

## FEATURES OF THE CULTURE OF HEALTH ORGANIZATIONS

*Ion POPA*<sup>1</sup>  
*Simona Cătălina ȘTEFAN*<sup>2</sup>

---

### ABSTRACT

*Present paper is part of a larger research project that aims to study the peculiarities of organizational culture within health organizations and its impact on motivation, job satisfaction and professional performance of employees in this field of activity. Survey data was collected and analyzed between December 2015 - January 2016. Descriptive statistics (means and standard deviations) of the variables were calculated and paired-samples T-test and independent-sample t-test were performed in order to validate research hypotheses. As result of our research we found that the cultural profile of Romanian health organizations varies according to their characteristics: type, size and property, among those defined cultural profiles, only for pharmacies could be identified a dominant organizational culture type.*

**KEYWORDS:** *health organization, organizational culture,*

**JEL CLASSIFICATION:** *C12, D22, L25*

---

### 1. INTRODUCTION

Although the concept of organizational culture has a fairly recent origin. (Schein, 1990) , nowadays, it become one of the major issues in organization theory, academic research, as well as in management practice. Even in those organizations where cultural issues receive little explicit attention, the cultural dimension is central in all aspects of organizational life (values, the way of think, feel, and act are guided by ideas, meanings and beliefs of a cultural shared nature) (Alvesson, 2002) and, finally, its success in achieve objectives. Moreover, the organizational culture was defined as a balance tool between success and failure. (Tănase, 2015).

A major concern of health policy on international level, and within Romanian health system, in particular, is to assess and improve the quality of health care. (Davies, Nutley, & Mannion, 2000) Thus, alongside structural reorganization and system reform, one should consider the culture of health organizations as an important factor that influences the quality of care. (Brazil, Wakefield, Cloutier, Tennen, & Hall, 2010).

Present paper is part of a larger research project that aims to study the peculiarities of organizational culture within health organizations and its impact on motivation, job satisfaction and professional performance of employees in this field of activity. The purpose of this paper is to study the peculiarities of organizational culture within health organizations, to the others research objectives will be dedicated future papers. (Popa & Ștefan, 2016).

---

<sup>1</sup> Bucharest University of Economic Studies, Romania, e-mail: iipopa@yahoo.com

<sup>2</sup> Bucharest University of Economic Studies, Romania, e-mail: simonacatalina\_2006@yahoo.com

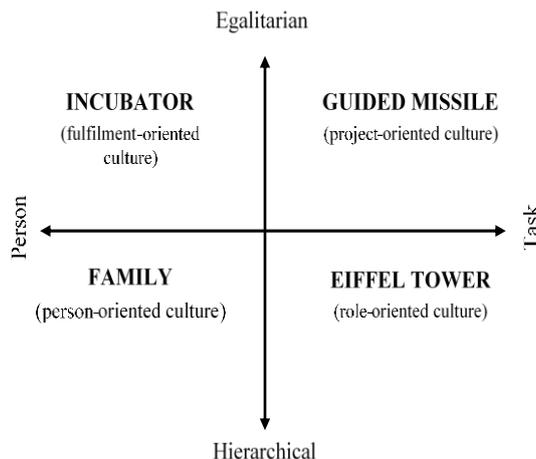
## 2. CONCEPTUAL FRAMEWORK AND HYPOTHESES DEVELOPMENT

In time, there were developed different typologies in attempting to understand and explain the organizational culture. Their importance is both theoretical and practical: (1) typology deepens the scientific knowledge mapping typical contents of organizational culture, and (2) allows organizations' managers and members to compare the contents of the culture of their own organization with typical cases. (Jermář, 2015).

However, according to Zazzali et al. (2007), there are two major issues wherewith face any empirical research on organizational culture of health organizations: (1) although there is available a plurality of conceptualization frameworks and measurement instruments of organizational culture, none is valid across all organizational settings, and (2) the inconsistency of findings to date.

