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Culture in hospital organizations and cultural policies for coordinating communication and learning

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Abstract

This article deals with the importance of culture due to its dual strategic characteristics as both a process and a product of interaction, from the perspective of the management and planning of hospital organizations. The cultural changes within a hospital are analyzed through a review of theoretical and practical studies of health organizations, which are understood as relationships brokered by actors in a cultural system, who react to the introduction of mechanisms for participation and communication through mechanisms for learning. Through this discussion, arguments are provided to diversify and deepen the debate about administrative paths associated with communication which can lead to institutional efficiency, by suggesting the creation of communication mechanisms for building incentives in organizational learning and the operationalization of simple criteria for analyzing and revealing the cultures of a hospital organization.

Keywords

Hospital management, culture, hospital

Introduction

> "The days of empiricism in hospital management are numbered. Administrative and financial tools are increasingly necessary."
> (R. R. Baumgartner)

A critical analysis of a hospital reveals one of the most complex structures of modern society. This argument is common in the health field, leading to the impression that the sector is characterized by insurmountable specificities. The reason for this is that throughout history, hospitals have had to take on different and increasingly complex functions: to recover, maintain and increase the standard of health of human beings. These functions require a highly divergent and complex set of activities, such as providing health care, testing, diagnosis and treatment, and planning and executing hospitalization, surgical interventions and other procedures.

To carry out its different functions, a hospital is structured, on the one hand, through *directed*, top-down policies involving the formation of sectors in charge of well-defined activities, and on the other hand, through the *relational* development of a culture of its own.

The result is a markedly complex and conflictive structure which has the aim of ensuring the integrated work of its organizational body in the provision of health services, but is characterized by a culture associated with the fragmentation of power and the disputation of space.

Some hospital sectors carry out such specific tasks, that outside of the hospital context they are often self-contained areas, and so the hospital organization becomes a combination of hotel, laundry, pharmacy, school, and community center, as well as being a center for curative and preventative care.

In light of the organizational dialectic between the *ideal integration* for the provision of health services and the *real hierarchical fragmentation of power*, hospitals are classic examples of what MINTZBERG (1994) calls *professional organizations*, whose analysis requires *special motivations, incentives and care*, which are mechanisms for orientation and coordination which assist administrative and management decision-making strategies, and reveal themselves as considerable cultural spaces with mutual adjustment of motivations and compatibility of interests.

The functional definition of a hospital organization considers it to be an open social system, where other technical subsystems are also in operation and represented by the specialist knowledge and skills of professionals such as doctors, nurses, psychologists, nutritionists and others. As a result, no person or group is entirely responsible for the success or the quality of the patient's overall experience, since the professionals are responsible for part of the process, and there is no accountability mechanism the whole cycle.

According to MARINHO (2001), hospitals are professional organizations which depend on the capabilities and knowledge of the people who work in them in order to operate; their results can therefore not be easily measured or standardized, since these are strongly dependant on the relationship between the professional and the user.

Hospitals are typical service providers, highly useful and important for the community as a whole. As well as being the workplace of some members, it is there that many seek help at key – and the most difficult – moments in their lives.

The work of these organizations is particularly complex, comprising professional groups with different capabilities and training, but which are organized, predominantly, around a hierarchical structure made up of specialisms and specialists in medical, technical and administrative sectors.

The work of hospitals represents a concrete practice, in which the most varied relationships are established from different angles, on the one hand through *doctor-patient relationships* focused on treatment, prevention and care, and on the other, through *working relationships* which permeate the hierarchies and the *ethos* of the work, from a humanistic point of view, and the modes of organization of the production and consumption of health within the hospital from a management point of view.

Traditional hospital structures are generally defined as *pro-cyclical*, since they function very well when variations in the external environment do not have a significant impact on organizational routines, but do not prove to be efficient in a changing environment requiring constant adjustments since they centralize actions and do not stimulate cooperation or learning (ABDALA et al., 2006).

The technical and practical elements of administrative management have been one of the most criticized aspects of hospital organizations due to the fact that they are considered to be complex organizations, which include a series of processes and parallel activities alongside the hospital's main activity, patient care (LIMA-GONÇALVES, 2002).

