Identifying organizational culture and subcultures within Greek public hospitals

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Abstract

Purpose – Since organizational culture is undoubtedly critical in a highly competitive era, the purpose of this paper is to identify the core culture dimensions that exist within Greek public hospitals and examine inherent subcultures, based on employee characteristics.

Design/methodology/approach – The study took place in 20 Greek public hospitals, randomly selected in eight major cities, and provided 749 usable responses from front-line employees. Statistical analyses used include descriptive statistics, t-tests, and analysis of variance.

Findings – Surprisingly, employees in Greek public hospitals were found consider attention to detail, outcome and team orientation to be the least prevalent cultural characteristics of their employing organizations. After checking for potential variations in the way that employees view the operating organizational culture, significant differences were revealed based on age, job position and tenure in position. Nevertheless, gender, occupation and type of employment relationship do not seem to affect employee perceptions of culture.

Practical implications – Developing a culture which fosters service quality is a prerequisite when trying to achieve maximum patient satisfaction. It is a prerequisite, however, that organizational agents hold a clear view of subcultures inherent in the main culture, in order to effectively manage employees and achieve long-term organizational survival and success.

Originality/value – This research fills the gap in the area of organizational culture and subcultures in Greek public hospitals.

Keywords Organizational culture, Hospitals, Greece

Introduction

The health care industry has been developing over the last 20 years from a “cottage” industry, free from traditional laws of supply and demand, into a competitive and market-sensitive entity (Newman, 1991). Healthcare providers around the world are thus facing several challenges, such as increased competition for survival, pressures to reduce cost, service demands driven by consumer preferences and extensive public scrutiny (Frings and Grant, 2005; Rider and Perrin, 2002). Under the circumstances, the ability of the hospital to serve its patients is critical as it helps ensure customer retention and in turn organizational profitability (Deshpande et al., 1993; Grönroos, 1990, 2001; Narver and Slater, 1990; Parasuraman et al., 1985).

For this reason, hospitals around the world have taken several change initiatives, including product line management, cost accounting systems, total quality management, business process reengineering and patient-focused care (Huq and Martin, 2000). Yet, what can actually improve the experience of medical care received by patients is not redesigning or restructuring internal processes and procedures but shaping the behaviour
of front-line employees properly (Johnson and Omachonu, 1995). As Darby and Daniel (1999, p. 278) claim:

"Front line personnel are normally the key to clients’ perceptions of the delivery of high quality services because they have a major influence on forming expectations and controlling customer experiences and as such they cannot be separated from the focal point of the actual service. Consequently, hospitals that wish to offer their patients services of increased quality in a cost effectively manner, need to form employees’ values, priorities, attitudes and behaviours accordingly. Changing the operating organizational culture can be helpful towards this direction. Organisational culture refers to the deeper level of basic assumptions and beliefs that are shared by organisational members, which, operating unconsciously, define a common overall view of the organization and its environment (Schein, 1986). Several researchers (Davies et al., 2000; Pettigrew et al., 1992; Stone, 1996) have hence identified organisational culture as an important element of successful organisational initiatives, including increasing quality of services (Franko et al., 2002; Peccei and Rosenthal, 2000; Wilkins and Dyer, 1988).

Organizational culture in health care settings has been attracting increasing attention among researchers around the world (i.e. Beil-Hildebrand, 2005; Darby and Daniel, 1999; Hendel and Steinman, 2002; Lee et al., 2002; Lindberg and Rosenqvist, 2005; McConnell, 2005; Rad, 2006; Vandenberghhe, 1999). Still, since national health systems are greatly different, the first aim of this study is to critically recognize the operating culture in Greek public hospitals, as experienced by employees.

The second aim of the present study is to check for potential subcultures that are inherent in the main culture. To my knowledge, with the exception of Brooks and Brown (2002), researchers examining organizational culture within hospitals tend to assume that relevant perceptions are common to all organizational members. However, considering culture as uniform among all employees is over simplistic (Brunetto and Farr-Wharton, 2006; Detert et al., 2000; Hofstede, 1998; Legge, 1994; Palthe and Kossek, 2003). Consequently, this study aims to unveil subcultures within Greek public hospitals, based on some major employee characteristics, such as gender, age, occupation, job position, tenure in job position, and type of employment relationship.

Health care provision in Greece

Globalization has posed tremendous challenges in health care organizations (Andaleeb, 2000). Public hospitals operating in developing countries are the ones mostly dared, as an increasing number of individuals is nowadays willing to pay or even travel abroad in order to get the best possible health care (UNCTAD Secretariat, 1998).