Derived from two related dimensions (high versus low formalization and high versus low centralization), Trompenaars' model identifies four competing organizational culture types (Trompenaars & Hampden-Turner, 1998), (Trompenaars & Woolliams, 2003), (Burduş & Popa, 2013):

1. The Family (power-oriented culture) culture is distinguished by the character at the same time personal, which implies direct relationship between the components of the organization, and hierarchical, justified by experience and authority of the "father" over its "children". The result of such perceptions is a power-oriented culture, where the autocratic leader directs the organization because he knows better than his subordinates what to do and what is good for them. In the Family culture, the employees are mostly motivated by praise and appreciation than by material rewards.
2. The Eiffel Tower (role-oriented) culture is characterized in the same time by a strong emphasis on tasks as well as on hierarchy. It is the typical bureaucratic organization, symmetric, stable, rigid and robust. In the Eiffel Tower culture, the structure is more important than the functions and authority originates from the person's position (role) not from the person itself. Employees within a Eiffel Tower culture are meticulous and fulfill their tasks very accurately. Duty is a very important concept for them, and are mainly motivated through promotion to a higher position.
3. The Guided Missile (project-oriented) is described by a strong emphasis on equality as well as its orientation towards tasks. In such a culture, organizational structures, processes and resources are orientated towards the achievement of ultimate goals, which are above the demands of authority, procedures or people. The authority and responsibilities are derived from expertise and qualifications rather than formal hierarchy. Employee motivation within a Guided Missile culture is mostly intrinsic, they get more satisfaction into the success of the project, the proposed solutions, than into material rewards.
4. The Incubator (fulfillment-oriented) culture. This type of organizational culture is characterized in the same time by an orientation towards person as well as a strong emphasis on equality. The organization exists only to serve as an "incubator" for the self-expression and self-fulfillment of its members and has no intrinsic values beyond these goals. Responsibilities and tasks within this type of organization are assigned primarily according to the member's own preference and needs. Motivating staff, within this organizational culture is intrinsic, each wanting to contribute to the goals and be noticed into the creative process.



**Figure 1. Trompenaars' classification of corporate culture**

*Source: Trompenaars & Hampden-Turner (1998, p. 163)*

In organizational practice, there are no pure types, but rather a mix of them (in different proportions), often with one type in dominant position. However, those groupings can be useful in helping to determine how individuals within a certain organization act when it goes to thinking, learning, change, reward and motivation, conflict resolution and so on. (Pyszka & Pilat, 2011). Based on above discussions, we expect that:

- H1. *The cultural profile of Romanian health organizations varies according to their characteristics (type, size and property).*
- H2. *For each of the identified cultural profiles, it highlights a dominant type of culture.*

### 3. DATA AND METHODS

Survey data was collected and analyzed as part of a larger project between December 2015 - January 2016. In the sample were included 981 respondents from 18 health organizations (hospitals and pharmacies). In the two-step sampling frame, first we have chosen the health organizations to be included in the research, and secondly, from each organization was included in the final sample a number of respondents according to its size. Table 1 presents the sample structure according to job-related characteristics as: profession, education level, seniority within organization and management level.

**Table 1. Sample structure**

No.	Job related characteristics	%	No.	Job related characteristics	%
<b>The seniority within organization (years)</b>			<b>Profession</b>		
1	Less than 3	32.13%	1	Physician	17.19%
2	Between 3 - 5	23.41%	2	Pharmacist	23.66%
3	Between 5 - 10	24.91%	3	Physical therapist	1.25%
4	Between 10 - 15	15.19%	4	Nurse	37.24%
5	More than 15	4.36%	5	Auxiliary medical staff	9.84%
<b>Education</b>			9	Non-medical staff with higher education	4.23%
1	High school	11.71%	7	Non-medical staff with secondary education	6.60%
2	College	38.23%	<b>Hierarchical level</b>		
3	Bachelor degree	37.48%	1	Top-level managers	4.11%
4	Master	6.60%	2	Middle-level managers	6.60%
5	PhD	5.98%	3	First-line managers	11.83%
			4	Executants	77.46%

*Source: own research data*

For the purpose of this paper (study the peculiarities of organizational culture within health organizations), from the three-part questionnaire employed within the broader research project (Burduş & Popa, 2016) (Popa & Ştefan, 2016), we have analyzed only the answers concerning the culture of health organizations, to the others research objectives will be dedicated future papers.