The differences between hospital organizations and other kinds of organizations are also an important point for understanding these organizations and the phenomena which take place in them. The factors which best distinguish hospital organizations from other areas of operation are: a) the difficulty in defining and measuring the hospital product; b) the frequent existence of a dual authority structure which gives rise to conflicts; c) the preoccupation of doctors with their profession and not with the organization; d) the high variability and complexity of the work, which is extremely specialized and depends on different professional groups; e) given the accentuated technological dynamism, the sector is essentially labor-intensive; f) many technological innovations imply the introduction of new services on top of existing ones which require new staff for their execution rather than changes in the way of providing a given service; g) the productivity of the work depends, above all, on an adequate combination of the different types of professionals; h) staff with higher levels of education, and particularly doctors, taken on the most complex functions, including the administrative management and the technical leadership of the work of the auxiliary staff, as well as its regulation and supervision; i) the simplest functions are the responsibility of the auxiliary staff, which carry them out in order to meet standards; j) in some areas, the productive forces of science and technology have the effect of raising the productivity of the work process, but this is limited to a few therapeutic and diagnostic processes (RODRIGUES FILHO, 1990).

Only health organizations have all of these characteristics at the same time, resulting in the challenge of how to integrate the organization as a whole given the division and specialization of labor which produces massive internal segmentation.

Culture in the new paradigm of hospital administration

The idea of organizational culture is an important concept for hospital administration, because it allows

the health organization to discover its shared identity, enabling the creation of efficient communication mechanisms to provide its members with the messages they need to contribute to organizational performance.

The discussion of hospital culture could be a strategic element to help health institutions to think about how they are administered, since a concern with culture is from the outset associated both with the need to refine the development of processes in a hospital and with the power relationships and the conflicts of interests within the organization.

Cultural formation is a contemporary concern, very topical at the moment, since it seeks to understand the many paths which lead human groups to their relationships in the development of organizations, which are characterized by *contracts* and *conflicts* between the different ways of organizing social life and appropriating and transforming resources.

"The process of the formation of organizational culture is identical to the formation of groups, who share beliefs, thoughts, feelings and values, which are a result of experience and collective learning. This means that without the formation of groups there will be no culture and that these groups will become foci of the formation of subcultures in order to justify their existence" (MACEDO, 1996).

Any human group, if submitted to a certain level of isolation and subject to certain influences, will, over time, develop certain behavioral characteristics, in terms of prioritizing certain values and modes of expression which will differentiate it from other groups, thereby establishing a kind of collective identity, called *culture*.

Table 1 - Origins of the formation of organizational culture

Single and via consensus	Culture is the result of the attributes and consensual and harmonious actions of a group of individuals. Not all the members necessarily participate in the formation of the culture, since it can be legitimated by imposition and acceptance.
Multiple and via conflicts	*Multiple and via conflicts* All the members of an organization participate in the creation of its culture, which is the result of the consolidation of a history of conflicts and a variety of subcultures.

Source: Prepared by the author

The emergence of a new culture in a hospital environment can be understood both as a product and a process which is spread through formal and informal forms of institutionalization.

The culture theme becomes important in health organizations when changes and new communication capabilities are demanded by the structure and the staff body due to the identification of cultural patterns which have a negative effect on organizational efficiency.

However, cultural changes and new communication and learning capabilities in hospital practice are often not necessarily consensual or widely accepted, as they represent a threat to the professional values and practices of the staff and to the actual cultural patterns established in the work. In many cases, to protect themselves from this threat, doctors and nurses develop resistance to the changes due to a fear of the unknown, preferring to maintain their own communication channels and behavioral patterns in order to carry out their activities as usual (MAGALHÃES et al., 2006).

"Changes bring uncertainty, transform power relations, change the structure of the forces that maintain the status quo and make it necessary to seek new ways of resolving the conflicts that come with the new era. Thought must be given to the question of whether the senior management is really willing to face up to the change by going to the root of the problems, because this often results in the loss of power or its redistribution. (MACHADO et al., 2004)."

With the aim of increasing the efficiency of hospital organizations, the managers should avail themselves of strategies and mechanisms which allow the identification of existing subcultures and make use of communication mechanisms to encourage the participation and integration of the actors in the quest to develop a new culture and new learning.

Table 2 - Analytical perspectives on organizational cultures

Line of work	*Concept of Culture*
Corporate Culture	Culture functions as an adaptive regulatory mechanism. It makes it possible to coordinate the individuals in the organization.
Organizational Awareness	Culture is a system of shared awareness. The human mind generates culture through a limited number of rules.
Organizational Symbolism	Culture is a system of shared symbols and meanings. Symbolic action must be interpreted, read or deciphered in under to be understood.
Unconscious Processes and Organization	Culture is a projection of the universal and unconscious infrastructure of the mind.

Source: Prepared by the author based on PAIVA et al (2003).

Each cultural reality has its own internal logic, which must be understood in order for its practices, customs and thinking and the transformations they undergo to make sense. The variety of cultural procedures must be related to the contexts in which they are produced and the impacts they cause.

It should be noted, however, that the invitation to consider each culture on its own should not be disconnected from the need to consider the relationships between cultures. In fact, if the understanding of a culture requires consideration of

the diversity of staff in a hospital, this is precisely because they are interacting with each other.

