

---

# Analysis of the accordance between the working climate and work practices under safety conditions within the hospital units

**PhD. Student Bianca Hrimiuc**  
*Alexandru Ioan Cuza University*

## **Abstract**

*Our purpose in this research is to conduct an analysis of the accordance between the working climate and work practices under safety conditions within the hospital facilities. In order to achieve this, there has been used data gathered following an opinion query. By using the multinomial logistic regression pattern the results have shown that even if the respondents would develop their activity in an environment that would protect them, under safety conditions, they would still be unsatisfied with their working climate.*

**Key words:** working climate, work practices, safety conditions, multinomial logistic regression

## **Working climate in hospital facilities**

The concept of the working climate is approached and analyzed in various papers by numerous researchers from the management and organizational psychology area. According to some researchers like Andrews & Kacmar (2001), Ashkanasy, Wilderom & Peterson, (2000), Carr, Schmidt, Ford & DeShon (2003), this concept was granted special attention in the past 60 years. For this matter, Avram & Cooper (2008) have shown that most of the researches regarding the working climate have resulted after confronting some studies concerning the social area with the leadership. Consequently, Lewin, Lippit & Wite (1939) institute the term climate in the area of social psychology. After World War II., researchers like Morse & Reimer (1956) emphasized in their studies the influence of participation in decision making on the working climate (a decrease in loyalty, involvement and positive attitude towards work). Katz & Kahn (1966) have pointed that the atmosphere, the organizational climate significantly influence the efficiency of work. McGregor (1960)

---

emphasizes the role of the manager in creating a managerial climate based on trust, participation, involvement, which are decisive for the relationship between manager and subordinates. Other researchers like Litwin & Stringer (1968) carry out more researches with the purpose of analyzing the leadership style when it comes to creating the work conditions and atmosphere. Payne & Pugh (1976) try to establish a connection between the organizational structure and the working climate.

The research conducted by Ashkanasy, Wilderom & Peterson, (2000) between the years '60 and '70 have pointed out more aspects. The first refers to the fact that the analysis of the working climate is based on analyzing the perceptions of the employees (at individual level) in order to draw conclusions on an organizational concept (collective). For this matter, Hellriegel & Slocum (1974) suggest the usage of the term psychological climate when the climate is conceptualized and measured at individual level and the usage of the term organizational climate when the climate is conceptualized and measured at organizational level (or at least beyond the gathering of individual perception considered as isolated case). The second aspect regards the possibility of motivating the existence of a clear distinction between the organizational climate and another concept measured at individual level: work satisfaction. Ashkanasy, Wilderom & Peterson (2000) have shown the fact that despite appearances, there do not necessary exist correlations between the two dimensions.

The last aspect refers to the incertitude related to the capacity of the methodology that had been used until then (mainly evaluation scales) to guarantee a good internal consistency for each evaluated dimension of the working climate. In time, the development of data analysis methods have given researchers precise evaluation instruments in order to be able to "measure" the dimensions of the working climate.

But the working climate that is characteristic for hospital facilities differs from the one inside of an organization. In specialist literature (Smith et. al (2010), Kohn et. al (1999), Ostroff (1992)), there can be found a series of studies that reveal the fact that inside the hospital facilities, the working climate is different for each department that is to be found in their structure. It can also be significantly influenced by other types of climate known in the specialist literature under the term of emotional climate and safety climate. Such types of climate develop due to the action of some factors such as: the characteristics of hospital facilities (Payne & Pugh (1976)), ASA (attraction-selection-attrition) processes (Schneider (1987), Schneider, Smith, Taylor, & Fleenor (1998)) and interactions between patients and the medical staff (Blumer (1969)).