The case of Greek public hospitals is a very interesting one. Greek hospitals are, typically, Body Corporates of Public Law. This would normally suggest that they are independent, self-administered institutions, incorporated in the public sector. Yet, reality seems to be significantly different. First of all, they are highly bureaucratic and have been functioning for long under monopolist conditions, showing no real concern for service quality, ignoring cost-efficiency, organizational effectiveness and efficiency (Alexiadis, 2005; Joumard and Mulonas, 1999; Makrydimitris, 1991; Moschuris and Kondylis, 2006; Polysos, 1994). Second, central authorities tend to intervene, leaving limited space for managerial decisions (Sigalas, 1994). Third, lack of internal operation procedures often
causes ineffective communication and confusing tasks (Theodorakioglou and Tsiotras, 2000).

Regarding employees, there are permanent employment relationships (The Greek Ombudsman, 2003), interference of political parties (Sotiropoulos, 1993), and political discrimination (Spanou, 1999). Moreover, human resources management practices are centralized to a great extent. In example, recruitment and selection is conducted by a supreme council for personnel selection, called ASEP, and both rewards and promotions are tied to demographic characteristics and controlled by central authorities. Consequently, the top management is practically unable to ensure organization-employee fit, employee motivation, reward or punishment.

For all these reasons, although public hospitals had been servicing the vast majority of Greek citizens for long, there is lately an increasing number of citizens preferring private health care, either in Greece or abroad (Palm et al., 2000).

Recognizing the inability of national health system to accomplish its mission, the Politia Reform Act of 2001 has been transforming the Greek public sector, requiring their agents to set goals, measure their performance and report on their accomplishments (Sotirakou and Zeppou, 2005). The most important decision that fell under the new public management initiative was the appointment of independent managers to each hospital, in an attempt to achieve more efficient and effective operation, through establishment of better administrative organizational processes. However, because a significant number of individuals currently employed in the hospitals has been recruited and socialized under the previous bureaucratic order, their norms, values, expectations and standards are still greatly influenced by the previous policies, practices and culture (Boston, 2000).

**Literature review**

*Organizational culture*

Social anthropologists introduced the term culture to describe and understand “primitive” societies (Kotter and Heskett, 1992). Over the years, though, it is being examined basically within the organizational setting. Initially, “corporate” or “organisational culture” was used to explain why Japanese organizations were superior to the American ones, by emphasising the existence of a highly motivated workforce, with shared core values, beliefs and assumptions (Denison, 1984; Furnham and Gunter, 1993). Likewise, Hofstede (1980) claimed that culture justifies the economic supremacy of certain countries over the others. Nonetheless, a decade later Schein (1990) insisted that culture could also explain differences between organizations operating within the same national context.

According to Schein (1980, p. 111), organizational culture is:

> [...] a pattern of basic assumptions that a group has invented, discovered or developed in learning to cope with its problems of external adaptation and internal integration, and that have worked well enough to be considered valid, and therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems.

Subsequent common culture definitions refer to “a system of shared values and beliefs that produces norms of behaviour and establish an organizational way of life” (Koberg and Chusmir, 1987, p. 397), “the commonly held and relatively stable beliefs, attitudes and values that exist within the organization” (Williams et al., 1989) and "a set of
cognitions shared by members of a social unit” (O’Reilly et al., 1991, p. 491), giving more emphasis on values and behavioural patterns which seem to can safely be examined in a quantitative way (Lim, 1995).

Following Camerer and Vepsalainen (1988), this paper considers culture as a set of values and assumptions that are common to employees, forming an organizational phenomenon that is at least partially changeable and thus amenable to managerial intervention. As a result, this study aims to identify the operating culture within Greek public hospitals and look into the way it relates to delivering medical care of high quality.

Subcultures

Other than the integrated view of the organizational culture, that emphasizes an organization-wide consensus, consistency and clarity (Trice and Beyer, 1993), there is the differentiation approach which focuses upon the existence of multiple subcultures in an organization (Ott, 1989; Trice and Beyer, 1993). According to Martin (1992), the latter approach suggests that behavioural norms and practices are likely to vary across organizational sub-units and are not necessarily common to all individuals involved.

van Maanen and Barley (1985) used the term subcultures to describe subsets of organizational members who interact regularly with one another, identify themselves as a distinct group within that organization, share the same problems, and take action on the basis of a common way of thinking that is unique to the group. As apparent, the most important difference between cultures and subcultures is that the former refers to the overall organization while the latter to multiple small cultures existing within this organization (Hatch, 1997). Subcultures contain elements of the main culture, such as core values, practices and behaviours but have also distinctive characteristics, reflecting the particular values of sub-unit.

