



## ARTÍCULOS DE INVESTIGACIÓN

### Organizational climate: Comparing private and public hospitals within professional roles

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Recibido el 15 de octubre de 2014  
Aceptado el 30 de octubre de 2014

#### Palabras clave

Salud pública y privada, clima organizacional, salud en la Toscana

#### Keywords

Public healthcare, private healthcare, organizational climate, Tuscan healthcare.

#### Resumen

Este estudio compara las diferencias de clima organizacional en los roles profesionales de hospitales públicos y privados. Nos hemos centrado en cómo los médicos, administrativos, personal sanitario y no sanitario, ya sea en público o en el privado perciben el entorno de trabajo, para cada dimensión clima organizacional. La información proviene de cuestionarios de clima aplicados en 2010 y 2012 para 19616 y 1276 empleados de salud en hospitales públicos y privados, respectivamente, de la Región Toscana. Se aplicó un análisis factorial exploratorio para verificar la validez y consistencia interna entre puntos del cuestionario y la prueba t, de un solo sentido el análisis de varianza para comparar significa percepciones respecto a las dimensiones a través de diferentes grupos de encuestados.

#### Abstract

This study compares the organizational climate differences within professional roles in private and public hospitals. We focused on how physicians, administrative, healthcare and non-healthcare staff either in the public or in the private perceived their work environment and each organizational climate dimension. Data came from organizational-climate questionnaires administered in 2010 and 2012 to 19616 and 1276 health employees in public and private hospitals in the Tuscany Region respectively. We applied exploratory factor analysis to verify the validity and internal consistency between items in the questionnaire and t-test, one-way analysis of variance to compare mean perceptions regarding to the dimensions across different groups of respondents. We measured four dimensions: "training opportunities", "managerial tools", "organization" and "management & leadership style" and overall job satisfaction. Hospital status in the professional roles was found significant in the staff's perceptions ( $p \leq 0.05$ ).

## Introduction

It has been identified important elements for healthcare staff's commitment and loyalty toward the organization, examples of this elements are: continuing training and education (Spath, 2002), leadership style, project management, staff recognition, dedicated time, and resources for improvement projects (Thomson et al. 2003). But, organizational climate seems to depend also on the particular characteristics of the work environment (Tovey et al., 1999; Cumbey et al., 1998).

Organizational climate is defined as the shared perceptions of the work environment (Jones and James, 1979). This concept can be traced back to several studies, for example, Lewin et al., (1939) analyse the relationship between the leadership style and climate; Koffka (1935) focuses on "behaviour environment"; Lewin (1936) studies the "life space"; and Phillips (1996) investigated how women and men perceived the organizational climate. Some studies have shown the efforts made to better understand those factors which contribute to improve the work environment (or climate) and motivate all employees, regardless of their position, status and gender, to be committed and effective performers (Clark, 1997; Gershon, 2007; Nembhard, 2006)

In the present study we were able to analyze the hospital status (public or private) and professional roles with respect to organizational climate dimensions like training opportunities, managerial tools, organization and management & leadership style and job satisfaction inside twelve public general hospitals and eighteen accredited private hospitals. Our study included physicians, administrative staff, healthcare employees and non healthcare employees of the Tuscan healthcare system. There have been no recent studies of this phenomenon, and none have compared and contrasted organizational climate and professional roles at the hospital status. This paper is an attempt to address this gap in the literature.

The general hypotheses developed were whether public and private hospitals within professional role would differ significantly on how they perceived the organizational climate and job satisfaction. By studying a country like Italy with a particular health system we hope to give an insight to better understand the persistent barriers restricting the organizational climate in the professional roles at hospital status.

With regard to Italy, independently if public or private hospital is important the use of performance measurement to promote a more efficient and effective administration. With this premise, the Tuscany region with MeS laboratory in 2005 developed its own Performance Evaluation System valued as a particularly innovative and comprehensive system (Carinci 2011; Censis2008) it was implemented in order to follow up the regional objectives based on the needs of the Regional Health Councillor. The PES measured the quality of services provided and the ability to meet the needs of citizens in order to achieve better health and quality of life standards and to preserve financial stability. The 130 indicators are classified in six dimensions: Population health status; capacity to pursue regional strategies; clinical performance; patient satisfaction; organizational

climate and finally efficiency and financial performance. (Nuti, 2011; Nuti, 2012).

Every year each public Health Authority receives its own report explaining if it was able to reach the objectives during the year and doing a benchmarking comparison. PES is compulsory for public institutions and optional-voluntary for private ones. In 2012 PES has been adopted by eighteen private hospitals as a decision support tool at managerial level. In 2012 was possible applied the organizational climate questionnaire to private institutions, getting interesting results to compare with the public context.

We reported a contribution on the debate of diversity in management of healthcare by highlighting the way in which staff perceived the organizational climate and the variation addressed in the professional roles and hospital status. The implications of this study can be useful to policy makers, managers and professionals understanding how the perception of the organizational climate fit as predictor of good performance.

## The context

The Italian health care system is a National Health Service (Beveridge-like model) accessible to the full population providing preventive and curative services (Beveridge 1942). The system is organized at three levels: national, regional and local. The national level is responsible for ensuring the general objectives and fundamental principles of the National Health Service. The regional governments are responsible for ensuring the delivery of the health care through a network of population-based healthcare organizations (health authorities).

In Italy during the past two decades, the strong decentralization policy, in the line with "New-Public-Management" (NPM) philosophy (Kettl, 2000; Pollit, 1995) which aims is that public organizations should import managerial processes and behaviour from the private sector (Box, 1999; Boyne, 2002). With this argument the government have gradually transferred several important administrative and organizational responsibilities from the state to the 21 Italian regions with the aim of making regions more sensitive to the community needs, to control expenditure, promote efficiency, quality, and citizen satisfaction but specially it has started to focus on more effective management (Mouritsen et al., 2005).

This model provided regions with significant autonomy in organizing healthcare services, allocating financial resources to their Local Health Authorities (LHAs), monitoring and assessing performance (Nuti 2008, Antonini 2009). Whereas, the central government retains overall responsibility for ensuring that services, care and assistance are equitably distributed to citizens across the country.

The Tuscany region have 3.7 beds for each 1000 inhabitants of which 95% correspond to public beds and only 5% are privates. The healthcare system works through a network of seventeen public health authorities of which five are teaching hospitals (THs) and twelve are Local Health Authorities (LHAs) and eighteen private hospitals with accreditation.

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