Organizational culture in nursing teams based on the example of a particular hospital

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ABSTRACT

Introduction: Organizational culture is a social issue reflecting opinions, behavior or attitudes of members of a particular organization. It determines a sense of identity of the people employed and designates durability and functioning of the system approved in a given organization. While acknowledging that organizational culture is a factor distinguishing a particular unit, the main purpose of the study is the diagnosis of the dominant type of organizational culture in a particular residential facility functioning in the West Pomeranian region of Poland.

Materials and methods: The study was conducted by the diagnostic survey method and the use of standardized OCAI tool. 122 nurses who were working in the researched facility took part in the study.

Results: The results indicate that chosen nursing teams, which were employed within the facility, determine hierarchical type as the dominant one (48% of all interviewed). While at the same time indicating the clan culture as the appropriate as the future one (about 66% of all interviewed).

Conclusions: Research data analysis confirms common opinions about Polish healthcare sector. According to it, facility's functioning is based on characteristic features of hierarchical type of culture such as: high level of formality, significant endurance and the need of predictability. At the same time the results point at the changes expected by the representatives of nursing environment described in literature as the clan culture. Nonetheless, in order to make such a huge organizational change efficiently, two factors seem to be indispensable: a sufficient quantity of nursing personnel and a high level managerial skills of the nursing team's management staff. Unfortunately, as for today, reaching the satisfactory level seems impossible in both cases.

Keywords: Culture determinants, workplace, team management.

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INTRODUCTION

Organizational culture is a complex phenomenon, isolated from the other elements of organization i.e.: strategy, structure or human resources [1–3]. Multidirectional, mutual links of the surroundings and those subsystems make the organizational culture difficult to study and analyze in any way. The evidence of such condition could be the existence of various paradigms for organizational culture [3]. Lack of one paradigm, and researcher's absence of consent on one manner of attitude towards culture types subordination is the consequence of multitude of definitions for the organizational culture, lack of clear description of its components, typology or the relation between other areas of organization and its surroundings. This is why people who attempt to research the organizational culture as a phenomenon find it highly challenging. Various survey methodologies are cited in the source literature and their choice depends on the researcher whose assumptions are based on ontological or epistemological nature [1–6].

The concept of organizational culture was firstly defined in 1950's as "customary, traditional way of thinking and acting which is shared, to various degree, by all members that have to be taught and – at least – partly accepted by the new members in order to be accepted in the organization" [7]. Organizational culture is the entirety of material and cultural heritage of humanity. It was collected, perpetuated and enriched in the course of history and is passes on from generation to generation. Organizational culture includes not only physical goods but also principles of social interaction, best practices, aesthetic and moral models and criteria of valuation which set prevailing behavior adopted in particular community. It is a collection of social standards and values systems as well as organizational climate and the behavioral requirement of its members. Organizational culture also applies to opinions, believes, expectations and regulations which will characterize and connect the employees of a given organization.

Considering the broad definition of the term *organizational culture* [3], only specific definitions were cited for the purpose of the study. Starting with E. Schein's definition, who defined and described it in a way suitable for organization's management research, organizational culture is, in his opinion, "the collection of basic assumptions concerning the world around us, which are shared by a group of people and which determine its way of perceiving, thinking, feeling as well as behaving to some extend" [8]. His another definition defines organizational culture as "expression of basic assumptions developed by a group of people in the course of problem solving which is functioning in

enough efficient way to be considered as valuable thus instilled in new members as the proper way of perceiving, thinking and feeling with respect to those problems" [9].

Hofstede also applies to the idea of shared values. According to him, organizational culture "*is a collective phenomenon embraced by individuals operating within the same collective consciousness; [it is] a programmed way of thinking reflecting on the behavior of the members of a particular community*" [9].

In turn, Cameron and Quinn defines organizational culture [10] as "*a set of values perceived as obvious, nonverbal assumptions, common expectations, definitions, public history elements; ››reflects dominant opinions‹‹, indicates employee's sense of identity, provides unwritten rules of conduct which are often not fully conscious, consolidates the endurance of the social system*" [11].

