Organizational Diagnosis of RSUD Ngudi Waluyo: Weisbord's Six-Box Model

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Abstract. This article conducts an organizational diagnosis of RSUD Ngudi Waluyo using Weisbord's Six Box Model to identify strengths and weaknesses and explore ways to enhance effectiveness. Utilizing a descriptive quantitative research method, data was collected through a questionnaire distributed to medical staff across all 21 departments. A sample size of 222 respondents was determined via power analysis. Reliability and validity were assessed using Cronbach's alpha and the KMO-Bartlett test in SPSS 25. Results indicated that leadership (mean score 2.94) and purpose (2.84) were strong, while the lowest scores were in reward (2.24), structure (2.55), and relation (2.37). Recommendations include addressing daily challenges such as high workload and insufficient staffing, enhancing communication, and implementing improved reward systems to boost motivation and employee satisfaction, ultimately fostering a more engaged workforce.

Keywords: Organizational Diagnosis; Hospital; Weisbord

1. Introduction

Organizational diagnosis is a comprehensive evaluative process used to assess the health and functionality of an organization by examining its structure, culture, and systems to identify areas needing improvement. It serves as a critical tool for process improvement, enabling organizations to pinpoint root causes of inefficiencies and develop practical solutions to enhance performance and adaptability [2]. The process involves analyzing both internal and external environments, where SWOT analysis was used to understand organizational strengths, weaknesses, opportunities, and threats, thereby aiding strategic decision-making and operational management [30].

Organizational diagnosis identifies problems and opportunities, guiding strategic planning and development [29]. In the context of change management, organizational diagnosis helps identify operational gaps and resistances to change, providing a foundation for planned interventions [5]. The diagnostic process is adaptable to various organizational contexts, as seen in the clothing industry, where it helps identify cultural elements that need development or abandonment, aiding in the adjustment of development plans [18]. Overall, organizational diagnosis is a strategic tool that not only identifies issues but also offers a roadmap for continuous improvement and adaptation, ensuring organizations can thrive in dynamic environments by aligning their structures, cultures, and systems with their strategic objectives [16].

Healthcare organizations, such as hospitals, employ various methodologies to identify

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and address systemic issues during organizational diagnosis, leveraging a combination of structured frameworks and participatory approaches. One such method is the Viable System Diagnosis (VSD), which is particularly effective in complex environments like hospitals. VSD involves a participatory framework that includes diverse stakeholders such as medics, technologists, managers, and patients, to diagnose dysfunctions and guide discussions towards improving organizational arrangements [36]. Additionally, the integration of Social Network Analysis (SNA) with the Viable System Model (VSM) provides a robust diagnostic tool to identify organizational pathologies by analyzing social relationships and structural issues within the organization [3]. Furthermore, frameworks like the US Safer Diagnosis approach, adapted for different contexts, focus on improving diagnostic safety by addressing both cognitive failures of clinicians and organizational shortcomings, thus enhancing diagnostic performance and potentially transforming organizations into centers of diagnostic excellence [8, 32]. Moreover, the Integrative Systems Methodology provides a comprehensive framework for coping with the complexity of healthcare organizations, combining quantitative and qualitative methods to describe and explain organizational phenomena over time, as demonstrated in a long-term case study of the oncological care system in Carinthia, Austria [31]. Despite these methodologies, challenges remain, as broad interventions often lack a systematic basis to match targeted solutions to specific problems, leading to slow progress in addressing quality issues [13]. To address these challenges, a new diagnostic model has been proposed to check an organization's health and suggest corrective measures, aiming to overcome the shortcomings of existing approaches [27]. Weisbord's Six-Box Model focus on organizational design and infrastructure, emphasizing productivity and effectiveness [24, 20]. Collectively, these methodologies and frameworks provide healthcare organizations with the tools to systematically identify and address systemic issues, thereby improving organizational effectiveness and patient care outcomes.

The Weisbord's Six Box Model has been extensively utilized in various studies to diagnose organizational issues within hospitals and healthcare institutions. For instance, a study conducted in Peshawar compared public and private sector hospitals using this model, revealing no major issues but highlighting areas for improvement to enhance efficiency and effectiveness [41]. Similarly, research in Tehran University of Medical Sciences hospitals assessed management functions, finding significant differences in internal situations across hospitals, with a systematic perspective and fair compensation mechanisms suggested for improvement [33]. At Imam Hussein Hospital, a comprehensive assessment using the Weisbord model indicated weaknesses in management, particularly in the rewards dimension, despite strengths in goal setting and leadership [21]. In Gachsaran's Shahid Rajai Hospital, the model identified strengths in goals, structure, coordination, and communication, but weaknesses in the reward mechanism [22]. Hospitals in Gorgan and Gonbade Qabus cities also used the model to identify strengths in target areas and weaknesses in rewards, with significant relationships found between internal environment and factors like years of service and hospital ward [15]. Another study on a public health center in the city of G used the model to evaluate organizational commitment and empowerment, finding higher scores in support and attitude towards change, with nursing jobs scoring higher in purpose, relationships, and rewards [39].