More important still is the observation that the destiny of each group is marked by the ways of organizing and transforming life in society and overcoming the conflicts of interest and the tensions generated in social life.

It is important to consider the internal cultural diversity of hospital society; this is truly essential for a better understanding of the institution, not least because this diversity is not made up only of ideas; it is also related to forms of social behavior and the financial impact caused by particular resource allocations.

Despite the variations in the forms of social organization, there are some notoriously dominant trends in hospitals, such as the formation of strong groups with centralized political institutions. The formation of these hard cores, or core sets, has its origins in the processes of consolidation of administrative policies which have been *directed* since the foundation of the health organization, which tends to give a specificity to the construction of administrative policymaking in a hospital through a hierarchical "bureaucracy" of experts, which is institutionalized over time through relational cultural paths which reaffirm and legitimate the asymmetry of power in the daily structure of work.

Efforts to place all the cultures present in a health institution in a single and rigid set of stages are not, however, efficient, although a clear hierarchy of interests can be observed, through which the direction of the formation of cultures prevails. In this respect, the cultural patterns which exist within a hospital organization end up justifying the understanding of hospitals as professional organizations stratified by relations of domination, where the traditional exercise of power manifests itself through the technical position of each member of staff.

Investigation into the characteristics and traits of cultures in a hospital reveal that these are not something complete, closed or stagnant, but rather dynamic and shaped by the power relations. In fact the main advantage of studying them is their contribution to the understanding of administrative policymaking and the communication and learning processes present in a hospital.

The correlation between the organizational culture of a hospital and its performance

Among the factors which explain the low performance of health organizations two types of problems are usually identified: in first place, on an *institutional level*, this is linked to questions of funding, institutional design and the accountability system of health professionals; and in second place, on a *systemic level*, it is linked to arguments about the crisis of healthcare models worldwide.

The hypothesis suggested by this article is that the various institutional cultures have a significant impact on determining low levels of hospital efficiency, without disregarding the influences mentioned above relating to institutional and systemic elements, which make up the relational definition of organizational culture.

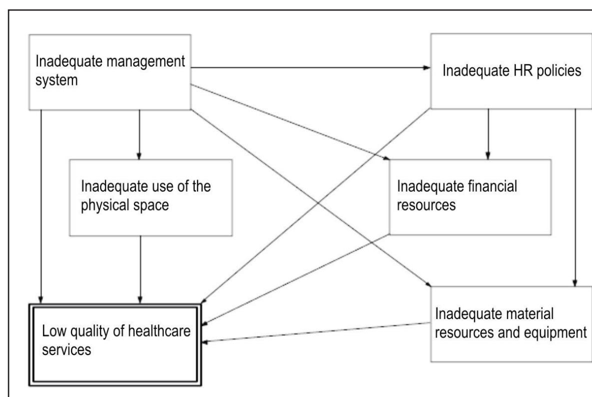
Traditionally, the physical and technological context and the economic and political structure of funding have been the components considered most important for the performance of hospital organizations; however, the symbolic processes linked to institutional practice within a hospital, in other words to the *institutional culture*, may also play a significant role.

According to BARLEY (1986) the cultural structure of an organization influences the performance of its professionals, who in turn influence the structure. This approach includes an awareness of the need to recover the knowledge of the professionals who work in the health services sector and ensure that they enjoy an adequate and flexible work structure which meets their needs.

There is also the need to discover the *causes of the failures* in hospital production processes, searching for communication mechanisms which would prevent them from occurring and improve the allocation of resources for these services and as a result, reduce costs.

According to LANZER et al. (1995), organizational processes are affected by various factors, and each factor is in turn influenced by a number of others. The same thing happens within an organization,

Figure 1 – Map of the problems in a hospital environment



Source: LIMA-GONÇALVES (2002).

where the productive processes are influenced by a wide range of factors, which makes them variable.

This variability requires monitoring and the identification of checkpoints or bottlenecks, since there is the imminent possibility of cultural factors playing a role. In the health sector this aspect requires special attention because, as SANTOS (1995) suggests, there is probably no other area of human activity where the concept of quality and its application are so

important, since failures in procedures have serious consequences and expose the user to risks.

The first cultural problem to be discussed are the communication barriers in health organizations, which have made it difficult for staff members to analyze their results in order to evaluate and then discuss them, since their starting point is that they always do the best that can be done. This cultural problem is related to a certain level of authoritarianism and aspects of corporatism, since it assumes an asymmetry in the relationship between the health team and the patient, or, more often, between the doctor and patient (CARAPINHEIRO, 1993).

