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Organizational Culture of Polish Public Hospitals

1. Introduction

This article sets out to analyze the problem of defining the concept of organizational culture as well as models and typologies used in reference materials. Moreover, based on the quality pilot study, it strives to explain peculiarity of this concept in relation to Polish hospitals.

Organizational culture proved to be a difficult research issue, firstly due to ambiguity of the very term, but also because of the lack of effective tools which would allow to look into given organizational cultures. The problem seems to intensify in the case of such organizations as hospitals, where organizational culture is also influenced by values and professional standards of doctors and medical staff. Nonetheless, organizational culture in hospitals constitutes a significant theoretical issue, mainly due to the fact that the problem has not been conceptualized yet, and, at the same time, is of pragmatic importance, as organizational culture often establishes social norms which may hamper organizational changes.

2. Definitions of Organizational Culture

Reference materials provide several dozen various definitions of organizational culture. All of them may be divided according to three paradigms. Exemplary analysis is presented in the Table 1 below.

Table 1. Definitions of Organizational Culture

Author	Definitions of Organizational Culture	Paradigm
E. Jacques	Habitual or traditional manner of thinking and acting, to some extent shared by members of an organization and at least partially accepted by employees.	functionalist-structuralist
E. Schein	The paradigm of shared and fundamental assumptions created by a given group when solving the issues of environmental adaptation and internal integration. The paradigm may be deemed conventional. New members of organization must accept it as a proper method of solving organizational problems.	functionalist-structuralist
H. Schenplein	Values, norms and beliefs that are commonly accepted in organization as a part of the entire system.	functionalist-structuralist
G. Hofstede	“mind programming” directed at organization members, constitutes a set of values, norms and organizational rules effectively inculcated into the group [Hofstede 2000, pp. 38–41].	interpretative-symbolic
P.M. Blau	specific, unwritten “game rules” in social organization allowing participants of the social life to properly understand organization and identify with it.	interpretative-symbolic
L. Smircich	Networks of meanings created by people in the course of organizational process [Smirich 1983].	interpretative-symbolic
R. Deshapande, R. Parasurman	Unwritten, usually subconsciously perceived rules filling the gap between unwritten area and situation actually taking place in the organization [Deshapande, Parasurman 2004].	interpretative-symbolic
J.M. Kobi, H. Wüthrich	Organizations not only have culture, but also constitute culture themselves [Kobi, H. Wüthrich 1991, p. 29].	interpretative-symbolic

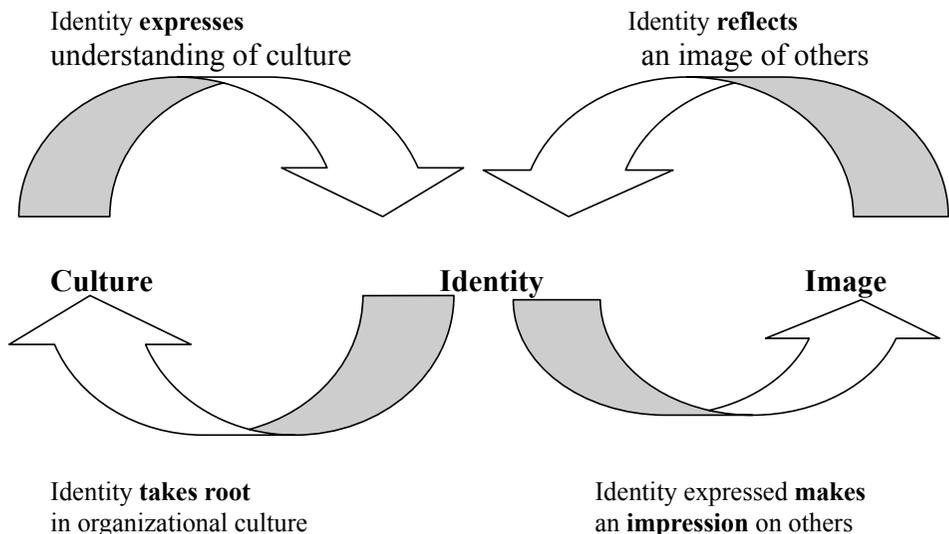
Source: own study.

