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Organizational Climate as Performance Driver: Health Care Workers' Perception in a Large Hospital

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Abstract

Recently health care (HC) organizations have increasingly embarked on organizational climate (OC) assessment with the intent to improve their efficiency and the quality of the delivered services. This is important; however, it is even if more crucial to ensure that workers engaged in the evaluation process are aware of the importance of their fruitful engagement in this investigation as well as of its potential benefits. From the management viewpoint, this is crucial to plan and implement management initiatives able to create a great place to work. The purpose of this paper is to shed empirical light on how, in effect, HC workers perceive OC for itself and as a performance driver to assess and manage. The study was carried out through an action research (AR) project, which included the use of both qualitative and quantitative approaches. Key phases of the AR project were some focus groups and a survey. During the focus groups, several methods and approaches were adopted for getting opinions from people and animating discussion. About the survey, a total sample of 560 HC workers was investigated.

The AR project has shown that even if HC workers intuitively conceive OC as an important performance driver, the meaning of the construct is not completely clear. Moreover, a good level of awareness among HC workers about how and why OC can improve individual and organizational performance represents a key issue to address in evaluating and managing OC.

Keywords

Action research, health care, organizational climate, perception, performance

Introduction

Nowadays health care (HC) organizations have to give tremendous emphasis on cost reduction, high quality of delivered service and customer satisfaction. The challenge is to improve efficiency while at the same time delivering better and possible more services. Recently, several scholars have discussed the

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relevance of intangible resources as drivers of outstanding performances in hospitals (Douglas and Ryman 2003; Habersam and Piber 2003; Zigan et al. 2008). However, field research on the topic is still limited, and more knowledge is needed about the role and the value of intangible resources in performance improvement of HC organizations (Van Beveren 2003). Research has suggested organizational climate (OC) as an intangible factor which significantly affects the performance of HC organizations. Several studies have stressed the link between climate and a variety of important performances at the individual, group and organizational level within HC organizations (see, e.g., Appelbaum 1984; Jackson-Malik 2005; Mok and Au-Yeung 2002; Wienand et al. 2007). This is basically related to the fact that OC exerts a powerful influence on employees' behaviour in workplace and plays a crucial role in any organizational process. Recently, under the pressure of the reform of HC sector that encompassed most Organization for Economic Cooperation and Development (OECD) countries in the last 15 years and the challenges of new socio-economic scenario, HC organizations have increased their attention on OC management. In particular, there has been a diffusion of OC assessment and management initiatives among HC organizations. For these initiatives to be successful and able to improve the organizational capability to deliver an outstanding service, a significant engagement of employees is required. Assessing and managing OC automatically without understanding how employees conceive OC for itself and as a performance driver can drastically reduce the potential benefits of these initiatives.

The article describes the results of an action research (AR) project implemented in a large public hospital aimed from a theoretical viewpoint to shed empirical light on how, in effect, HC workers perceive OC for itself and as a performance driver to assess and manage. The practical objectives of the project reflect some practical concerns of the investigated hospital. The first concern is related to the need of having a picture of the 'state of health' of the hospital. This is in order to identify elements/situations of underperformance and to plan managerial solutions for overcoming those. The second concern is related to the accreditation process. The hospital aims to get institutional accreditation. This means, in line with standards established by the regional government, the hospital aims to adopt and implement the 'continuous quality improvement' in three main areas: patients' rights, support systems and care services. Especially, according to the standards, assessing OC is one of the activities to perform systematically in order to get accreditation. In particular, it is conceived as one of the activities to implement in order to improve the area of the support systems.

Research Background

Organizational Climate

Over the years, there has been a longstanding interest in the study of OC among scholars. The concept of OC can be traced back to several studies, namely, the work of Lewin et al. (1939) analyzing the relationship between the leadership style and climate, Koffka's study (1935) focused on 'behaviour environment', Lewin's (1936) study on 'life space' and Murray's (1938) work on OC. Following these seminal studies, many scholars have proposed different definitions of OC (e.g., Argyris 1958; Brown and Leigh 1996; Dawson et al. 2008; Deninson 1996; James and James 1989; Litwin and Stringer 1968; Patterson et al. 2005; Pritchard and Karasich 1973; Schneider et al. 2000). Nowadays, obtaining a consensus about the definition of climate seems difficult as the climate construct is complex, and many different scholars

