

# AN ORGANIZATIONAL CULTURE TO ACHIEVE THE STRATEGY OF HOSPITAL X

A study on the conditions by which the organizational culture of  
hospital X can contribute to its design strategy

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## Abstract

To become future-proof, hospital X created and implemented a new organizational strategy and structure based on the ideas of Christensen, Grossman and Hwang (2009). The X management called less attention to the organizational culture during this process, which creates the presumption that the culture of X is not congruent with the strategy. However, creating a new culture is important to achieve a successful change and to achieve a strategy. As a result, the research question of this study is: *“To what extent does the culture of X provide the conditions to achieve its strategy?”*

This is investigated with a mixed methods approach. In the departments of the ‘Diagnostisch Bedrijf’ of X, an observation, interviews and a survey are conducted. Based on an analysis of the congruence between the strategic enablers of Christensen et al. (2009) and the cultural dimensions, it appears that the six dimensions of culture, described by Cameron and Quinn (2006), should have the necessary conditions that belong to the adhocracy culture.

Analysis of the data shows that the overall culture is dominated by an adhocracy culture, but this is not visible in all necessary cultural dimensions. As a result, the culture of X fully provide three conditions to achieve its strategy: the conditions that belong to the strategic emphases, the organization glue and the criteria of success. Two conditions are partly met: the management style and the organizational leadership. The dominant characteristics of X do not provide the right condition to achieve the strategy.

As a result, the culture insufficiently stimulate the strategic enablers. The positive influence of the three necessary conditions that are fulfilled, is insufficient to realize the strategic enablers. It seems that the hierarchy culture in the dominant characteristics dominates in all strategic enablers. These results indicate that the culture does not provide the right conditions to achieve the strategy. On this basis, it is recommended to improve the management style and organizational leadership, but the main focus should be on reducing the hierarchy culture in the dominant characteristics. The data is obtained from the ‘Diagnostisch Bedrijf’. Further research will indicate whether this conclusion is also the case for the other departments.

**KEY WORDS:** Organizational culture, Organizational strategy, Organizational change, future-proof hospitals, necessary conditions.

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# 1 Introduction

## 1.1 Context and problem statement

Since 2013, hospital X has been located in a new future-oriented hospital. The resulting negative financial consequences of this relocation and the social and political pressure in the healthcare sector both led to the development of its new organizational strategy called ‘*Droom*’ (‘Dream’). This new organizational strategy is based on an innovative and intensive collaboration between the hospital, health insurance companies, patients and other stakeholders, in order to reduce the healthcare costs. In 2014 X started with the implementation of its ‘*Droom*’-strategy. My interest in this master thesis is the role of culture in the realization of the ‘*Droom*’-strategy.

The shift from production-oriented care to patient-oriented care is of high priority in this new strategy. As a result of the new focus on the patient process, X would like to deliver the highest quality of care by including the patient in the decision-making process and by doing less: ‘*Betere zorg door minder zorg, is zinnige zorg*’ (‘better care through less care, is sensible care’). Less patients are treated and the number of treatments per patient is decreased. This is possible because the decision-making with the patient is organized in a different way. The specialist and patient jointly decide about treatments and a substantial amount of time is spent to get acquainted with the patient as well as possible. As a result, X will be able to reduce its healthcare costs and they aspire to be the most human-oriented hospital in the Netherlands. For me as a future organization designer who is interested in development, this new strategy drew my interest. X seems to be progressive and may become a future-proof example to other hospitals. The departing point of a patient-centered approach is already an interesting fact: it might merely stem from a task-oriented approach, or it can be based on how people relate to each other.

The new strategy of X is based on the ideas of Christensen, Grossman and Hwang (2009), which are described in ‘The Innovator’s Prescription’. According to this study, a disruptive innovation should occur to make the healthcare simpler and more affordable, by making it conveniently accessible again. This disruptive innovation will make healthcare future-proof and will change the whole industry and its institutions, such as the hospitals. This means that the strategy of a hospital should focus on increasing quality, while reducing costs and

improving accessibility (Christensen et al., 2009). Such an approach suggests a task-oriented operationalization.

To accomplish this strategy, the organizational structure of hospitals should be radically changed (Christensen et al., 2009). Based on the thoughts of Christensen et al. (2009) X has created and implemented a new structure. During the change process, the hospital has mainly focused on changing the strategy by changing the structure. However, they became aware that organizational culture is also important to successfully implement the new strategy. Changing merely the organizational structure did not appear to be a sufficient condition to stimulate a safe learning culture in which there is ownership and collaboration.

Did the X management fail to address the culture, a relational dimension, to support its new organizational strategy? The theory of Christensen et al. (2009) hardly focuses on culture, while it explicitly focuses on the task-oriented strategy and design of a hospital. During my working experience in the hospital, it appeared that the organizational culture did not facilitate the X strategy. People experience a high workload and according to them, they are not included in decision making processes and their voice is not heard. Some people remain strictly attached to the old methods, show resistance to new collaborations which focus on the patient process and constructive criticism for the purpose of improving the care is made insufficiently.

As an utmost consequence, X might end up in a situation illustrated by the documentary *Burning Out of Le Maire*, Chabot, De Battice and Truc (2016). The documentary about a French hospital shows that employees experience a huge workload, that results in stress, mistakes and a negative spiral. These consequences do not stimulate self-confidence and collaboration, while these concepts are essential to improve. The culture is messed up, while the management team continuously focuses on improving the efficiency (Le Maire & Chabot, 2016). The current strategy of X might invoke a similar situation. This raises the question about the relation between the organizational culture and organizational strategy of X, and this very question will be the subject of this thesis. The term culture will be used in this thesis to refer to organizational culture. Throughout this paper, the term strategy refers to organizational strategy.

Creating a new culture is important to achieve a successful change. Culture appears to be a frequent reason of why a strategic change does not work as expected (Schwartz & Davis, 1981, p. 31). In a popular saying 'Culture eats strategy for breakfast'. It determines why some

firms succeed with their strategies where others fail (Schwartz & Davis, 1981, p. 31). This implies that the X culture should be complementary to the implementation of the new strategy. Moreover, a new culture should be strong enough to replace the old culture (Kotter & Rathgeber, 2013). For the case of X, some symptoms as described above suggest a need to review the role of culture in the process of pursuing the new strategy.

This introduction illustrates the importance of culture, while pursuing the new strategy of X. As I am interested in the relationship between culture and organizational strategy, the subject of my thesis is to explore whether culture at the hospital X may support the pursuit of a new strategy and organizational structure.

## 1.2 Research question

X has changed its strategy and structure based on the approach of Christensen, et al. (2009). During the analysis of documents, such as X (2016b), and conversations with employees, it seems that too little attention is paid to the cultural dimension. Culture is embedded in collective memories and in existing practices. It consists of the values that are taken for granted and the underlying assumptions and expectations (Cameron & Quinn, 2006). Knowledge about culture is not included in the approach of Christensen et al. (2009) as will be elaborated in the next chapter. It is interesting to investigate to what extent X's current culture is providing the conditions to successfully implement the strategy.

These findings lead to the following research question:

*“To what extent does the organizational culture of hospital X provide the conditions to achieve its strategy?”*

To answer the research question, it is necessary to identify the actual culture of X in a theoretical perspective and by gathering data from practice (see 1.4. Outline). Based on the six dimensions of culture of Cameron and Quinn (2006), the necessary conditions will be identified. The culture of X should provide these necessary conditions to achieve the strategy of X. However, the presence of these conditions should also be sufficient to achieve the strategy (Dul, 2016).

### 1.3 Relevance

This study both delivers theoretical and practical relevance. Reviewing to what extent the culture of X facilitates the strategy and vision of Christensen et al. (2009) will offer insights into whether culture can support implementing the approach of Christensen et al. (2009). This will hopefully result in a more complete approach about what a future-proof hospital should look like.

The results of this study can be useful for other hospitals when they would like to implement the ideas of Christensen et al. (2009). These hospitals can then acquire knowledge about what kind of culture is needed to implement the new strategy. They can evaluate their own culture and compare it to the strong and weak characteristics of the culture of X concerning realizing the strategy. Furthermore, the study would also be relevant for the hospital itself. X can use this knowledge to improve the implementation of its strategy and vision, because it provides insights about which aspects of the culture promote or counteract the realization of the strategy.

### 1.4 Outline

To answer the research question, the following aspects will be discussed. In the next chapter, a theoretical framework is developed in which both the concepts of strategy (2.1) and culture (2.2) will be elaborated. Section 2.3 describes the relation between those concepts. In the third chapter, the methods of how this research is conducted will be discussed. This includes a description of the research strategy, the operationalisation, the data source selection and the research ethics. The fourth chapter consists of the analysis of the results. The fifth chapter, the conclusion and discussion, will serve as a reflection on whether the research question is answered, and what remains unanswered. This will consist of a summary, conclusions, a discussion about the results and about the way this study is conducted and a reflection.

## **2. Theoretical framework**

This study focuses on the relation between the organizational culture and the strategy of X. In this chapter, the theoretical background which is needed to examine this relation in the X hospital will be reviewed. In section 2.1 the concept of strategy will be discussed. The concept of culture will be elaborated upon and discussed in section 2.2. Next, in section 2.3, the relation between both concepts will be examined. In this section, it is investigated which culture types will support the strategy.

### **2.1 Organizational strategy**

An organization gives direction to its ambitions by a strategy. The scope of ambitions consists of the clients the organization focuses on and the internal activities an organization performs (Collis & Rukstad, 2008). Such elements of strategy will be reviewed in this section.

More specific, to achieve the goals within the scope, the organization needs to deliver specific capabilities (Johnson, Whittington, Scholes, Angwin & Regnér, 2015). In the case of X, part of the healthcare sector, strategic choices precede subsequent capability requirements in terms of structure and culture.

#### **2.1.1 Definition of strategy**

According to Chandler (1996, p 13) strategy is the determination of long-term goals and realizing them by adopting courses of action and allocating necessary resources. It is about the long-term direction of the organization (Johnson et al., 2015). These definitions emphasize the focus on the long-term direction, the related goals and the way to achieve those goals.

Mintzberg (2007) defines strategy as ‘a pattern in a stream of decisions’ (p. 3). The strategy consists of a sequence of steps which are made gradually over time (Porter, 2009). The approach of Christensen (1997) aligns with these definitions. According to him, a strategy offers an explicit guidance about how the organization will act. A coordinated and detailed strategy leads to the achievement of the purpose of the organization. These definitions see strategy as a guidance to making decisions which are in line with each other. Based on the above, strategy is defined in this study as the determination of the long-term goals of the

organization and achieving those goals by following a guidance to making decisions which are in line with each other.

This study specifically focuses on the strategy of X, which is based on the theory of Christensen et al. (2009). This theory argues that a disruptive innovation should occur, which should result in a new, future-proof strategy for hospitals. Because X based its strategy on the ideas of Christensen et al. (2009), this approach will be elaborated.

### 2.1.2 Theoretical perspective of Christensen et al. (2009)

The current strategy in many hospitals focuses on the ongoing improvement of healthcare. It overshoots the need of the average customer: it is not focused on keeping people healthy. Much time is spent on the diagnosis and treatment of complex cases, while less attention is spent on learning how to provide healthcare. This leads to an increase of healthcare costs and therefore the healthcare becomes less accessible (Christensen et al., 2009; Christensen, Bohmer & Kenagy, 2000).

A new strategy should be a solution to these problems. A hospital should focus on reducing costs, increasing quality and improving accessibility of healthcare (Christensen et al., 2009, p. 149). This could be achieved by changing the structures and processes in the hospital. As a consequence, a disruptive innovation is necessary which will transform existing markets and will create new ones. This makes the healthcare simpler and more accessible. The strategy should focus on being more affordable: delivering better quality, while decreasing costs. A necessary condition is to understand the job to be done. A hospital must focus on the patient: they have to understand what the patients want and expect. Improvement should happen by looking through the eyes of the patients, instead of being product oriented. As a result, the patient should be involved in the decision-making process. Besides that, hospitals should specialize. This will decrease costs and increase quality (Christensen et al., 2009).

To accomplish this strategy three strategic enablers are relevant: technology, business models and a value network. Innovations concerning those enablers are important elements of the strategy (Christensen et al., 2009, p. 149). The purpose of the technological enabler is to simplify the healthcare. It tries to convert the process of problem solving: from unstructured processes of intuitive experimentation to a more routinized process, the latter is called precision medicine. The treatment focuses on rules-based therapies that are proven to be effective. A hospital should strive to carry out precision medicine as much as possible.

Otherwise, it will result in complex, time-consuming and expensive medicine (Christensen et al., 2009). The design of the organization should be based on three innovative business models: a Solution Shop, a Value Adding Process and a Facilitated Network. These business models deliver new solutions to make the healthcare affordable and conveniently accessible. Each business model is responsible for a specific treatment and has its own value proposition and corresponding resources, processes and profit formula. As a result, they should be separated into different independent institutions (Christensen, et al., 2009). These business models, and other institutions, should be coupled in a value network. Care providers need to be linked to each other, because they have to know what everyone is doing and who is responsible for what. This makes it possible to co-operate and to accomplish the strategy (Christensen et al., 2009).

### 2.1.3 The strategy of X

To investigate to what extent the culture of X support its strategy, this section provides a description of the strategy of X. The strategy of X is inspired by Christensen et al. (2009) and based on the social mission they carry with them (X, 2016a). The focus should be on quality in order to deliver the best care and to control the healthcare costs. As a consequence, different departments should be connected. Doctors, the hospital and supervisory authorities should all have the same purpose: reducing unnecessary treatments. The new strategy is focused on higher quality and lower volumes. This means a paradigm shift should happen (see figure 1, source: X, 2016b, p. 1). Before the strategic change, there was a vicious circle of volume. Because of the high costs, the hospital starts improving the efficiency, which leads to less time for the patient and quality, what will result in more operations, followed by higher costs. In the new strategy, quality should be the focus. High quality will lead to less avoidable and unnecessary care, which will result in a reduction of costs. Because of that, there is more time for quality and for the patient, which obviously will lead to a higher degree of quality.

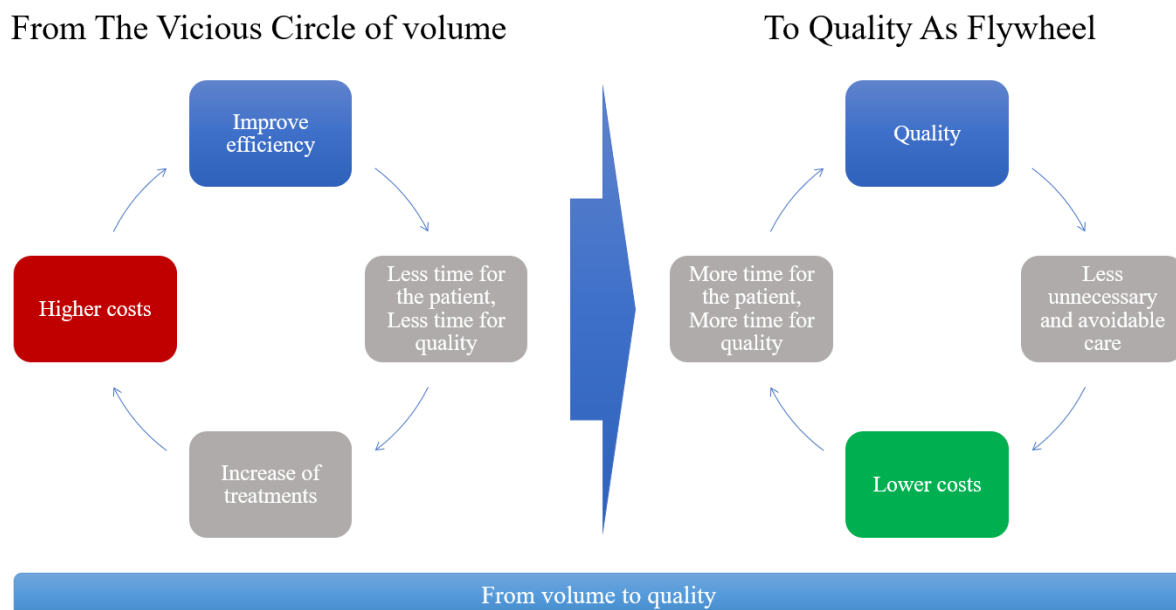


Figure 1: A paradigm shift: from volume to quality: Source: X (2016b, p. 1).