Definitions of organizational culture are so dispersed due to difficulties in creating coherent research programs and case studies. Organizational culture becomes too capacious and too difficult to be operationalized. Researchers dealing with cultural studies rarely take advantage of their colleagues' contributions while the research output is not compiled as it should be [Sułkowski 2008].

3. Culture, identity and the image of the hospital

Even though the definitions of organizational culture and identity are similar, making a precise distinction between them seems purposeful. Strategor distinguishes culture from identity, placing culture at the level of the symbolic sphere (ideas, values, norms, beliefs, myths) whereas organizational identity is at the level of individual interpretation of that space – an internal image (fantasy, passion, complexes) [Strategor 1997, p. 503]. The above refers to the psycho-social understanding of identity. M.J. Hatch and M. Schultz distinguish between culture, identity and organizational image, simultaneously indicating their co-dependence. “Organizational identity is neither fully conditioned by culture nor results from an organizational image, it is rather created by the co-dependence of those two spheres” [Hatch, Schultz 2000, pp. 24–25].

Figure 1. The dynamics of organizational culture



Source: Hatch, M.J., Schultz, M., 2004. The Dynamics of Organisational Identity [in:] *Organisational Identity. A Reader*, Hatch, M.J., Schultz, M. (eds.). Oxford – New York: Oxford University Press, p. 379.

The co-dependence of organizational culture, identity and image is reflected in four processes which take place between those spheres. Firstly the point is to reflect the very images of the organization created by others within its identity. Secondly we observe the process of identity being instilled in organizational culture. Identity leaves a mark on the shape of values, norms and organizational culture patterns; it must be embedded in culture. The above leads to the expression of organizational culture through identity, identity, in turn impresses others by means of an image. The whole model has a feedback nature [Hatch, Schultz 2004, p. 379].

4. Models of Organizational Culture

Distinguishing organizational culture models and typologies from general models of organizations or its selected areas seems to be the basic cognitive problem. Since we have both theoretical and operational problems connected with separating the organizational culture from the entire organizational system, we find it difficult to describe and classify it. By distinguishing five basic organizational configurations, such as: simple structure, machine bureaucracy, professional bureaucracy, divisionalized form and adhocracy, H. Mintzberg, in fact, relates to the organizational culture, even if he focuses on the structure [Mintzberg 1983]. Ch. Perrow described types of organizational cultures by creating the matrix of technologies based on the changeability parameters and the degree of analyzability (routine, engineering, craft and non-routine) [Perrow 1967]. A sieve and human capital models are two opposite ideal types of organizational culture. A similar situation exists in the case of models of leadership, power, organizational learning or managing human resources. They depict the entire organization or its selected area and, at the same time, may be perceived as a model or typology of organizational culture. Too excessive capacity and ambiguity of organizational culture makes it impossible to analytically separate organizational culture from other areas of organization.

Reference materials provide a great number of models and typologies for organizational culture. Most often quoted concepts were created by the following researchers: E. Schein, W. Ouchi, T. Deal and A. Kennedy, T. Peters and R. Waterman, G. Hofstede and Ch. Handy [Peters, Waterman 1980, pp. 129–141]. All of them have been implicitly constructed upon the functional structuralism. While analyzing those concepts in terms of convergence, it can be observed that they are in accord as far as organizational elements of culture are concerned. Majority of authors, following the example of E. Schein, agree that organizational culture includes several of these elements: values, norms, basic assumptions, cultural patterns, language, symbols, artifacts, rituals and taboos [Schein 1992]. Models of organizational culture are, on the other hand, very diverse in terms of the proposed dimensions of values and typologies. After all, some of them were created as a result of speculations and consulting

