

# **HOFSTEDE'S MODEL PRACTICABILITY IN IDENTIFYING ORGANIZATIONAL CULTURE IN PUBLIC ROMANIAN HOSPITALS WITHIN THE NATIONAL CULTURE CONTEXT**

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**Abstract:** Culture identification of an organization has become a real concern for their management teams, regardless their type of activity, taking into consideration that culture influences both performance and the way the organization is perceived by customers, collaborators, employees and so on.

In this article we have as a goal to look into , to examine Hofstede's Model practicability in identifying the type of organizational culture from public Romanian hospitals within the national culture context that is characterized by certain cultural dimensions.

**JEL classification :** D23, I12, M14

**Key words:** organizational culture, cultural dimension, individualism/collectivism, distance regarding power, long term orientation, uncertainty avoidance

## **1. INTRODUCTION**

The competitive and dynamic environment which the organizations work in today, the evolution that the technological component as well as the human one have recorded, had as a result the orientation of the organizations to create a performance culture, moreover an excellent one.

Under the influence of the external environment , of the greater and greater demands that come from these, managers seek to identify the elements that can help the organization to be competitive, to have outstanding results, satisfied customers and employees and not lastly to have an efficient and effective activity.

As a representative institution of the Romanian Health system, public hospital must deal with major challenges regarding its role and place within a health system which has been in a continuous reform and in a permanent under funding for thirty years.

It is not easy to identify the culture of a medical organization because culture is the most difficult to be read, decoded of all the elements of the organization. The organizations are alike, regarding their object of activity, dimension, endowment, but they are very different as image. The difference is

made by the people from these organizations together with their system of values, beliefs and ideals.

The cultural mosaic that we can find in our hospitals, namely the existence of more value subcultures, different beliefs and behaviours, makes the process of identification be rather hard.

The existant subcultures met in these medical units, being deteremined by the diversity of the professional categories that work together, can be real catalyzers in increasing the quality of the medical act, of performance and inovation but also an obstacle for the needed reforms in the medical Romanian system.

## **2. OBJECTIVES**

Thus we want, by using Hofstede Model, to highlight the way in which the dimensions of our national culture can influence the culture of a medical organization, choosing as an organization the public Hospital from Romania.

## **3. METHODOLOGY**

### **Hofstede Model**

This model relies on a survey made by the Dutch professor Geert Hofstede and his team a few years ago, by using some questionnaires addressed to over 11000 employees from IBM corporation, these ones working in different countries.

The main idea which Hofstede started with, was that of demonstrating the influence exercised by the national culture over the existant subcultures inside the multinational company. “ No group can set aside their own culture” Hofstede said in his book, considering at the same time that “Managers and leaders, as the people they work with, belong to some national societies. If we want to understand their behavior, we must understand the societies they are part of...”

So, the following dimensions of national culture were identified:

- Distance regarding power;
- Individualism/collectivism;
- Masculinity/feminity;
- Uncertainty avoidance;
- Long term orientation

Six dimensions of the organization culture were also identified during the survey:

- Orientation towards the process/ orientation towards the results;
- Orientation towards employees/ orientation towards work;
- Local/professional;
- Lax control/ strict control;
- Normative/ pragmatic

The culture analysis of the organizations from the medical Romanian system must be made within the context of the national specific, the Romanian society being characterized by:

- ✓ A rather powerful conventionalism, the Romanian tendency for following the rules and the procedures at work, being well known.
- ✓ Exaggerated competitiveness that leads to huge conflicts inside of the organizations, forming different sides which influences the results in a negative way.
- ✓ A moderate degree of collectivism.
- ✓ A more female rather than a male society whose desideratum is “we work to live” and where we can notice a certain solidarity among people and tendency towards equality.
- ✓ Short- term orientation or medium-term with a reduced degree of avoiding uncertainty, a rather anxious society regarding something new with a predispositions to make survival decisions instead of developing ones.

Although national culture should not be confused with the organizational one, it would be a mistake not to start this analysis from the dimensions of Romanian national culture in our attempt of looking into the culture from the public Romanian hospitals by using Hofstede Model, as they were identified by Hofstede and their influence on our organizations from the medical system.

*The great distance regarding power*, specific to Romanian society, can be remarked in the sphere of the organizations as an emotional dependence between the subordinates and the chiefs, the subordinates being submissive and adept to the principle that the chief must not be contradicted.

For instance, we shall give some examples so that we can figure out how this cultural dimension “reflects” in the activity of a public hospital from Romania:

- First of all, the subordinates will always expect to be told what to do;
- The chiefs will generally be quite authoritarian ;
- The older chiefs (the ward chiefs) will be more respected than the young ones;
- Power, although limited, is held by the manager and to a lesser extent by the ward chiefs in the university hospitals only if these people gained much experience, if they are famous and they are also professors;
- Salary differences are very high, the salary of a doctor being three or four times bigger than the salary of a nurse and six or seven times bigger than the salary of a stretcher-bearer, for instance;
- Medical checks last too short and they rely on little basic information;
- Doctors frequently prescribe antibiotics, their consumption being too much, including consumption without medical prescription.