Additionally, a study explored the relationship between the Weisbord model aspects and employee engagement with job satisfaction, finding significant correlations and suggesting organizational improvements [10]. These studies collectively demonstrate the model's utility in identifying organizational strengths and weaknesses, guiding strategic improvements, and enhancing healthcare service delivery.Organizational diagnosis is a comprehensive examination of an organization's structure, culture, and systems aimed at identifying areas needing

improvement. It serves as a critical tool for uncovering the root causes of inefficiencies, such as poor communication, inadequate leadership, or outdated technology. By conducting this diagnosis, organizations can develop actionable plans to address identified issues, ultimately enhancing their processes and effectiveness. This approach is particularly vital for non-profit organizations seeking to improve their operational performance and achieve their mission more effectively [2]. It supports the implementation of strategic planning by facilitating the identification of critical situations that may impact operational effectiveness, thereby enhancing decision-making and strategic alignment [30].

This article aims to conduct an organizational diagnosis of RSUD Ngudi Waluyo utilizing Weisbord's Six Box Model. This approach is employed to identify the strengths and weaknesses of the organization, as well as to explore mechanisms for enhancing organizational effectiveness based on the findings of the subsequent analysis. Through this systematic examination, the article seeks to provide insights that can facilitate improvements and promote better operational performance within the hospital.

2. Literature Review

Organizational Diagnosis as Practice Theory

Practice theory as something that is related to public and objective theories about organizations. Public theories are ideas that everyone can see and understand, like rules or guidelines. Objective theories are based on facts and are not influenced by personal feelings. However, practice theory is not exactly the same as these public and objective theories [35]. Practice theory is a way of thinking that combines what we know (knowledge) and what we have done (experience) into a single idea or concept. Imagine it like mixing ingredients to bake a cake, you need both the recipe (knowledge) and the actual baking (experience) to make it work [38].

Practice theory is a valuable tool for OD practitioners because it is grounded in real-world experience. It helps them understand and improve organizations in a practical way. By observing how they work, we can learn about their unique approaches and insights, even if they don't always explain them in words [34]. Practice theory is important because it helps people make better decisions in real-life situations. By combining what we know with what we have experienced, we can create solutions that are more effective and tailored to specific problems. It's like having a personalized toolkit for solving problems.

Organizations and people often move back and forth between two extremes. On one side, there is repression, bureaucracy, and constraint. This means having too many rules, strict control, and limited freedom. Imagine a school where students have to follow a lot of strict rules, and there is little room for creativity or personal expression. On the other side, there is laissez-faire and structureless autonomy. This means having very few rules and a lot of freedom. Both extremes have their problems. Too many rules can make people feel trapped, while too much freedom can lead to chaos [38].

There is often a tension, or struggle, between what an individual wants and what the organization needs. For example, an employee might want more flexible work hours, but the company might need them to work a strict schedule. This tension needs to be understood and managed. Interdependencies mean that individuals and organizations rely on each other. Just like a family, where each member depends on others for support, individuals need organizations for resources and structure, while organizations need individuals for their skills and creativity. Recognizing these interdependencies helps in finding a balance. The goal is to energize, or motivate, people to take action. This means encouraging them to make changes that improve

both their own situation and the organization's. For instance, if employees feel empowered to suggest new ideas, the organization can become more innovative. By understanding the balance between rules and freedom, and recognizing the needs of both individuals and organizations, a positive environment can be created. This environment encourages people to work together effectively, like a well-coordinated sports team where each player knows their role and supports others [38].

Weisbord's Six-Box Model

The Weisbord Six Box Model is a diagnostic framework developed by Marvin Weisbord 1976, designed to assess and improve organizational effectiveness by examining six key dimensions: purpose, structure, rewards, relationships, leadership, and helpful mechanisms [10]. This model serves as a tool for organizational diagnosis, allowing organizations to identify strengths and weaknesses within these dimensions and to develop strategies for improvement. For instance, a study conducted in the health sector in Peshawar used the Weisbord model to compare public and private hospitals, finding no major issues but suggesting areas for further enhancement to boost efficiency and competitive advantage [41, 23, 14].