---

### **Principles regarding the work practices under safety conditions in hospital facilities**

Work practices under safety conditions in hospital facilities have been granted special attention in specialist literature in the last decades (Shannon et al (1999), Varonen, Mattila (2000), Gershon et al (2000)). Several categories of opinions regarding this subject have been developed in time. Accordingly, work practices are regarded and analyzed considering the working climate, the way in which the work is organized, organizational culture, applied techniques and technology. These elements have in common a set of concepts, rules and specific values for each hospital facility. Work practices are established according to these. Work practices in healthcare are set by taking in consideration an initiative, a policy or a pattern of a success action which improves the medical act. Therefore, we can consider that the work practices have an innovative character by means of which it becomes possible to establish its effectiveness. In this context, a „successful practice” turns into „good practice”.

In order to define and select a work practice, an analysis is conducted of the information given by the specialist literature in the particular field, so as to identify the criteria that lead to its defining and selection (Helmreich (1986). Nevertheless, a study undertaken by Singer et al (2003) reveals that there has not been found any specific shaping experience for hospital facilities, although there have been considered all those practices that might be related to the studied theme. It is impossible for us to make a classification of work practices meant to shape or those actions that have proven to be efficient for improving work conditions or for reducing risks in hospitals because they vary from one unit to the other (Huang et al (2007)).

Generally, we can consider those practices to be positive examples, that contribute to generating a change of attitude by developing the methodologies that contain the points of view of the different sides involved, together with the actual technical research and that turn out to be efficient at accomplishing objectives when applied. The legislative criteria must also be taken into consideration in case of work practices in hospital facilities. By analyzing the documents we find common elements for different aspects. Mainly, the entire experience must seek certain objectives and furthermore, these objectives must represent answers to distinct needs (Grant et al (2006)).

When applying work practices, there must be taken into consideration different points of view in identifying the need and role of each type of employee involved in that activity. On the one hand, the role of the expert/specialist who can analyze the existing situation and acquiring other experiences up to the

---

necessary strategies to defining and achieving objectives. On the other hand, the role of the people involved in the medical act must consist of more than the simple fulfillment of all requests. Regarding the prevention, establishing objectives is oriented towards effective improvement of the prevention culture in hospital facilities/centers. The role of this culture must be based on promoting attitudes, health protection for everyone involved. Work practice patterns in hospital facilities coincide in terms of importance of the projection, methodology adjusted to participants, context and set objectives. This implies a regular update in order to identify the problems/risks and permanent adjustment of the objectives to the reality. The information gathered this way must be found in a series of activities and practices that promote the interaction between the people involved through work methodologies and helps direct experimenting. (Mary Val Palumbo et al (2009)). Finally, positive experiences and initiatives are those which proved their efficiency in practice. Bergman (2004) draws the same conclusion when trying to obtain a pattern of work practices in medical information management.

Considering the above mentioned aspects, in order to establish work practices under safety conditions that would be applied in hospital facilities, there should be conducted an analysis of the existing conditions in hospital facilities from set of instruments, used techniques, working space to social-demographic characteristics of the employees (Kevan (2008), Maria do Carmo Caccia-Bava et al (2009), Workman (2012)). Starting from the analysis of the context, an evaluation of the used shaping methods becomes necessary. This evaluation is made by taking in consideration factors that can significantly influence the entire process. Such factors can be:

- §structural factors (subcontracting, fragmentation and concentration, temporary or permanent character of activities in hospital facilities)
- §labor force (the young population, basis education levels, foreign employees, incorrect working habits)
- §entrepreneurial factor (inappropriate supervising of the work place, omissions in delivering information and instructions, ignoring experience and personnel training, incompatibility between PRL regulations and demands in medical attendance)
- §training (little adjusted methodologies, excessive theoretical support, trainers who are not sufficiently familiar with the activity field, poor or inexistent evaluation of the results) (Berta & Baker (2004)).

Considering the aspects presented, the objective of the study is to conduct an analysis of the accordance between the working climate and work practices under safety conditions within hospital facilities by means of multinomial logistic regression.

---

## Research method

In order to obtain the necessary data to fulfill the set objectives, there has been undertaken a query inside the hospitals of the town of Iasi. The collecting of data took place in the period January - April 2013. From the 14 hospital units in Iasi, 3 hospitals have answered affirmatively to a collaboration in order to carry out the study: the General Emergency Hospital "Sf. Spiridon", the Children's Emergency Hospital "Sf. Maria" and the Psychiatric Hospital Socola.