In literature there are many models and types of organizational cultures which are believed to be helpful in its identification. Schein's model, for instance, divides culture into three sections (main assumptions, norms, values, artifacts) according to which culture constitutes group identity and philosophy which directly influences members' behavior and shapes their values, rules and attitude [8]. A further typology emerges from Harrison and Handy [12–14] and extracts: the culture of power, role, aim (activity) and the culture of individual. For the purposes of the hereby study and the consequences of choosing a research tool Cameron and Quinn's organizational culture typology was used. There, one can distinguish four types of cultures: clan, adhocracy, market and hierarchical [9–15]. The most important issue concerning organizational culture is that the term is not a single belief but a collection of multiple elements among which one can identify: the essence of human nature, character of interpersonal relations, time, reality and righteousness, root cause of human actions, organization approach to its surroundings, homogeneity to heterogeneity ratio [16].

Notwithstanding the authors, when defining organizational culture within terms describing it – norms and values appear [9]. Defined norms work as unwritten rules of "appropriate" behavior in repetitive situations in the organization thus, specify direction one should follow and avoid and how to do it [17]. On the other hand, values are responsible for raising the awareness of what is, and is not, important for an organization. Employees are able not only to point them out but also to accurately define ones which the organization adheres to [16].

Each and every organization is characterized by a set of features which is unique and make it stand out outside. Those can be further classified as crucial elements defining a particular

organization making them determinants of its culture [9–12] and at the same time conditioning some type of culture dependent from: risk level, pace of feedback receiving, level of being employee-oriented and work-oriented, value system, adaptation of changes pace, level of popularization, world perception, way of behaving and relation to the environment [9,14,16].

Organizational culture is of great importance for organization management and might be useful in stimulating those behaviors which will have positive outcome in terms of company's goals. Affecting the structure of an enterprise and the employees' behavior one also influences organization's / company's value and can have impact on its success [13]. Moreover, it is supporting the execution of strategies and can influence facility's sufficiency or the functioning itself [2–4,10–16,18–20]. Due to roles and the importance of organizational culture the **main aim** of the study is to recognize the dominant type of organizational culture in residential healthcare facility – regional hospital operating as an independent, public health center working in two locations of medium-large city in North-West Poland.

MATERIALS AND METHODS

Research material constituted of 122 fully filled survey questionnaires which were divided into two main parts. The first part constituted 9 questions. Its main purpose was to characterize the respondents in socio-demographic terms. The second part constituted 7 questions characterized by crucial study components of organizational culture which were included into the standardized tool of Organizational Culture Assessment Instrument (*OCAI*) [10,12,15]. The study group consisted of chosen nursing team representatives who were employed within the structures of Autonomous Public Regional Polyclinic Hospital in Szczecin. Participation of nurses in a hereby study was voluntary and anonymous. Considering the willingness of comparing two facilities, similar in terms of clinical specification which were placed in two different locations away from the home facility, the present author used a random sampling selection: intentional in terms of choosing organizational units, random in terms of picking respondents, making the latter dependent from the declaration of participation in the study biding from the moment of the beginning of filling in the survey.

180 questionnaires were issued altogether in accordance with the current list of nurses included in a monthly work program in a particular organizational unit. In return, 123 questionnaires were obtained. After introductory analysis 122 questionnaires were qualified for further research

because of the incompleteness in terms of main body. The average number of questionnaire reimbursement equals about 67% in research group, which allows to recognize the results as representative for all the nurses employed in the researched healthcare sector unit.

Among the participants the most numerous group were nurses between the age of 46–55 years constituting about 38% of all respondents. Then nurses with 16–25 years of work experience representing about 38% of all surveyed. Nurses with secondary education (medical high school) representing about 30% of all surveyed. Those working as a divisional nurses constituted more than 72% of all respondents and those working at initial location – more than 66%. More than 50% were on work contract for an indefinite period. Moreover, every second respondent pointed out that the location of their place of living differentiate from the one of work, working at one place and thus making in the average the number of working hours adequate with full-time job and about 160 hours. A more detailed characterization is presented in the table number 1.