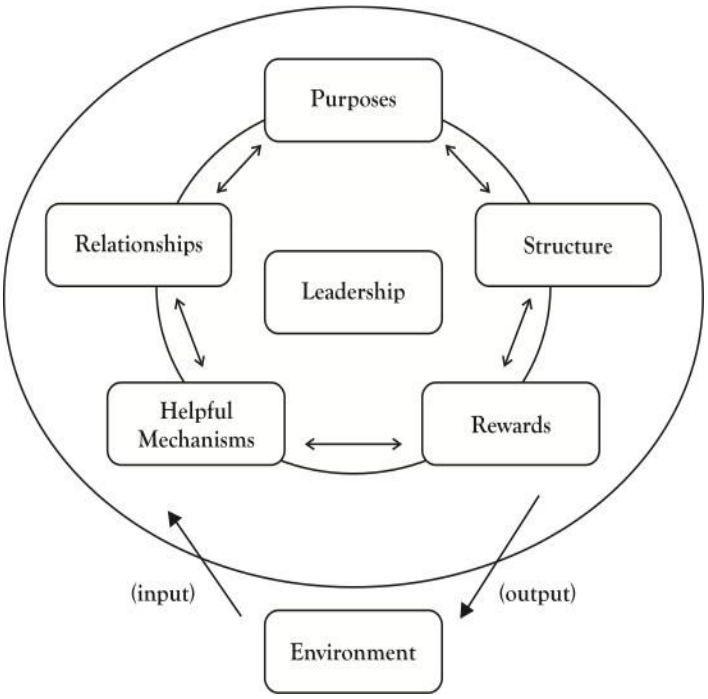

Figure 1. The Six-Box Model Organizational Model

Diagnosing an organization is crucial for understanding its health and performance. By focusing on major outputs and tracing their connections, we can identify strengths, weaknesses, and areas of dissatisfaction. This process helps organizations improve and meet their goals more effectively. This helps us understand where the organization is doing great and where it needs improvement. Finding out why people are unhappy helps us fix the problems.

When we look at how organizations work, we can think of them as having two main parts or systems. These systems are like two sides of the same coin, and both are important to understand. The formal system is like the official rulebook of an organization. It includes all the written rules, procedures, and structures that are supposed to guide how things are done. The formal system is designed to create order and predictability. It helps everyone know what is expected of them and how they should perform their tasks. The informal system is what actually happens in real life. It includes the unwritten rules, habits, and behaviors that people follow, which might be different from the formal system. The informal system often develops because people find more efficient or comfortable ways to do their work. It can help in adapting to changes and solving problems that the formal system doesn't address [37].

I think it's important to note that neither the formal nor the informal system is necessarily better than the other. Both have their strengths and weaknesses, and they coexist in every organization. A "blip" is like a small problem or inconsistency. In diagnosing an organization, it's helpful to look for these blips in both systems. For example, if the formal system says one thing but the informal system does another, that's a blip. Understanding how these two systems interact is crucial. Sometimes, the informal system can support the formal system by filling in gaps. Other times, it might create conflicts. For instance, if the informal system encourages teamwork but the formal system rewards individual achievements, there might be tension.

3. Method

The research method employed in this study is descriptive quantitative, focusing on the organizational diagnosis of RSUD Ngudi Waluyo's medical staff. Data collection is conducted through a questionnaire distributed via Google Forms to respondents across all 21 departments within the hospital. The sample size was determined using power analysis, calculated with the G Power, incorporating a power level of 80%, an effect size of 0.05, and a significance level of 0.05. As a result, the minimum required sample size was set at 222 respondents, ensuring sufficient statistical power for the analysis.

Following data collection, reliability of the questionnaire will be assessed using Cronbach's alpha to determine the internal consistency of the items. Additionally, validity will be tested through Pearson correlation and the KMO-Bartlett test, evaluating the construct validity and sampling adequacy using SPSS 25. These tests aim to measure the reliability and validity of the self-designed questionnaire. Finally, descriptive statistics will be utilized to analyze the six key aspects of organizational diagnosis, providing a comprehensive overview of the organizational factors under investigation.

