will come with performance and positive results.

Figure 5 – Organizational Leadership

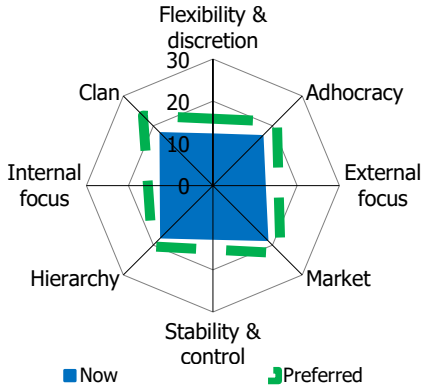
Source: research data, 2017.

As for the "Ideal" perception, it is observed a clan type of leadership shows that they think that it should be more of a group or a family type, instead of establishing hierarchical rules with competitive gains. The leaders should be more attentive to create teamwork, human resources development and give value to the employee's participation in the decision-making process (Figure 5).

Management of Employees and Organization congruence

The Managing Employees (Dimension 3) established in organizations, shows how individuals are treated and how the working environment presents itself to them (Figure 6). The results for the Management of Employees, in the "Now" respondents' perception, show a tendency towards the Clan, followed by the hierarchical.

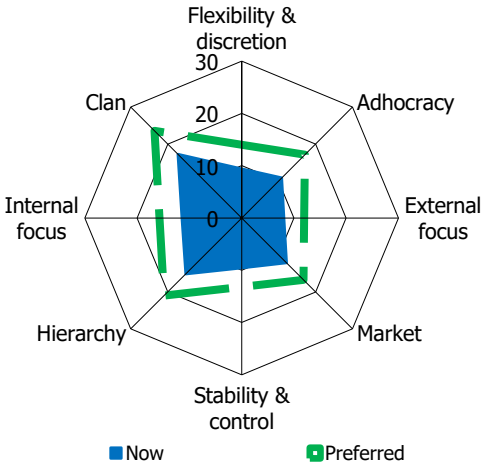
Figure 6 - Management of Employees



Source: research data, 2017.

As for the "Ideal" perception, it is observed that the hierarchical culture follows a Clan-driven company dominance. Thus, organizations consider that the human resources and teams' management are attentive to the group and perform group work. However, rules are continuing to be imposed, which, in the health sector, is a fundamental condition for the company´s existence, since it is determined by the Brazilian National Health Surveillance Association (ANVISA).

Figure 7 - Organization Congruence



Source: research data, 2017.

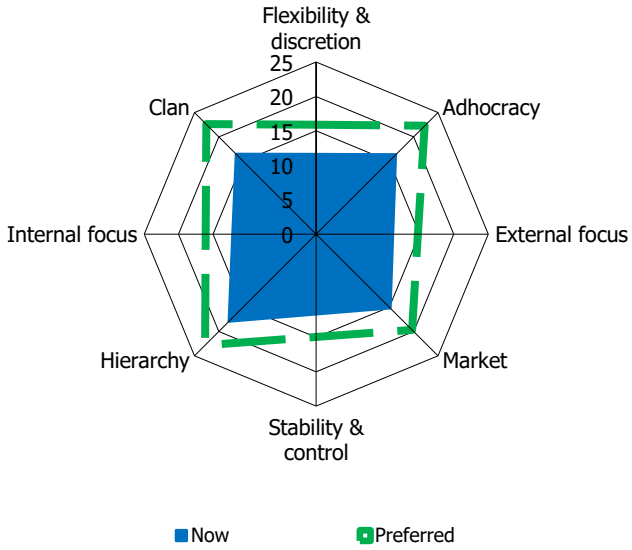
The organizations often present mechanisms to bring people together, focusing on their institutional objectives and making them integrated. Organization Congruence (Dimension 4) established in organizations, shows that Organization Congruence in the "Now" respondents' perception, has a tendency towards the Market, followed by hierarchical (Figure 7).

As for the "Ideal" perception, the Clan culture can be identified followed by the market culture. These results suggest that organizations are more attentive to the market and the external focus. Respondents considered that companies should be more attentive to the integration between individuals and groups, based on teamwork, valuing the employee's participation and, only after that, they should worry about their position in the external market. This dimension has a distance between the respondents' perception of the actual environment and the ideal shows that in the item "Integration," in the respondents' perception, has no coherence.

Strategic Emphases and Criteria of Success

The Strategic Emphases (Dimension 5) established in the organizations, focuses on the dominant strategies that define the organization's future lines of action. The results for the Strategic Emphases, in the "Now" respondents' perception, show a tendency towards Hierarchy, that is, the strategy is based on compliance with established rules (Figure 8). It also shows that there is a strong positioning of stability and control. However, the employees do have an active voice to express opinions on decisions.