What is critical, however, is the fact that although subcultures are coherent, consistent and stable wholes they are not necessarily consistent with the main organizational culture (Hofstede, 1998). Subcultures may be aligned to the main culture or opposed to it (Brown, 1995). Since subcultures are often stronger than the main culture, they can influence perceptions, attitudes, and behaviours of employees to a greater extent than the main culture (Harris and Ogbonna, 1998). In fact, clashes between the culture and subcultures or between subcultures may cause problems in strategy implementation (Martin and Siehl, 1983) as well as in effective human resources management (Palthe and Kossek, 2003).

Detert et al. (2000) proposed that future researchers should look into the role of organizational subcultures, in order to gain a clearer understanding of why some change initiatives succeed while others fail. Ignoring subcultures is equivalent to ignoring particularities of groups of individuals employed (Legge, 1994). Consequently, the present study seeks to reveal potential subcultures that coexist in Greek public hospitals, in an attempt to make suggestions that are better tuned with employees’ values and priorities towards service quality enhancement. In line with the existing literature, subcultures based on gender (Eberle, 1997), age (Lok et al., 2005b), hierarchical level (Schein, 1986), tenure (Lok et al., 2005a) and functional role (Dougherty, 1990) are examined. Other than these, the type of employment relationship was regarded a potential source of subculture, as employees share common problems and situations, based on whether they are permanent employees or contractors.
Methodology

Sample and procedure
In Greece, there are 133 public hospitals, organized in 17 administrative health districts, 12 of each are in continental regions and five in insular regions. This study took place in 20 out of 107 hospitals located in the eight largest continental cities. These hospitals were selected randomly.

A total of 1,000 questionnaires were distributed to first-line employees, including doctors, nurses and administrative staff. 762 (76.2 per cent) questionnaires were returned and 749 (74.9 per cent) were fully and correctly completed. 62.8 per cent of the participants were female and 71.4 per cent were between the age of 25 and 44. Moreover, 35.2 per cent were doctors (university, specialist, and trainee), 45.6 per cent were nurses (with university or college education) and the rest were employed in hospital administration. In terms of tenure, 67.5 per cent had been working in health care provision for more than six years. Finally, 78.4 per cent were permanent employees and 43.8 per cent had subordinates.

Measures

Organizational culture
The initial approach for measuring organizational culture was the process-oriented, according to which organizational culture is a continuous generation of shared values and norms (Dandridge et al., 1980; Deal and Kennedy, 1982; Furnham and Gunter, 1993; Hofstede, 1980; Pettigrew, 1979; Roskin, 1986; Schein, 1990; Trice and Beyer, 1984). Owing to difficulties in their use, classification, and comparison (Furnham and Gunter, 1993; Jamieson, 1980), however, quantitative methods for measuring organizational culture were developed and predominated. Among the most widely known are the organizational culture inventory (OCI – Cooke and Lafferty, 1989), the competing values model (Quinn and Rohrbaugh, 1983), and the organizational culture profile (OCP – O’Reilly et al., 1988).

Xenikou and Furnham (1996) concluded that the OCI is the most internally reliable measure. Yet, its increased size (it consists of 120 items) was regarded to be inhibitory for this study. As a result, in the present case, the OCP was preferred not only for its relatively small size but also because its dimensions clearly relate to service quality and patient satisfaction (outcome orientation, team orientation, decisiveness, aggressiveness, attention to detail, innovation, supportiveness, and emphasis on reward).

OCP includes 54 questions, asking employees to rate the extent to which the employing organization emphasizes certain values and norms. Example items include flexibility, team orientation, fairness, taking initiative, praise for good performance, social responsibility, and competitiveness. Cronbach’s $\alpha$ for the scale was 0.94.

Results
The first step of the statistical analysis was checking that the OCP items combined into the dimensions that O’Reilly and Chatman (1986) suggested. Although factor analysis did confirm the existence of eight dimensions, five items had to be excluded, because either they had low loading or they loaded to more than one factors. These items were sharing information freely, informality, high expectations for performance, having a clear guiding philosophy and developing friends at work. Cronbach’s $\alpha$s for the cultural dimensions were 0.84 for aggressiveness, 0.76 for supportiveness, 0.77 for
innovativeness, 0.63 for emphasis on rewards, 0.64 for attention to detail, 0.77 for outcome orientation, 0.74 for team orientation, and 0.68 for decisiveness.

