This article sets out to analyze the issue of defining the concept of organizational culture and focuses on models and typologies used in reference materials. Moreover, based on a pilot quality study, it discusses the distinct characteristics of the organizational structure of Polish hospitals.

**Keywords:** organizational culture, hospital management

**INTRODUCTION**

This article sets out to analyze the problem of defining the concept of organizational culture as well as models and typologies used in reference materials. Moreover, based on a pilot quality study, it discusses the distinct characteristics of the organizational structure of Polish hospitals.

Organizational culture has proved to be a difficult research issue, firstly due to the ambiguity of the very term, but also because of the lack of effective tools which would allow for looking into various organizational cultures. The problem seems to intensify in the case of such organizations as hospitals, where organizational culture is also influenced by the values and professional standards of the doctors and other medical staff. Nonetheless, organizational culture in hospitals constitutes a significant theoretical issue, mainly due to the fact that the problem has yet to be conceptualized, and, at the same time,

<table>
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<tr>
<th>Author</th>
<th>Definition of Organizational Culture</th>
<th>Paradigm</th>
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<tbody>
<tr>
<td>E. Jacques</td>
<td>Habitual or traditional manner of thinking and acting, to some extent shared by members of an organization and at least partially accepted by employees.</td>
<td>functionalist-structuralist</td>
</tr>
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</table>
| E. Schein                     | The paradigm of shared and fundamental assumptions created by a given group when solving the issues of environmental adaptation and internal integration.  
                               | The paradigm may be deemed conventional. New members of the organization must accept it as a proper method of solving organizational problems.                                                                                | functionalist-structuralist |
| H. Schenplein                 | Values, norms and beliefs that are commonly accepted in an organization as part of the entire system.                                                                                                                                  | functionalist-structuralist |
| G. Hofstede                   | “Mind programming” directed at organization members constitutes a set of values, norms and organizational rules effectively inculcated into the group.                                                                                   | interpretative-symbolic  |
| P. M. Blau                    | Specific, unwritten “rules of the game” in a social organization allowing the participants of social life to properly understand the organization and identify with it.                                                                 | interpretative-symbolic  |
| L. Smircich                   | Networks of meanings created by people in the course of organizational process.                                                                                                                                                        | interpretative-symbolic  |
| R. Deshapande, R. Parasurman  | Unwritten, usually subconsciously perceived rules filling the gap between the unwritten area and the situation actually taking place in the organization.                                                                                 | interpretative-symbolic  |
| J. M. Kobi, H. Wüthrich       | Organizations not only have a culture, but also constitute a culture themselves.                                                                                                                                                        | interpretative-symbolic  |
it is of pragmatic importance, as organizational culture often establishes social norms which may hamper organizational changes.

DEFINITIONS OF ORGANIZATIONAL CULTURE

Reference materials provide several dozen various definitions of organizational culture, but they can all be classified into alternative paradigms. Sample definitions are presented in Table 1 below.

Definitions of organizational culture are so differentiated due to difficulties in creating coherent research programs and case studies. Organizational culture becomes too capacious and too difficult to be operationalized. Researchers dealing with cultural studies rarely take advantage of their colleagues' contributions while the research output is not compiled as it should be.

RELATIONS BETWEEN CULTURE AND STRUCTURE, STRATEGY, AND AN ORGANIZATIONAL SETTING

The relations between organizational culture and other areas of organization, including strategy, structure and organization setting are also unclear. Several approaches and differentiation criteria may also be indicated here.

The first problem is to separate organizational culture from the other elements of an organization. Functionalists usually opt for the possibility of theoretical and practical separation of cultural, structural and strategic areas, while interpretivists and postmodernists tend to tacitly assume, or even explicitly indicate, an inseparable connection between these semantic areas.6

Establishing a priority is the second issue. One has to answer the question whether organizational culture is more important, equally important or perhaps less important than other management areas. Obviously, the majority of researchers dealing with cultural phenomena proclaim the superiority or at least equal importance of culture in organization management.7 Outside the cultural mainstream, however, it would be easy to find supporters of the theory that strategy predominates over organizational culture.8

Establishing the relationship between organizational culture and the organization setting, constitutes, in my opinion, the third issue, which is of key importance. Reference materials provide a vast number of studies and analyses devoted to the relationship between culture per se and other elements of social and economic setting.9 This abundant scientific material includes classical studies carried out by M. Weber,10 analyses of the relationship between culture and the wealth of nations: F. Fukuyama,11 D. S. Landes,12 as well as multicultural comparative studies: G. Hofstede, A. Trompenaars and Ch. Hampden-Turner, R. Hous and R. Inglehart.13 All of these works, however, do not relate to the relationship between organizational culture and a particular social, economic or even cultural setting.