A very interesting experiment that can be also used in the medical Romanian organizations is the one, which Hofstede tells us in his book” *Cultures and Organizations- Mental Soft*”; namely in the 90s’ professor Peter Smith from Sussex University gathered together over 7000 hospital ward chiefs from 47 countries in order to get answers regarding the way in which these ones deal with eight work situations, being given possible solutions for each situation, for instance what they do when a medical equipment from the ward had to be replaced. In the countries where distance

regarding power existed, the ward chief answered that they counted more on their superior and formal rules than on their own experience or the one of their subordinates.

The Romanian society is characterized through a moderate *collectivism*, with direct implications over the way people behave inside of the organizations, behaviour that can be noticed in hospitals too, namely:

- Harmony must be kept in groups;
- Abilities and virtues must be adjusted to be accepted by the group;
- Confrontations and conflicts must be avoided;
- One employee's bad efficiency is not a reason to be fired, it rather shows the tasks he is given;
- Diplomas and certificates grant you access in groups with high statute;
- Little is spent regarding medical assistance, in general.

Regarding the third dimension, our society was *more female rather than male*, but we consider that the difference between the two variables has not been so high in recent years, going towards masculinity, too, especially that the corporatist influence can be felt in employees behaviour from our organizations.

The desire for huge earnings, quick promotions and for acknowledgment are specific features of a masculine society and there are phenomena more and more often met in the Romanian society.

The index that measures *the avoidance of uncertainty* for a society, has a high value for Romania in Hofstede's survey which shows an anxious society regarding the unknown, with a strong concern about avoiding uncertainty. What does it mean for the medical system?

- The doctors would rather prescribe medication for their patients instead of wasting their time with constant and "useless" medical examinations, without establishing a connection with these ones;
- Doctors are offered bigger funds than nurses;
- People seek and want stability, changing their job very rarely;
- Psychological need for rules and procedures even if they are inefficient and ineffective;
- Conservatism.

Romania does not excel when we are speaking about "*long-term orientation*" which shows the lack of concern of the governments' part that were coming and going to the leadership of the country for the future, thing that had a great impact especially in the medical system.

How does this thing reflect in the organizational behaviour, including in hospitals?

- Social pressure for spending;
- Concern for social obligation ( for instance, hospitalization for all patients no matter if they had insurance or not);
- Psychologically speaking managers and workers are in different groups;

In our opinion it is very important to firstly know the dimensions of national culture when we have as a goal to identify the type of culture from an organization, distance regarding power , uncertainty avoidance, helping us in our perception regarding the organization, namely, who has the decision power and what rules and procedures are

used to get the desired goal and the other dimensions are used in assessing the behaviour of the organization's members.

By using Hofstede's questionnaire in public hospitals from Romania, we want to identify the six dimensions of the organizational culture and the way in which these ones influence the performance of these organizations, by interviewing as many people as possible and using the questionnaire for all professional categories such as: doctors, nurses, nursemaids, stretcher-bearers, auxiliary staff, TESA staff.

The questionnaire must have questions like that:

About the organizational symbols: Which are those particular, specific elements of the hospital which only they can understand.

About the heroes of the organization: What kind of people are they? Who is the most suitable, representative person for the hospital in question?

About the rituals of the organization: What kind of meetings take place in the hospitals? How do the hospital's employees behave during the meetings? What events are celebrated in the hospital?

About the values of the hospital: What actions, behaviours do people appreciate in that organization? Which is the worst mistake they can make? What work issues are the most pressing?

Questions related about the way people feel about the place of work, about their job: Is quality more important than quantity?

Questions related to the hospital's behaviour regarding its patients: here the questions are specific and are about what we really want to find out, namely: the satisfaction degree of these ones, how they assess the behaviour of the medical organization.

The results of the research must help us to identify the six dimensions of culture from the level of the medical organization.

***The orientation towards the process- orientation towards results*** = the questions were meant to point out if the medical unit has an activity oriented towards means or towards the objectives taking into consideration the answers given to the key-questions from the questionnaire.

The worse the score is the more the orientation is towards the process, meaning that people consider that they avoid the risk, that they make a minimum effort, that the days are the same, while when we speak about an orientation towards results, people make maximum effort and every day has its challenges.

Without doing the proper research yet, in a hospital from Romania we consider that, according to its specific activity, hospital should have an orientation towards results, which should be seen in the population's health, meaning how healthy they are.

Which are the performance indicators that could be directly influenced by an orientation towards results? We will present two of them in Table no.1.