For each type of culture, an average score was calculated considering eight specific variables measured on a 5-point Likert scale (Trompenaars & Hampden-Turner, 1998): organization's hierarchy level, orientation towards tasks/people, relationships between employees, attitude to authority, ways of thinking and learning, attitudes toward people, ways of changing, ways of motivating and rewarding.

For 52 of the 981 collected questionnaires, the high proportion of missing data in the organizational culture section has made inefficient any of data imputation method, thus letting us no other choice than dropping them. Thus, the final number of analyzed questionnaires was 929. The survey data were analyzed by means of IBM SPSS 23.0 statistical program (IBM Corp., 2014). Descriptive statistics (means and standard deviations) of the variables were calculated and paired-samples T-test and independent-sample t-test were performed in order to validate  $H_1$  and  $H_2$  hypotheses.

#### 4. RESULTS

Considering the aggregate variables measuring the four culture types, means and standard deviations statistics were calculated. In Table 2, one can see that the Family and Eiffel Tower present approximatively equal mean scores (3.263 respectively 3.261), followed by Guided Missile ( $M = 3.203$ ) and Incubator ( $M = 2.753$ ). Furthermore, paired-samples t-tests were conducted to compare the highest mean scores computed for the analyzed types of culture and to determine if it could be highlighted a type of culture as the dominant. Thus, no significant difference was found between the Eiffel Tower culture score ( $M = 3.263$ ,  $SD = 0.523$ ) and Family ( $M = 3.261$ ,  $SD = 0.537$ ),  $t_{(928)} = 0.065$ ,  $p = 0.948$ . However, significantly differences were found between each of them and Guided Missile and Incubator mean scores. These results suggest that in the cultural profile of health organizations, cannot be identified a dominant type of culture, but rather an inclination towards hierarchy orientated cultures (Eiffel Tower and Family).

**Table 2 Descriptive statistics**

No.	Variables	N	Mean	Std. deviation
1	Family culture	929	3.261	0.537
2	Eiffel Tower	929	3.263	0.523
3	Guided Missile	929	3.203	0.550
4	Incubator	929	2.753	0.633

*Source:* made by authors with IBM SPSS Statistics 23.0

As stated above, to validate  $H_1$  and  $H_2$  hypotheses, paired-samples T-test and independent-sample t-test were performed by means of IBM SPSS 23.0.

The mean scores presented in Table 3 suggest that it could be identified distinct cultural profiles of health organizations according to their type, and for each of these cultural profiles could be highlighted a type of culture as the dominant (Family for hospitals and Guided Missile for pharmacies).

**Table 3. Cultural profiles of health organizations according to their type**

No.	Type of organizational culture	Type of health organization					
		Hospital			Pharmacy		
		Mean	N	Std. Deviation	Mean	N	Std. Deviation
1	Family culture	3.3300	710	0.5599	3.0394	219	0.3810
2	Eiffel Tower	3.2911	710	0.5165	3.1707	219	0.5335
3	Guided Missile	3.0993	710	0.5325	3.5399	219	0.4667
4	Incubator	2.8456	710	0.6326	2.4515	219	0.5361

Source: made by authors with IBM SPSS Statistics 23.0

However, for each type of culture, independent-sample t-tests were conducted to compare the mean scores computed for the analyzed type of health organizations and to determine if there are significant differences. Thus, significantly higher scores were found for hospitals than pharmacies in terms of Family ( $t_{(532.496)} = 8,745$ ,  $p = 0.000$ ), Eiffel Tower ( $t_{(927)} = 2.990$ ,  $p = 0.003$ ) and Incubator ( $t_{(421.534)} = 9.098$ ,  $p = 0.000$ ), while in terms of Guided Missile the mean score was significantly lower ( $t_{(927)} = -11.009$ ,  $p = 0.003$ ). These results suggest that the cultural profile of Romanian health organizations varies according to their type. Although employing a different culture typology (Competing Values Framework), these results are similar to those of Acar and Acar (2014). They found out that organizational culture types significantly differ between public and private Turkish health organizations.