The expression "medical mafia" is not new and is used to cover up mistakes, since professionals are expected to protect each other or at least not to report each other; it also justifies decision-making on behalf of patients, prioritizes certain professional categories over others and makes an assumption that (at least some) hospitals are medical organizations, instead of the wider concept of health organizations. This helps to explain why there are hospitals where it is possible to modify the culture across areas with greater or lesser ease, and it is sometimes necessary to scale back initiatives (PICCHIAI, 1998).

This same corporatist culture is used to justify some difficulties present in health management, since the autonomy enjoyed by the leadership of the core professional group and the active presence of professionals from the operational base, in a situation characterized by communication problems, can cause a series of clashes which make communication activities difficult.

In fact there are at least two areas of hospitals which usually design their own management and evaluation models, not bowing to the dictates of the organization as a whole (the nursing and medical staffs), which leads to inefficiencies in the allocation of resources, and the widening of a financial and cost gap between planning and actual activities.

The upper levels of the hierarchy represent administrative structures influenced by the professionals, due to the decentralized structure, motivated by an interest in gaining collective control of the administrative decisions which affect them. In addition, there are significant common resources in these organizations, including support activities, which justify the movement from the base to the top of the hierarchy, and explain why the professional hospital organization has been called an *inverted pyramid*.

The culture of verticalization in professional relationships can be seen in the different social values given to staff and the centralization of decision-making which interferes which the organizational process, representative of the authoritarian praxis.

The lack of methodologies for hospital evaluation makes it difficult to develop a profile of individual hospitals, and in particular to visualize all of their inadequacies and the resulting negative effects on patients and professionals. In actual fact the problem lies in the inefficiency of the hospital evaluation process itself, due to the lack of instruments and standards, and in the culture which is consolidated in the organization, permitting forms of behavior which are traditionally known in the economics literature as opportunist and which conspire against the efficiency of the system.

All of these cultural problems have an impact in one way or another according to a correlation with the institutional and financial performance of health institutions, whether due to the poor allocation of resources, inefficiencies stemming from the asymmetry of information or opportunist behavior, which make coordination difficult and therefore raise costs.

The identification of the cultural incentives for shaping hospital organizations and the behavior of hospital staff is a key input for the formulation of internal policies for cultural change and the promotion of new institutions which can be put into practice. This is important to the staff members directly linked to the hospital administration and to hospital directors, not just because there is a widespread perception that certain configurations of organizational culture are having an appreciable effect on hospital performance, but because they are also synergistically related to other institutional and financial variables.

Cultural policies for management and planning

Health organizations, identified in MINTZBERG's (1982) typology as professional organizations, are still largely managed by health professionals who have little or no knowledge of administration. This has caused many obstacles to the survival of these institutions.

On a daily basis, the media has published details of the conditions in public and private hospitals in the different Brazilian regions: lack of beds, overcrowding, wastage, deterioration of equipment, lack of qualified human resources, and discontentment among internal and external stakeholders, among many others.

For a hospital organization to carry out its mission effectively, it is fundamental that its actions are the result of an organized and ongoing planning process, based on policies and guidelines which are relevant to the organization, and an awareness of the expectations of its staff and the conditions and the resources it has at its disposal.

The culture of occasional planning must be renounced, and replaced by ongoing and systematic planning. Occasional planning exercises may even produce good results, but without an awareness of the importance of establishing precise bearings for the institution, projects end up withering, without ever resulting in improvements relating to the future desired for the organization.

A planning cycle which is to bestow consistency on the institution's activities should begin with the

cultural definitions of the hospital organization and end with the definition of clear and specific targets which translate the cultural set of institutional aspirations into practical actions which will truly allow it to move in the desired direction. After a first cycle of defining *values, beliefs, rituals, taboos, myths, regulations, formal and information communication systems* and *products or visible artifacts* it is necessary to periodically revisit the environment and the threats and the opportunities which present themselves, in order to be able to foresee situations which may come to interfere in what has been planned, and enable a review of both strategies and actions.

Table 3 - Elements which make up the culture of hospital organizations

Values	Correspond to everything that the organization considers important for preserving, fulfilling and maintaining its image and the desired level of success, for example the importance of patient satisfaction.
Beliefs	Can be perceived through people's behavior and are linked to the quest for efficiency. Rituals are the way in which the beliefs and targets are put into practice and pursued on a day-to-day basis.
Taboos	Refer to what is forbidden to members of the organization and the guidelines and facts considered to be unquestionable. One example is the fact that doctors should be paid more than their subordinates.
Organizational Myths	Generated by the existing culture and represent conscious expressions of it. They are connected to the beliefs and values which are professed, since it is through organizational myths that these are crystallized over time.
Regulations	Written or unwritten rules that guide the way in which people should proceed so that the organization reaches its goals. Whether or not they are accepted depends on how coherent they are with expectations and aspirations.
Formal Communication	Systematic communication between the organization and its external and internal environment, carried out through announcements, interviews, memos, written notices, texts, etc.
Informal Communication	Non-systematic communication which is not subject to regulation or control, and which takes place through inter-personal relationships in a subjective way, not subject to external controls.
Products or visible artifacts	Refer to the environment which is made up of the hospital organization, the visible behavior and results of the staff, and public documents which are visible, but difficult to interpret.