Descriptive statistics for organizational culture dimensions appear in Table I. According to front-line employees, the two most prominent characteristics of culture within Greek public hospitals are aggressiveness and supportiveness whereas the two least prominent are decisiveness and team orientation. As evident, employees seem to believe that all these cultural dimensions characterize the hospitals they work for only moderately, as mean scores range from 3.16 to 2.53. Subsequently, the operating culture does not seem to be very strong.

The next step included identifying potential variations in the way that employees view the operating culture of their hospital, based on demographic characteristics. These characteristics were gender, age (18-24, 25-34, 35-44, 45-54, 55 + ), job position (managerial and non-managerial employees), functional role (doctors, nurses and administrative employees), tenure in job position (less than one year, 1-3 years, 4-6 years, 7-10 years, 10-15 years, 16-20 years, more than 20 years), and type of employment relationship (permanent employees and contractors).

$t$-Tests were adopted to control for variations in perceptions of cultural dimensions based on gender, job position and type of employment relationship whereas analyses of variance (ANOVA) were used to identify variations based on age, occupation and tenure in job position.

Results revealed no significant variation based on gender, type of employment relationship, and occupation. On the contrary, significant differences based on job position, age, and tenure in position came up. In particular, managers seem to care more for aggressiveness, innovation and attention to detail than their subordinates (Table II).

As far as age is concerned, significant differences came up for innovativeness, attention to detail, outcome orientation, aggressiveness, supportiveness and decisiveness (Table III).

<table>
<thead>
<tr>
<th>Cultural Dimension</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressiveness</td>
<td>3.16</td>
<td>0.91</td>
</tr>
<tr>
<td>Supportiveness</td>
<td>3.14</td>
<td>0.93</td>
</tr>
<tr>
<td>Innovativeness</td>
<td>3.13</td>
<td>0.79</td>
</tr>
<tr>
<td>Emphasis on reward</td>
<td>3.07</td>
<td>0.91</td>
</tr>
<tr>
<td>Attention to detail</td>
<td>3.03</td>
<td>1.00</td>
</tr>
<tr>
<td>Outcome orientation</td>
<td>2.80</td>
<td>0.79</td>
</tr>
<tr>
<td>Team orientation</td>
<td>2.68</td>
<td>0.89</td>
</tr>
<tr>
<td>Decisiveness</td>
<td>2.53</td>
<td>0.90</td>
</tr>
</tbody>
</table>

Table I. Descriptive statistics for cultural dimensions

<table>
<thead>
<tr>
<th>Cultural Dimension</th>
<th>Mean</th>
<th>SD</th>
<th>$t$</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressiveness</td>
<td>3.23</td>
<td>0.91</td>
<td>2.461</td>
<td>0.014</td>
</tr>
<tr>
<td>Non-managerial</td>
<td>3.06</td>
<td>0.91</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Innovativeness</td>
<td>3.21</td>
<td>0.78</td>
<td>3.323</td>
<td>0.001</td>
</tr>
<tr>
<td>Non-managerial</td>
<td>3.02</td>
<td>0.79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attention to detail</td>
<td>3.11</td>
<td>1.00</td>
<td>2.628</td>
<td>0.009</td>
</tr>
<tr>
<td>Non-managerial</td>
<td>2.91</td>
<td>1.00</td>
<td></td>
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</tr>
</tbody>
</table>