Considering the dimensions of the problem and the characteristics of the hospital units that have accepted to collaborate in the study there have been established 2 categories of variables. A first category is represented by the dimensions of the working climate and the second category refers to the safety provisions at work. In a first stage, the respondents were asked to evaluate using grades from 1 to 5 the importance (1 – Unimportant, 2 – Little importance, 3 – Medium importance, 4 – Big importance, 5 – Very important) and the degree of satisfaction (1 – Very unsatisfied, 2 – Rather unsatisfied, 3 – Yes and no, 4 – Rather satisfied, 5 – Very satisfied) regarding the working conditions, quality of collaboration, salary package and career management (Moroşanu (2011)). In the second stage, the respondents were asked to express their opinion regarding the work practices under safety conditions at the working place in hospital units.

Once this criteria was set, the query was used for collecting the data. The first questions of the query refer to only 2 characteristics describing the respondents (sex, age) and the last ones refer to the education level, working period and work department. The query includes also open questions. The role of these questions is to offer the possibility of improving the possible answers. In the structure of the query are also questions with a more sensitive character to be found, to which the respondents have certain retreat. For this type of research by query are simple, short questions also used. This criterion was also fulfilled. To make sure that the instrument used for collecting data is in accordance with our objectives and that our questions are not confusing there has been made a pilot study on a set of 20 people. This allowed significant improvements to be made consisting in reformulating some questions, identifying some words that can generate confusion or correcting the format of the query so that this could become a more efficient instrument.

According to the data of the Statistics Department in Iasi, the number of employees (doctors and auxiliary personnel) from the hospital units in the district, was of 9302 people at the end of the year 2011. The information necessary for extracting a set of people working in the 3 hospitals that participate in the study, on different positions, were offered by the Human Resources Departments of the hospitals. Out of information confidentiality

reasons imposed by the hospital units, we are not able to mention/offer a more detailed description. Throughout the collecting of data, not all employees have accepted to participate in the interview, being reluctant and reticent. Still, by the end, 252 queries were completed. In this context, we present the characteristics of the respondents in Table 20.

### Characteristics of the respondents

Table 1

Variables	(N)	Percent
Total	(252)	(100,0)
<b>Sex (Gender)</b>		
Male	(60)	(23,8)
Female	(188)	(74,6)
Missing	(4)	(1,6)
<b>Age</b>		
20-24 years	(44)	(17,5)
25-30 years	(60)	(23,8)
31-35 years	(8)	(3,2)
over 35 years	(136)	(54)
Missing	(4)	(1,6)
<b>Education level</b>		
High School (no High Scholl Diploma)	(20)	(7,9)
High School (with High School Diploma )	(39)	(14,3)
University (no University Diploma)	(56)	(22,2)
University (with University Diploma)	(64)	(25,4)
Post Graduate Studies (no Diploma)	(8)	(3,2)
Post Graduate Studies (with Diploma)	(28)	(11,1)
Doctors Degree	(28)	(11,1)
Missing	(12)	(4,8)
<b>Service</b>		
Less than 1 year	(4)	(1,6)
1- 1,5 years	(8)	(3,2)
1,5 - 2 years	(8)	(3,2)
over 2 years	(204)	(81)
Missing	(28)	(11,1)

---

According to table 1 we can notice that 74,6% of the respondents are women and only 23,8% are men. 34% of the respondents are over 35 years and 41,3% are young people up to 35 years. Most of the respondents (46,6%) possess a higher education diploma, Master or Doctor Degree, and 4,8% of the respondents did not wish to declare their level of studies. 81% of the ones who expressed their opinion work for the hospital for over 2 Years (81%).

The face to face interview was chosen for interviewing the respondents. After the queries were filled out, special attention was granted to ensuring the authenticity and quality of the data, aspects that indicate the efficiency of the results. By using the statistic software SPSS.20, a data base was created. First, the characteristics of the variables were defined, namely: name, type, length (number of characters), number of tens (for the numerical), description, values of the description, missing values, alignment and measurement ways (scale, ordinal or nominal).