have used and continue to use the same terminology to mean different things. In fact, there has been some confusion about the manner in which OC is distinct from the notion of organizational culture. The two terms have been and still are sometimes used interchangeably. There is no doubt that culture and climate are similar concepts. However, they differ. While organizational culture refers to persistent, stable elements deeply rooted in employees' mentality, OC indicates rather superficial elements such as employees' reactions, opinions and tendencies regarding changing or conflictual organization contexts. Thus, climate can be understood as a surface manifestation of culture (Schneider 1990). Similar to definitions and the theoretical positions on climate, also the dimensions of climate have varied considerably between the scholars (e.g., Jones and James 1979). Over the years, the number of climate dimensions suggested has proliferated, leading to disorientation. Despite that there is still considerable diversity in the definitions and dimensions used to explain the climate construct and there are not clear and common shared research conclusions, it seems possible to refer to a dominant approach for analyzing OC. This approach conceptualizes climate as a relatively enduring characteristic of an organization which distinguishes it from other organizations and which reflects the prevalent norms, values and attitudes of the organization culture. It is connected to employees' shared perceptions of their organization with respect to features such as autonomy, trust, cohesiveness, support, recognition, innovation and fairness, as well as to members' interactions and structural features of the organization. OC is, therefore, a multidimensional distinctive feature of an organization, which results from a synergic combination of several intangible elements related to human, relational and structural dimensions of the organization. Human dimension regards the employees' perceptions of the organisational context and includes knowledge of organization's structure, autonomy, motivation, initiative, teamwork capacity, satisfaction, well-being and so on. Relational dimension concerns the relationships within the organization and the dynamics underpinned in the values and mindsets shared among individuals, for example, customers care, cooperation, employees' relationships, employees' relationships with middle and top management and so on. Structural dimension concerns the structural features of workplace and the organizational structure, e.g. information transferring and sharing, formal training, leadership, incentive and reward policy, infrastructures, equipment and so on.

OC as a Performance Driver

Several studies have claimed that climate perceptions are associated with a number of important outcomes at individual and organizational level, such as job satisfaction (Mathieu et al. 1993), individual job performance (Brown and Leigh 1996), customer's perception of service quality (Schneider 1990), innovative behaviour in HC and top management teams (West and Anderson 1996), innovation (Scott and Bruce 1994) and so on. This is because OC exerts a powerful influence on the behaviour of employees in workplace and plays a crucial role in any organizational process improvement that requires the implementation of a major organizational change. More in general OC can have significant positive or negative effects on organization and its performance. It is, therefore, reasonable to claim that OC has a great importance in understanding how an organization works and creates value. The climate is relevant to service industries and, in particular, to knowledge-intensive service industries, as the vast majority of their outputs are characterized by intangibility, heterogeneity and simultaneously production and consumption. Regarding HC services, it is possible to state that HC organizations are becoming more aware

of the importance of understanding OC. A literature review reveals that several studies have outlined the importance of OC in HC services, see, for example, Appelbaum (1984), Clarke et al. (2002), Gershon et al. (2004), Jackson-Malik (2005), Mok and Au-Yeung (2002), Rostila et al. (2011), Sleutel (2000), Stone et al. (2006), Wienand et al. (2007) and Purohit et al. (2013). Clarke et al. (2002) in their study about effects of nurse staffing and nursing organization on the likelihood of needlestick injuries found that staffing and OC influence hospital nurses' likelihood of sustaining needlestick injuries. Stone et al. (2006) have examined the relation between OC and intensive care unit nurses' intention to leave. They found that a satisfactory OC can help ensure a stable and qualified workforce. Sleutel (2000) provides a literature review about organizational factors that influence nursing practice, including OC. Mok and Au-Yeung (2002) explore the relationship between OC and empowerment among the nursing staff of a regional hospital in Hong Kong. The results of their investigation show that OC and, in particular, supportive leadership and teamwork are related to empowerment. According to these studies, understanding the components that are involved in the creation of a superior OC is very important. In particular, linking this understanding to daily activities, individual and organizational performances as well as to some phenomena such as job satisfaction, burnout and intent to leave holds great significance for gaining a more effective climate management. Therefore, it becomes essential that HC managers, on a continual basis, could assess and monitor climate of their own organization. Regarding the assessment of OC, studies have mainly proposed quantitative methods and several questionnaires have been projected for this purpose. About the HC sector, several studies have analyzed OC (e.g., Avallone and Bonaretti 2003; Wienand et al. 2007), by using quantitative approaches. However, also in this case, the lack of consensus on climate and its operationalization has meant the production of few measures with demonstrated reliability and validity.