A diagnostic survey was used as the method used in hereby research. The tool used in the second part of the research was based on standardized survey questionnaire (*OCAI*) [10,12, 15] which helped in defining four types of organizational culture. In this part of the survey the respondent has four statements/answers for each of six questions:

- A – typical for clan culture,
- B – typical for adhocration culture,
- C – typical for market culture,
- D – typical for hierarchical culture).

The identification of a particular statement/answer was expressed in points scale of 0–100 depending from the degree of reflecting an organization's situation in which he or she was employed at the time of the research.

Collected research material was subject to further statistical analysis. During the first phase a Microsoft Excel spreadsheet was used for organizational purposes. The results were described with a help of numbers (where N equals sample size) and converted to a corresponding percentage values. In this way the research material was prepared to quantitative data interpretation and after a further analysis for quality interpretation. Further part of the statistic analysis consisted of investigation of relations between researched phenomena. A correlation test named Chi-square was carried for this purpose. In order to render the results the 'p' value (probability) was of the highest importance, thus the statistical value of $p \leq 0.05$ was necessary. Before the beginning of the research the present author contacted hospital management body and asked for the permission on carrying out

research within the area of the unit. After receiving a positive response the research was conducted in the period between September and December of 2017.

Table 1. Characterization of the research group (N=122)

No.	Variable	Variable Characterization	N	%
1.	Age	30 y. o. and below	11	9.0
		31 – 45 y. o.	46	37.7
		46 – 55 y. o.	47	38.5
		56 y. o. and above	18	14.7
2.	Seniority	5 years and below	13	10.6
		6 – 15 years	23	18.8
		16 – 25 years	48	39.3
		26 years and above	38	31.1
3.	Education	Medical high school	37	30.3
		Medical Study	20	16.3
		BA Studies in Nursing	34	27.8
		MA Studies in Nursing	26	21.3
		Other	5	4.9
4.	Position	Department Nurse	88	72.1
		Functional Nurse	28	22.9
		Other	6	4.9
5.	Workplace	Location 1	81	66.3
		Location 2	41	33.6
6.	Form of employment	Fixed time employment	22	18.0
		Indefinite time employment	65	53.2
		Civil law contract	33	27.0
		Other	2	1.6
7.	Workplace / Place of living	Yes	58	47.5
		No	64	52.4
8.	Number of working hours per month	about 160 hours	62	50.8
		170 – 250 hours	37	30.3
		250 hours and more	23	18.8
9.	Number of workplaces (at once)	1	59	48.3
		2	47	38.5
		3 and more	16	13.1

RESULTS

Conducted analysis of the collected research material allowed for verification of study's purpose which was set to diagnosis of the dominant cultural type in nursing teams according to, chosen at the beginning, Cameron i Quinn typology [10, 12,15].

Acquired results helped in forming a statement that, according to the respondents, the dominant type of culture in researched units/faculties was the hierarchical type. The statement was recognized by about 48% of all respondents. This type of culture is based on features proposed by M.

Weber and became bureaucracy's attributed i.e.:

- fixly
- accepted rules,
- high specialization,

- meritocracy,
- hierarchy,
- separation of ownership,
- impersonation,
- responsibility.

In organizations who could be describes with this type of culture all the procedures are "dictated" in a significant particularization. Leaders are the coordinators and organizers at once. Company's integrity is listed in terms and conditions and in regulations. The way for managing in this type of culture is the statement that "control reinforces efficiency" [21–22].

It is also worth mentioning that respondents point out this type of culture as the dominant, simultaneously rating its influences as the strongest (the rating was based on three-level scale with points from 201 up to 299).

Moreover, interesting could be a fact that the highest number of people who do not identify with the dominant type of culture is present among

women which recognized adhocration type of culture as the dominant.

The tool used in this research creates an opportunity for collecting respondents opinions in accordance with future. This is why the respondent was given an opportunity of pointing out the expected future type of culture he or she wants. The majority listed the clan type culture – more than 66% of all the respondents. This type of organizational culture can be characterized by a family-type organization. Mutually believed values and goals, high level of participation, integrity and high believe of community. There are some typical features: teamwork, Aspiration for increase in people's involvement and being responsible for the employees as a company. Members of such organizations cooperate with each other, the communication is on a good level and the work itself is a pleasure. Bosses are treated more like mentors and caregivers or even as parents. The integrity of the organization ensures loyalty and attachment to tradition. The main management

statement in clan type of culture is that "participation encourage dedication" which seems fully understandable in relation to such a specific healthcare sector.