Table II. $t$-Tests for employees’ view of cultural dimensions, based on whether they hold a managerial or a non-managerial position.
<table>
<thead>
<tr>
<th></th>
<th>Sum of squares</th>
<th>df</th>
<th>Mean square</th>
<th>$F$</th>
<th>Significant differences</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Innovativeness</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between groups</td>
<td>16,883</td>
<td>3</td>
<td>5.628</td>
<td>9.251</td>
<td>0.000</td>
</tr>
<tr>
<td>Within groups</td>
<td>459,296</td>
<td>755</td>
<td>0.608</td>
<td>9.251</td>
<td>0.000</td>
</tr>
<tr>
<td>Total</td>
<td>476,179</td>
<td>758</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Attention to detail</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between groups</td>
<td>13,440</td>
<td>3</td>
<td>4.480</td>
<td>4.473</td>
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<tr>
<td>Within groups</td>
<td>756,220</td>
<td>755</td>
<td>1.002</td>
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<tr>
<td>Total</td>
<td>769,669</td>
<td>758</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outcome orientation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between groups</td>
<td>11,487</td>
<td>3</td>
<td>3.829</td>
<td>6.190</td>
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<tr>
<td>Within groups</td>
<td>466,994</td>
<td>755</td>
<td>0.619</td>
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<tr>
<td>Total</td>
<td>478,480</td>
<td>758</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Aggressiveness</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Between groups</td>
<td>15,628</td>
<td>3</td>
<td>5.209</td>
<td>6.400</td>
<td>0.000</td>
</tr>
<tr>
<td>Within groups</td>
<td>614,491</td>
<td>755</td>
<td>0.814</td>
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</tr>
<tr>
<td>Total</td>
<td>630,119</td>
<td>758</td>
<td></td>
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<tr>
<td><strong>Supportiveness</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between groups</td>
<td>9,308</td>
<td>3</td>
<td>3.103</td>
<td>3.613</td>
<td>0.013</td>
</tr>
<tr>
<td>Within groups</td>
<td>648,341</td>
<td>755</td>
<td>0.859</td>
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<td>Total</td>
<td>657,649</td>
<td>758</td>
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<td><strong>Decisiveness</strong></td>
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<td></td>
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<tr>
<td>Between groups</td>
<td>12,971</td>
<td>3</td>
<td>4.324</td>
<td>5.459</td>
<td>0.001</td>
</tr>
<tr>
<td>Within groups</td>
<td>597,137</td>
<td>754</td>
<td>0.792</td>
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<tr>
<td>Total</td>
<td>610,108</td>
<td>757</td>
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</table>
Tukey post hoc tests revealed that employees aged above 45 believe that the emphasis given on innovation, outcomes, detail and support is significantly greater than their younger counterparts. Moreover, employees younger than 24 years of age and older than 45 tend to believe that aggressiveness characterizes Greek public hospitals to a greater extent than those aged between 25 and 44.

Similarly, significant variations seem to exist among views of cultural dimensions, based on tenure in current job position. As evident in Table IV, differences are present in terms of innovativeness, attention to detail, outcome orientation and decisiveness. Based on Tukey post hoc tests, employees who have spent more than 20 years at the organization think that innovativeness, outcome orientation, and decisiveness are stressed to a greater extent in Greek public hospitals than the rest of employees. Regarding attention to detail, employees with increased tenure (more than 20 years) consider it more prevalent in their work setting compared to those who 1-3 years of tenure.

Conclusions and implications
Since most health care providers offer similar services, varying levels of service quality can determine consumer preferences (Youssef et al., 1995). Perceptions of high-service quality tend to strengthen patient patronage behaviour (John, 1991; Peyrot et al., 1993) whereas a bad service experience is likely to cause multiple problems. Other than dissatisfaction and negative word of mouth (Hartline and Jones, 1996; Parasuraman et al., 1985), underutilization, use only for minor ailments or as a last resort when no better option is available, replacement with another hospital, as well as legal action may occur (Andaleeb, 2000; Lafond, 1995).

Greek public hospitals are currently challenged by private competition to a great extent, both domestically and abroad (Palm et al., 2000). Since organizational culture is considered to be a prerequisite for implementing service quality initiatives successfully (Huq and Martin, 2000), the present study intended to unveil the operating culture in an attempt to propose organizational changes that can facilitate service quality improvements.

Employees were asked to describe the culture of their hospital and responded that attention to detail, team orientation and decisiveness are not considered to be among Greek public hospitals’ major characteristics, despite the fact that they are decisive for the health care quality offered. Front-line employees need to cooperate, as no single