The answers obtained to the questions in the query received numerical codes and were entered in the data base. Establishing the displaying format of the data, entering the variables, sorting them and selecting some cases are operations that have been done after the data from the queries had been submitted.

## **Results**

The pattern of multinomial logistic regression has been used in order to evaluate the way in which the working climate of the respondents is influenced by the work practices under safety conditions. In this model, the dependent variable is a category variable (The working climate – degree of satisfaction) and the independent variables (“Stress”, “Safety”, “Problem-solution”) represent categories as well.

The results obtained by estimating this model are the following:

- The distribution of each variable used in the study is analyzed in Table 2.

### Distribution of each variable

Table 2

			Marginal
Calitatea colaborarii si climatul de munca - gradul de satisfactie fata de situatia existenta	Foarte nemultumit	12	4,8%
	Mai degraba nemultumit	24	9,5%
	Si da si nu	72	28,6%
	Mai degraba multumit	40	15,9%
	Foarte multumit	12	4,8%
	Missing	92	36,5%
Credeti ca in spitalul in care lucrati, numarul angajatilor care sufera de stres legat de locul de munca va creste, va	Va ramane acelasi	48	19,0%
	Va creste putin	36	14,3%
	Va creste mult	152	60,3%
	Missing	16	6,3%
	Deloc informat/a	12	4,8%
	Nu prea bine informat/a	20	7,9%
In ceea ce priveste riscurile de sanatate si siguranta la locul de munca, va considerati	Oarecum informat/a	148	58,7%
	Foarte bine informat/a	56	22,2%
	Missing	16	6,3%
	deloc sigur/a	44	17,5%
	nu foarte sigur/a	160	63,5%
	destul de sigur	28	11,1%
Daca dvs. ati ridica o problema legata de sanatatea si siguranta la locul dvs. de munca, cat de sigur/a sunteti ca s-ar cauta o souteie pentru	foarte sigur/a	4	1,6%
	Missing	16	6,3%
	Valid	252	100,0%
Missing		0	
Total		252	
Subpopulation		18 <sup>a</sup>	

a.

The dependent variable has only one value observed in 6 (33,3%)

All variables have more than two categories in our case. Therefore, SPSS will automatically create dummy variables corresponding to each category.

- Table 3 presents information regarding estimated models.

### Information regarding estimated models

Table 3

			-2 Log			
Intercept Only	331,217	348,864	321,217			
Final	263,666	351,902	213,666	107,551	20	,000



From table 3 we can notice that the statistical value -2 Log Likelihood is significant. The most simple model contains none of the predictor variables, only the constant. The final model uses the group build up of the best predictors.

The results obtained in table 4 and table 5 offer information regarding the degree to which the estimated coefficients explain the studied phenomenon more efficiently.

Estimation efficiency

*Tabelul 4*

Pearson	39,897	40	,475
Deviance	51,155	40	,111

Pseudo-R square

*Tabelul 5*

Cox and Snell	,552
Nagelkerke	,579
McFadden	,262

Consequently, according to table 4 we deduce that there is no significant difference between the 2 models and we can consider that the estimation is correct. The results in table 5 only confirm this fact. The statistic  $R^2$  indicates the correlation between a set of predictors and category variables. In our case, there have been used 3 calculation methods and we notice that the resulted values are around 0,5. This result indicates a general combined correlation between the independent variables and the dependent variable with a value of approximately 0,7 (this is obtained by extracting the square root of the value 0,5).

- Table 6 presents what happens if each independent variable is sequentially eliminated. In our case, we have 3 predictors. In each case there is a significant decrease in the correspondence between the forecasted data and the real data. In other words, each predictor has a significant effect and should be kept.