This new way of thinking aims for a change in mindset: a shift to patient-oriented care, regardless of the time required. The focus should be on keeping the patient healthy. The strategy consists of many new innovative initiatives concerning quality. Fundamental changes to accomplish this strategy focus on reducing the amount of unnecessary hospitalization, medical interventions and consultations. Unnecessary hospitalization could for example be decreased with enlarging the staffing at the emergency care, medical interventions could for example be decreased with shared decision making and consultations could for example be decreased via a better collaboration with the general practitioners.

Following up the strategy, X has created a new structure in which different patient flows are separated. The structure is derived from the main activities of the professionals: advising, guiding and treating. In the new setting of X, there are four models of care and each of them is designed for executing one main activity, with the exception of the model of acute care ('*Acute Zorg*'), which is responsible for all the activities in the acute setting. The model of '*Diagnose & Indicatiestelling*' is responsible for advising patients: the focus should be on increasing the quality of decision making. '*Interventie Zorgstraten*' focuses on the treatment, which should be organized and executed in routines, to gain efficiency. The main activity 'guiding' belongs to the model of '*Chronische Zorg*'. This model focuses on long-term guidance of patients, to increase the quality of life. These models of care all have their own purpose, which contributes to accomplishing the strategy (X, 2016a).

## 2.2 Organizational culture

A culture should be effective and congruent with the organization, its goals, its environment and the characteristics of the industry (Dusschooten, 2004). This section will provide a description about different characteristics and different types of culture, which could be useful in the next section to find the cultural characteristics that may support the X strategy. Beforehand it should be remarked culture is not ‘good or bad’, so a typical example of a ‘good organizational culture’ does not exist.

### 2.2.1 Definition of culture

Organizational culture is a broad and diffuse concept. According to Cameron and Quinn, (2006) culture is an enduring and slow-changing core attribute of an organization. A culture refers to the behavior of people in the organization, the values that are taken for granted and the underlying assumptions and expectations. It is embedded in collective memories and in existing practices (Cameron & Quinn, 2006). This will help to understand and explain the behavior of employees of X. Schein’s (1985) definition of organizational culture mainly focuses on the invisible part. It is about the norms and values as well as a pattern of basic assumptions which are invented, discovered or developed by a group to cope with problems of external adaption and internal integration. Based on Schein’s definition, the culture of X should be able to meet both requirements of external adaption and internal integration. Nisbet (1969) also focuses at the norms, values and beliefs of organizational members: the individual actors create these norms, values and beliefs and transfer this to the whole organization. However, Hofstede (1984) views organizational culture as the collective programming of the mind of group members. It makes a distinction between members of different groups. This suggests that the norms, values and beliefs of X are created by the employees and are unique in relation to other hospitals.

All definitions are partially overlapping and supplementary to each other. Discussing these definitions revealed some highlights. First, culture is deeply embedded in a lot of dimensions of the organization. Besides that, culture is implicitly embedded in the minds of the organizational members. Culture is shared between organizational members. Both Cameron and Quinn (2006) and Schein (1985) consider all elements as relevant. More specific, Cameron and Quinn (2006) refer to the behavior of people in the organization. A focus on behavior reveals implicit assumptions and values, which increases the feasibility of operationalizing a vague concept of organizational culture. Based on the above review of

definitions, an organizational culture “*encompasses the taken-for-granted values, underlying assumptions, expectations, collective memories, and definitions present in an organization*” (Cameron & Quinn, 2006, p.16).

Organizational cultures could be strong or weak. This depends on the degree of group members having shared values and norms, a common vision and a clear overall focus. A strong culture is one of the most important driving forces behind the success of an organization (Kennedy, 1982 in Cameron & Quinn, 2006). It is associated with higher performance and homogeneity of effort and opinions about values (Peters & Waterman, 1982; Cameron & Quinn, 2006). In a weak culture, different values are adopted by different subcultures. This does not stimulate organizational success (Ehrhart, Schneider & Macey, 2014). During the study, it is important to consider the strength of the culture. Major differences in answers of respondents will indicate a weak culture. This will not stimulate the achievement of strategy.

A strong culture is necessary to achieve the strategy of X, but having a strong culture is not sufficient to achieve a strategy (Dul, 2016). As a result, focusing on the strength of culture is necessary, but not sufficient to answer the research question. It is shown that culture refers to the behavior of people in the organization. The human behavior represents and is represented in a specific type of culture (Cameron & Quinn, 2006). It also appears that individuals of a group together create norms, values and beliefs (Nisbett, 1969; Cameron & Quinn, 2006). As a result, the interaction between individuals is important when focusing on culture (Haslam & Fiske, 1999). The interaction between people is based on the type of relationship, which in turn is influenced by the type of culture (Fiske, 1992). As a result, the type of culture is important when focusing on culture. Because of that, the choice is made to mainly focus on the type of culture in this study. There is no universal best culture type, but the culture should be congruent, which means that the type of culture should be emphasized in various parts of the organization. The six dimensions of culture (that will be discussed at the end of section 2.2.2.) should be in line with each other and this culture as a whole should also be in line with the strategy and structure (Cameron & Quinn, 2006, p. 73). A distinction can be made between different types of culture, as discussed below.

### 2.2.2 Theoretical perspective of Cameron and Quinn (2006)

A well-known distinction of types of culture is made by Cameron and Quinn (2006). They have developed a Competing Values Framework in which they integrated and organized many dimensions of culture. There are many possible essential values of culture, which makes it impossible to include all of them. As a result, Cameron and Quinn (2006) focus at two dimensions of effectiveness. These two dimensions each have two different and competing core values: stability versus flexibility and internal focus versus external focus. This results in four different types of cultures which each represent a distinct combination of organizational effectiveness indicators (quadrants 1.1 to 2.2; see figure 2, Cameron & Quinn, 2006, p. 35). These four culture types include (1.1) a clan, (1.2) an adhocracy, (2.1) a hierarchy and (2.2) a market culture. Each type consists of congruent categorical schemes about values, assumptions, the way members think and the information processes between the organization (Cameron & Quinn, 2006).

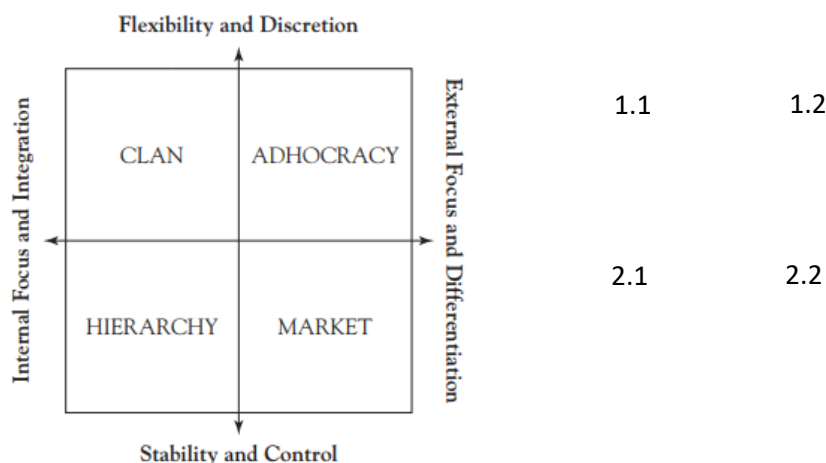


Figure 2: The Competing Values Framework: Source: Cameron & Quinn (2006, p. 35).

The various quadrants of the figure 2 are described below.

AD. 1.1. An organization with a clan culture resembles to a family-type organization and focuses on the relationship between people. A high value is placed on collaboration, which is based on loyalty and tradition. The managers act like mentors and facilitators. They should be teambuilders that focus on strong communication, commitment and development. Efficiency is created by an internal focus and flexible processes: an organization with a clan culture focuses at human development and participation. Because of that, the organization can adapt

its processes to fulfill the needs of the customer. As a result, the focus on human development could result in long term advantages for the organization (Cameron & Quinn, 2006).

Ad. 1.2. An adhocracy type of culture is oriented on creativity. Just like in a clan culture, the processes in an adhocracy are also flexible. However, this type of culture focuses on external positioning. In an adhocracy, innovation and pioneering initiatives lead to success: the development of new products and the preparation for the future. As a result, leaders should be innovators and entrepreneurs. They should be visionary and should try to take risk. Employees should have freedom and show initiative. The organizations strive to long term growth by searching for new resources and initiatives. To be successful, the organization should have a leading position in the industry and have access to the newest products (Cameron & Quinn, 2006).

Ad. 2.1. In a hierarchy, formalization and structure are core concepts. There is an internal focus wherein formal rules and policy documents are important. They decide what people must do. A hierarchical organization strives for long-term stability and control. As a result, a leader should act as a monitor, a coordinator and an organizer. Employees should experience certainty and predictability concerning their job. In this way efficiency, consistency in courses of action and uniformity can be achieved. An organization is successful when a reliable delivery process is associated with an efficient planning and the lowest possible costs (Cameron & Quinn, 2006).

Ad. 2.2. A market culture is externally focused. External relations and competition are important. The most important goal of the result-oriented organization is being profitable and expanding its market share. Reputation and success are core concepts. As a consequence, there is a need for stability and control. Leaders are hard drivers, competitors and producers. The employees are competitive and goal oriented: they want to gain market share. Effectiveness can be reached by aggressively competing in the market and a customer focus (Cameron & Quinn, 2006).

The distinction between these four types of culture is operationalized by the Organizational Culture Assessment Instrument (OCAI) (Cameron & Quinn, 2006). This instrument consists of six dimensions which can identify the culture of an organization: the dominant characteristics of the organization, organizational leadership, management of employees, organization glue, strategic emphasis and the criteria of success. These dimensions are

operationalized in chapter 3. The dominant characteristics focus on what the orientation of the organization is like. The leadership style and approach are about the way the leader gives guidance to employees and what the focus of the employees should be. The management style characterizes the working environment and the treatment of the employee. This is affected and will affect the way people act and what they believe. The organizational glue describes the mechanism that holds the organization together. Strategic emphasis focuses the aspects which drive the organization's strategy. The last item which can identify the culture is the way the organization defines success and victory. This is about what the organization strives for and what they consider as important. These values and assumptions show how the organization functions (Cameron & Quinn, 2006). Each dimension consists of four different conditions, that all belongs to one culture type. As a consequence, a culture type has a specific set of six conditions, as shown in appendix 1.

## **2.3 Relationship between strategy and culture**

The interplay between culture and strategy may lead to success, but it can also cause difficulties (Johnson & Scholes, 2002). Culture determines why some organizational strategies succeed, while others fail (Schwartz & Davis, 1981, p.31). When culture supports the organizational strategy, it may stimulate higher performance (Cameron & Ettington, 1988, p.16). A congruent culture will support the strategy and structure of the organization and is more effective than an incongruent culture (Cameron & Ettington, 1988). An organization can only be successful if the culture supports the industry of the business and the associated strategy to handle that business (Tickey, 1982, p. 71). The culture should be congruent with the strategy. As a result, X should be in the quadrant of the abovementioned figure 2 that best supports the strategy of X. This will lead to a better realization of the strategy. On the other hand, strategy will influence culture. Culture is an echo of the history of the organization and it is embedded in collective memories (Johnston, 2004, p.78; Cameron & Quinn, 2006). The strategy and the history of decisions decide the direction of the collective memories. As a result, both the actual and previous strategies influence the culture.

### **2.3.1 Culture types of Cameron and Quinn (2006) and strategy**

In the previous subsections, both the culture types of Cameron and Quinn (2006) and the concept of strategy are elaborated. To investigate to what extent the conditions of the culture

of X are congruent with the strategy, this section will specify which culture type supports the desired strategy of X. In each of the following subsection, one culture type is elaborated. Per subsection first, the three strategic enablers of Christensen et al. (2009) are applied to the culture type. Thereafter, a comparison between the culture type and the description of the strategy of X is made.

### *Clan culture*

The clan culture does not support the purpose of the technological enabler that Christensen et al. (2009) describe: striving to precision medicine. The clan culture creates efficiency by flexible processes, to adapt processes in order to fulfill the client's needs. However, the purpose of the technological enabler is creating efficiency by delivering care in more routinized processes, with rules-based therapies. As a consequence, the congruence between the technological enabler and the clan culture is weak. The separation of care into different innovative business models will probably be successful in a clan culture. There is a focus on teambuilding, the relation between people, strong communication, commitment and development. This will result in strong business units in which close- and well-developed teams will work. This leads to a reasonably well congruence between the clan culture and the business model innovation. However, there is an internal focus. The members will probably focus on their own business model, which won't lead to the creation of a value network. Because of that, the congruence between the clan culture and the creation of a value network is quite critical.

It appears the clan culture is not congruent with the strategy of Christensen et al. (2009). However, some aspects from the description of the strategy of X seems to correspond to the clan culture. Collaboration and communication are important conditions in following the patient process. Managers should facilitate this by acting as teambuilders and flexibility is important to customize the processes for each patient. X would like to be the most human oriented hospital. This will match with the human focus. However, the shift from volume to quality is of high priority in the strategy of X. A clan culture seems to offer insufficient possibilities to facilitate the development of many new innovative initiatives concerning quality. Despite of the focus on human development, people would not be capable to be as innovative as is desired. The clan culture will be too rigid, because it is based on loyalty and tradition. In conclusion, the clan culture insufficiently provides the conditions to achieve the strategy of X. The culture is not congruent with X's strategy.

### *Adhocracy culture*

According to the approach of Christensen et al. (2009), a disruptive innovation should occur to make the healthcare future-proof. In an adhocracy culture people search for new opportunities and try to take initiatives. In an adhocracy it is possible to strive to precision medicine. Regarding the transformation of processes of intuitive experimentation to more routinized processes in precision medicine, the need for being innovative is high. The resulting progress will stimulate pioneering initiatives, which stimulate the possibility to provide care by precision medicine. An adhocracy culture will facilitate this, because employees are stimulated to search for new resources and initiatives, so there is a strong congruence between the technological enabler and the culture. Leaders within an adhocracy should be entrepreneurs and innovators. This could be useful for the separation of the low-cost, innovative business models, because each of them should strive to deliver its own unique contribution to the healthcare. This results in a possibility to develop innovative business models in an adhocracy. Being innovative will also stimulate people to work in a value network. They will search for new resources and initiatives. As a result, they can take into account other business models and other institutions to collaborate with them, which will lead to a strong positive influence of the culture type to regarding the creation of a value network.

Innovation has high priority in the strategy of X. Employees constantly have to search for new opportunities and initiatives to be able to deliver ‘*zinnige zorg*’ and to increase the quality. Both an adhocracy and X focus on preparing for the future. As a result, they both have the willingness to take risk. In an adhocracy, organizations strive to long term growth. However, the strategy of X consciously wants to shrink. The hospital wants to improve by delivering less care. This seems to be incongruent, but ‘long term growth’ could also be interpreted in another way: growth can also be interpreted as growing in quality. X wants to grow in delivering the highest quality of care by making continuous improvements, instead of growing in terms of expansion. This proves that there is a strong congruence between the adhocracy culture and the strategy of X.