Remaining two types of organizational cultures, classified in accepted typology, were mentioning more rarely both as current and the future ones. The same goes with market type characterized as the culture aimed at external issues and changing the company position in the environment. More frequently through the point of view of economical factors crucial for this type of culture such as: profitability, final results, market position, fulfilling ambitious tasks or a stable clients' base.

The most important values are there: competitiveness and deficiency and strict and tough leaders. In this type of culture the success is seen as the number of market shares and its penetration and the most important statement sounds: "competition is the factor of efficiency".
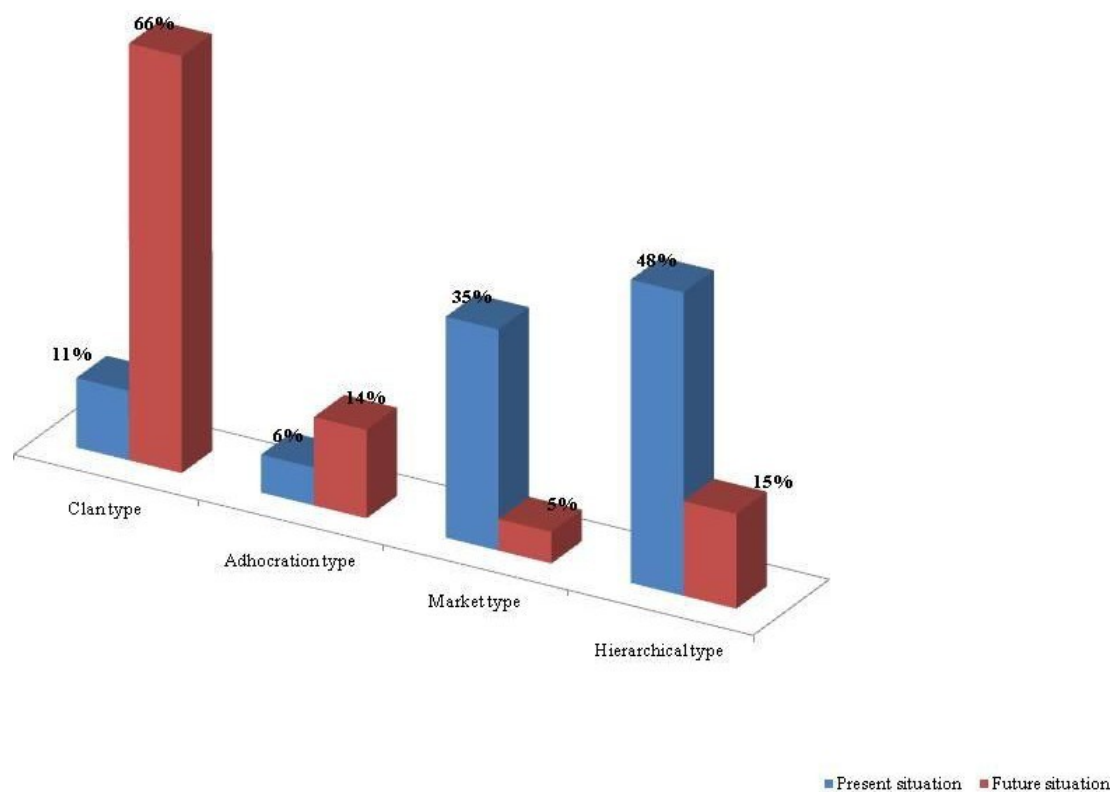

Figure 1. Dominant type of culture in the opinion of the respondents (current and future state)

Adhocration type is also described as the organizational type based on dynamic development of extemporaneously organized units which quickly fit to the changes and can be described as: flexible, creative, heterogeneous, dynamic and entrepreneurial.