Source: Developed by the author based on TAVARES (1996).

Hospital organizations and their managers suffer the impact of transformations. Management has shifted from the practice of simple administrative oversight techniques to the incorporation of new skills and attitudes associated with decentralized participation. Strategic vision, capacity for creativity and innovation, and communications, inter-personal and negotiation skills come to be attributes of these professionals (CHERUBIN, 1997).

The importance of this senior management in the definition of the operation, the mission and the objectives of a hospital continue to be an inherent part of the management and organizational planning processes, which rules out a possible paradox between the *vertical strategic definition of administrative policies* and the *horizontal sharing of information and spaces of participation*, since hospital management and planning must simultaneously incorporate the horizontal and vertical relationships present in the daily work routine, and therefore, the administration of cultural relationships, power and participation.

For TODESCATI (1996), the organization's inherent capacity for ongoing learning about its own environment, allowing it to generate appropriate reactions and mobilize resources to compete, signals the need to manage an overall organizational culture. In other words, what is required is a multidimensional vision, which implies changes in participation and communication, since flexible organizations and open-minded people are fundamental factors for the successful introduction of these changes. This implies therefore that institutions which seek perfection should not be restricted to the process/product and the satisfaction of the external client, but should also consider the quality of their management and the quality of life of their workforce in the community where they are located, without losing sight of the ideals of the common good.

For the actions which result from a planning exercise to become reality, leading to the successful implementation of "cultural management", it is essential that all employees are thoroughly *aware of the institutional mission* and thoroughly *knowledgeable about the overall results which are desired*, in order to be able to identify where their individual contribution lies for the achievement of these results.

Alongside internal communication and planning, there is a compulsory process of awareness-raising, dialogue and negotiation with the channels of power or influence which are located outside of hospitals, the *Professional Councils*, which have a direct impact on the daily actions of a health organization through the class interests and professional codes of conduct which are specific to each profession and which can end up fragmenting the potential collective mission of a hospital due to the different objectives which intersect

with the organization's mission, since they sometimes do not consider it to be something which belongs to the collective.

Two critical factors for guaranteeing the success and the continuity of a process of cultural strengthening in a health institution are *valuing the staff* and *communication*, which must be guaranteed not just through remuneration but in particular through information sharing, ongoing investment in training and the availability of a space for participation, thereby integrating them into the planning process particularly in elaborating targets, defining indicators and developing operational plans.

The central role of senior management is no longer a result of its exclusive responsibility for the definition of variables for the running of a hospital, but rather of its capacity to coordinate the cultural learning of the organization through spaces for communication and participation of lower level staff, since leadership in these areas supports more efficient optimization of management in a hospital context.

First of all, individuals commit themselves to that which they know, and the greater their participation in the definition and planning of what the institution wants to achieve, the greater their level of commitment. In this way, once the strategic questions such as the mission, the vision of the future and financial performance objectives are defined by the senior management of the institution, through its horizontal learning processes involving the staff, it is their responsibility to share this information with the staff, so that everyone is completely aware of the path to be taken and their role in this strategic process. In addition, the institutional objectives need to be translated into targets for each administrative unit of the hospital organization so that the whole institution may participate in the construction of the desired outcomes.

In second place, given the evidence that the success of hospital organizations depends to a large extent on human resources, it becomes necessary to develop a policy which shapes an environment where communication is easy, which encourages and makes it possible for people to behave in a way that contributes to efficient individual performance. And also the efficient performance of the organization, since the fragility of information systems (both medical and administrative) is much more of an institutionalized cultural problem than a particular characteristic of hospitals, since it turns out that the people responsible for the actions which give rise to the data which becomes information are very distant, in the organizational, physical and hierarchical structures, from those who process the data and turn it into information.

In both of these contexts, the demand for effective solutions and acceptable costs require ever higher levels of creativity and the ability to handle and integrate multidisciplinary knowledge. SENGE (1992) argues that the increase in the complexity and dynamism of tasks prompts the need to connect work with learning. In other words, the adoption of learning in organizations is capable of helping them to adapt to a complex, turbulent and competitive environment.

It is important to emphasize that the success of the learning organization is dependent on the systemic integration of people through the creation of reliable communication channels. This undertaking may possibly be based on an adaptive organizational culture guided by attempts to adjust to the environment in which it finds itself.