### *Hierarchy culture*

Because of the formal rules and policy documents that belongs to a hierarchy culture, it is difficult to change processes, while striving to precision medicine is associated with

innovative ideas to create more routinized processes. It will be difficult to implement the needed improvements. This will result in a weak congruence between the technological enabler of Christensen et al. (2009) and the hierarchy culture. The hierarchy seems to be congruent with the idea to separate a hospital into business models. This will lead to efficiency, consistency and uniformity within the business model. However, the business model will not be able to be innovative, because of the formal rules and policy documents. As a result, the congruence between business model innovation and the hierarchy culture is weak. Because of the hierarchy and formalization, the coordination and communication between the business models and other institutions will also not be facilitated. This results in a weak congruence between a hierarchy culture and the creation of a value network.

In hospitals, policy documents and formal rules are important and should be followed by employees. However, instead of certainty and predictability, X focuses on flexibility. X's strategy cannot be achieved by focusing on efficiency, consistency and uniformity. Instead, the unique process of each patient should be followed. X wants to achieve an efficient planning and the lowest costs, but not in the way a hierarchy wants to achieve this. The hierarchy culture is barely congruent with the strategy of X.

### *Market culture*

It appears that the market culture and the strategy Christensen et al. (2009) discuss each have a different focus. The strategy tries to improve healthcare by striving to precision medicine while the market culture focuses on improving its profitability and reputation. This results in a neutral congruence between the strategy and the market culture. The culture focuses on expanding its market share and being competitive. However, the strategy focuses on performing a specific type treatment within a business model. Each business model should have a specific focus and a hospital should decide which types of business models it wants to include. In a market culture, people want to gain market share, while the strategy wants to create a value network which is built on a collaboration between different institutions to improve the accessibility and quality of the healthcare. This results in a weak congruence between the market culture and the business model innovation as well as the creation of a value network.

Although it appears that the market culture is not congruent with the strategy of Christensen et al. (2009), the customer focus of the market culture perfectly fits the X strategy. Quality is

highly valued at X. Employees should strive to deliver the highest quality. The market culture is result-oriented. This will match. However, the market culture is focused on being profitable and expanding its market share. Competition is important. This does not fit the X strategy. X wants to deliver less care and wants to collaborate with other hospitals, because this will increase the quality of the healthcare. Furthermore, in X there is a need for flexibility instead of stability. In conclusion, there is a weak congruence between the market culture and the strategy of X.

### 2.3.2 Conclusion

Based on the elaboration of the congruence between the strategic enablers of Christensen et al. (2009) and the four culture types of Cameron and Quinn (2006), the overview in table 1 is produced.

*Table 1: Congruence between the strategic enablers of Christensen et al. (2009) and the different culture types of Cameron and Quinn (2006).*

	Clan culture	Adhocracy culture	Hierarchy culture	Market culture
Technology: strive to precision medicine	- -	+ +	- -	+ -
Business model innovation	+	+ +	-	- -
Creation of a value network	-	+ +	- -	- -

It becomes clear that an adhocracy culture is most congruent with the strategy of X. Other culture types are partially congruent, but also contain aspects which counteract the strategy. The most prominent resistance is to be expected from a hierarchical culture. Based on table 1, in section 4.4 the necessary conditions to achieve the X strategy will be identified.

### 3 Methodology

The research question examines to what extent the culture of X provides the conditions to achieve its strategy. In chapter two, the strategy X is elaborated and based on Cameron and Quinn (2006), the concept of culture and the relationship between both concepts are reviewed. This chapter comprises how the data is collected. In section 3.1 the research strategy is discussed. The theoretical concept culture is operationalized in section 3.2, where after the data source selection (3.3), data collection (3.4) and data analysis (3.5) are reviewed. At the end of this chapter the research ethics (3.6) are discussed and the schedule (3.7) is described.

#### 3.1 Research strategy

“Is it possible to measure a vague concept as organizational culture in only a quantitative way?” This critical question of a fellow student made me aware of the difficult task ahead. After reflecting on the methodological options, a combination of quantitative and qualitative elements, called mixed methods, has been selected.

Both qualitative and quantitative research strategies have their own virtue of gaining knowledge of the reality (Vennix, 2011, p.99). Quantitative research mainly focuses on numerical data to measure variables. The researchers applying quantitative methods try to estimate the relationship among variables, based on a specified theory or model. Thereafter, the actual relationship among those variables is statistically examined (Creswell & Creswell, 2003; Vennix, 2011, p. 262). An important disadvantage of quantitative research methods is that the data do not provide the meaning underlying the responses of the participants (Goertzen, 2017). Qualitative research is an imperative method which tries to understand a phenomenon by asking “how” and “why” questions. Qualitative researchers try to understand the way people act by reconstructing the meaning that people assign to the reality (Wester, 1991; 1995 in Vennix, 2011). This will result in rich descriptions of individual’s point of views (Symon & Cassell, 2012). The data collection and interpretation are based on specific content (Bleijenbergh, 2015). This is a time-consuming process, whereby only a restricted number of participants can be involved (Burnard et al., 2008).

The advantages and strong aspects of the quantitative and qualitative research methods are combined (Creswell & Creswell, 2003). Both qualitative and quantitative research can

measure a culture (Cameron & Quinn, 2006; Bleijenbergh, 2015). The quantitative survey, called OCAI, of Cameron and Quinn (2006) will be used to assess the cultural dimensions of X. Many employees and managers will be involved, which will result in a good overview of the culture. However, only a questionnaire is not sufficient. Because culture is such a vague concept to understand, it asks for the reconstruction of reality and the reasons behind people's responses. Qualitative research will provide this extra knowledge. The choice is made to include interviews and an observation in this study. Furthermore, in chapter 2 policy documents are used to analyze the strategy of X. This will result in a triangulation, which may result in convergence or conflict between quantitative and qualitative data (Bryman, 2006). The methods will deliver a meaningful understanding of the culture (Creswell & Creswell, 2003).

The nature of this study will be deductive. Specific conclusions will be drawn from general conclusions (Vennix, 2011, p.45). The theory of Cameron and Quinn (2006) will be used, which consists of six cultural dimensions which determine the type of culture within an organization. This general theory is applied to the culture of X. After investigating, this study expects to find that X should mainly have an adhocracy culture as this provides the necessary conditions to accomplish the strategy. It is expected that the culture is not as present as is desired. Based on the theory of Cameron and Quinn (2006), this will be analyzed in order to draw conclusions. Induction tries to generate a theory which is generalizable, by examining a specific case (Vennix, 2011, p. 43). In inductive research, there is no theoretical starting point.

### **3.2 Operationalisation**

The culture as defined in section 2.2 needs to be operationalized. An organizational culture elaborated in section 2.2.2, will be operationalized in the six following dimensions. (1) The dominant characteristics could be defined as the orientation that is considered to be important according to X regarding delivering healthcare. (2) The leadership style is about how the top management of X gives guidance and focus to the employees. (3) The definition of the management style is the working environment that is created in X and the way the employees are treated by the team managers. (4) The organization glue can be identified as the reason why X still exists and has achieved what it has achieved. (5) This study defines strategic emphases as the aspects on which X focuses to realize its strategy. (6) At last, the criteria of success is defined as what is considered to be important according to X. Appendix 1 shows the operationalization scheme of the six dimensions of culture, that is used for both the

quantitative and qualitative data. The theory of Cameron and Quinn (2006) has served as an inspiration to derive the indicators of these dimensions at X. The degree of presence of those indicators determines the dominant culture in the dimension.

### **3.3 Data source selection**

To investigate to what extent the culture of X provides the conditions to achieve the strategy, the decision is made to select the ‘Diagnostisch Bedrijf’ as the unit of analysis. This entity will be analysed in this study (Yin, 2003). The ‘Diagnostisch Bedrijf’ belongs to the model of care ‘Diagnose en Indicatiestelling’. The ‘Diagnostisch Bedrijf’ consists of different units: the pharmacy, radiology, the function department, the laboratory and lastly the Diagnostic Centre, which mainly focuses on blood tests. The department is responsible for the diagnostics of all patients, whereby it delivers services to the whole hospital. The employees are employed in a wide range of jobs, such as physicians, administrative staff and blood collection employees. Because of that, the decision is made to gain data from the ‘Diagnostisch Bedrijf’. All the employees are located in the same part of the process, the diagnostic part, but they have a wide range of jobs. In addition, these employees often act in and collaborate with the whole organization, which gives them overview. The employees of the ‘Diagnostisch Bedrijf’ are the unit of observation in this study (Yin, 2013). All 322 employees will receive an e-mail survey. Furthermore, four interviews will be taken. One team manager and three employees are selected. All interviewees come from different departments within the ‘Diagnostisch Bedrijf’. Lastly, one group meeting of the administrative staff of the ‘Diagnostisch Bedrijf’, a team manager, the business leader and a HR business partner will be observed. A wide range of people will join this group meeting, which delivers rich descriptions of how employees, team managers and a business leader actually act and interact.

### **3.4 Methods of data collection**

To answer the research question, the actual culture will be identified. To collect quantitative data, a survey that is based on the OCAI is conducted. The qualitative data to identify the culture is collected by conducting interviews, an observation and the open questions of the survey. Furthermore, in chapter 2 documents are used to identify the strategy of X.

All employees of the ‘Diagnostisch Bedrijf’ will receive a survey by e-mail. The survey can be found in appendix 2. Sending surveys by e-mail makes it possible to reach many people

easily. In addition, people will be more honest when they fill in the survey which they received by mail, relative to other interviewing methods (Scheuren, 2004). The survey includes the OCAI, which is developed by Cameron and Quinn (2006). This includes statements about the six dimensions of culture, which will provide quantitative data. Each statement will be measured with a six-point Likert scale. In the original OCAI survey, respondents have to allocate 100 points among four items. However, in a Likert scale, respondents have to assess one item, independent of how they assess other items (Helfrich, Li, Mohr, Meterko & Sales, 2007). Multiple researchers have proven the validation and reliability of the use of a Likert scale within the OCAI (Helfrich et al., 2007). A six-point scale will be used, because it is proven that the reliability and discrimination of this scale is higher than a five-point Likert scale (Chomeya, 2010). In a six-point scale, the respondent is stimulated to make a choice, because it is not possible to be neutral. Furthermore, the survey includes two open questions. In contrast to the OCAI questions, these qualitative questions are irrational and invoke intuitive thoughts. The survey will also consist of general questions to secure representability of the responses to the population.

The survey is in Dutch, because all the employees have the Dutch nationality. The OCAI is translated in Dutch and it is specifically operationalized to the healthcare sector and to make it understandable for the employees of X. Because of such modifications in the items, it is not possible to translate the survey back to English. As a consequence, it is unknown if the survey will meet the norms of validity. However, this is a conscious choice, because the survey fits the specific context of X. To improve the validity and reliability, the survey will be peer reviewed and pre-tested before it will be sent to all respondents. This is critical to identify problems (Scheuren, 2004). Three persons outside X will be asked to give feedback on the survey. After adjustments are made based on their feedback, three employees of X will test the survey. Their suggestions, comments and questions will result in small adaptations.

After the analysis of the survey, the data will be complemented by a qualitative part. One participant observation will take place, in which the researcher becomes a member of the group (Vinten, 1994). The observation scheme and report are found in appendix 3. A group meeting of the administrative staff will be observed. Furthermore, four interviews will be conducted. These will be semi-structured. The interview protocol, that provides information about the way the interviews are conducted, can be found in appendix 4. Inspired by the open questions in the survey, four dominant dilemmas, each based on one culture type, are described. The dilemmas describe something that could happen within a culture type, which

could hinder the achievement of the strategy. The interviewees have to react on those dilemmas. This idea is based on the vignettes method. In appendix 5, the interview guide can be found. This interview guide consists of topics that should be addressed for each dilemma (Patton, 1980 in Vennix, 2011, p. 253). However, the formulation and sequence of the questions will be determined during the interview. This offers the possibility to ask additional questions (Vennix, 2011, p. 254).

### **3.5 Methods for data analysis**

#### **3.5.1 Quantitative analysis**

The analysis of the quantitative data will be performed using SPSS software (version 26). First, the representability of the responses to the population will be discussed, by using descriptive statistics. To investigate whether the data is appropriate, the construct validity should be measured (Hair, Black, Babin & Anderson, 2014). First, a partial confirmatory factor analysis will be executed to test whether the 24 items are loaded on the expected factors. Each of the six dimensions of culture that Cameron and Quinn (2006) describe consists of four items, that all correspondent to one of the four culture types. It is expected that the items which correspondent to one culture type are loaded within one factor. However, other studies that applied the OCAI to the healthcare sector found a deviant structure. A partial confirmatory factor analysis offers opportunities to identify the differences with the expected structure. To conduct a factor analysis, the data needs to meet three assumptions. Based on the first assumption a variable should be normally distributed. The skewness and kurtosis of each variable should be between -1.96 and 1.96. Furthermore, the Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) should be above the level of 0.7, to ensure that there are sufficient conceptual linkages. Additionally, a sufficient level of correlation amongst variables should exist. For this assumption to be true, the Bartlett's Test of Sphericity must be significant ( $<0.05$ ) (Hair et al., 2014). Furthermore, a reliability analysis will be conducted, in order to investigate whether there is an adequate level of internal consistency. All Cronbach's Alphas should be above the level of 0.7 (Hair et al., 2014).

The descriptive statistics provide insights into the mean and standard deviation of each indicator of the dimension. A mean of 3.50 indicates a neutral state in which an item is neither present nor absent. Means below the rate of 3.50 indicates the absence of an item. The lower

the mean, the less aspects of the item are visible in the organization. Means above the rate of 3.50 indicates the presence of an item. The higher the mean, the more the item is visible in the organization. It should be analysed which indicators are significantly present at X. A Paired-Sample T Test tests the significant presence ( $p < 0.05$ ) of a culture type relative to other culture types in each dimension. Furthermore, the Pearson Correlation of the correlation matrix will be used to gain insight into the relationship between the degree someone is acquainted with the strategy of X and the way he assesses the culture. Besides, cross tables and Pearson Chi-Square tests will be used to identify if there is a relationship between different groups and the way they assess the culture. Comparisons can be made based on the department. This will offer the possibility to determine the strength of the dominant culture type. If there is a link between the group and the assessment of culture, it will probably mean that the culture is weak, because it indicates sub-cultures.

### 3.5.2 Qualitative analysis

In chapter 2, a document analysis is conducted in order to identify the strategy of X. Multiple documents, including policy documents and annual reports, are analysed, in order to identify useful information about the strategy, structure and culture. Two policy documents appeared useful to analyse the strategy and structure of X. However, hardly information about culture is found in the analysed documents.

To analyse the qualitative data which will identify the culture, first the recorded interviews will be transcribed. Subsequently, the transcriptions will be coded, whereby pieces of text will become meaningful. The coding will be done based on the first code tree of appendix 6. This scheme is based on the operationalization scheme. Appendix 13 refers to the coded interviews. Other relevant findings will also be considered. The field report of the observation of appendix 3 is also based on the first code tree. Furthermore, the results of the open questions of the survey are coded by the second code tree of appendix 6. Appendix 13 refers to an overview of these answers. In chapter 4, the most important results of the data analysis are shown.