If we assume that organizational cultures are “immersed” in the cultures of particular societies and constitute a different set of values, what kind of transmission is there between these areas then? The vast majority of researchers assume that the values and norms of the society diffuse into the organizational culture. Obviously, the opposite influence is also possible, even if its extent is usually smaller due to the size of the community and strength with which these values and norms may become entrenched. Still, a homogenous model defining the relationship between the culture of the society and organizational culture has not been created. There are no decisive solutions which would allow one to determine the cohesion level between the culture of a society and organizational culture. Some authors depict organizational cultures and cultures of societies employing completely different models and dimensions of values.14 Others assume a larger coherence and use the same or similar models and dimensions of values.15

The lack of conclusions in terms of the relationship between organizational culture and other elements of the organizational system results in very diverse empirical and research assumptions in this area. Among theorists and managers, there are both enthusiasts and skeptics of using organizational culture for the purpose of organization management.
MODELS AND TYPOLOGIES OF ORGANIZATIONAL CULTURE

Distinguishing organizational culture models and typologies from general models of organizations or their selected areas seems to be the basic cognitive problem. Since we have both theoretical and operational problems connected with separating organizational culture from the entire organizational system, we find it difficult to describe and classify it.

By distinguishing five basic organizational configurations, such as: simple structure, machine bureaucracy, professional bureaucracy, divisionalized form and adhocracy, H. Mintzberg, in fact, relates to organizational culture, even if he focuses on the structure.16

Ch. Perrow described types of organizational cultures by creating a matrix of technologies based on the changeability parameters and the degree of analyzability (routine, engineering, craft and non-routine).17 The sieve and human capital models are two opposite ideal types of organizational culture. A similar situation exists in the case of models of leadership, power, organizational learning or managing human resources. They depict the entire organization or its selected area and, at the same time, may be perceived as a model or typology of organizational culture.

The excessive capacity and ambiguity of the concept of organizational culture makes it impossible to analytically separate it from other areas of organization.

Reference materials provide a great number of models and typologies for organizational culture. The most often quoted concepts were created by the following researchers: E. Schein, W. Ouchi, T. Deal and A. Kennedy, T. Peters and R. Waterman, and G. Hofstede and Ch. Handy.18 All of them have been implicitly built upon functional structuralism. While analyzing those concepts in terms of convergence, it can be observed that they are in accord as far as the organizational elements of culture are concerned. The majority of authors, following the example of E. Schein, agree that organizational culture includes several of these elements: values, norms, basic assumptions, cultural patterns, language, symbols, artifacts, rituals and taboos.19 Models of organizational culture are, on the other hand, very diverse in terms of the proposed dimensions of values and typologies. After all, some of them were created as a result of speculations and consulting practice rather than in the course of scientific research. T. Deal and A. Kennedy differentiate organizational culture according to the degree of risk and feedback speed. A blend of these dimensions allows one to create a typology of cultures: tough guy/macho, work hard/play hard, “be your company”, and process oriented.20 The concepts of Ch. Handy, W. Ouchi, and T. Peters and R. Waterman are similarly simplistic and have not been rooted in a wider frame of scientific research. These three concepts bear the hallmarks of good “marketing products”, since they were based on a spectacular idea and were intensively promoted in popular handbooks. Unfortunately, to achieve higher sales, it was necessary to simplify reality.

Even if they may seem witty and inspiring for managers, they can hardly be claimed to rest on solid empirical foundations. The situation is different in the case of G. Hofstede’s concept, which evolved from studies on enterprises, carried out on a small scale but with the use of a sophisticated research program focused on quality and quantity. Based on analysis of the above-mentioned elements of organizational culture, six dimensions for analysis were distinguished: willingness to retain procedures – willingness to achieve the best results; care for employees – care for production; membership – professionalism; open system – closed system; slight control – strict control and normativity – pragmatism.21 The dimensions of organizational culture proposed by G. Hofstede differ significantly from those proposed by other authors of models based on empirical studies. Therefore, what we experience here is a “jungle” of models, dimensions and typologies of organizational cultures.22

METHODOLOGY OF PILOT QUALITY STUDIES

Initial results presented in this study cover a series of free-form interviews with managers and employees from four hospitals located in the Lodz Province in Poland. In total, 15 interviews were conducted which aimed at gathering different opinions concerning the description of: culture, norms, key social values and tensions typical of hospitals. The interpretations provided should be perceived merely as initial and qualitative conclusions, as any generalization would require wider and more representative studies.