According to KOTTER et al. (1994), one of the essential values of adaptive cultures is a deep respect for clients and employees, which enables them to grasp trends and take initiatives to promote the necessary changes, even if it means assuming some level of risk.

"The literature deals with the cultural and learning dimensions separately, unlike what actually happens in the organization. These components which are present in the organizational environment permeate and share the same space, exchanging information which may modify the practices in use in the organization. In this way the organizational culture refers to the formation of a set of values, beliefs, symbols and social truths, which are consonant with the historical evolution of the organization. Organizational learning in turn appears as a clear reference to the sharing of knowledge in the organization." (PIVETA, 2004)

We must remember that concrete actions are important for the creation of an organizational culture which is propitious to an adaptive approach through communication channels for learning, since this allows the development of organizational learning permeated by team work, and is compatible with the hospital organization's need to be able to cope in a more dynamic environment.

The 3 Cs: culture, communication and coordination

When we talk about culture, we talk about assumptions, and existing beliefs on a conscious and unconscious level which guide people's attitudes; since an organization is a system of activities or forces in constant coordination, involving two or more people, and the culture of an organization is the set of values or assumptions according to which its members tend to think, act, and relate to each other.

Insofar as practical and sensible organizational decisions arise from a set of coherent ideas integrated with hospital cultures, they have a greater probability of being successful in the long term, since this implies consistency in sharing communication and values.

A well-planned culture gives individuals more freedom, given that it is not necessary to tell them what is or is not important and employees' inherent baggage includes the set of learned values which should guide their actions.

Communication is therefore a pillar of learning for cultural coordination, which leads to greater or

lesser usefulness for the reduction of transaction costs within the hospital organization.

The more efficient the communication channels in a hospital, the greater the ability to learn about internal cultures, and therefore, the greater the potential for control and coordination of the organization, with more employees per supervisor, and as a result, a lower number of hierarchical levels.

A critical element in a hospital is the communication model which is adopted, since the choices made by the administrative core set play an important role – or not – in the interfunctional integration of the activities carried out by the ordinary employees.

The empowerment of communication channels represents an important experiment in opening up spaces for dialogue and for the greater commitment of employees to the needs of the patient and the hospital organization itself, since it consists of an ongoing learning strategy, which is fundamental for implementing the necessary changes to hospital administration.

"Given that a lack of communication or information exchange does not lead to commitment, communication, in this context, takes on an important role. By bringing together the different parts of an organization, it makes itself felt in the formation of relationships based on responsibility, trust and credibility and, in particular, in the planning of actions which aim to align the employee's way of thinking with that of the employer." (SOUZA et al., 2006).

Since traditional hospital administration often does not incorporate bilateral communication channels between the management and planning group and the ordinary employees, there is a recurring impression that this management approach contributes to the inability to meet the real needs of the patient, since it is focused very much on the financial needs of the organization, creating conflicts and dissatisfaction among the medical and nursing teams, and very rarely actually leads to cost savings.

According to TREVIZAN et al. (1998), the essence of the new management style is the ability to communicate, which makes communication fundamental for learning, for the coordination of group activities and therefore for actually putting into practice the process of managing and planning in hospitals.

On the one hand, communication is a resource which allows the core administrative leadership to get closer to the lower level workers with the purpose of understanding the activities of each one of them, sharing ideas and visions, learning about the variables which work well and those which do not, managing ongoing improvements and developing team work.

On the other hand, increased communication on the "hospital floor" is important for increasing operational efficiency based on opportunities for learning about the relationship between professionals and patients, when there is a process of information exchange between patients and doctors or nurses. Learning based on communication is much more likely to be an instrumental skill acquired in the day-to-day routine of health professionals than actually an explicit component of the majority of the training they undergo (ROSSI et al., 2006).

Starting from the understanding that communication is a skill with potential for expansion in the process of hospital management, it becomes important for professional training to include more explicit proposals relating to learning and communication both horizontally (relationships between lower level professionals and patients) and vertically (relationships between lower level staff and management).

Communication in an environment integrated by a given culture becomes much easier if there are interlocutors who share values, ideas and even their own specific, or tribal, jargon. A certain coherence in the attitudes of the different members of the same organization should also be clear in communication directed outside of the structure.

In a study about hierarchical structures, communication networks and perceptions of organizational culture, NELSON (2003) identified that communication networks in hospitals have a more efficient impact on making the most of subcultures than hierarchical policies based on unidirectional control, since the latter often limit the learning impact of communication networks and therefore also the cultural transformation in a hospital.

Contemporary organizational approaches have sought increasingly to free up communicational creativity and innovation by adopting measures which aim to develop people's potential and capacities, in other words their human capital. In this sense, the culture of a hospital organization is capable of expressing a vision which inspires and strengthens everyone in a hospital.