## 3.6 Research ethics

It is important to act in an ethical way during the study. I need to be aware of the truth claims I make and what my influence is in it. I, as a researcher, should be reflexive during the

research process. I should be aware about how my perceptions influence theoretical and methodological decisions and I have to try to be as objective as possible (Symon & Cassell, 2012). I am currently working at X, so I could unconsciously be biased. Furthermore, I know some of the respondents, what could influence their behavior and answers. However, this can also be an advantage. People will trust me and the resistance will be lower, compared to a study of an external researcher. The research goal will be announced. All people that receive the survey are free to choose whether they fill in the survey or not. The survey is anonymous and the results of individual respondents are treated confidentially and are not traceable. The findings about the observations are general findings, which are not traceable to individuals. After the study, the team managers will inform all employees about the results. When the respondents are an adequate reflection of the ‘Diagnostisch Bedrijf’, the results could be applied to this department. It is suspected that the ‘Diagnostisch Bedrijf’ is an adequate reflection of the whole hospital, but this cannot be proven.

### **3.7 Detailed project planning**

This study starts at the beginning of 2019. In the first three months, a draft of the introduction, the theoretical framework and the methodology are written. After the assessment adaptations are made and the preparation of the data collection is start. The participants are allowed to fill in the survey from week 18 till week 20. After one week, a reminder is send. The observation and interviews take place in week 19 till week 21. During this period the data is processed. The interviews are transcribed and the qualitative data are coded. Thereafter, the data is analyzed and the results are described in chapter 4. At the beginning of June 2019, the conclusion and discussion are written. Furthermore, the abstract is written and parts are rewritten. The last week is used to improve parts and to process feedback. This thesis is handed in on the 17<sup>th</sup> of June, 2019. The timetable of the planning is included in appendix 13.

## 4 Results

This chapter identifies the current culture of X, in order to investigate to what extent the culture provides the conditions to achieve the strategy. In section 4.1, the quantitative results are discussed. Section 4.2 involves an analysis of the qualitative data. Both sections focus on the analysis of the six dimensions of culture. Section 4.3 combines the quantitative and qualitative data, in order to identify the similarities and differences for each cultural dimension. Section 4.4 discusses the influence of the identified culture on the strategy of X. This will finally result in a necessary condition for each cultural dimension that X should have in order to achieve its strategy.

### 4.1 Quantitative results

In this section, the culture of X is quantitatively analyzed. Subsection 4.1.1 determines the appropriateness of the quantitative data. The overall culture of X is analyzed in subsection 4.1.2. The dominant culture type within X is identified. Finally, in subsection 4.1.3 the results of each cultural dimension are described. It will become clear to what extent the dominant culture type within X, that is identified in 4.1.2, is visible in the dimensions.

#### 4.1.1 Appropriateness of the quantitative data

##### *Characteristics of respondents*

By the end of the survey period, data had been collected from 161 of the 318 employees who received the survey. With a confidence level of 95% and a degree of spread of 50%, the margin of error is 5.44%. This indicates that the results of the respondents have a maximum spread of divergence of 5.44% in comparison with all employees of the ‘Diagnostisch Bedrijf’. A majority of the sample (87.7%) was female, relative to 12.3% being male. However, the healthcare sector is a popular sector for woman. In the ‘Diagnostisch Bedrijf’, only 24 of 318 employees are men (7,5%). The mean age of the respondents is 50,4 years. In the ‘Diagnostisch Bedrijf’, the mean age is 49.2 years. These distributions can be considered as being representative for the total population, because all values are within one standard deviation of the mean. There are differences between the response rate of the different

departments. The pharmacy and the function department have the lowest response rate. In addition to this, these departments can be considered as being small. In order to ensure that the culture of these departments became visible, it is important to investigate the differences between the departments. In table 2, the characteristics of the respondents are elaborated.

*Table 2: Characteristics of respondents*

Characteristics	Response	Population
TOTAL	(N = 161) (50.6%)	(N = 318)
<i>Gender</i>	(N = 154)	(N = 318)
Male	12.3%	7.5%
Female	87.7%	92.5%
	Std deviation: 0.33 (33%)	Std deviation: 0.26 (26%)
<i>Age</i>	(N = 155)	(N = 318)
	Mean: 50.4	Mean: 49.2
	Std deviation: 9.8	Std deviation: 10.7
< 31 years	9	24
31 – 40 years	18	41
41 – 50 years	39	86
51 – 60 years	77	128
> 60 years	16	39
<i>Department</i>	(N = 149)	(N = 315)
Diagnostic Centre	75 (54.1%)	133
Function department	11 (33.3%)	33
Laboratory	25 (47.2%)	53
Pharmacy	10 (31.3%)	32
Radiology	28 (43,8%)	64

### *Construct validity*

The construct validity is measured by conducting a partial confirmatory factor analysis. All the three assumptions that are needed to conduct a factor analysis are being met (see appendix 13). The skewness and kurtosis of all variables are between -1.96 and 1.96. Furthermore, the KMO is 0.877 and can be considered as meritorious. Finally, the Bartlett's Test of Sphericity is significant ( $p < 0.05$ ). As a result, the data is found to be appropriate for executing a factor analysis.

The factor analysis is conducted with the extraction method Principal Axis Factoring and the rotation method equamax. Equamax is an orthogonal rotation method, that combines varimax

and quartimax techniques. It both simplifies the factors and the variables (Hair et al., 2014). All communalities are above the desired 0.20 mark. The communalities and the Rotated Factor Matrix are shown in appendix 7. The items of the market culture load on factor 1. There are also two dimension of the hierarchy culture that load on factor 1. All items of the adhocracy culture load on factor 2. However, one item also loads on factor 4. Five items of the clan culture load on factor 3, one of them also loads on factor 4. One item of the clan culture loads on factor 4 instead of factor 3. Furthermore, three items of the hierarchy culture load on factor 3. The items of the hierarchy culture do not load together on factor 4. Only one of them loads on factor 4. As a result, the construct validity is not fully met. The items of the hierarchy culture fit with the items of the other cultures. It may be possible that a hierarchy culture is simultaneous present with another culture. This should be taken into account.

### *Reliability*

For all culture types, a reliability analysis is conducted, which includes all the items that belong to that culture type. All Cronbach's Alphas are above the acceptable level of 0.7 (see table 3). This means that there is a substantial level of internal consistency. Furthermore, all Cronbach's Alphas do not increase when one item is deleted (see appendix 8). This means that including all items of a factor results in the highest reliability (Hair et al., 2014).

Table 3: Reliability Statistics

<b>Culture type</b>	<b>Cronbach's Alpha</b>	<b>N of items</b>
Clan culture	.859	6
Adhocracy culture	.836	6
Hierarchy culture	.727	6
Market culture	.787	6

On the basis of the abovementioned information, the data is considered as to be appropriate to analyze.

#### 4.1.2 Dominant culture of X

In this subsection the overall culture of X is quantitatively analyzed. The mean scores and standard deviation of each culture type are shown in table 4. The adhocracy culture is most visible in X with a mean score of 4.14 and a standard deviation of 0.764. The clan culture (M=3.99, SD=0.846) also seems to be present at X. To a lesser extent, it appears that (aspects of) the hierarchy culture (M=3.75, SD=0.689) are visible at X. In general, it seems that the market culture is the least present at X.

*Table 4: Means culture of X*

Culture type	Mean	Std. Deviation
Clan culture	3.99	0.846
Adhocracy culture	4.14	0.764
Hierarchy culture	3.75	0.689
Market culture	3.53	0.759

As shown in appendix 9, the mean score of the adhocracy culture is significantly higher than the mean scores of the other culture types: clan culture,  $t(156)=3.37$ ,  $p = 0.001$ ; hierarchy culture,  $t(151)=8.35$ ,  $p = 0.000$ ; market culture,  $t(155)=8.25$ ,  $p = 0.000$ . This indicates that an adhocracy is significantly more present than the other cultures. As a result, altogether the adhocracy can be considered as the dominant culture within the ‘Diagnostisch Bedrijf’.

Chi-square tests are used to identify the relationship between the department in which someone operates and the way someone assesses the culture. From appendix 10 it appears that the Pearson Chi-Square for the department in which someone operates and the clan ( $X^2(84) = 102.969$ ,  $p = 0.078$ ), market ( $X^2(88) = 103.576$ ,  $p = 0.123$ ) and hierarchy culture ( $X^2(80) = 93.484$ ,  $p = 0.144$ ) is not significant. As a result, the department in which someone operates, does not correlate with the assessment of the clan, market and hierarchy culture. However, the Pearson Chi-Square for the adhocracy culture shows a significant effect;  $X^2(84) = 107.326$ ,  $p = 0.044$ . Because of that, there is a correlation between the department in which someone operates and the assessment of the adhocracy culture. As shown in appendix 10, the means and standard deviation of the laboratory (M=4.08, SD=0.745), pharmacy (M=4.28, SD=0.486) and function department (M=3.98, SD=0.689) are relatively close to the mean

score of adhocracy culture. However, the employees of the Diagnostic Centre ( $M=4.46$ ,  $SD=0.326$ ) experience a higher degree of an adhocracy culture, while employees of radiology ( $M=3.62$ ,  $SD=0.985$ ) experience a lower degree of an adhocracy culture. The norms, values and vision that are based on the adhocracy culture are not shared between the departments. This indicates a weak culture. However, no further grand differences appear between groups. Consequently, the culture of the ‘Diagnostisch Bedrijf’ seems to be relatively strong.

A correlation matrix has been created to identify whether the degree that someone is acquainted with the strategy of X influences the way he/she assesses the culture. As shown in appendix 11, the results do not show a significant correlation between the knowledge about the strategy and the clan culture ( $r(151) = -0.032$ ,  $p = 0.691$ ), adhocracy culture ( $r(149) = 0.067$ ,  $p = 0.414$ ) and market culture ( $r(147) = -0.034$ ,  $p = 0.678$ ). However, with a significance level of 0.05, the correlation between the degree that someone is acquainted with the strategy and the hierarchy culture is significant;  $r(148) = -0.190$ ,  $p = 0.020$ . The more someone is acquainted with the strategy, the less someone experiences a hierarchy culture. With a significance level of 0.01, this correlation is not significant. As a result, the amount of knowledge about the strategy does not influence someone’s opinion about three of the four culture types. On the contrary, the amount of knowledge someone has about the strategy seems to influence the opinion of the hierarchy culture to some extent.

#### 4.1.3 Cultural dimensions

As shown in section 4.1.2, the adhocracy culture is the dominant culture type within X. However, it could be possible that the adhocracy culture is not dominant in all cultural dimensions. This section analyzes the presence of the culture types for each of the six cultural dimensions (a. through f.), based on the results of the OCAI questions of the survey.

##### *a. Dominant organizational characteristics*

The dominant organizational characteristics focus on the orientation of X. As shown in table 5, the results indicate that the dominant characteristics of X mainly belong to the hierarchy culture. However, the clan and market culture are also represented.

*Table 5: Means dominant organizational characteristics*

<b>Culture type</b>	<b>Mean</b>	<b>Std. Deviation</b>
Clan culture	3.93	1.019
Adhocracy culture	3.76	1.115
Hierarchy culture	4.05	1.077
Market culture	3.91	1.017

The mean score of 4.05 and a standard deviation of 1.077 shows that X is a controlled and structured place. However, as shown in appendix 12, the hierarchy culture is not significantly present with reference to the clan culture ( $M=3.93$ ,  $SD=1.019$ ),  $t(160)=1.05$ ,  $p = 0.293$ ; and the market culture ( $M=3.91$ ,  $SD=1.017$ ),  $t(160)=1.67$ ,  $p = 0.100$ . As a result, X can also be considered to be an extended family and a result-oriented place.

In contrast with the overall culture of X, it seems that the adhocracy culture is barely present in the dominant characteristics. The mean score for adhocracy culture was 3.76 ( $SD=1.115$ ), which suggests a weak presence of this culture in the dominant characteristics. As a result, the hierarchy culture is significantly more present than the adhocracy culture;  $t(160)=2.84$ ,  $p = 0.005$ . This suggests that people are not motivated to take initiatives and that X is not really dynamic and entrepreneurial.

#### *b. Organizational leadership*

The results of the survey indicate that the organizational leadership style of X mostly corresponds to the leadership style of a market culture. Table 6 shows a mean score of 4.42 and a standard deviation of 1.003 for the market culture.

*Table 6: Means organizational leadership*

<b>Culture type</b>	<b>Mean</b>	<b>Std. Deviation</b>
Clan culture	3.75	1.215
Adhocracy culture	4.18	1.061
Hierarchy culture	3.37	1.166
Market culture	4.42	1.003

To a lesser extent, the adhocracy culture (M=4.18, SD=1.061) and the clan culture (M=3.75, SD=1.215) are visible in the organizational leadership style. However, as shown in appendix 12, the mean of a hierarchy culture is significantly higher than the means of adhocracy culture,  $t(159)=2.70$ ,  $p = 0.008$ ; and the clan culture,  $t(160)=5.80$ ,  $p = 0.000$ . The dominant presence of the adhocracy culture in the whole culture, appears to be inadequately reflected in the organizational leadership style of X.

The mean score of the hierarchy culture is 3.37 (SD=1.166), which indicates that this culture type is not present. As a result, the market culture is significantly more present than this culture type;  $t(160)=9.67$ ,  $p = 0.000$ . This suggests that the managing board of X and the business leader of the ‘Diagnostisch Bedrijf’ have a result-oriented focus and a commercial way of thinking.

### *c. Management of employees*

The management style of the team managers is characterized by a clan culture. The mean of 4.29 and the standard deviation of 1.001, that are showed in table 7, indicate a strong presence of this culture type. To a lesser extent, there is an adhocracy culture (M=4.29, SD=1.051). The hierarchy (M=3.18, SD=1.061) and market culture (M=3.06, SD=1.168) are not present in the management style of the team managers.

*Table 7: Means management of employees*

Culture type	Mean	Std. Deviation
Clan culture	4.29	1.001
Adhocracy culture	3.88	1.051
Hierarchy culture	3.18	1.061
Market culture	3.06	1.168

As shown in appendix 12, the mean of the clan culture is significantly higher than the means of the other culture types: adhocracy culture,  $t(159)=6.23$ ,  $p = 0.000$ ; hierarchy culture,  $t(158)=12.42$ ,  $p = 0.000$ ; market culture,  $t(158)=9.51$ ,  $p = 0.000$ . This indicates that a clan

culture dominates the management style that is performed towards the employees, wherein the team managers focus on creating consensus and teamwork.

#### *d. Organization glue*

Table 8 shows that the organization glue is dominated by the adhocracy culture (M=4.36, SD=0.961) and clan culture (M=4.26, SD=1.124). As shown in appendix 12, there is no significant presence of the adhocracy culture in reference to the clan culture;  $t(159)=0.958$ ,  $p = 0.339$ .

Table 8: Means organization glue

Culture type	Mean	Std. Deviation
Clan culture	4.26	1.124
Adhocracy culture	4.36	0.961
Hierarchy culture	3.83	1.005
Market culture	3.48	1.228

A hierarchy culture (M=3.83, SD=1.005) is present to a limited extent. However, both the adhocracy culture ( $t(158)=5.57$ ,  $p = 0.000$ ) and clan culture ( $t(158)=5.91$ ,  $p = 0.000$ ) are significantly more present than this culture type. The market culture is not present (M=3.48, SD=1.228) in the organization glue: the adhocracy culture ( $t(158)=7.25$ ,  $p = 0.000$ ) and clan culture ( $t(158)=4.06$ ,  $p = 0.000$ ) are significantly more visible in reference to the market culture. As a result, it is assumed that the organizational glue of X is characterized by the adhocracy and clan culture. X is hold together by innovations and loyalty. For the most part, this dimension corresponds to the analysis of the whole culture.