practice rather than in the course of scientific research. T. Deal and A. Kennedy differentiate organizational culture according to the degree of risk and feedback speed. Blend of these dimensions allows to create the typology of cultures: tough guy/macho, work hard/play hard, “be your company” and process oriented [Deal, Kennedy 1988]. Concepts of Ch. Handy, W. Ouchi as well as T. Peters and R. Waterman are similarly simplistic and have not been rooted in a wider frame of scientific research. The last three concepts bear the hallmarks of good “marketing products”, since they were based on a spectacular idea and were intensively promoted as popular handbooks. Unfortunately, to achieve higher sales, it was necessary to simplify the reality. Even if they may seem witty and inspiring for managers, it would be difficult to claim that they were shaped by solid empirical foundations. The situation is different in the case of G. Hofstede’s concept which evolved from the studies of enterprises, carried out on a small scale but with the use of the sophisticated research program focused on quality and quantity. Based on the analysis of the above mentioned elements of organizational culture, six dimensions for analysis were distinguished: willingness to retain the procedures – willingness to achieve the best results; care for employees – care for production; membership – professionalism; open system – closed system; slight control – strict control and normativity – pragmatism [Hofstede, Hofstede 2007, p. 307]. Organizational culture dimensions proposed by G. Hofstede differ significantly from dimensions proposed by other authors creating models based on empirical studies. Therefore, what we experience here, is the “jungle” of models, dimensions and typologies of organizational cultures [eg. Goffee, Jones 1998].

5. The types of hospital organizational cultures

One can find numerous typologies of organizational cultures in reference books. The most popular are, e.g. the two-dimensional classifications of: Ch. Handy, T.E. Deal and A.A. Kennedy. At the initial stage of studies I suggest the application of the simplest one-dimensional dichotomic culture typologies with reference to the hospitals in Poland:

- 1) Weak culture – strong culture,
- 2) Positive culture – negative culture,
- 3) Conservative culture – innovative culture,
- 5) Hierarchical culture – egalitarian culture.

1. Weak culture – strong culture.

The organizational cultures of hospitals usually display the weak culture characteristics, frequently with two or more accompanying antagonistic subcultures. Besides internal conflicts of interests, pride related to affiliation with the company is frequently lacking, while the employees are often proud of the profession they practice. The degree of involvement and loyalty is also difficult to generalize (Table 3).

Table 3. Strong culture versus weak culture.

Characteristics	Strong culture	Weak culture
Degree of approval of organizational values and norms.	Consensus as to organizational values and norms.	Conflict as to organizational values and norms.
Sense of community among employees.	Strong sense of community among employees.	Feeling that interests collide and tendency towards confrontation.
Degree of formalization of norms.	Unwritten, generally respected norms.	Formalized, frequently evaded regulations.
Employee involvement in company life.	High degree of employee involvement.	Low degree of employee involvement
Degree of employee loyalty to the company.	High degree of employee loyalty to the company.	Low degree of employee loyalty to the company.
Emotions related to being a member of the organization – pride or shame	Pride in affiliation with the company.	Being ashamed of affiliation with the company.
The employee's emotions – feeling appreciated or humiliated.	The employee feels appreciated in the company.	Many employees feel humiliated in the company.

Source: authors' study.

2. Positive culture – negative culture

The criterion of distinction between positive and negative cultures is first of all a culture's effect on long term organizational efficiency. A positive culture should favour meeting the goals set by management, whereas a negative culture can hamper the realization of those goals. P. Bate, based on his studies, described a negative organizational culture syndrome which can be contrasted with a positive culture. We can analyze in which group our family companies could be included (Table 4) [Bate 1984].

Table 4. Negative culture versus positive culture.

Characteristics	Negative culture	Positive culture
Emotionality	Emotional coldness – the avoidance of expression and feelings.	Moderate or strong emotionality– sharing emotions with others.
Personalization of organizational bonds.	Depersonalization of inter-human relations – high degree of formalization.	Personalization of relations in the organization – direct personal statements, lower degree of formalization.
Activeness of employees.	Subordination – waiting for the superiors' instruction in order to solve problems.	Activeness – tendency of employees to take independent decisions and to independently solve problems.
Approach to changes.	Conservatism – inflexibility in new situations.	Flexibility – openness to changes and readiness to implement them.
Isolation.	Concentration on individual duties, specialization.	Broader look at the functioning of organization, attempts at generalization.
Approach to other organizations.	Antipathy – people appear to be adversaries rather than supporters (individualism).	Friendliness – people are more often supporters than adversaries (collectivism).