4. Result

The research instrument for this study comprises 10 questions using a 3-point Likert scale, designed to assess key aspects of organizational diagnosis based on the experiences of medical staff. Alongside these scaled items, the questionnaire features one closed-ended question aimed at identifying the everyday challenges faced by the medical staff. To further enhance the data collection, an open-ended question is included, inviting respondents to provide recommendations for organizational improvement. Data collection

took place over two days, on September 29 and 30, 2024, ensuring a robust and timely gathering of responses from the selected participants.

Validity & Reliability Test

Table 1. Validity Test

Item	r-observed	r-table (n=222)
1	0.742	0.138
2	0.731	0.138
3	0.729	0.138
4	0.770	0.138
5	0.669	0.138
6	0.721	0.138
7	0.555	0.138
8	0.381	0.138
9	0.520	0.138
10	0.632	0.138

Based on the results presented in Table 1, all questionnaire items demonstrated an observed correlation coefficient (r-observed) greater than the critical value from the correlation table (r-table), indicating that each question is valid. To further substantiate the validity of the instrument, factor analysis was conducted using the KMO-Bartlett test. The results revealed a Kaiser-Meyer-Olkin (KMO) measure of 0.877, exceeding the threshold of 0.6, and a significance level of 0.00, which is below the 0.05 criterion. These findings confirm that the dataset is suitable for factor analysis and that the items are valid for assessing the constructs within the questionnaire.

In addition to validity testing, reliability analysis was performed to ensure the internal consistency of the questionnaire. The Cronbach's alpha coefficient obtained was 0.840, which falls within the range indicating good reliability. Conducting validity and reliability tests is essential in any research to ensure that the instrument accurately measures what it is intended to measure (validity) and that it does so consistently across different respondents (reliability). This rigorous testing enhances the credibility of the results, providing a sound foundation for the subsequent analysis and interpretation.

Table 2. Mean of 6 Aspects Organizational Diagnosis

Mean of 6 Aspects Organizational Diagnosis					
Relation	**Reward**	**Structure**	**Purpose**	**Leadership**	**Helpful Mechanism**
2.37	2.24	2.55	2.84	2.9	2.69

The six aspects of the organizational diagnosis model were evaluated based on the mean scores of respondents' perceptions. The results provide an overview of how well each aspect is functioning within the organization, highlighting areas of strength and those requiring improvement. Leadership received the highest mean score 2.94, indicating that respondents perceive leadership within the organization to be relatively strong. Purpose also scored favorably with a mean of 2.84, suggesting that the organization's goals and direction are well

communicated and understood by staff. Helpful Mechanism, with a mean of 2.69, shows moderate effectiveness in terms of providing support structures such as tools, systems, and processes to facilitate daily operations.

However, the Structure aspect, scoring 2.55, and Relation at 2.37, point to potential areas for improvement. The organizational structure may need refinement to ensure clarity in roles, responsibilities, and communication channels. The relatively low score for Relation suggests that interpersonal dynamics, teamwork, and collaboration may need to be addressed to improve workplace relationships and foster a more cohesive working environment. The lowest score is seen in Reward 2.24, indicating a significant area of concern. This suggests that the current reward systems, including compensation, recognition, and incentives, may not be adequately motivating staff or aligned with their expectations. Addressing this aspect could enhance employee satisfaction and engagement.

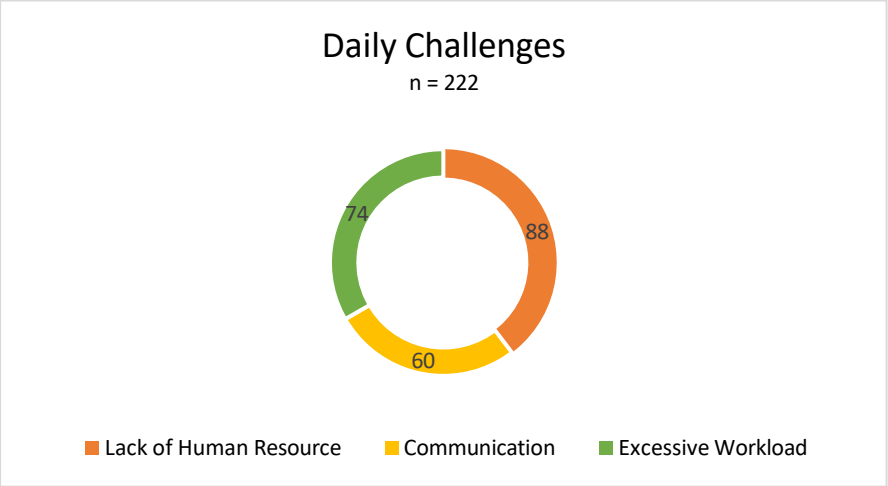

Figure 2. Identified Problem

To improve the organization, it is essential to address the daily challenges highlighted by the medical staff, particularly the lack of human resources and excessive workload. Hiring additional staff or redistributing tasks more effectively could alleviate the pressure on current employees, reducing the chances of burnout and improving overall efficiency. Moreover, enhancing communication across departments through more structured channels or regular meetings can mitigate misunderstandings and promote better coordination among staff. Investing in training programs to improve interpersonal communication and leadership skills would also contribute to fostering a more collaborative environment.