Interviewed managers and employees were workers of 4 hospitals in Lodz Province. A brief description is provided below: Hospital No. 1:
a public unit with over 2500 employees. It is a specialist hospital, with gynecologic, obstetric and pediatric wards, in a difficult financial condition undergoing a restructuring process. The hospital was founded by the Ministry of Health. Hospital No. 2: a university hospital employing over 1000 people. The hospital was founded by the Medical University. This is a multi-specialist hospital with such wards as: cardiology, pneumology, diabetology, dialysis, allergology, neurology, neurosurgery, general and transplantation surgery, and otolaryngology. The hospital remains in good financial condition and has been developing its infrastructure and improving specialist medical equipment for many years now.

Hospital No. 3: a multi-specialist hospital employing over 500 people. The hospital was founded by the Ministry of Interior and Administration. It is a multi-specialist hospital. For the last three years, the unit has undergone a deep restructuring change which has improved its financial condition. In spite of its past financial arrears, the hospital currently is not generating any debts.

Hospital No. 4: a district hospital. In 2009, it was transformed into a company with 100% shares owned by the local government. Currently, the hospital employs 750 people and specializes, among others, in: surgery, internal diseases and infectious diseases. A number of the medical services offered are outsourced to small entities affiliated with the hospital. The hospital has undergone a deep restructuring change, which has allowed it to settle former debts and regain a financial balance.

CONCLUSIONS

The main conclusion concerning culture is the existence of tension between various subcultures. The strongest subcultures, relying on their own values and norms and displaying a high level of self-identity, include the following professional groups: doctors, managers, nurses, and other medical employees (e.g. paramedics). A dynamic social balance based on power play and clashes of cultural patterns and norms can easily be observed between these groups.

The second conclusion shows a correlation between the organizational culture of hospitals and professional cultures. In hospitals, organizational culture is created by a tension between the values of the various professional cultures, and especially the cultures of doctors and nurses, and the organizational culture of the hospital, which is a business entity operating on the commercial market. This clash between the two systems of values reduces the effectiveness of managerial activities. The medical ethos based on the Hippocratic Oath urges medical professionals to care for the health and life of the patient. This is an autotelic, basic, and core value deeply rooted in the medical culture. On the

Table 2. Cultural Dualism of Hospitals in Poland

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<th>Criterion</th>
<th>Professional Medical Culture</th>
<th>Hospital Organizational Culture</th>
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<tbody>
<tr>
<td>Sense of community</td>
<td>Bonds and values of a given professional group, built upon the community</td>
<td>Communication and loyalty of the organization members, built upon collaboration</td>
</tr>
<tr>
<td>Sense of autonomy</td>
<td>1. A strong sense of community and professional autonomy 2. Hermetical groups of doctors and nurses</td>
<td>1. Competitiveness and separation from the surroundings 2. Responsibility of the managers</td>
</tr>
<tr>
<td>Sense of continuity</td>
<td>Professional associations, maintaining contact with professional environment</td>
<td>Continuity of employment and hospital activity  Continuity of management</td>
</tr>
</tbody>
</table>
other hand, the organizational culture of hospital managers who have to work during a transformation period and strive to lower operating costs, is increasingly similar to the values and norms typical of a commercial enterprise. What predominates then is an ongoing pursuit for costs optimization and financial surplus which would allow for expanding the hospital’s activity. These two approaches tend to be contradictory, which is evidently reflected in the organizational structure of hospitals (Table 2).

The described dualism of organizational cultures in hospitals leads to a series of organizational consequences. Firstly, three distinct subcultures may be easily distinguished: doctors, nurses and managerial-administrative staff, which clash with one another more and more often. Hospital managers, most often doctors (as in the four analyzed hospitals), intuitively and with perfect awareness understand this tension within organizational culture, perceiving it as a peculiar “split personality of managers”. Being doctors, they wish to conform with the medical ethos, but, at the same time, they are also obliged to take into account the economic and managerial logic.

Regarding the third aspect, as it was proved by the conducted interviews, organizational culture is, above all, interconnected with the organizational structure of hospitals. Strategy is perceived by managers as a formalized document which does not provide any innovative solutions, since the dynamic settings require the implementation of incremental strategies, while the organizational structure is often believed to be coupled with culture. For instance, the culture of hospitals No. 1 and 2 was built upon bureaucratic patterns, that of hospital No. 3 goes in line with pragmatic patterns, while that of hospital No. 4 is equivalent to entrepreneurial patterns.

In summary, based on pilot quality studies of organizational cultures, it can be observed that there are significant differences between the culture of enterprises and the culture of hospitals. The distinct nature of hospital cultures lies in the significance of professional cultures and the characteristic tension between organizational and professional cultures. The phenomenon of hospital culture in Poland seems to be of great importance and has not been properly explored yet.

REFERENCES


