Chapter 14
Culturally–Bound Innovation in Romanian Teaching and Research Hospitals

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ABSTRACT

This chapter discusses innovation in the Romanian healthcare sector, from the point of view of organizational learning, which is influenced by the components of organizational culture. Starting from the premise that hospital organizational culture differs from other types of organizations, we investigated the perceptions of a mixed sample of doctors and nurses from an internal medicine clinic of a large teaching and research hospital. The Dimensions of the Learning Organization Questionnaire and items selected from a questionnaire developed by the authors were used in order to study how the two groups perceived organizational culture and, subsequently, innovation, as both a component and a result of it. The results of the study show differences in perception between physicians and nurses, consistent with the ones presented in literature, and account for which facets of hospital organizational culture affect learning easiness versus which factors are negatively correlated with it.

HOSPITAL ORGANIZATIONAL CULTURE

In *Anatomy of a Hospital*, Ashley (1987) makes an intriguing figurative diagnosis of the hospital organizational life. So it is this hospital culture, supported by many figures, but still intriguing in its essence, and posing threats to whoever would attempt to approach it in an orderly managerial manner. To speak about innovation in a system which is financially burdened, on the one hand, and socially compelled to excellence, on the other, is not a comfortable position. Still, healthcare innovation (Djellal & Gallouj, 2005), under the pres-

sure of changing lifestyles (Kivisaari, Saranummi & Väyrynen, 2004), increasing healthcare costs, and diversification of customers demands (Boland, 1996), is an issue to be considered. The relationship between innovation and adoption was first examined in 1982 in a study by Tornatzky and Klein. The two researchers selected 75 articles on innovation characteristics. Several variables, as *prediction*, *adoption and implementation*, *design*, *measurement*, *number of characteristics*, *number of innovations*, *locus of innovation*, *empirical findings and statistical tests* were monitored in these articles, in the form of a meta-analysis. The correlation between the presence of a certain characteristic of innovation and its adoption and implementation was computed, and the results show that it is important for an innovation to be compatible in order to be adopted, to be bring a relative advantage, to be communicable, observable, to reach social approval, the first two being the most relevant, while complexity of an innovation hinders its adoption.

Taking just the first characteristic positively related to adoption, compatibility, which means, according to Rogers and Shoemaker (1971, p. 15), 'the degree to which an innovation is perceived as being consistent with the existing values, past experiences, and needs of the receivers', the connection between innovation and organizational culture is neatly revealed. McLean (2005) provides a comprehensive review on this relationship, quoting, for instance, Amabile *et al*. (1996 P. 1155): 'The social environment can influence both the level and frequency of creative behavior'. Adoption is both technologically bound, and culturally bound. The interaction between the two is examined by Frambach, Herk and Agarwal (2003) in a research on the telecom industry. In a classical article from 1981, Kimberly and Evanisco assess the influence of a triad of factors, individual, organizational and contextual, on innovation adoption in hospitals. Culture appears as a factor in all these three perspectives, as individuals, organizations and contexts are not culturally free.

Sarros *et al*. (2008) use the Organizational Culture Profile developed by O'Reilly *et al*. (1991) and revised by Sarros *et al*. (2005), comprising seven factors, supportiveness, innovation, competitiveness, performance orientation, stability, emphasis on reward, social responsibility, in order to assess the readiness for change in organizations. Again, the relationship between organizational culture and innovation is ascertained. A study by Sta. Maria (2003) brings into discussion also organizational learning, relying on Watkins' and Marsick's (1993, 1996) dimensions of the learning organization. Analyzing the diffusion of innovation in healthcare organizations, Greenhalgh *et al*. (2005) take into consideration the inner context of innovation, the environment which filters the innovation, from the moment of its emergence to the moment of its adoption. Particularizing previous studies (Damanpour, 1991, 1992, 1996) to the healthcare system, they distilled several factors, as size, structural complexity, leadership and decision-making, climate and receptive context, supporting knowledge manipulation, which are relevant to innovation creation and adoption.

Two ideas are to be discussed, from their conclusion. First, they advocate that, since there are individuals with a certain combination of personal characteristics (higher education, higher social status), who are predisposed to more easily adopting innovation, organizations which are rich in this type of individuals will, in their turn, be more innovative. Following the thesis according to which the agglomeration of intelligent individuals does not make organizational intelligence, but rather, if we admit the Braess paradox, it leads to 'collective stupidity'. This evidence makes the thesis regarding the linear summation of innovation in organizations debatable. Second, they present large size and complexity as being favorable to innovation, because of the possibility to create specialized niches which are well protected in a large and efficient organization, and can concentrate on specific problem-solving. This may be so, for the moment of innovation emergence,

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