Source: authors' study based on P. Bate, 1984.

3. Conservative culture – innovative culture.

Conservative culture is connected with the tendency to reduce uncertainty, to act with little risk involved, to try to maintain the *status quo* and stress the organization's stabilization role. The role of tradition in the company is stressed. Different versions of activities and scenarios are of deterministic nature; risk avoidance is assumed, there is a maximum restriction of the information deficit and one version planning. Changes are mainly interpreted as a threat.

An innovative culture is change-oriented and is associated with readiness to act even when there is an information deficit; also an inclination to take risks is observed. The organizations are characterized by high tolerance of risk and they do not aspire to maintain the *status quo* and are ready to accept external changes and introduce transformations. They usually adapt better to changes in their surroundings and are flexible. They attach more importance to the openness of the organization than to its stability (Table 5).

Table 5. Conservative culture versus innovative culture.

Characteristics	Conservative culture	Innovative culture
Change-oriented	Oriented toward maintenance of organizational <i>status quo</i> .	Organizational change-oriented.
Entrepreneurship	Low level of entrepreneurship and innovativeness.	High level entrepreneurship.
Attitude to tradition	Respect, tradition treated as a model.	Distance, tradition treated as a burden.
Respect for authorities	High respect for experienced people in the organization.	The value of the authorities is questioned, "new blood" is in demand.
Approach to information	Tendency to act when complete information is available.	Approval for activities when an information deficit occurs.

Source: Sułkowski, Ł., 2002. *Kulturowa zmienność organizacji*. Warszawa: PWE, pp. 70–74.

5. Hierarchical culture – egalitarian culture.

Preference for hierarchism is related to the conviction that people differ from one another and the organization reflects this diversity. Thus the organization should include numerous executive levels and there should be diversity in the rights, privileges and benefits of various employee groups. A special significance is attached to the maintenance of discipline and strengthening of the authority of power. In hierarchical organizations a strong diversification of employees prevails. Thinking in terms of elites is preferred. The significance of discipline and order resulting from the power structure is stressed.

Striving for equality originates from the conviction that people are vested with similar rights and the organization reflects that elementary equality. Therefore an organization should possess a flat structure and maximally limit the number of management levels. Strong diversification of rights, privileges and benefits of employees is inadvisable. Equality generates the following attitudes in organizations: emphasis on the similarity of employees, preference for egalitarian thinking, orientation toward spontaneity and flexibility of structures and power relations (Table 6)¹.

1 Ł. Sułkowski, *Kulturowa zmienność organizacji*, PWE, Warszawa 2002, pp. 66-68.

Table 6. Hierarchical and egalitarian cultures.

Characteristics	Hierarchical culture	Egalitarian culture
Inequalities of post	Striving for strengthening inequalities between job posts.	Striving for levelling the differences between job posts.
Wage differentiation	Approval for large differentiation of wages at different posts.	Striving for the restriction of wage differentiation.
Management style	Autocratic.	Participatory.
Degree of centralization of decisions	Centralization of decisions.	Decentralization of decisions.
Origins of organizational hierarchy	Natural, impartial, belief that the employees at lower organizational posts are usually less capable and skilled than the higher level employees.	Social, conventional hierarchy is related to playing various pragmatically determined roles.
Stability of power hierarchy	Hierarchy should be stable.	Hierarchy should be flexible and undergo changes.
Dependence relations between employees	Subordinates depend on superiors.	Superiors and subordinates are interdependent.
Privileged higher level employees	In organization higher level employees should receive privileges.	In organization everybody should have equal rights.
Concept of exercising power	The concepts which stress the significance of superiors and management of employees prevail.	The concepts which stress the significance of employees and their involvement and participation in the management process prevail.

Source: Sułkowski, Ł., 2002. *Kulturowa zmienność organizacji*. Warszawa: PWE, pp. 66-68.

The analysis of the organizational cultures of the hospitals studied results in the conclusion that the hospitals are threatened with the occurrence of culture symptoms which bring about lower organizational efficiency, that is: weak, negative, conservative and hierarchical cultures.