Figure 8 - Strategic Emphases



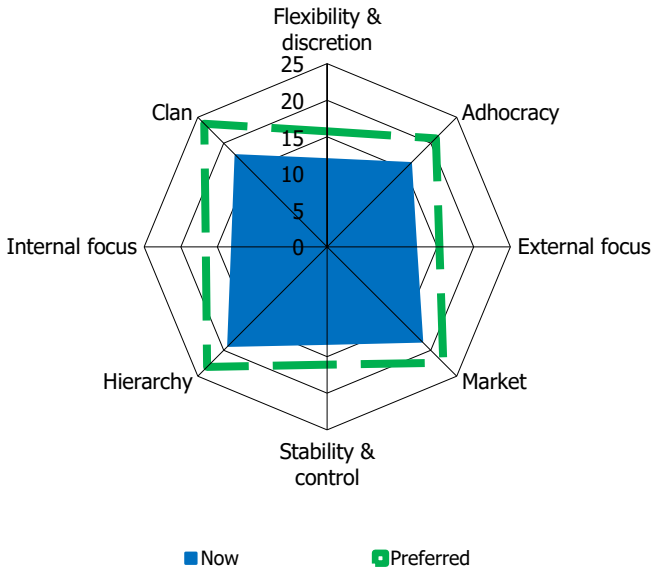
Source: research data, 2017.

As for the "Ideal" perception, it shows the same results as presented in the "Now" perception, suggesting that it is necessary to maintain control and continue to have internal flexibility concerning the established strategic decisions (Figure 8).

Criteria of Success (Dimension 6), established in the organizations, shows the importance that the company assigns to its results and successes, and returns with recognition and award to the group of individuals that compose it (Figure 9). The results for the Criteria of Success, in the "Now" respondents' perception, show a tendency towards Hierarchy, followed by Clan. As for the "Ideal" perception, it is

observed that the same results are as presented for the "Now" perception, which suggests, in this sense, that the organizations are positioned to internal control, with established bureaucratic aspects.

Figure 9 - Criteria for Success



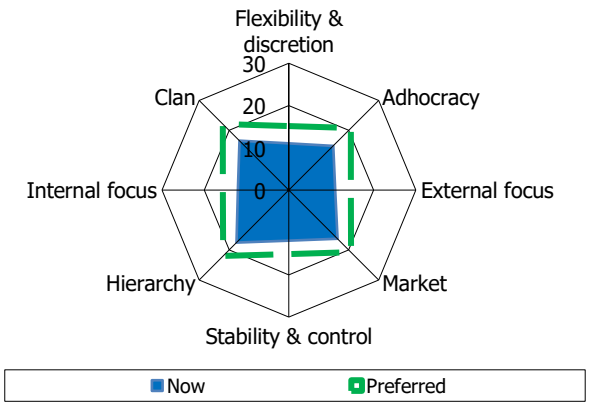
Source: research data, 2017.

The adhocracy culture presented the lowest average between the organizational cultures in the respondents' opinions. This result shows that creativity, the search for innovation and the involvement with risks, do not demonstrate the reality in the health area.

The grouping of the dimensions

This item presents the total of points received from the respondents, which are related to the six dimensions of each type of organizational culture. Thus, it was possible to obtain the perceptions of the individuals from the ten organizations that took part of this study (Figure 10). Furthermore, it made it possible to evaluate the integration of the cultural dimensions in the institutions where the study was carried out.

Figure 10 – The grouping of the dimensions



Source: research data, 2017

The total points of the organizational cultural diminution, at the present moment, characterized a mixture of organizational cultures with the predominance of the hierarchical, followed by the clan type. The respondents considered as an ideal situation a hierarchical organizational culture, followed by the clan type. Thus, the respondents considered that the current situation is coherent with what is intended for the organizational environments in question (Figure 10).

The results also suggest that, as for the "Now" perspective, there is a dominance of internal focus with stability and control dominance. As for the Preferred perspective, it was possible to observe the dominance on internal focus, but with 50% dominance for stability and control and 50% for Flexibility and Discretion.

The hierarchical organizational culture reflects the values and norms associated with bureaucracy, presupposing stability and acceptance by the employees, of the authority that comes from the formally established roles, from rules and imposed regulations.

Eren, Alpkan and Ergün (2003), Marshall, Russell, Nelson and Davis (2003), Scott, Mannion, Davies and Marshall (2003), Ralston, Terpstra-Tong, Terpstra, Wang and Egri (2006) and Cameron and Quinn (2006) developed this form with the intention of identifying the culture's effect on the organizational efficiency. They found evidence in companies of the areas of health, education, manufacturing and state organizations, which confirmed these results.