Methodology

The study is based on an AR project. The AR methodology has become increasingly prominent among management researchers for carrying out research into management and organizations. This is because AR is particularly appropriate for developing theoretical insights that relate closely to practice and concern process of managing (Huxham and Vangen 2003). The AR develops around a spiral cycle and includes four main phases, namely, diagnosing, planning, acting and evaluating (e.g., Kemmis and McTaggart 1988). These phases recur cyclically. The spiral starts from the definition of a general idea or the identification of a problem at both theoretical and practical level, and concludes when the idea or problem is fixed. The use of the AR methodology for investigating OC seems to be particularly appropriate, for several reasons. First, OC is strongly affected by the context; thus, any research investigating the subject has to take into account the organizational context. This is a fundamental characteristic of the AR which uses an organization as a physical laboratory for developing and testing practical interventions and advancing knowledge closely related to the context. Second, the AR, as 'research in action', deals well with the outstanding need of improving knowledge about how organizations can assess and manage OC for enhancing value created for stakeholders, since AR allows one to extract from practice insights to be combined with those based on a theoretical deductive approach.

The AR project has been based on a combination of deductive and inductive approaches, and has included, in a complementary way, qualitative methods, such as focus groups and interviews with key

informants, and quantitative methods, such as survey. Especially the survey was intended to collect primary data regarding HC workers' perception of OC. The AR project interested a big Italian public hospital.

According to the AR principles, the project has involved several phases (see Figure 1). The workshop aimed to inform health professionals about the different aspects of the project, such as its main purposes, its strategic, organizational and managerial usefulness and the adopted methodology and tools. This was to build awareness among the employees about the project to be conducted and how important their participation would have been, and then to make the study a success for the organization in bringing some positive change. After the workshop, the researchers with the support of the quality manager carried out a deep analysis of the organizational context through direct observations, document analysis and interviews with key informants. Then, an investigation based on focus groups was developed. The main goal of the focus groups was to explore individual and group awareness about the role and importance of OC for value creation in daily work and for their performance. In particular, the focus groups attempted to shed more light on the following questions: (i) how do HC workers conceive OC?; (ii) to which extent are HC workers aware of the relevance of OC in daily work?; (iii) how do they perceive the importance of assessing and managing this important performance driver? Additionally, focus groups allowed us to capture employees' perception towards the hospital's decision of assessing OC systematically as part of the accreditation process. Participants in the focus groups were department heads, heads of nursing, directors of wards, quality manager, responsible for quality at department level, physicians, nurses and technicians. The focus groups involved the hospital departments as follows: *focus group I*: oncology, nephrology–urology, neuroscience; *focus group II*: surgery, internal medicine, high specialties of heart and great vessels; *focus group III*: rehabilitation and long-term care; *focus group IV*: diagnostic and therapeutic services, accident and emergency, department of women's and children's health. Overall,