Moreover, for each type of health organization, paired-samples t-tests were conducted to compare the highest mean scores computed for the analyzed types of culture and to determine if it could be highlighted a type of culture as the dominant. Thus, if we refer to hospitals, no significant difference was found between the Family culture score ( $M = 3.3300$ ,  $SD = 0.5599$ ) and Eiffel Tower ( $M = 3.2911$ ,  $SD = 0.5165$ ),  $t_{(709)} = 1.864$ ,  $p = 0.063$ . However, significant differences were found between each of them and Guided Missile and Incubator mean scores. These results suggest that in the cultural profile of hospitals, cannot be identified a dominant type of culture, but rather an inclination towards hierarchy orientated cultures (Family and Eiffel Tower).

Regarding the pharmacies, Guided Missile mean score ( $M = 3.5399$ ,  $SD = 0.4667$ ) was found to be significantly higher than Eiffel Tower ( $M = 3.1707$ ,  $SD = 0.5335$ ),  $t_{(218)} = 8.191$ ,  $p = 0.000$ , Family culture ( $M = 3.0394$ ,  $SD = 0.3810$ ),  $t_{(218)} = 12.958$ ,  $p = 0.000$  and Incubator ( $M = 2.4515$ ,  $SD = 0.5361$ ),  $t_{(218)} = 25.243$ ,  $p = 0.000$ . These results suggest that in the cultural profile of pharmacies, the dominant type of culture is Guided Missile. One can also notice an inclination towards tasks oriented cultures (Guided Missile and Eiffel Tower).

The mean scores presented in Table 4 suggest that it could be identified distinct cultural profiles of health organizations according to their size, and for each of these cultural profiles could be highlighted a dominant type of culture (Eiffel Tower for health organizations having between 50 and 249 employees and Family for those with more than 250 employees).

**Table 4. Cultural profiles of health organizations according to their size**

No.	Type of organizational culture	Organization's size					
		Between 50 and 249 employees			More than 250 employees		
		Mean	N	Std. Deviation	Mean	N	Std. Deviation
1	Family culture	3.2119	540	0.5322	3.3303	389	0.5377
2	Eiffel Tower	3.2210	540	0.5199	3.3205	389	0.5219
3	Guided Missile	3.2153	540	0.5205	3.1863	389	0.5894
4	Incubator	2.7189	540	0.5644	2.7995	389	0.7165

Source: made by authors with IBM SPSS Statistics 23.0

However, for each type of culture, independent-sample t-tests were conducted to compare the mean scores computed for health organizations according to their size and to determine if there are significant differences. Thus, significantly lower scores were found for smaller health organizations (between 50 and 249 employees) than for the large ones (more than 250 employees) in terms of Family ( $t_{(927)} = -3.332$ ,  $p = 0.001$ ) and Eiffel Tower ( $t_{(927)} = -2.873$ ,  $p = 0.004$ ), while in terms of Guided Missile and Incubator the mean scores differences were statistically insignificant ( $t_{(927)} = 0.7914$ , n.s.) respectively ( $t_{(710.291)} = -1.844$ , n.s.). These results suggest that the cultural profile of Romanian health organizations varies according to their size only in terms of Family and Eiffel Tower components.

Moreover, for each determined cultural profile of health organizations according to their size, paired-samples t-tests were conducted to compare the highest mean scores computed for the analyzed types of culture and to determine if it could be highlighted a type of culture as the dominant. Thus, if we refer to smaller health organizations (Between 50 and 249 employees), no significant differences were found between Eiffel Tower score ( $M = 3.2210$ ,  $SD = 0.5199$ ) and Guided Missile ( $M = 3.2153$ ,  $SD = 0.5205$ ),  $t_{(539)} = 0.205$ , n.s. and between Guided Missile and Family culture scores ( $M = 3.2119$ ,  $SD = 0.5322$ ),  $t_{(539)} = 0.116$ , n.s. However, significant difference was found between each of them and Incubator mean score. These results suggest that in the cultural profile of small health organizations, cannot be identified a dominant type of culture, but rather an inclination towards tasks orientated cultures (Eiffel Tower and Guided Missile) and hierarchy (Eiffel Tower and Family).