#### *e. Strategic emphases*

Like the overall culture of X, the strategic emphases is characterized by an adhocracy culture. As can be seen from table 9, the mean of the adhocracy culture is 4.48 and the standard deviation is 0.945. The presence of the other culture types is weak.

Table 9: Means strategic emphases

Culture type	Mean	Std. Deviation
Clan culture	3.70	1.225
Adhocracy culture	4.48	0.945
Hierarchy culture	3.78	1.110
Market culture	3.68	1.119

In appendix 12, it appears that the mean of the adhocracy culture is significantly more present than the other culture types: hierarchy culture,  $t(158)=7.64$ ,  $p = 0.000$ ; clan culture,  $t(159)=9.54$ ,  $p = 0.000$ ; market culture,  $t(158)=7.78$ ,  $p = 0.000$ . Because of that, the adhocracy culture dominates the strategic emphases. It appears that at X, acquiring new methods and creating new challenges are considered to be important.

*f. Criteria of success*

The adhocracy culture of X is also visible in the criteria of success. Together with the hierarchy culture, the adhocracy culture dominates in this dimension. As shown in table 10, the means of the adhocracy culture ( $M=4.29$ ,  $SD=1.022$ ) and hierarchy culture ( $M=4.27$ ,  $SD=0.930$ ) are close. Relative to the hierarchy culture, the adhocracy culture is not significantly present in the criteria of success of X;  $t(159)=0.13$ ,  $p = 0.896$ .

Table 10: Means criteria of success

Culture type	Mean	Std. Deviation
Clan culture	4.02	1.024
Adhocracy culture	4.29	1.022
Hierarchy culture	4.27	0.930
Market culture	2.69	1.029

To a certain extent, the clan culture is visible in the criteria of success. The mean score is 4.02 and the standard deviation is 1.024. However, relative to the clan culture, the presence of the adhocracy culture ( $t(160)=3.07$ ,  $p = 0.003$ ) and hierarchy culture ( $t(159)=2.89$ ,  $p = 0.004$ ) are significant. The criteria of success are not determined by a market culture, because the mean is 2.69 and the standard deviation 1.029. As a result, the adhocracy culture ( $t(156)=14.57$ ,  $p = 0.000$ ) and hierarchy culture ( $t(156)=15.88$ ,  $p = 0.000$ ) are significantly more present in reference to the market culture. This shows that the criteria of success of X are characterized by the adhocracy and hierarchy culture. X strives to have the newest products and to be efficient.

## 4.2 Qualitative results

After the analysis of the quantitative data in section 4.1, the qualitative data is analyzed. This section describes, for each dimension of culture (a. through f.), the most important findings of the conducted interviews, the observation and the open questions of the survey.

### *a. Dominant organizational characteristics*

It appears that the hierarchy culture is visible in the dominating organizational characteristics. X is a controlled and structured place. The actions of employees are based on formal procedures, which they follow during the fulfilment of their tasks. As interviewee 4 said:

*'I just do my job. There are things of which I think: If I would be allowed to go my own way, it should performed different.'*

Employees have specific job responsibilities, that are captured in procedures. The tasks are often specialized and people do not have the freedom to adapt processes and procedures. These tasks should be allocated to a higher level. This results in a hierarchical organization, with rigid processes in which many employees are involved. Interviewee 2 commented:

*'At a certain point, it is in a certain hierarchy. (...) You identify and then you allocate the points of improvement to someone that is responsible for the improvement of these processes.'*

Employees notice the presence of a hierarchy. People should act according to formal rules. If they want to make changes, they will be facing many steps because of the structure and control mechanisms. As a result, employees remain committed to the formal procedures.

Besides that, the quotes that are mentioned above suggest a weak presence of an adhocracy culture in the dominant characteristics of X. Because there is little room for maneuver's, people are not able and not motivated to take initiatives. The visible hierarchy culture seems to counteract the adhocracy culture. As a consequence, X is not dynamic and entrepreneurial.

The clan culture became visible during the analysis. For many employees X is like an extended family. In appendix 13b, it is shown that many participants of the survey commented that the close relationship with direct colleagues and a pleasant working climate energizes them to work. However, multiple respondents indicate that people often gossip and complain about colleagues. Furthermore, it takes some respondents energy when others do not abide by the rules and other respondents have the feeling that they are sometimes monitored by colleagues. This partially seems to suppress the sense of family.

X also appears to be result-oriented, so the market culture seems to be visible in the dominant characteristics of X. During the observation, that is described in appendix 3, it appeared that employees are focused on completing the daily routines. They do not want to invest in a training period for new colleagues, because this is time-consuming and it deteriorates quality. Employees are focused on the achievement of short-term results. However, it seems that this result-oriented focus arises from the preference to remain committed to formal procedures and structures, that belongs to a hierarchy culture. Employees are afraid that new employees are not able to follow the procedures, which will result in changes in structures.

In conclusion, in the dominant characteristics of X, the adhocracy culture is not visible. The hierarchy, clan and market culture all seems to be (partially) visible. However, the hierarchy culture seems to be the determining factor in the dominant characteristics. Some people take offence at colleagues who do not follow the procedures and others feel monitored by colleagues, which suggests that X is more a controlled and structured place than an extended family. Furthermore, the visible market culture seems to originate from the hierarchy culture. X seems to be result-oriented, because they are afraid that the structure and rules are harmed. The dominant organizational characteristics seems to be characterized by a hierarchy culture.

#### *b. Organizational leadership*

The managing board of X and the business leader of the 'Diagnostisch Bedrijf' have a result-oriented focus and a commercial way of thinking. The managing board also focuses on cost reduction in order to deliver affordable care. This focus became visible during the

observation. As can be seen in appendix 3, the equipment of the laboratory is outdated. Due to this, an investment of three million euro should be made. The business leader stated that X decided to outsource the laboratory, because this investment is too expensive.

The visible market culture and corresponding orientation on results, implies to less focus on the characteristics of other culture types: facilitating, stimulating innovation and coordinating. Respondent 11 of the survey indicates that the managing board pays little attention to mentoring and facilitating:

*‘It is an one-way road with the management of the hospital. We do not have enough staff since we have been in Uden. Everyone has to work more to eliminate waiting lists. It is overstretched. We show that we have to do the same work with fewer people. They do not see that more than half of the colleagues almost have a burnout’*

This suggests that the focus of the top management of X on achieving results, is not combined with mentoring and facilitating. Employees experience a high degree of workload and have the feeling that they do not have any influence. As a result, it appears that the clan culture is not visible in the organizational leadership.

Because of the result-oriented focus, the employees are also not encouraged to be innovative and to take initiatives. This is also reported in the observation scheme of appendix 3. During the observation, the business leader tells about the decisions the management made to innovate and employees notice that they are not involved in the decision-making processes. According to the business leader, employees are not involved in a specific project, because *‘it is just a pilot’*. As a result, the managing board does not exemplify entrepreneurship, innovation and risk taking towards the employees. It seems as if the managing board wants to innovate and wants to take risks, but is not aware of the necessary condition of engaging employees in order to succeed. The presence of the adhocracy culture is thus restricted.

Furthermore, the cost reductions of the managing board of X might not have been reviewed for effects in terms of organizing and coordinating work. As interviewee 1 puts it:

*‘Now, there is only one employee at the front desk. This will result in queues. (...) I understand that you want to economize, but it is not efficient that patients come 10, 15 minutes too late for their medical examination, because they have to queue up.’*

Because cost reduction is emphasized, the managing board cannot focus on effectivity. This results in a weak presence of the hierarchy culture.

In conclusion, the leadership style of the managing board seems to be congruent with a market culture, which leads to less focus of the characteristics of the other culture types.

### *c. Management of employees*

The management style of the team managers seems to be characterized by a clan culture. A team manager (interviewee 3) said the following about her teams:

*‘The loudest voices always get their way and at a certain moment, you do not hear people who dare to say less. However, they are the most valuable employees. They will feel uncomfortable and unsafe. They remain quiet in a team meeting, so it is crucial to call attention to them.’*

It seems that the team manager understands the group processes. The respondent indicates that the clan culture is not always visible in the behavior of employees. She anticipates on this information, because she attaches importance to involvement and solidarity. As a consequence, the team manager focuses on consensus, teamwork and participation:

*‘You must have a word with the group, about problems they encounter, the way we should treat each other and the way we collectively should deal with changes’*

Employees also recognize the focus on teamwork and participation. Interviewee 4 told that her team has great difficulty to give feedback to colleagues. The team managers anticipate this by organizing teambuilding activities and feedback trainings:

*‘It is grateful that the managers say: we will help you to give feedback. We will work on it. Then you feel supported. (...) We have already done several feedback sessions, so apparently our team is not good at it.’*

These results show that the team managers have a facilitating role, in which they focus on the team spirit and the involvement of employees.

To a more limited extent, the team managers seem to focus on individual risk taking, freedom and uniqueness of employees, which indicates an adhocracy culture. To realize this, the team managers organize working groups, as interviewee 3 told:

*‘They have the possibility to sign up for a working group. (...) [We do not organize working groups for each desired change], but if we think, in this situation the input of employees is desired, then we want to involve them.’*

Employees sometimes have the freedom to innovate, but only in situations in which the management values the involvement of employees. As a result, the freedom and possibility to take individual risks seems to be restricted.

It appears that the team managers do not focus on hard-driving competition between employees or predictability and stability in relationships. In the observation scheme in appendix 3, it became visible that currently the relationships are not predictable and stable. The hospital is changing. The team managers emphasize the importance of these changes and try to reduce competitive feelings between employees. As a result, the management style of team managers is not characterized by a market and hierarchy culture. Aspects of an adhocracy culture, and especially a clan culture, determines the management style.

#### *d. Organization glue*

First of all, X seems to hold together through loyalty and mutual trust of employees, which indicates a clan culture. Respondent 144 of the survey commented that those aspects directly became visible when she entered into service:

*'I quickly had a lot of responsibilities and they gave me the opportunity to perform multiple tasks independently. I feel that my colleagues have confidence in me.'*

This feeling of loyalty and trust results in committed employees. The survey results, to which appendix 13 refers, shows that there is engagement between employees. The teams are close-knit, people show interest in each other and they collectively want to deliver good healthcare.

Employees also feel connected to X, because of the innovations and developments. They want to have a leading position in the healthcare sector. As interviewee 4 put it:

*'I see that the healthcare changes. You want to survive, so you have to place yourself somehow in a special position. You have to show: we are innovative, we add something, because otherwise you will simply be absorbed into a greater whole'*

The respondent recognizes the importance of the innovations and changes X wants to achieve. She feels connected to X, because X tries to innovate in order to be a future-proof and progressive hospital. This suggests an adhocracy culture.

X's bonding mechanism is not based on a hierarchy culture, in which formal rules and policies are important. As a result of the adhocracy culture becoming visible, X does not

strive to maintain a smooth-running organization. As described above, employees understand that the hospital should be changed. Furthermore, the bonding mechanism of X is not based on a market culture. According to employees, less attention is paid on the achievement of short-term goals. Respondent 112 of the survey commented:

*‘Projects are often started on behalf of a manager and these projects are stopped during the progress or implementation, due to financial and/or other limitations.’*

Employees do not feel connected to the projects managers set up, because these projects will not be finished according to them.

#### *e. Strategic emphases*

The strategic emphases of X is characterized by an adhocracy culture. The management of the ‘Diagnostisch Bedrijf’ spare time to try new things and to acquire new resources. Interviewee 3, who has coordinating and process optimizing tasks, commented:

*‘Sometimes, people do not see the wood for the trees. You want to change, but you do not see any possibilities, because you go with the flow. Then, the team manager says: Stop! Clear the schedules, we will work on it! I think that should happen sometimes. Otherwise, you will stay in a spiral and you cannot try something news.’*

The management attaches importance to change processes and practices. They want to innovate and because of that, they give employees with related tasks the opportunity to invest time. During the observation, it appears that X wants to create new challenges and that it searches for new opportunities. As shown in appendix 3, the business leader told that X is unique, that results in support of patients. According to her, being innovative is the core business of X. In order to become future-proof, the hospital decides to search for new opportunities: the management decided to search to a possibility to outsource the laboratory and the Diagnostic Centre. This is a challenge according to the business leader. However, this could result in the possibility to deliver the highest quality in the cheapest way.

In a clan culture, the strategic emphases focus is on human development. Multiple respondents of the survey reported that they have the possibility to develop themselves, because they experience sufficient challenges in their work (see appendix 13). As a result, a clan culture seems to be present in the strategic emphases. However, human development is

also essential in an adhocracy culture. It seems that the clan culture is present in order to create the possibility to try new things and to acquire new resources.

Some aspects of a hierarchy culture are also visible in the strategic emphases. However, these aspects are overshadowed by the aspects of the adhocracy culture. Interviewee 1 says:

*‘X wants to deliver better care, that is less time-consuming. The patient should have a shorter line. It must be efficient.’*

This quote is congruent with a hierarchy culture, because X would like to strive to efficiency. However, X does not focus on stability and permanence. X would like to be effective by creating new opportunities and by trying new things.

The strategic emphases of X does not focus on growing, so the market culture is not visible. On the contrary, it appears from the observation scheme in appendix 3 that the hospital does not want to increase the amount of executed treatments. X wants to increase the quality of healthcare, by focusing on delivering specific, specialized care. Because of that, they want to outsource the laboratory. This conscious choice, that arises from an adhocracy culture, will be at the expense of the growth of X.

In conclusion, the adhocracy culture seems to dominate the strategic emphases. The visible aspects of the clan culture are present in order to achieve an adhocracy culture. The adhocracy culture that is present will result in innovation of processes. This can, among other things, make processes more efficient. As a result, the hierarchy culture is visible to a limited extent.

#### *f. Criteria of success*

X’s criteria of success seems to be determined by a hierarchy culture. The hospital strives to be efficient and employees want to reduce the waiting time and process time. As interviewee 2 put it:

*‘If we are busy and we are afraid to make mistakes or the waiting time increases, we call our manager (...), in order that he can contact an employee to help.’*

This quote focuses on reducing a long waiting and process time and increasing the reliability. X also tries to prevent the increase of the process time. They want to be efficient, that results in short and reliable waiting and process times in the longer-term. Interviewee 1 said:

*‘We have already adjusted the problem we encountered. Because of that, we have enough time to help patients well. (...) Currently, we are very efficient.’*

As a result, X also strives to be efficient by identifying and solving problems.

It appears that X also strives for having the newest products, which corresponds to an adhocracy culture. The hospital defines success on the basis of providing unique and the newest healthcare. During the observation, that is described in appendix 3, it became clear that X focuses on being progressive. The business leader told they want to outsource the laboratory. This idea originates from a few years ago, because X believes this will result in future-proof healthcare. However, other parties were not as progressive as X, so no appropriate parties for cooperation were found. The hospital is committed to their thoughts and after a few years, their ideal, concerning an outsourced laboratory, will be achieved. In addition, the survey results show that respondents get their energy from innovation and renewal. As two respondents (respondent 44 and 13) said:

*‘[I get my energy from] coming up with innovations as a team and showing courage to develop those ideas together with healthcare professionals.’*

*‘[I get my energy from] new (young) colleagues, which results in new insights or techniques in the department.’*

Both quotes illustrate that X and her employees strive to be innovative and leading in the healthcare sector, because it gives them energy.

