Chapter 47
Teamwork in Medical Organizational Cultures

Simona Vasilache
Bucharest University of Economic Studies, Romania

ABSTRACT
The chapter discusses the specificities of organizational culture in healthcare environments, taking into account general managerial theories and their suitability to particular professional settings. The challenges of teamwork and the things to be particularly considered by decision-makers in the healthcare system are discussed and critically analyzed.

DISCUSSION ON ORGANIZATIONAL CULTURES

The acceptance or rejection of an organizational culture, the decision to consolidate it or, on the contrary, to change it, is based both on humoral reactions, and also on certain compatibility matrices between types of employees, types of objectives, and types of cultures. Thus, the study of these matrices emerged.

A pioneer in this direction is Harrison, who speaks, in 1972, of organizational ideologies. Ideologies are defined by Beyer (1981) as relatively coherent systems of opinions and values that keep people together and explain the actions to which they resort in order to achieve specific purposes. This approach does not differ much from the definition, perhaps the best known, which Schein (1992) gives to the organizational culture: “set of unanimously shared basic concepts that the group has learned during the adaptation to the external environment and integration in the internal environment” (p. 12, t.m.). Meyer (1982) speaks of organizational ideologies in the hospital environment, in the context of the learning experience caused by a strike of the doctors. Depending on their ideologies, some hospitals learn from this experience, adapt, while others reject it without processing it.

As stated by Ashkanasy, Wilderom and Peterson (2000), managerial ideologies can be related to the so-called competing values theory (competing values framework - CVF). Quinn and McGrath have developed this theory in the early 80s, by organizing polarized values on two axes: interior-exterior and flexibility-control.

According to their study, the orientation towards control is correlated with the focus on external coercion elements (rules, taboos, etc.), and the inclination towards flexibility has its
origin inside the organization, in creating a sense of belonging, through training and socialization. By transferring to the organizational context the distinction made by Dodds (1951) at sociocultural level, between shame cultures and guilt cultures, the shame cultures are those in which the external control is very emphasized – you do what you are required because you are ashamed to be marginalized, and the guilt cultures are those primarily based on being conscious of one’s own role and responsibilities, which are accomplished through belief rather than through a conditioned reflex of control.

In other words, there are cultures, and implicitly organizational cultures, able to choose, take decisions based on considering each alternative and reach, with certain costs, a consensus, and organizational cultures in which the decision is institutionally imposed by the existence of a more or less inflexible set of rules, which provide the control component.

The human relationship model, as a closed but flexible system, brings a sense of family within the organization. The organization that adopts this model values relationships of trust between its members, and transforms its leaders into mentors, mediators, by no means autocrats. Decision-making within the organization is decentralized, which lowers the degree of control. Leaders are trusted with the same trust encountered in interpersonal relationships within the organization, which generates a relatively low resistance to change, given the authority earned, not imposed, by the one that proposes the change, and the consensus within the organization.

The open systems model gives great importance to the external environment from which the organization obtains its resources. The acquisition of resources needed by the organization, considering the uncertainty of the external environment and the limited adaptability of the internal environment, requires the presence of a leader who is oriented towards innovation and change. The learning organization theory best fits this quadrant of the “map” of organizational cultures, flexible and oriented towards the external environment (to a certain extent a paradoxical hybrid, since flexible cultures are more likely to “grow” from inside) from where the directions of change that the organization must face come.

The internal process model is based on stability and control, on maintenance, rather than on innovation. Being, strictly chronologically, the oldest of the models, it is related to the scientific management theory and with Weber’s bureaucracy, his ideal type of organization. It is a reductive, closed model, operating \textit{caeteris paribus}, thus assuming the absence of any external environmental factors that might influence processes that take place within the organization. The typical leader in this model is a coordinator, a monitor-evaluator, according to the roles in a team proposed by Belbin (1985). Foss (1997) speaks of an administrative optimum, in which we can see the ideal of this kind of model. Once this optimum, which is basically a sum of routines, is reached, and assuming that there are no disturbing external influences, the organization could ideally function, without any type of management. It would therefore be an administrative utopia. Given that external influences are often intentionally reduced to zero, by oversimplifying the model, we can say that there are not few the organizations in which this utopia is functional. Their resistance to change comes exactly from the perception of optimum - why replace something that works? - from better accepting a static model, with a single point of optimum, instead of a dynamic model with certain degrees of optimum, not at all with plane, long periods of uncommitted practice of some verified routines.

Finally, the model of rational objectives is an open system, but based on rationality. Its main challenge is to keep a “rationality” of actions within the organization, other than the individual one, of its members, taking into account the permanent aggression of the external environment, which imposes rapid and unpredictable changes. The two systems, the external environment and
Related Content

The Sociotechnical Challenge of Integrating Telehealth and Telecare into Health and Social Care for the Elderly
www.igi-global.com/chapter/the-sociotechnical-challenge-of-integrating-telehealth-and-telecare-into-health-and-social-care-for-the-elderly/116271?camid=4v1a

Patient Centered Design: Challenges and Lessons Learned from Working with Health Professionals and Schizophrenic Patients in e-Therapy Contexts
www.igi-global.com/chapter/patient-centered-design/116264?camid=4v1a

Dimensions of Culture in Hospital Teamwork
www.igi-global.com/chapter/dimensions-of-culture-in-hospital-teamwork/116280?camid=4v1a

Primary Care and Physician Shortages
(2015). Flipping Health Care through Retail Clinics and Convenient Care Models (pp. 10-30).
www.igi-global.com/chapter/primary-care-and-physician-shortages/115793?camid=4v1a