**Table no.1 Cultural dimension and performance indicator**

Cultural dimension	Performance indicator
Orientation towards the result	<ul style="list-style-type: none"> <li>- The patients' rate who were hospitalized again within thirty days since their discharge;</li> <li>- Mortality rate during the hospitalization</li> </ul>

Source : created by the author

**Orientation towards employees-orientation towards work** – this dimension shows the concern of the organization for people, for their welfare, or the orientation towards the tasks that they should achieve.

We consider that in this dimension, the orientation should also be both towards people and tasks, taking into consideration the specific activity from a hospital.

The medical act is made more by people and not so much by technology, so the organization should be concerned about creating a warm environment for its people, they should feel that they are supported and safe, otherwise the results can be disastrous for the patients.

The directly influenced performance indicators are presented in Table no.2:

**Table no.2 Cultural dimension and performance indicator**

Cultural dimension	Performance indicator
Orientation towards people/ work	<ul style="list-style-type: none"><li>- Doctors' percentage taking into consideration the total staff;</li><li>- The index of case complexity ( ICM)</li></ul>

Source : created by the author

**Local - professional dimension** – an orientation towards professional would be preferable in medical organizations taking into consideration that the main feature of this dimension is hiring only according to competence and thinking in perspective. This thing is reflected in Table no.3.

**Table no.3 Cultural dimension and performance indicator**

Cultural dimension	Performance indicator
Orientation towards professional	<ul style="list-style-type: none"><li>- The index of case complexity (ICM);</li><li>- Average time of hospitalization;</li><li>- The percentage of provided services during day hospitalization.</li></ul>

Source : created by the author

**Open system – closed system** – regarding this dimension we record a very interesting phenomenon at least in public hospitals from Romania. We meet an open system for the newcomers when we speak about the average staff from hospitals ( nurses, nursemaids) these ones being considered a help, taking into consideration the lack of staff from this category but we cannot say the same thing when it come to doctors.

When we speak about doctors we can totally consider that they are a closed-system for the newcomers, the latter ones being considered real competitors.

**Lax-control -strict control** – shows the degree of internal structuring of an organization.

An organization with lax control is not interested in cost monitoring, while strict control shows an organizational culture oriented towards efficiency. Taking into consideration the limited resources from the medical system, a tendency towards the strict control is more than necessary.

The performance indicators that capture this dimension are presented in Table no.4.

**Table no.4 Cultural dimension and performance indicator**

Cultural dimension	Performance indicator
Orientation towards lax control/strict control	<ul style="list-style-type: none"> <li>- Doing BVC in comparison with the approved BVC;</li> <li>- Cost/ day of hospitalization;</li> <li>- Drugs cost from the total expenses.</li> </ul>

*Source : created by the author*

Normative-pragmatic- shows the predisposition of the organization towards applying, using the rules and procedures to the detriment of the results or towards pragmatism, meaning meeting the client’s need, we are speaking about the patient here, the results being more important than the procedures.

Two performance indicators are relevant in such a situation, as we see in Table no.5.

**Table no.5 Cultural dimension and performance indicator**

Cultural dimension	Performance indicator
Normative -pragmatic	<ul style="list-style-type: none"> <li>- Mortality rate during the hospitalization;</li> <li>- The total number of complaints from the patients;</li> </ul>

*Source : create by the author*

A more often met phenomenon that we shall have to take into account when we look into culture in Romania hospitals, is "Burnout" syndrome. Emotional and psyhical exhaustion, depersonalization and the lack of individual components for success, have a series of effects such as : fatigue, dissatisfaction, irascibility, failure feeling, all of these affecting the professionals performance in their job from the medical system.

#### **4. CONCLUSIONS**

Although Hofstede Model is the result of a lot of research in private organizations from different countries without researching the public organizations, we consider that this model can be successfully adjusted to public organizations in general but especially in public hospitals from Romania.

The culture dimensions of a nation influence without a doubt, all the members of that nation, no matter the field they work in.

The identified subcultures by the researcher in the organizations from different countries we can also find in our public hospitals from Romania where different professional categories work, including doctors from other countries.

We also consider that an extensive research should take place in the organizations from the Romanian medical system so that, the so long wished reform in this field should start up with the existant type of culture from these organizations and by using a suitable strategy they should have as a result that type of organizational culture that relies on performance and excellency.

## REFERENCES

1. Badea, E. and others Hospital Management, Bucharest, Public H Press Publishing House, 2006
2. Furtunescu, F., Mincă D. Health Services Management aproached through projects, Bucharest, Carol Davila University Publishing House, 2010
3. Hofstede, G., Cultures and Organizations-Mental Soft, Bucharest, Humanitas, 2014
4. Larentis, F., Antonello, C.S., Slogno, L.A. Inter-Organizational Culture, Switzerland AG, Published by the Palgrave Pivot, 2018
5. Scott, T., Mannion R., Davies, H. The Quantitative Measurement of Organizational Culture in Health care- A Review of the Available Instruments, 2003  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1360923>
6. Schein, E. Organization culture and leadership, 5 Th Edition, New Jersey, Published by John & Sons, 2017