X strives towards developing its human resources in order to strive to be innovative. The comment of interviewee 1 illustrates that a human focus is considered to be an important criteria of success:

*‘Be proactive, trust yourself, show ownership. (...) The strategy is based on developments, so if you do not want to focus on personal development and if you do not want to change structures and things like that, this will be hindered.’*

Because X is focused on the development of the organization, it is also important to develop employees. This provides the opportunity for continuous renewal and innovations. As a result, the clan culture is present, in order to strive to provide unique healthcare.

X does not strive to expand. As shown in the observation schema of appendix 3, an important goal of X is outsourcing the laboratory. As a consequence, X will shrink and the amount of

treatments will decrease. Because of that, a market culture is not present in the success criteria.

In conclusion, the criteria of success of X are determined by both the hierarchy and adhocracy culture. The clan culture will help the adhocracy culture to strive to innovation.

### **4.3 Condition of each cultural dimension**

This section combines the quantitative and qualitative results of each dimension (a. though f.). This will result into short conclusions about the dominant conditions in each dimension. Based on these conditions, the necessary conditions to achieve the strategy of X will be identified in the next section (4.4).

#### *a. Dominant organizational characteristics*

The quantitative results indicate that the dominant characteristics of X especially belong to the hierarchy culture. This is confirmed by the qualitative data. Because of that, X can be considered as a controlled and structured place.

However, based on the quantitative data, it appears that the clan and market culture are present too. The qualitative data also shows a presence of the clan culture, but the hierarchy culture seems to dominate. People experience aspects of the hierarchy culture, which influences the presence of a clan culture. The qualitative data also shows the presence of a market culture, but this will originates from a hierarchy culture. The result-oriented focus arises from the preference to remain committed to formal procedures and structures.

Both the quantitative and qualitative data shows a weak presence of the adhocracy culture. People are not motivated to take initiatives and X is not entrepreneurial and dynamic. The hierarchy culture seems to counteract the adhocracy culture in X. Because of that, it can be concluded that the dominant characteristics of X are characterized by a hierarchy culture, and to a lesser extent by a clan and market culture.

#### *b. Organizational leadership*

Both the quantitative and qualitative results show that the organizational leadership of X corresponds to the leadership of a market culture. It appears that there is a result- oriented focus and a commercial way of thinking.

Quantitative data indicates that a market culture is significantly more present than the other culture types. However, the adhocracy and clan culture also seems to be present to a limited extent. Qualitative data shows that the market culture and the resulting dominant orientation on results, implies to less focus on the characteristics of other culture types. The quantitative and qualitative findings reinforce each other, because both indicate a dominant market culture. As a result, the leadership style within X is congruent with a market culture.

### *c. Management of employees*

The quantitative data suggests that a clan culture dominates the management of employees. The qualitative results confirm this. From both the team managers and the employees, it appears that the team managers focus on consensus, teamwork and participation.

To a lesser extent, the quantitative data shows the presence of an adhocracy culture. The qualitative data also indicates a presence of individual risk taking and freedom of employees. However, this is not the case for every situation. As a result, the qualitative results also show that the presence of an adhocracy culture is restricted.

Both the quantitative and qualitative results show that the management of employees is not characterized by a market and hierarchy culture. The relationships are not stable and there is no hard-driving competition. As a result, the management style is dominated by a clan culture, that is supplemented with some aspects from the adhocracy culture.

### *d. Organization glue*

According to the quantitative results, the adhocracy and clan culture are both present in the organization glue. From the qualitative data, it also appears that employees feel connected to X because of the innovations and developments of X and because of the loyalty, trust and commitment between colleagues.

The quantitative results show a limited presence of a hierarchy culture. The adhocracy and clan culture are significantly more present. The qualitative data shows an absence of the hierarchy culture. X does not strive to be smooth-running. Furthermore, both the quantitative and qualitative data show that a market culture is not visible in the organization glue. X is not hold together because of an emphasis on accomplishing a goal. As a result, X's bonding mechanism is based on an adhocracy and clan culture.

#### *e. Strategic emphases*

Both the quantitative and qualitative results show that an adhocracy culture dominates the strategic emphases. This is not surprising, because the strategy of X also focuses on being innovative. These results indicate that the strategy as described by the management, is driven by an adhocracy culture experienced by employees. All parties seem to be aware of the strategic direction of X.

According to the quantitative data, aspects of all other culture types are present to a limited extent. Based on the qualitative results, the market culture does not appear to be visible in the strategic emphases. Furthermore, the qualitative data also shows that employees experience aspects of the clan culture in the strategic emphases. According to the qualitative data, some aspects of the hierarchy culture are present. However, the visible aspects of these culture types are overshadowed by the aspects of the adhocracy culture. The dominant adhocracy culture of X also appears to be dominant in the strategic emphases.

#### *f. Criteria of success*

According to the quantitative data, the criteria of success of X is determined by the adhocracy and hierarchy culture. In the qualitative data, those culture types were strongly visible too. It appears that X defines success in terms of innovation and efficiency.

To a lesser extent, the quantitative data shows the presence of the clan culture. Qualitative data shows that X focuses on the development of human resources, in order to strive to renewal and innovation, that belongs to the adhocracy culture.

Both the quantitative and qualitative results show an absence of the market culture, so X does not define success in terms of expansion. Because of that, the criteria of success are determined by the adhocracy and hierarchy culture.

### **4.4 Influence of culture on the strategic enablers in X**

The results of the previous sections show that the adhocracy culture is the dominant culture of X. However, it became clear that this culture type is not present in all cultural dimensions. This section discusses the influence of X's conditions of these cultural dimensions on the strategy. The three strategic enablers of Christensen et al. (2009) are assessed again. The

enablers are an operationalization of the theory of Christensen et al. (2009) and it is expected that this will give a complete picture of the strategy of X. In chapter 2, the influence of each culture type on the strategic enablers was identified. This section identifies the impact of the actual culture on the strategic enablers. The conditions of the cultural dimensions leads to both forces and tensions relative to the realization of the strategy. This will result in an addition to table 1 from section 2.3 (as seen in table 11) which leads to an overview of the necessary conditions to achieve the strategy of X.

#### 4.4.1 Strategic enabler: technology: strive to precision medicine

The first enabler strives to convert unstructured into more routinized processes, in order to develop new, effective rule-based treatments. The criteria of success identifies what the culture of X considers as important to strive to. As appeared from section 4.1, X strives to have the newest products and to be efficient. As a result, this cultural dimension will stimulate the development of new treatments. X's criteria of success will facilitate the achievement of the purpose of the technological enabler.

It appears that the dominant characteristics of X also influence the achievement of the strive to precision medicine. Because X is a controlled and structured place, the formal procedures frame the actions of employees. As a consequence, people experience little room to maneuver for change. Furthermore, they are not intrinsically motivated to adapt processes. Interviewee 1 commented:

*'Most people do not say: 'This is a project that I will pick up. We will deliberate with doctors about how to design it.' Some people want to do it, but it does not come out.'*

*'At a certain moment and at a certain age, it is difficult to switch. People will be less flexible and if changes occur, they do not want to change their strategy. They do not want to work in another way. They want to have new equipment, but it should work exactly the same as the previous equipment, because they are afraid that mistakes will made.'*

People are rigid and do not want to improve working methods. They are afraid that processes will fail when routines are changed. Furthermore, employees want to monitor and control what happens. As a result, it seems to be difficult to change the actual processes to more

routinized processes. The dominant characteristics of X cause tension regarding the realization of the purpose of the technological enabler.

The management style also influences the technological enabler. The focus of the team managers gives direction to the behavior of employees, that will impact the degree that someone is able to change an unstructured process to a more routinized process. It appears that the team managers insufficiently focus on stimulating the employees. Interviewee 4 said:

*‘When things are enforced by the management, you do not have a tendency to come with ideas to improve and renew. That is a missed opportunity. (...) People are busy enough to perform the tasks the management came up with. If they have the feeling they are not involved in the process, but things are imposed on them, they do not think along about which changes are possible.’*

Employees are not always involved in decision making processes and they are not stimulated to take initiatives regarding change processes. However, from section 4.1, it appears that employees sometimes have the freedom to take risks and initiatives, that will stimulate change and the technological enabler. As a result, the team managers sometimes encourage employees, but this is not sufficient to fully stimulate this enabler.

In conclusion, it appears that the success criteria, the dominant characteristics and the management of employees influence the technological enabler. These dimensions should provide the necessary conditions in order to realize this enabler. The success criteria of X stimulates the purpose of the technological enabler: the first necessary condition is met. However, the necessary conditions of the dominant characteristics and the management style are not met. As a result, employees will not be able to develop new rule-based treatments. The congruence between the culture and this enabler is critical.

#### 4.4.2 Strategic enabler: business models innovation

The creation of innovative business models seems to be influenced by the strategic emphases of the culture of X. As appeared from section 4.1, acquiring new methods and creating new challenges are important. X finds some time to try new things in order to deliver the highest quality of care in the cheapest way. This is congruent with the strategic enabler. This enabler strives to develop business models that are innovative in delivering a specific value

proposition and in delivering care at the lowest cost. The strategic emphasis of the culture will facilitate this.

The organizational leadership of X has a negative impact on the creation of innovative business models. The managing board and the business leader have a result-oriented focus. As interviewee 4 said, this will hinder innovations regarding business models:

*‘Implementing innovations does not run smoothly, because there is opposition instead of the participation they expected. I think people will participate if they communicate better and if they reduce the workload. Then an innovation will be successful, because people will support it.’*

The managing board wants to innovate. However, their result-oriented focus entails that employees are not involved in the innovations and its implementations and it causes a high workload. Employees show resistance and they insufficiently participate. As a consequence, X is not able to implement the planned innovations and to deliver new solutions. This causes a tension between the culture and the business model innovation.

Furthermore, the dominant characteristics of X also cause a tension with the business model innovation. The controlled and structured place that X is, restricts the possibility and creation of innovative business model. Respondent 15 commented:

*‘The formal rules, the sluggishness of the decision-making process and the many steps that should be retraced to get anything done [takes a lot of energy].’*

It appears that the presence of the hierarchy culture in the dominant characteristics of X, influences the difficulty to change. Many steps should be taken and formal rules should be followed. In this way, it is difficult to implement innovations in business models.

Consequently, the dominant characteristics do not stimulate the realization of this enabler.

In summary, it appears that the strategic emphases, the organizational leadership and the dominant characteristics influence business model innovation. These dimensions should provide the necessary conditions to facilitate business model innovation. The strategic emphasis of X is congruent with the enabler. This suggests that in strategic terms, the necessary condition is met. However, the organizational leadership and the dominant characteristics negatively influence the innovation of business models. In practical terms, the necessary conditions of this enabler are not met. This results in a quite weak congruence between the culture of X and the second enabler.

#### 4.4.3 Strategic enabler: creation of a value network

The creation of a value network of business models is influenced by the organization glue. A value network is a coupled network in which employees from different business models co-operate. The organization glue determines the bonding mechanism of X that holds the organization together. This will influence the way that employees in the value network co-operate with employees from other business models. From section 4.1, it appears that X is hold together by the adhocracy and clan culture. The bonding mechanism is based on innovations, developments, loyalty and mutual trust of employees. This will facilitate the creation of a value network within the hospital and with other institutions. Employees of X have mutual trust and would like to innovate and develop a progressive hospital. They want to deliver value as a hospital. Because of that, the bonding mechanism of X will stimulate the creation of a value network.

Aspects from the hierarchy culture that became visible in the dominant characteristics, result in a rigid structure between departments. Respondent 133 said:

*'The bureaucracy of some departments terribly retards processes.'*

When small changes in a department or institution will be implemented, many procedures in other departments should be changed. Adequate communication is important when a department wants to deal with this hierarchy culture, in order to make adaptations. However, as told by interviewee 3 and 1, departments experienced problems concerning the interdepartmental communication:

*'It is inflexible. Communication is very difficult. Sometimes something is known for the laboratory, while the Diagnostic Centre is unknown with it. I think it is clumsy.'*

*'The communication between departments should be improved. This will help to implement changes, because people will understand why some things change in the other departments.'*

This suggests that the departments are structured and controlled places, in which employees wants to follow procedures. This results in bureaucracy and in inflexible communication about changes between departments. This causes a tension with the realization of a value network. Small changes in one department will result in an incongruent network, which in turn delivers insufficient value.

To conclude, the organization glue of X will stimulate the creation of a value network. X's glue seems to provide a necessary condition in order to create a value network. However, the dominant characteristics are not congruent with this enabler, because the hierarchy culture will negatively influence the possibility to create a value network. The dominant characteristics of X does not provide the necessary condition. As a consequence, the culture of X is not really congruent with the last enabler.

#### 4.4.4 Cultural conditions to achieve the X strategy

The influence of the actual conditions of the cultural dimensions on the strategic enablers is analyzed. This has resulted in an assessment of the possibility to realize a strategic enabler with the actual culture of X, as shown in the last column of table 11.

*Table 11: Influence of the actual culture on the strategic enablers of Christensen et al. (2009)*

	Theoretical Expectation				Actual culture
	Clan culture	Adhocracy culture	Hierarchy culture	Market culture	
Technology : strive to precision medicine	- -	+ +	- -	+ -	- <u>Influenced by:</u> + + Criteria of success - Management of employees - - Dominant Characteristics
Business model innovation	+	+ +	-	- -	- <u>Influenced by:</u> + + Strategic emphasis - - Organizational leadership - - Dominant Characteristics
Creation of a value network	-	+ +	- -	- -	- / + - <u>Influenced by:</u> + + Organization glue - - Dominant Characteristics

As shown in table 11, the six dimensions of culture each influence another part of the strategy of X. Five of them affect one of the three strategic enablers. However, the dominant characteristics influence all enablers. The culture of X insufficiently stimulates all strategic enablers. It appears that the actual presence of culture has a negative influence with regards to realizing the strategy of X.

The six dimensions of culture have a specific condition in which one or more culture types dominate. It appears that the some cultural dimensions provide the necessary conditions to achieve a strategic enabler: the condition of the criteria of success stimulates the technological enabler, the strategic emphasis results in business model innovation and the organization glue

has a positive impact on the creation of a value network. However, the necessary conditions of the other dimensions are not met and this will result in a negative influence on the strategic enablers. The management of employees is incongruent with the technological enabler and the organizational leadership has a negative influence on business model innovation.

Furthermore, the necessary condition of the dominant characteristics of X is not met. This will result in a negative effect on all strategic enablers. The necessary conditions of the cultural dimensions that are not met, seems to be dominant over the necessary conditions that are met. This has led to quite weak congruence between the culture of X and the strategic enablers.

In chapter 2, it is identified that the full presence of an adhocracy culture will lead to the possibility to fulfill the three strategic enablers. To improve the congruence between the culture and the strategy, the necessary conditions that the culture of X should provide are the conditions that belongs to the adhocracy culture. In order to strive to precision medicine, X should strive to have the newest products, to be a leader in the healthcare sector (criteria of success) and the team managers should focus on individual risk taking, freedom and uniqueness (management of employees). To facilitate business model innovation, at X, acquiring new methods and creating new challenges should be important to emphasize (strategic emphasis) and the managing board of X should focus on innovation and entrepreneurship (organizational leadership). For the creation of a value network, the bonding mechanism should be based on innovation and development (organization glue). Furthermore, it is important that X has a dynamic and entrepreneurial orientation (dominant characteristics), because this will influence all strategic enablers. All those conditions are necessary in order to realize the strategy of X. However, this does not seem to be sufficient. X should also strive to reduce the hierarchy culture, which is mainly visible in the dominant characteristics. Furthermore, X should reduce the visible market culture of the managing board.

## 5 Conclusion and discussion

This chapter offers a conclusion and discussion of the results. Section 5.1 will offer a summary of the study. Section 5.2 offers a conclusion. In section 5.3, the results and methods of this study are discussed. Section 5.4 reflects on the my experiences during the study.