6. Relations between Culture, Structure and Strategy

The relations between organizational culture and other areas of organization, including strategy, structure and organization setting are also unclear. Several approaches and differentiation criteria may also be indicated here.

Separation of the organizational culture from other elements of organization is the first problem. Functionalists usually opt for the possibility of theoretical and practical separation of cultural, structural and strategic areas, while interpretivists and postmodernists tend to tacitly assume, or even explicitly indicate, inseparable connection between these semantic areas [Smircich 1983, pp. 55–65].

Establishing a priority is the second issue. One has to answer the question whether organizational culture is more important, equally important or perhaps less important than other management areas. Obviously, majority of researchers dealing with cultural phenomena pronounce for superiority or at least equivalency of culture in organization management [eg. Kobi, Wüthrich 1991]. Outside the cultural mainstream, however, it would be easy to find supporters of the theory that strategy predominates over organizational culture [Eg. de Wit, Meyer 2007, p. 33].

Establishing the relation between organizational culture and the organization setting, constitutes, in my opinion, the third and the key issue. Reference materials provide a vast number of studies and analyzes devoted to the relationship between culture *per se* and other elements of social and economic setting [Bogalska-Martin 2007, pp. 237–256]. This abundant scientific material includes classical studies carried out by M. Weber [Weber 2002], analyses of the relationship between the culture and the wealth of nations: F. Fukuyama [2001], DS. Landes [Landem 2000], as well as multicultural comparative studies: G. Hofstede, A. Trompenaars and Ch. Hampden-Turner, R. Hous and R. Inglehart [Hofstede 1984; Hampden-Turner, Trompenaars 1998; House, Hanges Ruiz-Quintanilla 1997, pp. 215–254; Inglehart 1997]. All of these works, however, do not relate to the relationship between organizational culture and social, economic or even cultural setting. If we assume that organizational cultures are "immersed" in the cultures of given societies and constitute a different set of values, what kind of transmission is there between these areas then? Vast majority of researchers assume that the values and norms of the society diffuse into the organizational culture. Obviously, any opposite influence is also possible, even if the range is usually smaller due to the size of the community and strength with which these values and norms may become entrenched. Still, a homogenous model defining the relationship between the culture of society and organizational culture has not been created. There are no decisive solutions which would allow to determine the cohesion level between culture of a society and organizational culture. Some authors depict organizational cultures and

cultures of the societies employing completely different models and dimensions of values [Hofstede, Hofstede 2007, p. 307]. Others assume larger coherence and use the same or similar models and dimensions of values [Sułkowski 2002, p. 111].

Lack of conclusions in terms of the relationship between the organizational culture and other elements of the organizational system results in making very diverse empiric and research assumptions in this area. Theorists and managers include both enthusiasts and skeptics of using organizational culture for the purpose of organization management.

7. Methodology of the Quality Pilot Studies

Initial results included in this study cover a series of free-form interviews with managers and employees from four hospitals located in the Lodz Province in Poland. In total, 15 interviews were conducted which aimed at gathering different opinions concerning the description of: culture, norms, key social values and tensions typical of hospitals. Provided interpretations should be perceived merely as initial and quality conclusions, any generalization would require wider and more representative studies.

Interviewed managers and employees were employed in 4 hospitals in Lodz Province. Brief description is provided below:

Hospital No. 1: a public unit with over 2500 employees. This is a specialist hospital, with gynecologic, obstetric and pediatric wards, in a difficult financial condition undergoing a restructuring process. The hospital was founded by the Ministry of Health.

Hospital No 2: a university hospital employing over 1000 people. The hospital was founded by the Medical University. This is a multi-specialist hospital with, among others, such wards as: cardiology, pneumology, diabetology, dialysis, allergology, neurology, neurosurgery, general and transplantation surgery or laryngology. The hospital remains in a good financial condition and has been developing its infrastructure and improving specialist medical equipment for many years now.

Hospital No. 3: a multi-specialist hospital employing over 500 people. The hospital was founded by the Ministry of Interior and Administration. This is a multi-specialist hospital. For the last three years, the unit has undergone a deep restructuring change which allowed to improve its financial condition. In spite of onetime debts, the hospital currently does not generate any liabilities.