Regarding larger health organizations (more than 250 employees), no significant difference was found between the Family culture score ( $M = 3.3303$ ,  $SD = 0.5377$ ) and Eiffel Tower ( $M = 3.3205$ ,  $SD = 0.5219$ ),  $t_{(388)} = 0.326$ , n.s.. However, significant differences were found between each of them and Guided Missile and Incubator mean scores. These results suggest that the cultural profile of larger health organizations is similar with that of hospitals, cannot be identified a dominant type of culture, but rather an inclination towards hierarchy orientated cultures (Family and Eiffel Tower). The mean scores presented in Table 5 suggest that it could be identified distinct cultural profiles of health organizations according to their property, and for each of these cultural profiles could be highlighted a dominant type of culture (Family for the public health organizations and Guided Missile for private ones).

**Table 5. Cultural profiles of health organizations according to their property**

No.	Type of organizational culture	Property					
		Public			Private		
		Mean	N	Std. Deviation	Mean	N	Std. Deviation
1	Family culture	3.3299	451	0.5705	3.1969	478	0.4961
2	Eiffel Tower	3.2925	451	0.4948	3.2346	478	0.5469
3	Guided Missile	3.1236	451	0.5774	3.2782	478	0.5128
4	Incubator	2.9010	451	0.6484	2.6127	478	0.5861

*Source:* made by authors with IBM SPSS Statistics 23.0

However, for each type of culture, independent-sample t-tests were conducted to compare the mean scores computed for health organizations according to their property and to determine if there are significant differences. Thus, significantly higher scores were found for public health organizations than for private ones in terms of Family ( $t_{(892.541)} = 3.783$ ,  $p = 0.000$ ) and Incubator ( $t_{(904.290)} = 7.095$ ,  $p = 0.000$ ), in terms of Guided Missile the mean score was significantly lower ( $t_{(927)} = -4.320$ ,  $p = 0.000$ ), while in terms of Eiffel Tower the mean scores difference was statistically insignificant ( $t_{(925.394)} = 1.692$ , n.s.). These results suggest that the cultural profile of Romanian health organizations varies according to their property in terms of Family Guided Missile and Incubator components.

Moreover, for each determined cultural profile of health organizations according to their property, paired-samples t-tests were conducted to compare the highest mean scores computed for the analyzed types of culture and to determine if it could be highlighted a dominant type of culture. Regarding the public health organizations, no significant difference was found between the Family culture score ( $M = 3.3299$ ,  $SD = 0.5705$ ) and Eiffel Tower ( $M = 3.2925$ ,  $SD = 0.4948$ ),  $t_{(450)} = 1.450$ , n.s.. However, significant differences were found between each of them and Guided Missile and Incubator mean scores. These results suggest that the cultural profile of public health organizations is similar with that of hospitals and those having more than 250 employees and cannot be identified a dominant type of culture, but rather an inclination towards hierarchy orientated cultures (Family and Eiffel Tower).

If we refer to private health organizations, no significant differences were found between Guided Missile score ( $M = 3.2782$ ,  $SD = 0.5128$ ) and Eiffel Tower ( $M = 3.2346$ ,  $SD = 0.5469$ ),  $t_{(477)} = 1.494$ , n.s. and between Eiffel Tower and Family culture scores ( $M = 3.1969$ ,  $SD = 0.4961$ ),  $t_{(477)} = 1.429$ , n.s. However, significant difference was found between each of them and Incubator mean score. These results suggest that in the cultural profile of private health organizations, cannot be identified a dominant type of culture, but rather an inclination towards tasks orientated cultures (Guided Missile and Eiffel Tower) and hierarchy (Eiffel Tower and Family).

## 5. CONCLUSIONS

The cultural profile of Romanian health organizations varies according to their characteristics: type, size (only in terms of Family and Eiffel Tower components) and property (in terms of Family, Guided Missile and Incubator components). Among those defined cultural profiles, only for pharmacies could be identified a dominant organizational culture type. Thus, detailed research results showed that:

- in the cultural profile of hospitals cannot be identified a dominant type of culture, but rather an inclination towards hierarchy orientated cultures (Family and Eiffel Tower), while the dominant type of pharmacies' organizational culture was found to be the Guided Missile.
- in the cultural profile of small health organizations (between 50 and 249 employees) cannot be identified a dominant type of culture, but rather an inclination towards tasks orientated cultures (Eiffel Tower and Guided Missile) and hierarchy (Eiffel Tower and Family), while for large health organizations (More than 250 employees) an inclination towards hierarchy orientated cultures (Family and Eiffel Tower).
- the cultural profile of public health organizations is similar with that of hospitals and those having more than 250 employees and cannot be identified a dominant type of culture, but rather an inclination towards hierarchy orientated cultures (Family and Eiffel Tower), while private health organizations an inclination towards tasks orientated cultures (Guided Missile and Eiffel Tower) and hierarchy (Eiffel Tower and Family).