### 5.1 Summary

In this study, the aim was to identify to what extent the culture of hospital X is congruent with the strategy. X created and implemented a new strategy and structure to become a future-proof hospital. During the implementation, less attention to culture is paid. However, paying attention to culture seems to be a necessary condition to achieve the strategy. The following research question has set up: *“To what extent does the organizational culture of hospital X provide the conditions to achieve its strategy?”*

The strategy of X is based on the ideas of Christensen et al. (2009). They identify three necessary strategic enablers to accomplish the strategy. The culture should facilitate the achievement of these strategic enablers in order to achieve its strategy. The theoretical perspective of Cameron and Quinn (2006) is used to analyze the culture of X. According to them, a culture consists of six dimensions. A mixed-methods approach was used to analyze the culture of a specific component of the hospital: the ‘Diagnostisch Bedrijf’. X’s conditions of the cultural dimensions are identified and the forces and tensions of these conditions on the strategic enablers are analyzed.

The study has shown that the overall culture of X is characterized by an adhocracy culture. This culture type is significantly more present than the other culture types. However, this study has found a difference in the assessment of the adhocracy culture by the different departments. There seems to be different visions and opinions. As a consequence, it is detrimental to the strength of the visible adhocracy culture. It also appeared that the more that someone is acquainted with the strategy, the less he/she experiences a hierarchy culture.

The dominant adhocracy culture of X became visible in the strategic emphases, the organization glue, and the criteria of success. The strategic emphasis of X is dominated by an adhocracy culture. X emphasizes acquiring new methods of care and trying new things. In the organization glue, the adhocracy is present together with the clan culture. Employees feel

connected to X, because of the loyalty, trust, innovations and developments. Furthermore, the criteria of success are based on the adhocracy and hierarchy culture. X strives for having the newest products and for being efficient.

To a limited extent, the adhocracy culture became visible in the management style of the team managers and in the organizational leadership of the managing board and the business leader. The team managers of X sometimes focus on individual risk taking and freedom of employees, but not in every situation. The management style seems mainly to be determined by the clan culture. The managing board and the business leader mainly have an aggressive and result-oriented focus, which belongs to the market culture. They also want to be innovative and entrepreneurial, but they do not spread this willingness through X. As a result, the leadership style only consists of some aspects of the adhocracy culture.

This study has identified that the adhocracy culture is barely a part of the dominant characteristics of X. The dominant characteristics seems to be contradictory with the overall culture of X. In this dimension, the other culture types became more visible during the analysis. Because of the strong presence of a hierarchy culture, people are not stimulated and motivated to take initiatives and they are not willing to stick their necks out. As a result, X cannot be considered as being dynamic and entrepreneurial.

The cultural dimensions all influence other strategic enablers. The criteria of success, the management of employees and the dominant characteristics should provide the necessary conditions in order to strive to precision medicine. The strategic emphasis, organizational leadership and the dominant characteristics of X should provide the necessary conditions to develop innovative business models. The necessary conditions to create a value network origins from the organization glue and the dominant characteristics. It is identified that the necessary conditions are provided if the condition of each dimension belongs to the adhocracy culture, because the adhocracy culture seems to be congruent with the strategy.

## 5.2 Conclusion

To identify to what extent the culture of X is congruent with the strategy, the following research question should be answered: *“To what extent does the organizational culture of hospital X provide the conditions to achieve its strategy?”* In order to achieve its strategy, X should be able to achieve the three strategic enablers. The cultural dimensions will provide the

necessary conditions to achieve these enablers if the dimensions are characterized by adhocracy culture.

The first strategic enabler that should be achieved is the strive to precision medicine. The necessary condition of the criteria of success is met: X strives for having the newest products. However, the other necessary conditions are not (fully) met: the team manager sometimes focuses on individual risk taking and freedom and X is not dynamic and entrepreneurial. Especially the visible hierarchy culture in the dominant characteristics seems to have a negative impact on the realization of this strategic enabler. Because of the formal rules, people are not able to strive to precision medicine. The culture of X does not provide the necessary conditions to achieve the first enabler.

X should also provide the conditions to create business model innovation. The necessary condition of the strategic emphasis is met: at X acquiring new methods and creating new challenges are important. The other necessary conditions are not (fully) met: the managing board and business leader partially focus on innovation and X is not dynamic and entrepreneurial. This will complicate innovations. Because the culture does not provide the necessary conditions, business model innovation seems to be impossible.

The last strategic enabler that is necessary to achieve the strategy of X, is the creation of a value network. The necessary condition of the organization glue is met: the bonding mechanism is based on innovation and development. However, the dominant characteristics of X seems to have a dominating influence. This necessary condition is not met: X is not dynamic and entrepreneurial. The bureaucracy and inflexibility of departments leads to difficulties in the coupled network to deliver value. As a consequence, creation of a value network seems to be improbable.

It can be concluded that the culture of X fully provides three necessary conditions and partly provides two necessary conditions to achieve its strategy, while one necessary condition is not provided at all. The condition of the dominant characteristics of X is not provided, while this condition seems to have an important role in all strategic enablers. It strongly opposes all strategic enablers, because the presence of the hierarchy culture seems to have a dominating influence. X appeared to be a controlled and structured place, which lead to restrictions to change and less possibilities to take the initiative to improve things. However, these aspects appeared to be necessary to realize all strategic enablers. As a result, the necessary conditions that are provided are not sufficient in order to achieve the strategy of X.

## 5.3 Discussion

This section consists of a discussion of the results and the way this study is conducted. Subsection 5.3.1 discusses the limitations of the study. The theoretical implications are described in subsection 5.3.2. In subsection 5.3.3 the practical implications are mentioned.

### 5.3.1 Limitations

This section reflects on the limitations of the methodological choices that are made during this study. These choices could have influenced the validity and the reliability of the results.

Firstly, some limitations concerning the reliability of this study became visible. This study is conducted by one researcher. Each researcher is biased and everyone has their own views and opinions. When involving multiple researchers, the biases will be reduced. In addition, I am working at X, what could make me biased and what could influence the answers of respondents. This could influence the reliability, even though there are no indications of this.

Furthermore, the OCAI questions of the survey are translated in Dutch and small adaptations are made. This could be detrimental for the construct validity. Because of that, the survey is peer reviewed and pre-tested. However, despite of this effort, the factor analysis showed that the construct validity of culture is not fully met.

It also became clear that the way that this study is conducted slightly differs with the methodology that was initially invented. The intention was to conduct five interviews: one from each department. Due to circumstances, it was not possible to have an interview with a radiology employee. Because of the observation that is conducted of a team meeting in which multiple employees of the radiology department were involved and because of the open questions in the survey, it seems that the radiology department is still sufficiently involved in the qualitative data.

Furthermore, the study aims to comment on the culture of X. However, this study only focuses on a specific component of the hospital: the ‘Diagnostisch Bedrijf’. As a consequence, the results are not generalizable to the whole hospital. This is detrimental to the external validity. The results are merely generalizable to the ‘Diagnostisch Bedrijf’.

Finally, multiple changes within the departments were announced during this study. For example, it was announced that the Diagnostic Centre will be sold and two departments got a

new team manager. This results in more sensitive relations between employees and the management. This probably influenced the initial response rate and the answers of the open questions of the survey. However, these changes are also characteristic of the strategy of X: continuous innovation. Because of that, this will probably not result in a biased view. On the contrary, it will probably result in a more complete view. This study focuses on the influence of culture on the realization of the strategy, but it appears that the strategy also influences the culture.

### 5.3.2 Theoretical implications

The strategy and structure of X are based on the ideas of Christensen et al. (2009). The strategy is based on simultaneously reducing costs and increasing quality. To realize this, X has four models of care, which are each responsible for one main activity of the professionals. These models of care can be related to the business models and the associated type of treatments explained by Christensen et al. (2009). X strives for that these models of care are innovative. The models of care are coupled, which results in cooperation between the models. This also corresponds to Christensen et al. (2009). As a result, the three strategic enablers of Christensen et al. (2009) are also visible in X. However, according to Christensen et al. (2009) a hospital should specialize. Even though X has created specialized hospitals within the hospital, it does not specialize in a specific type of care. As a result, X can mostly be considered as an example of the ideas about a future-proof hospital of Christensen et al. (2009).

To measure the influence of culture on the strategy of X, this study mainly focuses on the three strategic enablers of Christensen et al. (2009). To increase the quality and to reduce the costs, the organization should strive to simplifying technologies, business model innovations and value networks (Christensen et al., 2009). In this study, it is supposed that the strategy is successfully implemented when these enablers are realized. It is a simplified representation of the strategy of Christensen et al. (2009) and X, but it is expected that the focus on the strategic enablers is sufficient to identify a total concept of strategy.

It appeared that both X and Christensen et al. (2009) insufficiently focus on culture during the development of a future-proof hospital. Consequently, this study has analysed the strengths and weakness of the culture, based on Cameron and Quinn (2006), in order to determine which cultural conditions would support the realization of the strategy. It is shown that the

dimensions of an adhocracy culture will help to realize the strategic enablers. The theory of Christensen et al. (2009), that mainly focuses on the strategy and structure of hospitals to be future-proof, might be extended with a cultural part: the adhocracy culture that is described by Cameron and Quinn (2006). Each strategic enabler of Christensen et al. (2009) could be supplemented with the cultural conditions of the dimensions that influence that strategic enabler. These conditions should be achieved in order to fulfil the strategic enabler. This will result in a more culture-sensitive approach of Christensen et al. (2009). Further research is required to explore how such an extension of Christensen may be achieved. Furthermore, it appeared that the strategy could impact the culture. Further research could focus on the influence of the strategy on the culture and the subsequent influence of that culture on the realization of a strategy.

Lastly, it is concluded that the cultural conditions to realize the strategy are not sufficiently provided within the ‘Diagnostisch Bedrijf’. However, it is unknown whether this is also the case for the other departments of X. Further research that includes the whole hospital will prove this. In that study, it is recommendable to include more interviews and execute this study with multiple researchers that are not working at X.

### 5.3.3 Practical implications

X might focus on improving its culture. I would encourage X to improve three conditions.

First of all, the most important recommendation is that X might reduce the presence of the hierarchy culture in the dominant characteristics. X might strive to be a dynamic and entrepreneurial place, instead of the very controlled and structured place it currently is. Formal procedures might not dominate people’s course of action, because this will restrict someone’s room for maneuver’s. Reducing the hierarchical relationships and control mechanism, will make it easier for people to make changes, which will result in a willingness to take initiatives and to stick their necks out. As a result, X will become more dynamic and entrepreneurial.

Furthermore, the leaderships style does not stimulate the achievement of the strategy. The managing board and business leader might change the opinion that they have a result-oriented focus and a commercial way of thinking. They might decrease the resulting work load that employees experience, that will result in time for innovation and risk taking. Currently, employees are insufficiently involved in processes and projects. The managing board and

business leader might also involve employees in decision making processes, to be an example of entrepreneurship and innovation for employees.

In addition, the management of employees seems to be insufficiently based on an adhocracy culture. Currently, the team managers determine in which situations employees can be involved. However, the team managers might continuously give people freedom and the possibility to take individual initiatives. This will be advantageous for the achievement of the strategy.

When improving these dimensions, the culture will be congruent with the strategic enablers, so X will be able to achieve its strategy. Furthermore, X might strive for unicity between departments. There might be an uniform vision about the visible adhocracy culture within the whole hospital. This will reinforce the culture. Lastly, I would recommend the board and managers of X to watch the documentary *Burning Out of Le Maire, Chabot, De Battice and Truc* (2016) that is described in the introduction. They might make a comparison between the hospital of the documentary and X. This will make them aware of the problems that employees face to, the causes of these problems and the consequences they have for both employees and the strategy of X. They might be critical about the situation at X and the role the formal procedures and the managing staff play in it. When they let employees dare to participate, X will become even more innovative.

## **5.4 Reflection**

During the research process, I have learned that a good schedule is crucial in order to meet the deadline. Because I was dependent of multiple people, I could not always control the planning. It was sometimes hard to change my schedule, due to others. Some interviews were performed later than expected and preferred. As a consequence, I have learned that it is important to early contact the needed people. I also learned that it is important to be patient and to remain critical. A block of text is probably not perfect on the first try. I prefer to do it exactly right the first time. However, this is not possible. I rewrote some parts with the aid of the feedback of my supervisor or because I was not satisfied. This has improved my thesis.

I have also learned from the two conducted peer examinations. Two fellow students have reviewed and commented on my interpretations of the collected data. As a result, clarifications are offered and some other quantitative tests are conducted that better fit the argumentation. They made my aware that something that I take for granted, is not by

definition the truth. This has made me more critical and conscious about my own values and views that previously had unconsciously influence on my research.

My job at X has provided me the opportunity to obtain the data that I think I need to possess. Furthermore, because of my connection I was able to contact the right people who could help me to increase the response rate. During the interviews, employees seemed to trust me. I have tried to ignore my prior knowledge. However, it was sometimes difficult, because employees assume that I indeed have prior knowledge. The dilemmas that were made in advance, gave me focus during the interviews. This helped me to understand the tensions within X. The dilemmas are not directly involved in the analysis, but the used quotes often comes from the reactions of interviewees on these dilemmas. During the research process I have tried to be objective. I think that my job at X did not influence my conclusions.

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## Appendices

### Appendix 1: Operationalization scheme

<i>Variable</i>	<i>Dimensions</i>	<i>Indicators</i>
<b>Organizational Culture</b>	Dominant organizational characteristics	<u>Clan</u> : X is like an extended family
		<u>Adhocracy</u> : X is dynamic and entrepreneurial
		<u>Hierarchy</u> : X is a controlled and structured place
		<u>Market</u> : X is result-oriented
	Organizational leadership	<u>Clan</u> : The managing board of X and the business leader of the ‘Diagnostisch Bedrijf’ focus on mentoring and facilitating
		<u>Adhocracy</u> : The managing board of X and the business leader of the ‘Diagnostisch Bedrijf’ focus on innovation
		<u>Hierarchy</u> : The managing board of X and the business leader of the ‘Diagnostisch Bedrijf’ focus on coordinating, organizing and efficiency
		<u>Market</u> : The managing board of X and the business leader of the ‘Diagnostisch Bedrijf’ have a result-oriented focus
	Management of employees	<u>Clan</u> : In X, the team managers focus on teamwork and consensus
		<u>Adhocracy</u> : In X, the team managers focus on individual risk taking and freedom
		<u>Hierarchy</u> : In X, the team managers focus on being predictable and stable relationships
		<u>Market</u> : In X, the team managers focus on competition and there are high demands
	Organization Glue	<u>Clan</u> : X’s bonding mechanism is based on loyalty and trust
		<u>Adhocracy</u> : X’s bonding mechanism is based on innovation and development

		<u>Hierarchy</u> : X's bonding mechanism is based on formal rules and policies
		<u>Market</u> : X's bonding mechanism is based on emphasis on the achievement of goals
	Strategic emphases	<u>Clan</u> : In X human development is important
		<u>Adhocracy</u> : In X acquiring new methods and creating new challenges are important
		<u>Hierarchy</u> : In X stability and permanence are important
		<u>Market</u> : In X growing is important
	Criteria of success	<u>Clan</u> : X strives for the development of human resources and commitment
		<u>Adhocracy</u> : X strives for having the newest product
		<u>Hierarchy</u> : X strives for efficiency
		<u>Market</u> : X strives for expansion

## Appendix 2: Survey

*The survey will be developed and conducted with 'Qualtrics'*

### PAGE 1:

Allereerst wil ik u bedanken voor uw deelname aan deze enquête!