A leader of such a culture type should be a visionary and a risk taker.

Integrity of the organization is based on the willingness to experiment and innovate and the main management rule is the statement that "innovation supports the acquirement of resources" [21–22].

Both market and adhocration types seems to be far from suitable for healthcare system in Poland and at the same type can be a real "challenge" for the future.

Detailed results of respondents opinion on the topic of the dominant type of culture (both current and the future ones) were presented in the figure 1 above.

Table 2. Statistical analysis outcomes with the use of χ^2 tests for chosen variable

No.	Analyzed Variable	P*	df	χ^2
1.	**Dominant type of organizational culture** **Age**	**0.045**	**9**	**17239**
2.	Dominant type of organizational culture Professional experience	0.322	9	10.351
3.	Dominant type of organizational culture Education	0.270	9	11.073
4.	Dominant type of organizational culture Work position in the work structure	0.097	3	6.312
5.	Dominant type of organizational culture Workplace	0.174	3	4.966
6.	Dominant type of organizational culture Type of work contract	0.834	6	2.798
7.	Dominant type of organizational culture Place of living vs. workplace	0.580	3	1.966
8.	Dominant type of organizational culture The average number of working hours per month	0.492	6	5.415
9.	Dominant type of organizational culture Current number of workplaces	0.074	6	11.511

*Where the level of statistical significance was set to p ≤0.05
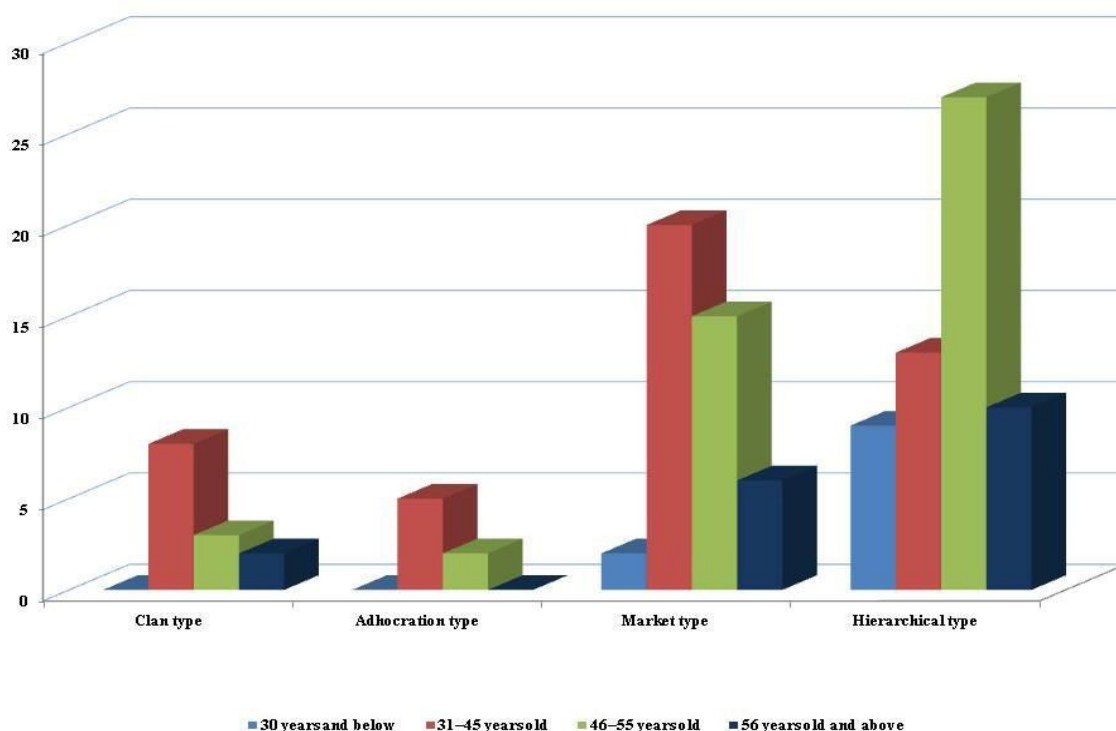

Figure 2. Dominant type of organizational culture in relation to respondents' age

While searching for correlations between researched phenomena, the collected material underwent a statistical analysis with the frequently used in such cases chi-square parametric test. As the independent variable a dominant type of culture was set and as the different variable the following metrical survey variables were chosen: age, professional experience, level of education, workplace, type of work contract, similarity of place of living with the workplace, number of available vacancies and the average number of working hours per months. Detailed results obtained with the use of chi-square test were presented below in the table 2. Presented results related to statistics' point of view were obtained only within the one variable: respondents' age (value $p=0.045$). Details of this analysis were presented in a graphical overview in the Figure 2.