<table>
<thead>
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<th></th>
<th>Sum of squares</th>
<th>df</th>
<th>Mean square</th>
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<th>Significant differences</th>
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</thead>
<tbody>
<tr>
<td>Innovativeness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Between groups</td>
<td>11.607</td>
<td>6</td>
<td>1.935</td>
<td>3.131</td>
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<tr>
<td>Within groups</td>
<td>464.572</td>
<td>752</td>
<td>0.618</td>
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<tr>
<td>Total</td>
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<td>758</td>
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<tr>
<td>Attention to detail</td>
<td></td>
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<tr>
<td>Between groups</td>
<td>16.822</td>
<td>6</td>
<td>2.804</td>
<td>2.801</td>
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<tr>
<td>Within groups</td>
<td>752.837</td>
<td>752</td>
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<tr>
<td>Outcome orientation</td>
<td></td>
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</tr>
<tr>
<td>Between groups</td>
<td>11.258</td>
<td>6</td>
<td>1.876</td>
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<tr>
<td>Within groups</td>
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<tr>
<td>Decisiveness</td>
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<td>Between groups</td>
<td>14.798</td>
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<td>Within groups</td>
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<tr>
<td>Total</td>
<td>610.108</td>
<td>757</td>
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</tbody>
</table>

Table IV. ANOVA for employees’ view of cultural dimensions, based on tenure in position.
doctor or nurse alone can fully serve patients. They also need to be decisive, as time often counts on patients’ expense; they cannot really afford wasting time. Finally, given human organization’s complexity and health problems seriousness, attention to detail is an imperative; details make a difference while mistakes can at least harm the quality of life if not the life itself. Under the circumstances, quality improvement steering councils, task forces, committees, and \textit{ad hoc} work groups should be developed and supported. Furthermore, stressing the need to exchange knowledge and information and combine individuals’ skills and competencies is vital for improving cooperation (Griffith and Neale, 2001).

The two most prevalent characteristics of Greek public hospitals’ culture are aggressiveness and supportiveness. Given the harsh competitive pressures towards their organizations, employees seem to have become rather market oriented and emphasize performing tasks sufficiently through employee cooperation and endorsement.

Yet, based on evidence from this study, culture in Greek public hospitals does not appear very strong. Such a finding may be attributed to the fact that managers cannot infuse a common pattern of values among employees, as they are practically unable to form human resource policies and practices.

In line with previous researchers suggesting that subcultures do exist (Hofstede, 1998; Martin, 1992; van Maanen and Barley, 1984), this study revealed that individual characteristics lead to diversified perceptions of the operating culture within Greek public hospitals. Unlike with managerial position, age, and tenure, no difference based on gender, occupation, and type of employment relationship was revealed. As evident, subcultures are formed on the basis of job position, age and tenure, interrelated factors to some extent, as older employees are more likely to hold managerial positions and to have spent more time at their job position.

It appears that in Greek public hospitals, employees holding managerial positions believe that their hospital stresses the need to be aggressive and innovative as well as to give attention to detail more than those who hold non-managerial position. A possible explanation for such a variation could be the fact that traditionally it is the management’s responsibility to find ways to face competition, generate and materialize new ideas and produce flawless results. On the contrary, employees’ belief that these cultural dimensions characterize the hospital they work for to a lesser extent may reveal their limited interest for competitiveness or even their inadequate knowledge for actions to be taken towards this direction. Besides, given the fact that rewards and promotions are not linked to performance related criteria, employees are not motivated to show concern towards this direction. This variation in beliefs may thus disclose a deviation between management’s decisions and employees’ actions, either because the latter do not realize what is important or simply because they are motivated to do so.

The same case applies to older employees, perhaps because they are mature enough to realize the worth of these organizational characteristics for survival over competition. Finally, employees who have spent more than 20 years at a front-line job position have witnessed radical changes over the years, and this is possibly the reason why they consider innovativeness to be greater than the rest employees. Older employees have experienced greater technological changes over the years than their younger counterparts, who have learned to expect continuous technological evolutions (O’Bannon, 2001).

It appears, thus, that – at least in the case of Greek public hospitals – different groups of employees hold different views of the hospital’s identity and goals, based on
their characteristics. Consequently, it is imperative for organizational agents to take actions accordingly, based on the beliefs of each group. In example, they need to stress aggressiveness among non-managerial and younger employees by pushing individuals toward quicker and more outward focused decision making. As for emphasis on details, this could be advanced by establishing effective controlling systems. Finally, leaving greater room for initiatives could enhance innovativeness.

It is also essential that older employees understand that when it comes to patients, giving emphasis on quantity rather than quality could jeopardize the quality of life if not the life itself. Besides, in a hospital setting, ensuring life quality for patients and preserving human lives is – or should be – a clear ultimate goal, since hospitals are, inevitably, more than economic institutions trying to maximize profits.

Of course, for all these suggestions to succeed, human resource management policies and practices need to be decentralized, allowing hospitals’ top management to provide incentives towards and control the desired behaviour.

References
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Further reading


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