Hospital No. 4: a district hospital, in 2009 was transformed into a company with 100% shares owned by the local government. Currently, the hospital employs 750 people and specializes, among others, in: surgery, internal diseases and infectious diseases. A number of medical services which are rendered is outsourced to small entities affiliated with the hospital. The hospital has undergone a deep restructuring change, which allowed to settle former debts and regain a financial balance.

8. Conclusions

Tension between the subcultures is the main conclusion in the cultural area. The strongest subcultures relying on their own values and norms and displaying the high level of self-identity, include the following professional groups: doctors, managers, nurses, other medical employees (e.g. paramedics). The dynamic social balance based on power play and clashes of cultural patterns and norms can easily be observed between those groups.

The second conclusion shows the correlation between the organizational culture of hospitals and professional cultures. Organizational culture in hospitals is created by tension between the values of professional cultures, especially cultures of doctors and nurses, and organizational culture of the hospital, that is a business entity operating on the commercial market. This clash between the two systems of values reduces effectiveness of managerial activities. Medical ethos based on the Hippocratic Oath urges medical professionals to care about health and life of the patient. This is an autotelic, basic and core value deeply rooted in the medical culture [Nawrocka 2008, pp. 66–98]. On the other hand, organizational culture of hospital managers who have to work during transformation period and strive to lower operational costs, is increasingly similar to the values and norms typical of a competitive enterprise. What predominates then, is an ongoing pursuit for costs optimization and financial surplus which would allow to expand the hospital activity. These two approaches tend to be contradictory, which is evidently reflected in the hospital organizational structure (Table 2).

Table 2. Cultural Dualism of Hospitals in Poland.

Criterion	Professional Medical Culture	Hospital Organizational Culture
Key values	<ol style="list-style-type: none"> 1. Providing the highest quality medical services 2. Taking care for a patient 3. Using the latest methods of medical treatment 4. Striving to cure a patient regardless the costs 	<ol style="list-style-type: none"> 1. Lowering operational costs 2. Taking care for the hospital development 3. Generating balance surplus amounts 4. Abandoning unprofitable medical services
Sense of community	Bonds and values of the given professional group, built upon the community	Communication and loyalty of the organization members, built upon collaboration
Sense of autonomy	<ol style="list-style-type: none"> 1. Strong sense of community and professional autonomy 2. Hermetical groups of doctors and nurses 	<ol style="list-style-type: none"> 1. Separation from the surrounding and competitiveness 2. Responsibility of managers
Sense of continuity	Professional associations, maintaining contact with professional environment	Continuity of employment and hospital activity Continuity of management

Source: own study.

The described dualism of organizational cultures in hospitals leads to a series of organizational consequences. Firstly, three distinct subcultures may be easily distinguished: doctors, nurses and managerial-administrative staff, which clash with one another more and more often. Hospital managers, most often doctors (as in the four analyzed hospitals), intuitively or with perfect awareness understand this tension within organizational culture perceiving it as a peculiar “split personality of managers”. Being doctors, they wish to conform with the medical ethos, but, at the same time, they are also obliged to take into account economic and managerial logic.

According to the third aspect, as it was proved by the conducted interviews, organizational culture is, above all, interconnected with organizational structure of hospitals. The strategy is perceived by managers as a formalized document which does not provide any innovative solutions since the dynamic setting demands the implementation of incremental strategies while organizational structure was often believed to be coupled with culture. For instance, culture of hospitals No. 1 and 2 was built upon bureaucratic patterns, culture of hospital No. 3 goes in line with pragmatic patterns, while culture in hospital No. 4 is an equivalent of entrepreneurial patterns.

To sum up, based on initial quality studies of organizational cultures, it can be observed that there are significant differences between culture of enterprises and culture of hospitals. Specificity of hospital cultures lies in significance of professional cultures and the peculiar tension between organizational and professional cultures. The phenomenon of hospital culture in Poland seems to be of great importance and has not been properly explored yet.

Abstract

This article sets out to analyze the issue of defining the concept of organizational culture and focuses on models and typologies used in reference materials. Moreover, based on the pilot quality study, it tries to explain peculiarity of this concept in relation to Polish hospitals.

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