### Sequential elimination of the independent variables

Table 6

	AIC of Reduced	BIC of Reduced	-2 Log Likelihood of Reduced			
Intercept	218,794	395,266	118,794 <sup>a</sup>	,000	0	.
Sres	229,863	371,041	149,863 <sup>b</sup>	31,069	10	,001
Siguranta	259,247	382,777	189,247 <sup>b</sup>	70,453	15	,000
Problema_solutie	240,432	363,962	170,432 <sup>b</sup>	51,638	15	,000

The chi-square statistic is the difference in -2 log-likelihoods between the final model and a reduced model. The reduced model is formed by omitting an effect from the final model. The null hypothesis is

- a. This reduced model is equivalent to the final model because omitting the effect does not
- b. Unexpected singularities in the Hessian matrix are encountered. This indicates that either

In conclusion, the removal of any of the three predictors affects in an opposite way the correspondence of the data.

- Table 7 indicates the constant and the regression coefficients in case of this study. We notice that the dependent variable, which has 6 categories was turned into 5 dummy variables. These variables are created by considering one of the 6 categories and comparing it with the rest of the categories. Choosing one of the 5 possible dummy variables is arbitrary and can be varied. One can also observe that the variables were associated with more regression coefficients – one for each value. Were for one of the pairs resulted the value 0, it means that these values had no contribution in obtaining the calculation. The significance of each regression coefficient is given by the Wald test. If the significance level of this test (Sig. column) is smaller than 0.05, then we can say that particular parameter can be kept in the model.