In light of the low reward score from the organizational diagnosis, addressing the gaps in recognition and compensation systems is crucial. The excessive workload and lack of human resources may be exacerbating the feeling of being undervalued, as staff are overworked without sufficient rewards or incentives. Implementing a more robust performance-based reward system, along with recognition programs that acknowledge staff efforts, would help improve motivation and job satisfaction. Offering non-monetary rewards such as professional development opportunities or flexible schedules could also boost morale and retention. By aligning rewards with staff contributions and addressing workload challenges, the organization can foster a more engaged and motivated workforce.

5. Discussion

The finding that Reward received the lowest score in this study aligns with previous research conducted in various healthcare institutions using Weisbord's Six Box Model. Similar results were observed in a study at Imam Hussein Hospital, where the reward dimension was identified as a significant weakness, despite strengths in other areas such as goal setting and leadership [21]. Additionally, research conducted at Shahid Rajai Hospital in Gachsaran highlighted weaknesses in the reward system, even though strengths were noted in goals, structure, coordination, and communication [22]. Hospitals in Gorgan and Gonbade Qabus similarly showed deficiencies in rewards, suggesting that this is a recurring challenge in healthcare settings [15]. These studies emphasize the importance of addressing reward systems in hospitals, as a fair and motivating compensation mechanism is crucial for enhancing employee satisfaction and organizational performance.

The reward system in the field of management plays a crucial role, as individuals are more motivated to perform tasks when there is something they wish to attain. Business owners or organizational leaders aim to achieve their goals, often represented by success in meeting organizational targets, and similarly, employees are driven to assist in reaching these objectives because they too receive rewards from the business owners [12]. Through the application of reward and punishment methods, employee performance can significantly improve. Employees are able to carry out their tasks with better quality, quantity, timeliness, effectiveness, and autonomy. This improvement occurs because reward and punishment are two methods that effectively motivate employees to enhance their performance [9].

Reward management significantly impacts organizational performance and effectiveness by influencing employee motivation, satisfaction, and engagement, which are critical drivers of productivity and organizational success. A well-structured reward system, encompassing both monetary and non-monetary incentives, helps organizations retain employees and align their efforts with organizational goals, thereby enhancing performance [26, 25].

Reward systems significantly impact medical staff performance by enhancing motivation, job satisfaction, and organizational commitment, which are crucial in the healthcare sector. Financial rewards and recognition of employees' merits are central to improving self-perceived performance among healthcare workers, as they provide immediate and long-term motivational effects, respectively [6]. In Yemen, a strong positive correlation between rewards and employee performance was observed, indicating that a well-structured reward system can lead to improved job satisfaction and reduced turnover, which are essential for maintaining a stable and efficient healthcare workforce [1]. Furthermore, reward policies are vital inaddressing the challenges posed by the emigration of healthcare employees, which affects patient satisfaction and the public image of hospitals. By implementing effective reward strategies, healthcare managers can enhance employee productivity and organizational efficiency, leading to better patient care and outcomes [4].

6. Recommendation

Improving reward management in hospitals requires a multifaceted approach that incorporates both intrinsic and extrinsic rewards, tailored to the unique environment of healthcare organizations. Effective reward and compensation management is crucial as it significantly impacts the performance and motivation of healthcare workers, as seen in the Indian healthcare context where equitable and regular rewards boost employee motivation and performance [40]. To address the challenges posed by employee emigration and to enhance productivity, healthcare managers should develop reward policies that not only improve employee satisfaction but also enhance organizational performance, as suggested by research in Romanian hospitals [4].