There is a need to change cultures which impact negatively on institutional and financial performance and for this human resources must be managed according to a broad perspective, with appropriate planning throughout the time that the employee is part of the organization. Above all, it is necessary to realize that it is not just the people who work in health institutions who are important resources but also the organization itself.

"A cultural change strategy requires that the mobilizing agents of this process, in particular the managers, pay attention to the speed of the process, its duration and the breadth of the changes. There is a need for people who know how to lead in situations of crisis and conflict, who know how to communicate and who have technical knowledge. We must remember that the process of introducing the change should create the paradoxes of stability and change." (MACEDO, 1996).

Given the evidence that little can be done and little influence can be exerted over questions such as limited resources, the volume of manual activities, the low levels of predictability and the high rate of change in medical procedures, the question of cooperation, and therefore, of coordination, becomes even more important for increasing productivity using existing resources.

Influencing an organization's culture means influencing the human component of the organization – the main factor in the efforts to improve the quality of the processes. The stability of the purpose in the coordination of ongoing improvement efforts is only possible if a concern with quality is a cultural feature of the organization. A modern, less hierarchical and more horizontal culture enables the voice of the internal clients (the staff) and the external clients (the patients) to be heard and disseminated, providing information about their needs and aspirations in a more appropriate way.

BORBA et al. (1998) point out that hospital systems have two alternatives when it comes to adapting to the anxieties of their clients: increasing the level of capacity they have available or increasing the productivity of the existing system.

But what are the mechanisms and tools for influencing organizational culture? This is an extremely controversial point. Influencing people's values and beliefs is difficult and may produce results which are the opposite of what is desired. Even so, the ability to guide the cultural profile of an organization, in the sense of equipping it with the characteristics which make it possible to meet the top-level aims of the system, is a question of management competency.

Final remarks in the guise of conclusions

There are cultural characteristics which are propitious for the survival and the development of health institutions and others which are not propitious; irrespective of the context, the spontaneous development of a culture affects the behavior of individuals and therefore the outcomes produced by the system.

The importance of communication in a health organization lies in its capacity to guide organizational learning within the hospital system, in strengthening itself for changing the format of its culture, since any human group subjected to specific influences and a certain level of isolation tends to develop a series of behavioral characteristics and to prioritize which values will define it.

"Changing an organizational culture is a difficult and slow process, but radical modifications, such as those which result from the reform process, facilitate the birth of a new culture. [...] In this way, the culture can be modified by evaluating regulations and behavioral patterns; at moments of crisis and conflicts, due to their power within the organization, managers are the agents who can influence the emergence of a new culture. The organizational culture can then be managed and modified through organizational learning; however, its dynamism and crystallization depend on the circumstances and the moment, and in particular, on the clear definition of the desire of the organization to define its philosophy without this representing a mechanism of domination." (MACEDO, 1996).

Given the scarcity of mechanisms available to help hospital organizations systematize and put into practice their cultural management actions, we suggest the use of simple criteria for analysis and implementation as a way to move towards revealing the cultures of an organization.

Table 4 - Proposed methodology for the study of hospital culture

History of the organization	Recover the moment when the organization was founded and its insertion in the political and economic context: identify the role of the founder, president or directors who stamped their vision on the organization; and investigate the critical milestones in the organization's history. These investigations permit the collection of information about the conditions of the environment in which the organization is inserted.
Process of inducting new members	Induction is crucial for the reproduction of the symbolic universe, since the values and ways of behaving will be transmitted and incorporated by new members through training and the integration of the individual into the organization.
Human resources policies	The policies for sourcing and developing human resources in the organization's recruitment, selection, training and staff development processes, as well as its remuneration and promotion policies, play a fundamental role in helping to decipher the cultural patterns of the organization.
Communication and decision-making processes	It is necessary to identify both the formal oral and written channels and the informal channels. This exercise makes it possible to discover the relationships between professional categories, groups and areas of the organization.
Organization of the work process	It is necessary to investigate, through the concrete work plan, how the relationships between agents manifest themselves. A superficial analysis of the hierarchical organogram is not enough. The analysis of how the work process is organized will enable the identification of the professional categories present in the work relationships, further assisting the mapping of the power relations which exist in the organization.

Source: Developed by the author based on FLEURY (1996).

Within these assumptions, FLEURY (1996) proposes an instrument which matches the criteria of being *user-friendly*, based on five phases in a logical sequence and entirely focused on criteria for understanding the culture which are linked on a systemic and ongoing basis.

After the cultural mapping of the organization, the implantation of a plan for managing or changing the organizational culture of a hospital must be understood as the sum of the various collective efforts, even if they are engendered by management, which reinforces the need for communication to facilitate the quest for ongoing learning and improvement in the practice of new patterns of behavior.