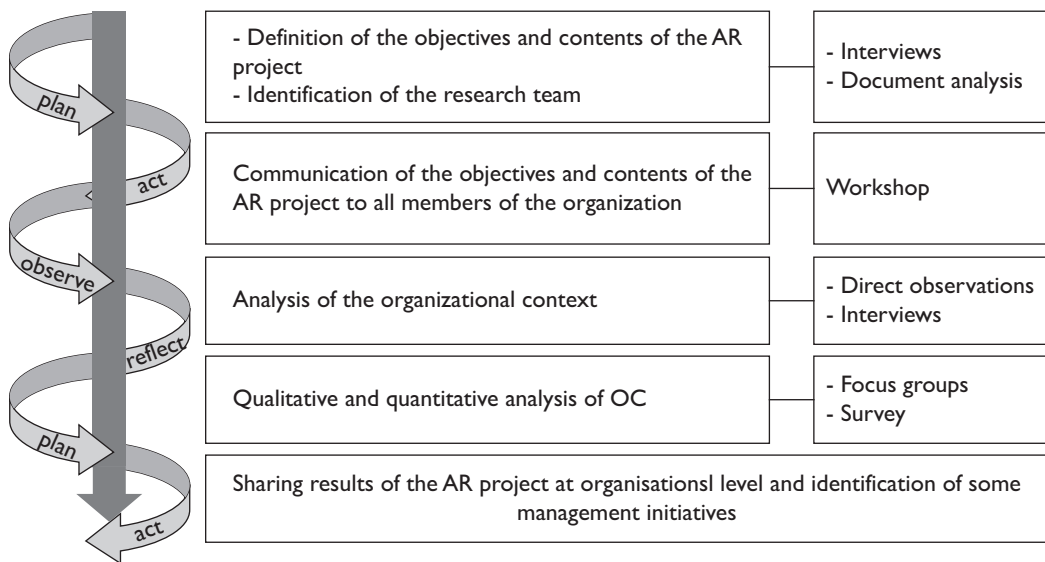


Figure 1. The Main Phases of the AR Project

Source: Authors' own.

80 health employees participated in the four focus groups. On the whole, head nurses and physicians attended to a greater extent the focus groups (40 per cent head nurses; 25 per cent physicians) rather than the other health employees. The focus groups were facilitated by a moderator (researcher) and the HC quality manager. A researcher took field notes. Each focus group lasted an average of 45 minutes and included five main steps.

Step 1. Why are we here. This step was aimed at clarifying the objectives of the focus group. In this phase, the quality manager illustrated the objectives of the overall AR project, by clarifying its link to the hospital's accreditation process.

Step 2. Becoming familiar with the concept of OC. The purpose of this step was to familiarize the participants with the concept of OC and to encourage them to provide a representation of OC through a metaphor. This step began with an introductory icebreaker exercise. The participants were split randomly into mini groups of three to five members to answer the following question: What is OC for you? The groups were invited to produce a representation of OC through a metaphor in the form of a drawing. Within the group, the participants were encouraged to listen to one another and to build collectively a metaphor representing and integrating the group's view. At the end of the allocated time period, the groups were asked to stick the picture on the wall and present their output to one another. Care was taken to avoid any interpretations from the researchers. The discussion generated while presenting the metaphors of OC was centred around two main viewpoints. Some groups provided their view of OC, regardless of their perception of OC in their organization (see Figure 2). Traits more frequently associated with the OC concept were: (i) cooperation/collaboration for getting results, (ii) centrality of the patients: the organization must work to satisfy its patients, (iii) set of guidelines which drive the functioning and stability of the organization and (iv) relationships with the patient.

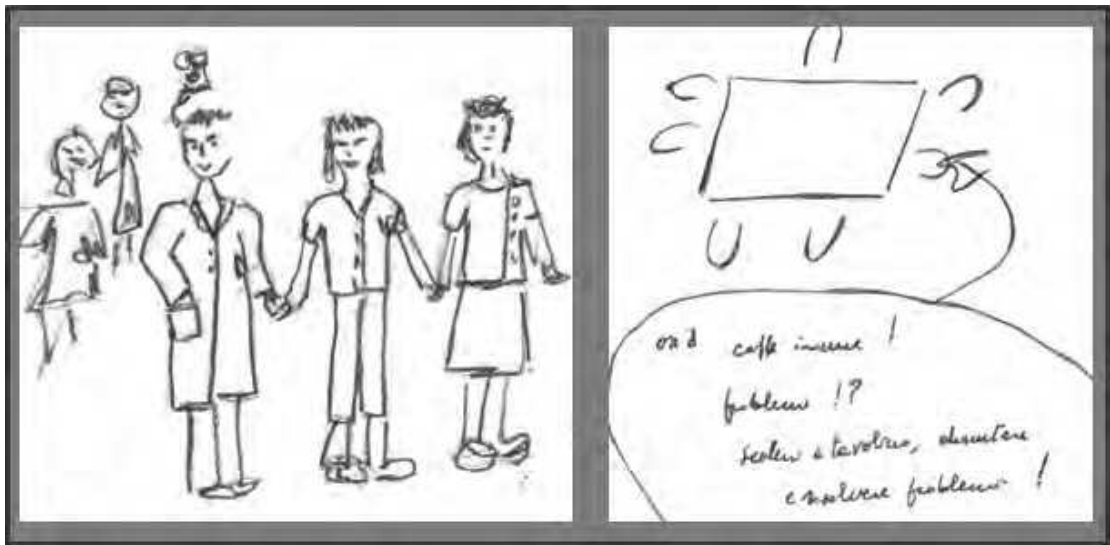


Figure 2. An Example of Metaphors of OC

Source: Authors' own.