The results presented in the Figure 2 show the importance of statistically frequent mentioning of hierarchical type as the dominant type of organizational culture in the workplace by the respondents aged 56 years old and above from that.

In the case of the remaining variables chosen for the purposes of this study there were no correlation between researched phenomena (value $p \geq 0.05$).

DISCUSSION

While analyzing data received from dominant type of organizational culture research, the results seem to confirm those described in source literature in relation to both: the specification of the public service sector [1,11,13, 19], and healthcare sector [15,21,23–26].

This differentiate them from production businesses where the most frequent dominant organizational culture is the market culture [27].

On the other hand the hierarchical type of culture is pointed out by the source literature [15,21,23], and by the results of the Authors of the hereby study as the dominant in public hospitals in Poland. It is taking place in the research unit as well as in the most of the huge hospitals in Poland. The organizational culture in such facilities is specific in both normative and value area and differs dramatically from the type of culture present in other enterprises. Drawbacks of this type of culture are: forcing of conformity, rejection of the solutions and people who propose innovative ideas. Moreover, hospitals' organizational cultures are, in most of the cases, weak cultures which includes two or more different subcultures such as doctors or nurses [23,24–26]. The odd thing is, that currently creation of pro- innovative organizational

culture is the obligatory and basic condition for making innovative changes and such changes are needed in each and every public hospital in Poland. Strategy and organizational structure, people's interactions, technology and the surroundings constitutes nowadays an environment so complex, that a crucial role in their functioning plays norms, values or employees' beliefs. It is so, because its they who shape behaviors which may support or slow down organization's innovation [6]. Diagnosis of the predominant type of culture in a given organization is substantial from the point of view of allowing the understanding of the thinking process and the way of behaving of the employees but, what is more, shaping them in a desired direction [28]. However, it is possible only with the appropriate interpretation of its profile. Then, it can serve as a source of wide range of information concerning the organization but also creates and opportunity for defining desirable, or expected, changes in various company's sectors. In the future such actions can lead to its development [12]. One should not forget, that organizational culture – if it aims at supporting development changes – should provide the sense of security for all who will undergo the changes. It has to strengthen self esteem. It will be possible only when those who do new, innovative and ambitious tasks will receive support from the organization [21]. Employees' encouragement level is believed to be one of the fundamental conditions of high-end actions and products which are their effect. It accounts for the reactor for a few factors, which among others are motivation and organizational culture. Respondents' voices confirms it. Among those who identify and do not identify with a current type of culture, the lack of imperfections and motivational system were pointed out most frequently.

Nevertheless, it is worth remembering that change in organizational culture, even the slight one, may result in the necessity of shaping the appropriate attitude, consciousness, activity and interpersonal relations in all of work groups [29]. Management is art, which mobilizes and coordinates work and employees' possibilities and can make use of its potential. According to the employees, the optimal organizational culture will increase their encouragement in the organizational issues. In this case the omission of the human factor my result in discouragement of organization members, and further dissatisfaction with the task may even result in decrease in the demand for this service [30].