## Estimating parameters

Table 7

Calitatea colaborarii si climatul de munca -							95% Confidence Interval for	
Foarte nemulțumit	Intercept	.000	.707	.000	1	1,000		
	[Sres=2]	-28,316	2507,903	.000	1	.991	5,04E-013	. <sup>b</sup>
	[Sres=3]	-29,468	2426,690	.000	1	.990	1,59E-013	. <sup>b</sup>
	[Sres=4]	-17,112	2479,160	.000	1	.994	3,70E-008	. <sup>b</sup>
	[Sres=99]	0 <sup>c</sup>	.	.	0	.	.	.
	[Siguranta=1]	11,035	1161,955	.000	1	.992	61991,711	. <sup>b</sup>
	[Siguranta=2]	14,070	409,523	.001	1	.973	1289696	. <sup>b</sup>
	[Siguranta=3]	12,522	409,523	.001	1	.976	274340,0	. <sup>b</sup>
	[Siguranta=4]	0 <sup>c</sup>	.	.	0	.	.	.
	[Siguranta=99]	0 <sup>c</sup>	.	.	0	.	.	.
	[Problema_solutie=1]	-8,631	2476,151	.000	1	.997	.000	. <sup>b</sup>
	[Problema_solutie=2]	3,043	2445,102	.000	1	.999	20,958	. <sup>b</sup>
	[Problema_solutie=3]	-9,354	2499,350	.000	1	.997	8,66E-005	. <sup>b</sup>
	[Problema_solutie=4]	0 <sup>c</sup>	.	.	0	.	.	.
	[Problema_solutie=99]	0 <sup>c</sup>	.	.	0	.	.	.
Mai degraba nemulțumit	Intercept	-17,373	1495,378	.000	1	.991		
	[Sres=2]	-1,231	311,892	.000	1	.997	.292	9,60E-267
	[Sres=3]	.888	372,870	.000	1	.998	2,430	8,884E+264
	[Sres=4]	13,457	.000	.	1	.	699030,0	699029,953
	[Sres=99]	0 <sup>c</sup>	.	.	0	.	.	699029,953
	[Siguranta=1]	-1,779	825,677	.000	1	.998	.169	. <sup>b</sup>
	[Siguranta=2]	1,656	.863	3,683	1	.055	5,237	28,409
	[Siguranta=3]	.233	.670	.120	1	.728	1,262	4,695
	[Siguranta=4]	0 <sup>c</sup>	.	.	0	.	.	.
	[Siguranta=99]	0 <sup>c</sup>	.	.	0	.	.	.
	[Problema_solutie=1]	3,476	1495,378	.000	1	.998	32,329	. <sup>b</sup>
	[Problema_solutie=2]	2,953	1495,378	.000	1	.998	19,169	. <sup>b</sup>
	[Problema_solutie=3]	-9,661	1543,779	.000	1	.995	6,37E-005	. <sup>b</sup>
	[Problema_solutie=4]	0 <sup>c</sup>	.	.	0	.	.	.
	[Problema_solutie=99]	0 <sup>c</sup>	.	.	0	.	.	.
Si da si nu	Intercept	-16,275	1709,935	.000	1	.992		
	[Sres=2]	-.355	1969,111	.000	1	1,000	.701	. <sup>b</sup>
	[Sres=3]	.460	1969,110	.000	1	1,000	1,585	. <sup>b</sup>
	[Sres=4]	.619	1969,110	.000	1	1,000	1,858	. <sup>b</sup>
	[Sres=99]	0 <sup>c</sup>	.	.	0	.	.	.
	[Siguranta=1]	-13,131	462,790	.001	1	.977	1,98E-006	. <sup>b</sup>
	[Siguranta=2]	-14,864	752,757	.000	1	.984	3,51E-007	. <sup>b</sup>
	[Siguranta=3]	.660	.426	2,397	1	.122	1,935	.839
	[Siguranta=4]	0 <sup>c</sup>	.	.	0	.	.	4,464
	[Siguranta=99]	0 <sup>c</sup>	.	.	0	.	.	.
	[Problema_solutie=1]	15,406	976,483	.000	1	.987	4906941	. <sup>b</sup>
	[Problema_solutie=2]	15,619	976,483	.000	1	.987	6071514	. <sup>b</sup>
	[Problema_solutie=3]	14,563	976,483	.000	1	.988	2111016	. <sup>b</sup>
	[Problema_solutie=4]	0 <sup>c</sup>	.	.	0	.	.	.
	[Problema_solutie=99]	0 <sup>c</sup>	.	.	0	.	.	.
Mai degraba multumit	Intercept	.693	.612	1,281	1	.258		
	[Sres=2]	-14,233	1310,090	.000	1	.991	6,59E-007	. <sup>b</sup>
	[Sres=3]	-15,424	1310,090	.000	1	.991	2,00E-007	. <sup>b</sup>
	[Sres=4]	-14,964	1310,090	.000	1	.991	3,17E-007	. <sup>b</sup>
	[Sres=99]	0 <sup>c</sup>	.	.	0	.	.	.
	[Siguranta=1]	12,257	230,426	.003	1	.958	210396,0	1,53E-191
	[Siguranta=2]	-15,083	927,485	.000	1	.987	2,82E-007	2,900E+201
	[Siguranta=3]	-1,012	.498	4,118	1	.042	.364	.137
	[Siguranta=4]	0 <sup>c</sup>	.	.	0	.	.	.966
	[Siguranta=99]	0 <sup>c</sup>	.	.	0	.	.	.
	[Problema_solutie=1]	-11,618	1348,900	.000	1	.993	9,00E-006	. <sup>b</sup>
	[Problema_solutie=2]	14,302	1310,090	.000	1	.991	1627314	. <sup>b</sup>
	[Problema_solutie=3]	13,843	1310,090	.000	1	.992	1027715	. <sup>b</sup>
	[Problema_solutie=4]	0 <sup>c</sup>	.	.	0	.	.	.
	[Problema_solutie=99]	0 <sup>c</sup>	.	.	0	.	.	.
Foarte multumit	Intercept	-18,066	2114,309	.000	1	.993		
	[Sres=2]	14,734	.769	367,309	1	.000	2504805	555130,307
	[Sres=3]	.929	523,959	.000	1	.999	2,533	11301933,42
	[Sres=4]	13,763	.000	.	1	.	949228,1	949228,106
	[Sres=99]	0 <sup>c</sup>	.	.	0	.	.	.
	[Siguranta=1]	-2,368	1240,569	.000	1	.998	.094	. <sup>b</sup>
	[Siguranta=2]	-14,908	1684,396	.000	1	.993	3,35E-007	. <sup>b</sup>
	[Siguranta=3]	.191	.723	.070	1	.791	1,211	.293
	[Siguranta=4]	0 <sup>c</sup>	.	.	0	.	.	4,994
	[Siguranta=99]	0 <sup>c</sup>	.	.	0	.	.	.
	[Problema_solutie=1]	-11,718	2167,388	.000	1	.996	8,15E-006	. <sup>b</sup>
	[Problema_solutie=2]	2,966	2114,309	.000	1	.999	19,419	. <sup>b</sup>
	[Problema_solutie=3]	-9,890	2180,470	.000	1	.996	5,07E-005	. <sup>b</sup>
	[Problema_solutie=4]	0 <sup>c</sup>	.	.	0	.	.	.
	[Problema_solutie=99]	0 <sup>c</sup>	.	.	0	.	.	.