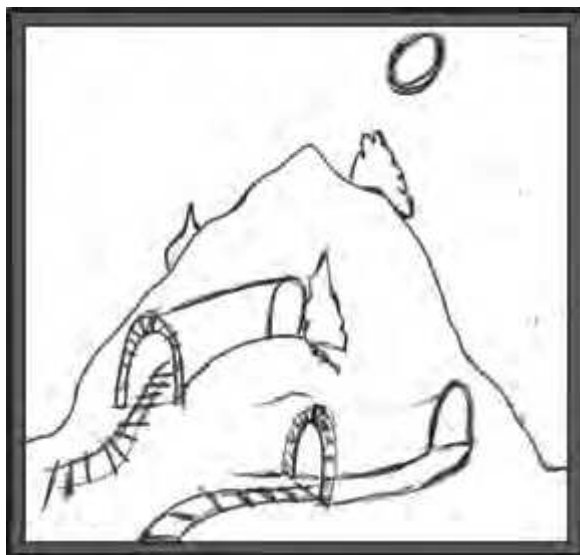


Figure 3. An Example of Metaphor of the Perceived OC

Source: Authors' own.

Some groups described OC as perceived (see Figure 3). This second viewpoint allowed them to identify some weak points of the OC perceived in the hospital. They concern basically: (i) the relations between physicians and nurses: a distance between the two categories of workers is perceived. This distance regards mainly the communication and the absence of cooperation/collaboration, (ii) the absence of a common vision among different levels of the organizational hierarchy and (iii) the communication among the departments.

At the end of the presentation, the participants discussed with the quality manager and the researcher the differences and similarities among the metaphors. On the whole, from the focus groups, it is emerged that the participants' view of OC is basically related to some factors such as: (i) internal and external relationships, (ii) feeling in the workplace, (iii) knowledge and sharing of organization's vision and strategic objectives, (iv) practices of communication and knowledge sharing and (v) management of the reward system. In particular, great emphasis was put on: (i) relationships with patients, (ii) harmony and cooperation both among employees and departments and (iii) employees' knowledge of hospital's strategic objectives. Certainly, the highlighted factors describe OC, albeit not exhaustively. For this reason, at the end of each focus group, the moderator invited the participants to reflect on the fact that OC can include further factors. This was important in order to form a common reference point regarding the concept of OC to be used for the further research work planned in the AR project.

Step 3. Perception of the role of OC in daily work. In this step, the participants were invited to respond individually to a series of questions prepared by the researchers. The questions were aimed at understanding if and how the participants evaluate OC as important in their daily work and how the organization assesses and manages the climate. Among the performance related to daily work, the individual innovation was included.

Step 4. Presentation and discussion of the tools to be further implemented for analyzing OC. In this phase, employees were introduced to a survey questionnaire which would have been administered as a follow-up of the focus groups to better and widely capture HC workers' perception of OC. In this regard, the participants were encouraged to speak out so that their issues and concerns could be addressed.

Step 5. Closing the focus group. At the end of the focus group, the moderator summarized important ideas emerged during the meeting.

After the focus groups, the survey was implemented. It involved six departments of the hospital, namely, (i) high specialties of heart and great vessels, (ii) surgery, (iii) oncology, (iv) internal medicine, (v) department of women's and children's health and (vi) diagnostic and therapeutic services. The departments were selected according to the suggestions of the quality manager. The survey tool, built using validated scales, was tested with a panel of employees. OC was measured through the scale proposed by Wienand et al. (2007). The scale operationalizes the construct through some factors, such as (1) *job satisfaction*, concerning the appreciation from colleagues, the attention of management to workers' needs, job satisfaction and appreciation on the workplace, etc.; (2) *organizational communication*, which concerns knowledge of company's policy, i.e. mission, vision, plan of action, etc.; (3) *perception of quality of care*, which regards perception about the attention to requests and complaints of citizens, the assessment of services quality, etc.; (4) *teamwork and spirit*, which includes the habit to work in groups, the team spirit, etc.; (5) *leadership style*, which relates to the manager's ability to manage conflicts among employees in an appropriate manner, to clearly define the objectives, to encourage job autonomy, etc.; (6) *performance assessment and reward system*, which relates to the clarity in the allocation of incentives, the consistency of rewards with corporate objectives, the effectiveness of the reward system and transparent verification of the results. The questionnaire was validated in several Italian public HC institutions. Currently, the questionnaire represents one of the most widely used instruments to measure OC in HC setting, at national level.