It was possible to identify that the organizations that were studied are complex, due to the diversity of their services, the variety of professionals with distinct competencies, with several processes co-occurring and the need for a more holistic approach to the organizational culture. Studies (BAKER, KING, MACDONALD and HORBAR, 2003; MARSHALL *et al.*, 2003) that were conducted in Canada and England demonstrated that, in the health area, the group "clan" was dominant, which is different from the results that were found in this research.

It was verified that the dominant organizational culture in the health care clinics of the region has a tendency towards hierarchy, followed by a trend towards the clan culture and, in sequence, the market type and finally adhocracy. The more hierarchical culture is marked by formalization, well-articulated procedures, concern for the proper functioning of its parts, by the predictability and efficiency. This is an interesting result since this type of organization is recognized in the literature review (CAMERON and QUINN, 2006), as being effective in emphasizing stability and predictability of the environment and by its mechanistic processes.

The present study of the health companies that were researched is presented as a group that has a formalized and structured working place, where the procedures are well defined, and they guide the organizations' operations. This group realizes that the most important thing is to maintain the organization in good working order, with stability, predictability, and efficiency.

The OCAI demonstrated that there is not a significant difference in the predominance of a single type of organizational culture. The respondents showed that there is a balance where the four types of organizational culture coexist. The adhocracy culture is the less expressive in the health organizations that were studied. This result is understandable, taking into account that this culture configures itself as the opposite of the hierarchical culture, based on essential values for a better process in the health area. On the other hand, the adhocracy culture is focused on risk and in the search for new and creative action, which can be harmful in a health care environment.

The companies' concern where the hierarchical culture predominates is with the organization's efficient performance (LEONE, DUSSAULT and LAPÃO, 2014). The activities of the companies that were studied, according to the respondents' perceptions, are carried out based on a management focused on objectives, on increasing efficiency, on the services which are offered and on the processes, regulations and the employees' adherence to the established standards.

Furthermore, it was interesting to observe that 72% of the questionnaire respondents were women with a short time of service in the institutions (62%). Organizational cultures are difficult to evaluate, because of their shared beliefs, values, structures, and the assumptions are not always clear (SCHEIN, 1992). Thus, employees with a short period in the companies need to have more constant

explanations and give more attention to the norms. This can justify the fact that the organizations and leaderships of the studied companies are more hierarchical, as a mean of having more control, more focus on the internal environment and, at the same time, being somewhat flexible, having a tendency towards the clan culture, as a manner of being closer to the employees.

The analysis of the employees' perceptions with relation to the organizational culture's dimensions, presented some interesting results, which instigate more reflection over the subject. The results of the organizational culture in the studied organizations demonstrated that, although the hierarchical culture has the highest average among the other cultures, it was not statistically different from the clan culture's average, which comes soon after.

This result reinforces the literature in the sense that, besides the organizations of the health area being considered hierarchical (VAGHETTI, PADILHA, LUNARDI FILHO, LUNARDI and COSTA, 2009) and complex organizations, a formalized and structured working environment, in which each of their procedures and processes are well defined with the intention of conferring stability, predictability, safety, and efficiency, and where the base of success is on delivering a reliable health service, in programming without unforeseen events and non-waste policies, the organizations of the health area also have clan culture characteristics, accepting the first and third hypotheses of this study. In other words, there is a significant portion of employees that consider the health care environment as a friendly and pleasant working place, based on the interpersonal relationships and personal development.

The adhocracy culture presented the lowest average between the organizational cultures in the respondents' opinions. This determines that creativity, the search for innovation and the involvement with risks, do not show the reality of the health area.

CONCLUSION

Starting from the question "What type of predominant organizational culture impacts on the health area organizations?" a quantitative research was developed, using an instrument composed by a questionnaire to identify organization's culture types, according to the perception of its members.

The companies of the sample are organized and structured organizations, based on the respect towards procedures. In light of what the classical authors discuss about organizational culture (TROMPENAARS, 1994), people take their values, experiences, and training into the organization. Given this thought, it is possible to notice that the hierarchical organizations are based on order values, routines, and control.

The Competing Values Framework (CVF), using its Organization Culture Assessment Instrument (OCAI), demonstrates that the researched organizations have a more formal and structured working environment, with norms and rules, which govern the employees' activities. It was possible to observe that the organizations that were studied have a type of culture that is more hierarchical.

The fact that most of the respondents have not been working for a long time in the companies can justify the necessity of a more hierarchical culture, assuming the dependency of the establishment of many rules, norms, and determinations for its effective performance, attentive to processes and standards.

It is possible to conclude that the perceptions of the organizations' members are necessary to maintain the companies' balance. The organizations cannot direct themselves to only one type of culture, for they need to be attentive to the compliance to the established rules for the efficiency in the work's operationalization.

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