a.  
b.  
c.

- Table 8 presents a classification of the precision of estimations considering the obtained parameters. It shows what predictions could be obtained given the independent variables and how precise these predictions could be.

### Precision of estimations

Table 8

	Foarte	Mai degraba		Mai degraba	Foarte		Percent
Foarte nemultumit	0	4	4	4	0	0	,0%
Mai degraba nemultumit	0	8	12	4	0	0	33,3%
Si da si nu	0	0	44	12	0	16	61,1%
Mai degraba multumit	0	0	8	24	0	8	60,0%
Foarte multumit	0	0	8	4	0	0	,0%
Missing	0	4	28	12	0	48	52,2%
Overall Percentage	,0%	6,3%	41,3%	23,8%	,0%	28,6%	49,2%

The results obtained show that the best results are for the categories “Yes and no” (61,1% of the cases are correct) and „Rather satisfied” (60%).

### Conclusions

Our purpose in this study was to conduct an analysis of the accordance between the working climate and work practices under safety conditions within the hospital facilities. Using the data obtained after having undertaken a query study, the results have shown that even if the respondents would develop their activity in an environment that would protect them, under safety conditions, they would still be unsatisfied with the working climate. Independent variables that best emphasized this situation are „Safety” and ”Stress”. More exactly, the number of the employees that suffer under stress at the working place will remain unchanged. Regarding the health risks at the working place, the respondents are somehow but not very well informed. Under these conditions it is easy to deduct that the climate at the working place will also not completely satisfy the respondents.