The items of the OC construct have been graduated on a 'self-anchoring' scale from 1 to 5, where the subjective distance between any two consecutive values is assumed to be equal. In order to allay any suspicions and hence reduce respond bias, the respondents were informed, during targeted meetings, about the aim of the survey and that their individual responses would be kept completely confidential. This was to create awareness among the employees about the survey conducted and how important their participation was, to make the study a success for the organization in bringing some positive change. The average amount of time spent filling out the questionnaire was 20 minutes. A total of 560 employees answered to the survey (response rate 51 per cent). The proportion of the respondents was 18 per cent doctors, 63.4 per cent nurses, 12 per cent technicians, 3.4 per cent social health care workers and 2.9 per cent other. The percentages of respondents replicate the percentage structure of the departments under investigation in terms of job categories. This is important in order to justify the use of aggregation (James et al. 1984) of individual perceptions to predict departments' climate.

Main Results

The focus groups helped us to capture perceptions, opinions and beliefs of HC workers about the OC and its importance for getting outstanding performance.

On the whole, from the focus groups, it is emerged that workers have a limited view of OC as they conceive it as basically related to some factors such as (i) internal and external relationships, (ii) feeling

in the workplace, (iii) knowledge and sharing of organization's vision and strategic objectives, (iv) practices of communication and knowledge sharing and (v) management of the reward system. In particular, workers link OC to (i) relationships with patients, (ii) harmony and cooperation both among employees and departments and (iii) employees' knowledge of the hospital's strategic objectives. Certainly, these factors play an important role in building OC, but they represent only one part of the factors shaping OC.

About the perception of the role of OC in daily work, the focus groups revealed that HC workers perceive OC as a factor which significantly influences the quality of the delivered service, the capacity to satisfy patient and the productivity and the capacity to innovate. Additionally, the employees highlighted some dimensions of OC that are particularly important for improving individual performance. In particular, they believe that to invest energy and extra efforts in their daily activities, they need to be motivated. The motivation, in turn, is perceived as closely related to performance assessment and management of the reward system as well as to an equal guarantee of career for all. The knowledge of strategic and operative objectives of the hospital represents another important factor. Some employees declared not having a clear understanding of the hospital's strategy and vision as well as of some of the key policies, and this involves a low level of interest in the organizational life and change. Further, OC factors considered important for individual performance are teamwork and the management of internal conflicts, between HC workers (e.g., conflicts between nurses and physicians) as well as among the departments.

There were no substantial comments about the OC assessment through a survey. From the focus groups, a wide acknowledgement of importance of assessing OC has arisen. In particular, HC workers believe that knowing OC can help to improve their daily work practices and, to some extent, can positively affect the motivation at work and performance.

Moreover, the employees highlighted the importance of communicating widely across the organization the aim of the survey as well as its relevance for the accreditation process of the hospital in order to get the right commitment across the overall organization. The only concern expressed was about the confidentiality of the survey, and they asked to make sure that the feedback would have been treated confidentially. Finally, employees underlined the importance of knowing the findings of the survey and taking part in the planning of initiative for OC management.

The survey results have further enriched the insights captured by the focus groups.

The survey highlighted that, on the whole, OC perceived within the departments turned out to be quite satisfactory (mean 2.6; s.d. 0.5). The analysis of the climate perception did not reveal significant differences among the departments. We found the existence of a modest difference among different categories of employees in their perception of OC as a whole and of its components. In particular, we found that the perceived OC had higher value among doctors (mean 2.9) than the rest of employees (mean 2.6). In this regard, the large gaps between the two job categories concerned the policies for employees' training and competencies development, the leadership style in the units and performance appraisal practices, the knowledge of organizational objectives and assets and the teamwork practices. These gaps are somehow referable to the different backgrounds of employees.