Attempts to adjust organizational culture to the objectives of improving the performance of an organization have become necessary in hospital organizations, but there must be clarity about the fact that not all policies developed with this aim will actually improve the efficiency of the environment. The cultural practices institutionalized in the behavior of the agents can be the way that the professionals adjust in the presence of distortions introduced by institutional restrictions, the modification of which may be beyond the reach of hospital managers and directors. Some of these distortions may be located in the design of the system, in the regulations established for the management of human resources and in the degree of centralization of decision-making.

It is important not to lose sight of the effects on efficiency, effectiveness and equity when designing policies for managing and adjusting organizational culture, since the elimination of "cultural deviations" is not an end in itself, but rather a means through which to seek to improve the productivity and the quality of the services offered by health institutions, in order to achieve greater impacts on financial performance.

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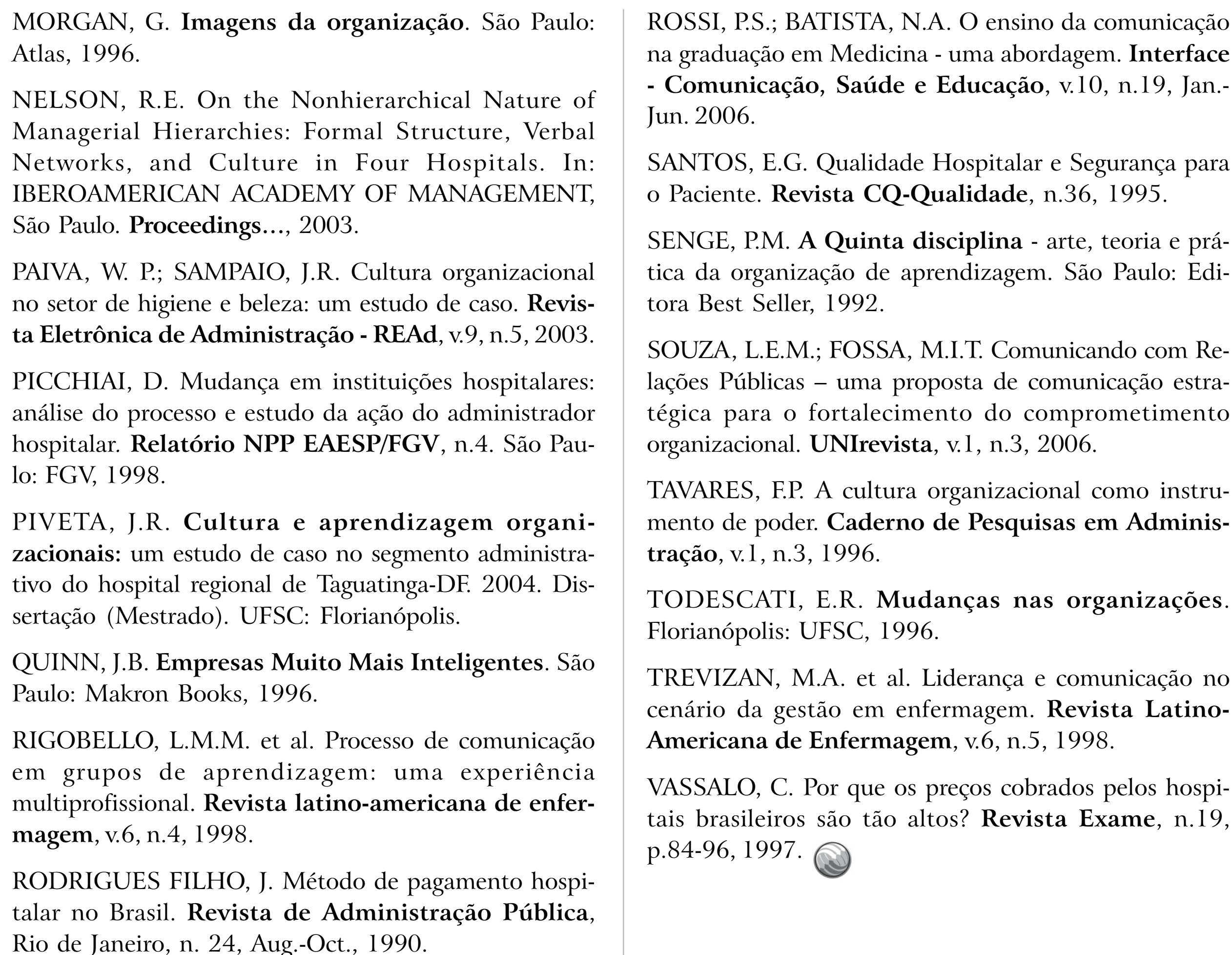

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