---

## References

1. Andrews, M. C. și Kacmar, Michele K. (2001). „Discriminating Among Organizational Politics, Justice, and Support. *Journal of Organizational Behavior*”, John Wiley și Sons, Ltd., 22 (4), 347-366.
2. Ashkanasy, N. M., Wilderom, Celeste P.M., și Peterson, M. F. (2000). “Handbook of Organizational Culture and Change”, Sage Publications.
3. Avram, E., Cooper, L. C. (2008). „Psihologie organizațional – managerială”, Editura Polirom, București.
4. Bergman, Rhonda (1994), „Hospitals model best practices in medical records Management”. *Hospitals și Health Networks*, 68(4):52.
5. Berta, W. și Baker, G.R. (2004). „Making the Best of a Sticky Situation: Organizational Learning and the Transfer and Retention of Best Practices for Reducing Error in Hospitals”. *Health Care Management Review*, 29(2), pp. 1-8.
6. Blumer, H. (1969). „Symbolic interactionism: Perspective and method. Engelwood Cliffs”, NJ: Prentice-Hall.
7. Carr, J. Z., Schmidt, A. M., Ford, J.K., și Deshon, R. P. (2003). „Climate Perceptions Matter: A Meta Analytic Path Analysis Relating Molar Climate, Cognitive, and Affective States, and Individual Level Work Outcomes”. *Journal of Applied Psychology*, 88 (4), 605-619.
8. Gershon RM, Karkashian, CD, Grosch JW, et al. (2000) „Hospital safety climate and its relationship with safe work practices and workplace exposure incidents”. *Am J Infect Control*, 28, 211–221.
9. Grant MJ, Donaldson AE, Larsen GY (2006), „The safety culture in a children’s hospital”. *J Nurs Care Qual*. 21(3), pp. 223-9.
10. Hellriegel, D. și Slocum, J. W. (1974). „Organizational climate: Measures, research, and Contingencies”. *Academy of Management Journal*, 17(2), 255-280.
11. Huang DT, Clermont G, Sexton JB, Karlo CA, Miller RG, Weissfeld LA, Rowan KM, Angus DC (2007), „Perceptions of safety culture vary across the intensive care units of a single institution”. *Crit Care Med*. 35(1), pp. 165-76.
12. Katz, D. și Kahn, R L. (1966). „The social psychology of organizations”. New York: Wiley.
13. Kevan L. Whipple (2008), „Maximizing Healthcare Provider Safety While Rehabilitating the Bariatric Patient”, *Bariatric Nursing and Surgical Patient Care*, 3 (1), pp. 41-45.
14. Kohn, L. T., Corrigan, J. M., și Donaldson, M. S. (Eds.) (1999). „To error is human: Building a safer health system”. Washington, DC: National Academy Press.
15. Lewin, K., Lippitt, R., și White, R. K. (1939). „Patterns of aggressive behavior in experimentally created social climates”. *Journal of Social Psychology*, 10, 271-299.
16. Litwin, G. H. și Stringer, R. A. (1968). „Motivation and organizational climate”. Boston, MA: Harvard Business School Press.
17. Maria do Carmo Caccia-Bava, Valerie C.K. Guimaraes, Tor Guimaraes (2009), „Testing some major determinants for hospital innovation success”. *International Journal of Health Care Quality Assurance*, 22(5), pp. 454-470.
18. Mary Val Palumbo et al (2009), „Retaining an Aging Nurse Workforce: Perceptions of Human Resource Practices”. *Nursing Economics*, 27(4), pp. 221-228.
19. McGregor, D. (1960). „The Human Side of Enterprise”, New York: McGraw-Hil.
20. Morse, N.C. și E. Reimer (1956). „The Experimental Change of a Major

---

Organizational Variable". *Journal of Abnormal and Social Psychology*, 32, 120-129.

21. Ostroff, C. (1992). "The relationship between satisfaction, attitudes, and performance: An organizational level analysis". *Journal of Applied Psychology*, 77, 963-974.

22. Payne, R. L., și Pugh, D. S. (1976). „Organizational structure and climate”. În M.D. Dunnette (Ed.), *Handbook of Industrial and Organizational Psychology* (pp.1125-1173). Chicago: Rand McNally.

23. Schneider, B. (1987). „The people make the place”. *Personnel Psychology*, 40, 437-453.

24. Schneider, B., Smith, D. B., Taylor, S., și Fleenor, J. (1998). „Personality and organizations: A test of the homogeneity of personality hypothesis”. *Journal of Applied Psychology*, 83, 462-470.

25. Shannon HS, Walters V, Lewchuk W, et al. (1996). „Workplace organizational correlates of lost time accident rates in manufacturing”. *Am J Ind Med*, 29, pp. 258–68.

26. Singer SJ, Gaba DM, Geppert JJ, Sinaiko AD, Howard SK, Park KC (2003). „The culture of safety: results of an organization-wide survey in 15 California hospitals”. *Qual Saf Health Care*, 12: 112–8.

27. Smith, D. R., Muto, T., Sairenchi, T., Ishik, Y., Sayama, Y., Yoshida, A. și Towley, J. A., (2010). „Hospital Safety Climate, Psychosocial Risk Factors and Needlestick Injuries in Japan”. *Industrial Health*. 48. 85-95.

28. Varonen U, Mattila M. (2000). „The safety climate and its relationship to safety practices, safety of the work environment and occupational accidents in eight wood-processing companies”. *Accid Anal Prev*, 32, 761–9.

29. Workman M. (2012). „Bias in strategic initiative continuance decisions: framing interactions and HRD practices”, *Management Decision*, 50 (1), pp. 21-42.