As stated above, the present paper is part of a larger research project that aims to study the peculiarities of organizational culture within health organizations and its impact on motivation, job satisfaction and professional performance of employees in this field of activity. Thus, in addition to the findings of this paper, we were also interested to investigate the implications that each of the Trompenaars's corporate culture types would have on employees' professional performance (Popa & Ștefan, 2016). By means of path analysis, we found that Guided Missile proved to be the most performant culture type since it has the highest effects on work motivation, job satisfaction and professional performance, while Eiffel Tower culture has negative effects on employee motivation and satisfaction and negative effect on professional performance. (Popa & Ștefan, 2016)

## REFERENCES

- Acar, Z., & Acar, P. (2014). Organizational Culture Types and Their Effects on Organizational Performance in Turkish Hospitals. *Emerging Markets Journal*, 3(3), 17-31. doi:10.5195/emaj.2014.47
- Alvesson, M. (2002). *Understanding Organizational Culture*. London: SAGE Publications.
- Brazil, K., Wakefield, D. B., Cloutier, M. M., Tennen, H., & Hall, C. (2010). Organizational culture predicts job satisfaction and perceived clinical effectiveness in pediatric primary care practices. *Health Care Management Review*, 35(4), 365-371. doi:10.1097/HMR.0b013e3181edd957
- Burduş, E., & Popa, I. (2013). *Fundamentele managementului organizației* (a III-a ed.). București: Pro Universitaria.
- Burduş, E., & Popa, I. (2016). *Reproiectarea managementului organizației*. București: Pro Universitaria.
- Davies, H. T., Nutley, M. N., & Mannion, R. (2000). Organisational culture and quality of health care. *Quality in Health Care*, 9(2), 111-119. doi:10.1136/qhc.9.2.111
- IBM Corp. (2014). *IBM SPSS Statistics for Windows (Version 23.0) [Computer Program]*. Armonk, NY: IBM Corp.
- Jermář, M. (2015). Preferred Culture of Healthcare Organizations in Czech Republic. *Proceedings of The 26th IBIMA Conference*, (pp. 913-925). Madrid, Spain.
- Popa, I., & Ştefan, S. C. (2016). Revaluing the culture of health organizations. A path analysis approach. *Proceeding of The 2nd International Scientific Conference SAMRO 2016 „News, challenges and trends in management of knowledge-based organizations“* (pp. 79-86). Păltiniş: Editura Economică.
- Pyszka, A., & Pilat, M. (2011). Applying trompenaars typology of organizational culture to implementation of csr strategy. *Journal of Intercultural Management*, 3(2), 113-125.
- Schein, E. H. (1990). Organizational culture. *American Psychologist*, 45(2), 109-119.
- Tănase, I. A. (2015). The Importance of Organizational Culture Based on Culture Transfer. *Proceedings of the 9th International Management Conference "Management and Innovation For Competitive Advantage"*, (pp. 848-852). Bucharest, Romania.
- Trompenaars, F., & Hampden-Turner, C. (1998). *Riding the Waves of Culture: Understanding Diversity in Global Business* (2nd ed.). New York: McGraw-Hill.
- Trompenaars, F., & Woolliams, P. (2003). A new framework for managing change across cultures. *Journal of Change Management*, 3(4), 361-375.
- Zazzali, J. L., Alexander, J. A., Shortell, S. M., & Burns, L. R. (2007). Organizational Culture and Physician Satisfaction with Dimensions of Group Practice. *Health Research and Educational Trust*, 42(3), 1150-1176. doi:10.1111/j.1475-6773.2006.00648.x