In the NHS, the financial constraints necessitate a reward system that is both equitable and adaptable, combining intrinsic and extrinsic rewards to maintain staff motivation and productivity [11]. Additionally, implementing inexpensive yet effective reward and recognition programs can help retain qualified hospital employees and engage them in improving patient

care and resource management, as demonstrated by various tactics outlined for hospital settings [7]. In Kenya, the National Hospital Insurance Fund's strategy emphasizes equal pay for equal work, non-discrimination, and competitive, performance-based rewards, which have been shown to positively influence employee performance [28]. Therefore, hospitals should establish comprehensive reward systems that are fair, competitive, and performance-oriented, while also being mindful of the symbolic value of recognition to demonstrate genuine appreciation. This approach not only enhances employee satisfaction and retention but also contributes to better patient care and organizational efficiency.

To enhance reward management in hospitals, the following policy recommendations should be considered, integrating both intrinsic and extrinsic rewards tailored to the unique needs of healthcare professionals:

1. Develop a Competitive and Equitable Compensation Structure: Hospitals should establish a compensation system that reflects market standards, ensuring that employees are paid fairly and competitively. This includes offering regular pay adjustments based on performance evaluations, industry benchmarks, and inflation rates. Policies that prioritize equal pay for equal work and eliminate wage disparities, as can significantly boost employee morale and reduce turnover.
2. Implement a Performance-Based Reward System: Healthcare institutions should adopt performance-linked rewards, providing bonuses, incentives, or recognition for staff who consistently meet or exceed performance targets. Performance-based rewards encourage productivity and motivation, where rewards directly correlated with improved employee satisfaction and organizational outcomes.
3. Incorporate Non-Monetary and Intrinsic Rewards: Non-financial rewards, such as opportunities for professional development, flexible work schedules, and public recognition, should be integrated into the reward system. Balancing financial constraints with creative, intrinsic rewards helps maintain staff motivation and engagement. Additionally, symbolic recognition such as programs, awards, or personalized letters of appreciation can foster a culture of appreciation without significant costs.
4. Customize Reward Policies to Address Specific Organizational Needs: Hospitals should tailor their reward systems to reflect the specific challenges and goals of their organization. For example, in contexts where staff shortages or high workload are prevalent, additional paid time off, mental health support, or wellness programs could be offered to alleviate stress and demonstrate care for staff well-being. Moreover, offering career advancement opportunities through training or specialized certifications can also serve as a strong intrinsic motivator, addressing both job satisfaction and personal development.
5. Ensure Transparent and Regular Communication about Reward Policies: Transparency in how rewards are distributed is crucial. Clear communication about reward criteria, performance evaluations, and opportunities for advancement helps build trust between management and staff. Regular feedback and updates on reward policies will keep employees informed and engaged, ensuring that the system is perceived as fair and motivating.

7. Conclusion

The organizational diagnosis of RSUD Ngudi Waluyo, utilizing Weisbord's Six Box Model, reveals critical insights into the strengths and weaknesses of the hospital's operational dynamics. While leadership and purpose are perceived positively by the medical staff, the findings highlight significant areas for improvement, particularly in reward systems, organizational structure, and interpersonal relations. The low score in the reward aspect indicates a pressing need for the development of comprehensive compensation and recognition strategies that align with staff expectations and contributions. Addressing the identified

challenges, such as high workloads and insufficient human resources, is essential for enhancing overall employee satisfaction and operational efficiency. By implementing targeted interventions including refining communication channels, hiring additional staff, and establishing robust reward mechanisms of RSUD Ngudi Waluyo can foster a more motivated and engaged workforce. These improvements are vital not only for staff well-being but also for the overall effectiveness and quality of care provided by the hospital.

Limitation

This research is limited to data collection exclusively from the medical staff at RSUD Ngudi Waluyo, which may introduce potential bias into the findings. While the perspectives of the medical staff are invaluable, a more comprehensive understanding of organizational dynamics could be achieved by comparing their insights with the formal systems in place, such as existing regulations and policies. This comparative analysis would allow for a deeper evaluation of the alignment between staff perceptions and the official framework guiding the hospital's operations. By examining discrepancies or congruencies between the questionnaire results and the institutional regulations, a fuller picture of the organizational environment could emerge.

Additionally, although the self-designed instrument demonstrated high reliability and validity, there is a need to refine the measurement indicators to ensure they effectively capture the experiences and perceptions of both staff and managerial personnel. Future research should consider incorporating a broader range of respondents, including management and administrative staff, to enrich the data and offer a more balanced view of the organizational landscape. Moreover, integrating qualitative methods, such as interviews or focus groups, could provide deeper insights into the nuances of the organizational culture and enhance the robustness of the findings. This approach would ultimately contribute to a more holistic understanding of the factors influencing the effectiveness of RSUD Ngudi Waluyo.

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