Zoals ik beschreef in de mail, wordt met dit onderzoek zichtbaar welke culturele condities bijdragen aan het behalen van de strategie van X én welke culturele condities de strategie tegenwerken. Dit kan inzicht bieden, wat het management mogelijk kan helpen om de cultuur te verbeteren, zodat het past bij de strategie. De teammanagers zullen de resultaten dan ook terugkoppelen.

Deze enquête gaat in op de huidige organisatiecultuur van X. Het neemt ongeveer 10 minuten van uw tijd in beslag.

Met uw antwoorden wordt vertrouwelijk omgegaan en de resultaten zijn volledig anoniem.

Bij vragen of opmerkingen, kunt u contact opnemen met mij.

Met vriendelijke groet,

Amber School

### PAGE 2

U krijgt over zes verschillende categorieën elk vier stellingen te zien. Deze stellingen moet u beoordelen.

U kiest het bolletje dat correspondeert met uw mening (helemaal oneens, oneens, gedeeltelijk oneens, gedeeltelijk eens, eens, helemaal eens).

*In the actual survey the respondent sees next to each statement a six-point Likert scale.*

1. De dominante kenmerken van X

- X heeft een zeer persoonlijk karakter. Ze heeft veel weg van een grote familie. Medewerkers lijken veel met elkaar gemeen te hebben.
- X is zeer dynamisch en er heerst een echte ondernemersgeest. Medewerkers zijn bereid hun nek uit te steken en risico's te nemen.
- X is strak geleid en gestructureerd. Formele procedures bepalen over het algemeen wat de medewerkers doen.
- X is erg resultaatgericht. Het werk afkrijgen, is de grootste zorg. Medewerkers zijn erg competitief en gericht op het boeken van resultaat.

2. De leiding van X: de directie van X en de bedrijfsleider van het Diagnostisch Bedrijf

- De leiding van X functioneert over het algemeen als mentor. Zij faciliteert en stimuleert.
- De leiding van X verspreidt haar wil om te ondernemen en innoveren door de organisatie. Men moet volgens de leiding streven om vernieuwend te zijn en daarvoor risico's durven nemen.
- De leiding van X probeert coördinerend en organiserend te zijn. Zij lijkt een soepel draaiende, efficiënte machine.
- De leiding van X heeft een resultaatgerichte en commerciële instelling.

3. Personeelsmanagement van de teammanagers van X

- De managementstijl van de teammanagers wordt gekenmerkt door teamwerk, het bereiken van overeenstemming en participatie van personeel.
- De managementstijl van de teammanagers wordt gekenmerkt door individuele risicobereidheid, vernieuwing, innovatie, vrijheid en het unieke talent van personeel.
- De managementstijl van de teammanagers wordt gekenmerkt door grote zekerheid omtrent de baan en de voorschriften. Er is voorspelbaarheid en prestatiegerichtheid voor personeel.
- De managementstijl van de teammanagers wordt gekenmerkt door harde competitie tussen medewerkers, hoge eisen en prestatiegerichtheid van personeel.

4. Het bindmiddel van X

- X is gebouwd op loyaliteit en onderling vertrouwen. Betrokkenheid staat hoog in het vaandel.
- X is gebouwd op betrokkenheid bij innovatie en ontwikkeling. X en haar medewerkers willen voorop lopen binnen de gezondheidszorg.

- X is gebouwd op formele regels en beleidstukken. Instandhouding van een soepel draaiende organisatie is belangrijk.
- X is gebouwd op het bereiken van doelstellingen en legt de nadruk op presteren. X wil zoveel mogelijk patiënten behandelen.

#### 5. Strategische accenten van X

- X legt de nadruk op menselijke ontwikkeling. Er is een grote mate van vertrouwen, openheid en participatie.
- X legt de nadruk op het zoeken naar nieuwe manieren van zorg en het creëren van nieuwe uitdagingen. X probeert graag dingen uit en zoekt naar kansen die worden gewaardeerd.
- X legt de nadruk op het behoud van het bestaan en stabiliteit. Efficiëntie, beheersbaarheid en soepele uitvoeringen spelen de hoofdrol.
- X legt de nadruk op prestaties. Het bereiken van ambitieuze doelstellingen en uitbreiding van het aantal patiënten spelen de hoofdrol.

#### 6. Succescriteria binnen X

- X definieert succes als de ontwikkeling van human resources, teamwerk, de betrokkenheid van en de zorg voor de mensen.
- X definieert succes als het kunnen leveren van unieke en de nieuwste zorg. Ze kan worden beschouwd als innovatief en toonaangevend wat betreft de levering van zorg.
- X definieert succes als efficiëntie. Betrouwbaarheid, soepele patiëntprocessen, korte wachttijden en zo goedkoop mogelijke zorg zijn van cruciaal belang.
- X definieert succes als het uitbreiden van het ziekenhuis en het behandelen van zoveel mogelijk patiënten, ten koste van andere ziekenhuizen of zorginstellingen.

### BLAD 3

De volgende twee vragen gaan over uw ervaringen met betrekking tot de omgang met collega's en managers.

- Wat **levert** u energie **op** in de omgang met anderen in uw werk (met uitzondering van patiënten)?

- Wat **kost** u energie in de omgang met anderen in uw werk (met uitzondering van patiënten)?

#### BLAD 4

U bent bijna klaar! Zou u alleen onderstaande vragen nog willen beantwoorden?

- Wat is uw geslacht?
  - Man
  - Vrouw
- Onder welke leeftijdscategorie valt u?
  - 25 jaar of jonger
  - 26 – 30 jaar
  - 31 – 35 jaar
  - 36 – 40 jaar
  - 41 – 45 jaar
  - 46 – 50 jaar
  - 51 – 55 jaar
  - 56 – 60 jaar
  - 61 jaar of ouder
- Binnen welke afdeling bent u werkzaam?
  - Apotheek
  - X Diagnostisch Centrum
  - Functieafdeling
  - Laboratorium
  - Radiologie
- Onder welke categorie schaaft u uw functie? (Bij meerdere functies, kiest u de functie die u het meest van uw tijd uitvoert)
  - Management (bijvoorbeeld teammanager, bedrijfscoördinator)
  - Ondersteunend (bijvoorbeeld administratief medewerker, vakcoördinator, technisch analist)
  - Uitvoerend: expert / specialist (bijvoorbeeld arts, laborant, analist, medewerker bloedafname)

- Wat is uw hoogst behaalde opleidingsniveau?
  - Basisonderwijs
  - Vmbo, mbo1
  - Havo, vwo, mbo2-4 (middelbaar beroepsonderwijs)
  - Hbo (hoger beroepsonderwijs)
  - Universiteit
  - Anders, namelijk;
- Hoelang bent u al in dienst van X?
  - Korter dan 1 jaar
  - 1 – 5 jaar
  - 6 – 10 jaar
  - 11 – 20 jaar
  - Langer dan 20 jaar
- Bent u bekend met de strategie van X?
  - Niet bekend
  - Een beetje bekend
  - Redelijk bekend
  - Helemaal bekend

Dit was het einde van de vragenlijst! Bedankt voor het invullen!

## Appendix 4: Interview protocol

This study investigates to what extent the culture of X provides the conditions to achieve the strategy. The interview should provide additional information to identify the actual culture

The open questions in the survey are used to create the dilemmas which are used in the interviews. Each dilemma belongs to one culture type and is based on problems that could arise within a culture type.

The interview should provide information for an overview of the actual culture (To what extent does the culture of X support the strategy?). There will become visible which possible problems are most present. These problems belongs to a culture type and this it will help to discover which culture elements support the strategy and which won't

The choice is made to conduct an interview with one employee of each department. The employees are chosen by the team managers. They have received an email with a short explanation and have selected an employee.

Afterwards, the employees are contacted by e-mail. This message consists of a short explanation about the interview and the question if they are interested to have an interview with me. Thereafter, we planned the date to conduct the interview.

A topic list is made, which is used during the interviews. The topic list consists of the 4 dilemmas, possible questions, a guide during the introduction and a guide during the end of the interview. The dilemmas are printed for the respondent, so that they can read them by their own.

## Appendix 5: Interview guide + dilemmas

- Ask permission for sound recording
- Introducing myself and research purpose (investigate if the organizational culture provide the conditions to achieve the strategy of X)
- Let the interviewee introduce himself (position and profession)
- Explaining the method of the interview
  - I will show four times one dilemma. After reading the dilemma, you will receive a few questions about that.
- Possible dilemmas which will be present in the culture type, but counteract the achievement of the strategy:
  - Possible dilemma in clan culture:

U ergert zich aan negativiteit op de werkvloer en u vindt het niet fijn als de neuzen niet dezelfde kant opstaan. Wanneer u een andere mening heeft dan de meerderheid, laat u dit liever niet horen. U bent namelijk bang dat uw collega's over u zullen roddelen. Een fijne werksfeer is voor u heel belangrijk. Daarom houdt u vast aan tradities en doet u mee met de meerderheid, in plaats van dat u uw mening vormt en uw eigen pad kiest.
  - Possible dilemma in adhocracy culture:

In uw werkomgevingen vinden er veel veranderingen plaats. X neemt veel risico's, wat zorgt voor onduidelijkheid en waardoor u erg onzeker bent op uw werk. U en uw collega's nemen hierdoor een negatieve houding aan en mopperen meer. Zo ontstaat er een negatieve spiraal, waarin de onzekerheid met betrekking tot de toekomst de overhand neemt. Daarom toont u minder initiatief en bent u minder bezig met het verbeteren van u werkzaamheden dan u eigenlijk zou willen.
  - Possible dilemma in hierarchy culture:

De communicatie verloopt vaak erg stroef. Daarnaast worden u en uw teamleden weinig betrokken bij belangrijke keuzes. U heeft weinig zeggenschap en u wordt ook slecht op de hoogte gehouden. De bureaucratie en de hiërarchie die heersen ziet u als de grote oorzaak hiervan. Hierdoor zijn u en uw collega's negatiever en heerst er gelatenheid. U heeft het gevoel dat er niet naar u geluisterd wordt. Daarom laat u minder van zich horen en dat u minder moeite om problemen en

oplossingen aan te kaarten, ondanks dat u ervan overtuigd bent dat dit de organisatie vooruit helpt.

- Possible dilemma in market culture

U heeft te maken met grote werkdruk en tijdsgebrek. Dit kost u en uw collega's energie. U heeft het gevoel dat u constant achter de feiten aanrent en dit leidt tot fouten. Bovendien ervaart u dit als erg patiëntonvriendelijk. Dit leidt tot lange wachttijden, weinig tijd voor de patiënt en een onpersoonlijke benadering naar de patiënt toe. Dit zou u graag willen veranderen, maar door de werkdruk en het tijdsgebrek ziet u hierin geen mogelijkheden.

- Questions after each dilemma

- Presence: do you recognize this dilemma in your work environment? What aspects you recognize and what aspects you do not recognize?

(If the dilemma is not present, the next questions can be asked, but they should be adapted to what the respondent think the answer would be if the dilemma is present)

- Experience: (how) does this dilemma influence the way you realize your job?
- Problems: what problems do you experience when this dilemma is present??
- Solving: how do you deal with this dilemma and the resulting problems? What did you try to solve the dilemma? Did it help to resolve the problem?
- Strategy: (how) does this dilemma influence the way the strategy of X is realized?

- Questions after discussing all dilemmas

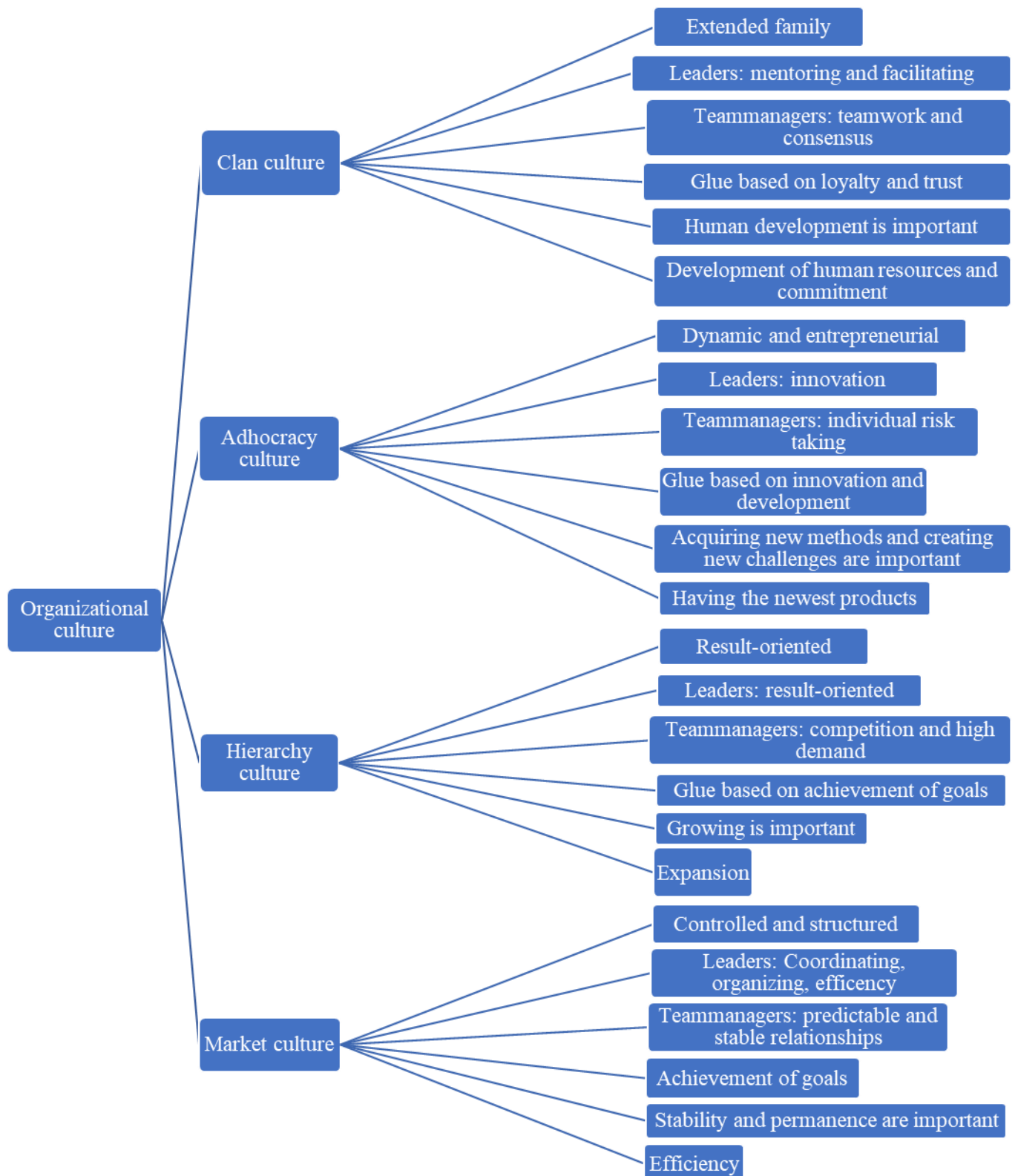
- Which of these dilemmas is most present in your work environment? Why?
- Which of these dilemmas is least present in your work environment? Why?
- According to you, which of these dilemmas has the worst influence in the realization of the strategy of X? Why?

## Appendix 6: Code tree

Code tree interviews and observation:



Code tree open questions survey:



Note: The answers of the respondents are coded based on this scheme. However, only the culture types are noted. Otherwise, it would be too extensive and unclear.