From the collected data and observations on the field, several issues of poorly developed OC elements have been observed/identified, undermining a satisfactory OC. A dissatisfaction about the performance assessment and the management of reward systems has emerged. Moreover, employees perceive that career opportunities are not equally guaranteed for all. As a result of this, employees are unmotivated and do not pay sufficient attention to features concerning the hospital's policies. Moreover, the level of

employees' knowledge of organizational assets and strategic and operative objectives is fairly low. This contributes somehow to the increase of the sense of disinterest from the top management among employees. At unit level, teamwork and the management of internal conflicts need to be improved. In addition, an improvement of the layout and infrastructures of the departments has been identified as important. Besides the critical elements of OC, the survey has also allowed them to diagnose some OC elements which are relatively well developed. These elements are the employees' pride in belonging to the organization, empowerment (empowerment for daily job activities, mean 3.49, s.d. 0.95; autonomy, mean 3.2; s.d. 0.92; job satisfaction, mean 3.01, s.d. 1.03). Moreover, data and observations have shown sufficient employees' attention to customers' care (colleagues' attention to customers' requests, mean 3.26, s.d. 0.85). Finally, despite the basic need of improving teamwork practices, the employees' habit of asking colleagues for help when unexpected events occur has emerged sufficient (mean 3.14, s.d. 0.87).

Conclusions

Studies have highlighted that evaluating and managing OC in HC services holds great significance for gaining better individual and organizational performances. Recently, due also to the pressure of changes in laws and socio-economic scenario, HC organizations have increasingly embarked on OC assessment with the intent to improve their efficiency and the quality of the delivered services. This is important, however it is even if more crucial to assure that workers engaged in the evaluation process are aware of the importance of their fruitful engagement in this investigation as well as of its potential benefits.

This study through an AR project was aimed to shed empirical light on how HC workers perceive OC for itself and as a performance driver to assess and manage. The AR project has highlighted that even if OC is intuitively conceived as an important driver to deliver a high-quality HC service, the construct is not completely clear to HC workers. This is a key issue to address in any initiative aimed to manage OC. Frequently HC organizations embark routinely in an OC survey to accomplish results connected to the accreditation process and/or to become more efficient. This is important, however it is even if more crucial to assure that workers engaged in the evaluation process are aware of the meaning and outcomes of the investigation. HC workers will be the main actors of the management initiatives planned to improve OC, and they need to know what, how and why these initiatives will change their daily work.

The project has shown that it is very important to ensure that employees understand and have input about the OC evaluation as well as that management is fully committed. Moreover, the follow-up activity is acknowledged as relevant. It should include meetings with employees and management to communicate results, to share knowledge about the major critical issues and to collect suggestions for planning actions.

From a practical viewpoint, the AR project has somehow increased employees' awareness about what is OC, the relevance of their contribution to OC improvement and, more generally, how and why OC can represent a factor to leverage in order to improve individual and hospital's performance. Moreover, it had important managerial and practical implications. It provided a snapshot of the departments' 'health' able to pinpoint real and potential trouble spots and diagnose systemic problems causing individual and organizational underperformance. The problematic issues arisen have been discussed with the HC quality manager, with a representative sample of employees engaged in the investigation and with the hospital's director with the main purpose of identifying shared management initiatives undertaken for

enhancing OC and, hence, might have positive effects on HC services performances. Some management initiatives have been identified as having priority. They are (i) adoption of a 'barometer' of OC for evaluating systematically and over time the state of 'health' of the departments and the hospital as whole. This is aimed to provide support for policy and a range of suggestions for the improvement of the components founding OC; (ii) analysis of workers' competencies for revealing training objectives; (iii) workshops on the leadership and (iv) communication strategy workshops. Outcomes of these initiatives will be monitored through the systematic assessment of the perceived climate.

On the whole, the AR project was very useful for deeply involving HC workers and managers in the OC evaluation and management processes. Further developments of the project will regard the monitoring and evaluation of the effects of management initiatives. The findings of this study are relative to a specific institutional setting; therefore, the development of further AR projects in similar contexts could enrich the insights provided by the study.

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