This can posses crucial significance based on the results obtained in a studied facility in the context of respondent's age and the relations between him or her and the dominant organizational culture of hierarchy. Moreover, one should analyze the aspect of the average age group

of respondents in the context of the dominant type of organizational type of culture in the workplace in the broader perspective of the nursing personnel in Poland aging phenomenon. In facilities in which dominates functional organizational structure and centralization in decision making the ruling is durable and formalized. Those characteristics and practices common for autocratic style of management may, in fact, "deter" new, young nursing graduates from starting a working career. Also today's staff shortages should encourage to analysis of occurrences common for the dominant type of culture focused mainly on hierarchical type. Taking into account the desired future changes and shifting towards the clan type it is safe to conclude, that there is a strong need of change in this dimension among the respondents. Everyone would like to work in teams with friendly and nice mood and with the management body which would encourage the professional actions of their teammates. In such case, the work itself gives the sense of security and satisfaction. Unfortunately the results obtained in the course of the study, most of all the strength of the type of culture perceived as the dominant in the researched organization/ hospital and the level of identification of the respondent – employee with the currently dominating type of organizational culture in such facility may be a major obstacle in the process of implementing the cultural change which is believed to be difficult in nature.

CONCLUSIONS

Research data analysis prove the common opinions about healthcare sector in Poland individuals' activities functioning in such faculties is based on features characteristic for hierarchical type of culture.

Those are, for instance: high level of formality, major durability and the need of predictability. Simultaneously, study results pretty clearly show the direction of changes desired by nurses which is described in the source literature at the clan culture. In practice this implies necessity of taking many actions perceived as compounds of major organizational change the change of organizational culture is.

In order to successfully carry it out two factors seem to be crucial: the optimal number of nursing personnel and the high level of managerial skill of management body in nursing teams.

Unfortunately, as for today, reaching the optimal state in both cases seems impossible

Conflicts of interest

The authors have no conflict of interests.

REFERENCES

1. Frączkiewicz-Wronka A, Marzec I, (red). Kultura organizacji publicznych świadczących usługi społeczne: orientacja, uwarunkowania i efekty. Wyd. Uniwersytetu Ekonomicznego, Katowice 2015. (Polish)
2. Gadomska – Lila K. Metodologia badań kultury organizacyjnej. EEIM 2011;3:11-25. . (Polish)
3. Sułkowski Ł. Czy warto zajmować się kulturą organizacyjną. ZZL (HRM) 2008;6:9-25. (Polish)
4. Nogalski B, Szpitter A. Kultura organizacyjna w zarządzaniu organizacją wielokulturową. [w:] Mikuła B. (red.) Historia i perspektywy nauk o zarządzaniu. Fundacja UE, Kraków 2012. (Polish)
5. Szeptuch A. Pomiar kultury organizacyjnej w organizacjach ochrony zdrowia. e-mentor 2016; 3(65):60-67, [cited 2018 April 17]. Available from: http://www.e-mentor.edu.pl/artykul/in dex/numer/65/id/1247 . (Polish)
6. Jończyk J. Kształtowanie proinnowacyjnej kultury organizacyjnej w szpitalu publicznym. ZZL (HRM) 2011;2(79):43-54. (Polish)
7. Aniszewska G. Kultura organizacyjna – istota zjawiska. [w:] Aniszewska A. (red.) Kultura organizacyjna w zarządzaniu. PWE, Warszawa 2007. (Polish)
8. Schein EH. Organizational Culture and Leadership, 3rd Ed., Jossey-Bank Publisher, San Francisco 2004.
9. Adamus-Matuszyńska A. Pojęcie kultury organizacyjnej, podstawowe koncepcje podejścia badawcze – kultura organizacyjna w teorii zarządzania: racjonalizm, funkcjonalizm, symbolizm. [w:] Frączkiewicz-Wronka A, Marzec I, (red). Kultura organizacji publicznych świadczących usługi społeczne: orientacja, uwarunkowania i efekty. Wyd. Uniwersytetu Ekonomicznego, Katowice 2015. (Polish)
10. Cameron KS, Quinn RE. Kultura organizacyjna –diagnoza i zmiana, Model wartości konkurujących. Oficyna Ekonomiczna, Kraków 2003. (Polish)
11. Lisowska A, Florczak A. Kultura organizacyjna Instytutu Politologii Uniwersytetu Wrocławskiego, Wroc Stud

Politol 2016;21:96- 118. (Polish)

12. Put A. Typologie i modele kultury organizacyjnej. [w:] Frączkiewicz-Wronka A, Marzec I, (red). Kultura organizacji publicznych świadczących usługi społeczne: orientacja, uwarunkowania i efekty. Wyd. Uniwersytetu Ekonomicznego, Katowice 2015. (Polish)

13. Marek A. Model wartości konkurujących w badaniu kultury organizacji samorządowych. Rocz. Ekon. Zarz. 2014;2(42):289-99. (Polish)

14. Worach A. Kultura organizacyjna. [w:] Olejniczak W, (red.). Zespół – Kultura – Projekt. Wyd. ZPSB, Szczecin 2009. (Polish)

15. Frączkiewicz-Wronka A. Diagnozowanie kultury organizacyjnej w podmiocie leczniczym - studium szpitala publicznego. [w:] Kożuch B, Sułkowski Ł, (red.). Instrumentarium zarządzania publicznego. Wyd. Difin, Warszawa 2015. (Polish)

16. Hatch MJ. Teoria organizacji. Wyd. Naukowe PWN, Warszawa 2002. (Polish)

17. Sikorski C. Drogi do sukcesu. Profesjonalizm kontra populistyczna kultura organizacyjna. Wyd. Difin, Warszawa 2007. (Polish)

18. Kocoń P. Funkcje i elementy kultury organizacyjnej. [w:] Frączkiewicz-Wronka A, Marzec I, (red). Kultura organizacji publicznych świadczących usługi społeczne: orientacja, uwarunkowania i efekty. Wyd. Uniwersytetu Ekonomicznego, Katowice 2015. (Polish)

19. Gadomska-Lila K. Dopasowanie organizacyjne. Aspekt strategii, kultury organizacyjnej i zarządzania zasobami ludzkimi. Wyd. Difin, Warszawa 2013. (Polish)

20. Nogalski B, (red.). Kultura organizacyjna. Duch organizacji. Wyd. TNoiK, Bydgoszcz 1998. . (Polish)

21. Chuda A, Wyrwicka MK. Diagnoza kultury organizacyjnej przedsiębiorstwa usługowego. Zesz Nauk Politech Pozn Organ Zarz 2013;59:5-17. (Polish)

22. Wyrwicka M. Zarządzanie zasobami ludzkimi w przedsiębiorstwie usługowym. Wyd. Politechniki Poznańskiej, Poznań 2010. (Polish)

23. Sułkowski Ł. Zmiana kulturowa w polskich szpitalach - wyniki badań. Przed. Zarz. cz. I, 2013;14(10):83-96. (Polish)

24. Buchelt BI, Jończyk JA. Powiązania kultury organizacyjnej i zarządzania zasobami ludzkimi w szpitalach publicznych. Zarz Publ 2017;2(40):50-64. (Polish)

25. Jończyk J. Modelowanie kultury innowacji w zakładach opieki zdrowotnej. [w:] Sułkowski Ł, Seliga R, (red.). Kulturowe determinanty zarządzania szpitalami w Polsce. Wyd. Difin, Warszawa 2012. (Polish)

26. Jończyk J. Sprzężenie pomiędzy kulturą organizacyjną a proinnowacyjnym zarządzaniem zasobami ludzkimi w publicznych szpitalach – wyniki badań. Stud Oecon Posnan 2016;8(4):118-32. (Polish)

27. Drzewiecka M, Stasiuk A. Charakterystyka kultury organizacyjnej przedsiębiorstwa produkcyjnego. Edukacja Ekonomistów i Menedżerów: problemy, innowacje, projekty 2012; 4(26):123–40. (Polish)

28. Chmielewska-Muciek D. Diagnoza kultury organizacyjnej Ośrodków Pomocy Społecznej w województwie lubelskim. Prace Naukowe UE we Wrocławiu 2013;19:218–26. (Polish)

29. Molenda M. Znaczenie wartości organizacyjnych w rozwoju kultury jakości. Zeszyty Naukowe. Organizacja i Zarządzanie/ Politechnika Śląska 2012;63a: 209–19. (Polish)

30. Mamos AR. Kierowanie i rozwój zasobów ludzkich w pielęgniarstwie. Studia Ekonomiczne 2013;169:134–45. (Polish)