

# THE BASIC SOCIAL PROCESS IN THE CULTURE OF THE SELF-SUFFICIENT ORGANIZATION. AN APPLICATION OF GROUNDED THEORY

Sofia CHIRICĂ  
Daniela ANDREI  
Cătălina OȚOIU

## Abstract

The hereby research encompasses the results of an analysis conducted based on the grounded theory methodology over the qualitative data that were gathered through a national project regarding the organizational development of the mental health institutions. After the finalization of the project, the interest for the grounded theory methodology and the reconsideration of the organizational development notion and of the role of the consultant in this process have all lead to a re-analysis of the qualitative data procured in one of the hospitals included in the project. Our approach resulted in an explanatory model of how the organization works and the factors that can affect various changes during its development. This explanatory model holds at its center a basic psychological and social process that represents the perception of the organizational system as closed on certain coordinates, although structurally open. This very perception and the behavior of maintaining the system within closed coordinates allow only for a dual functioning and so the natural result is the emergence of a self-sufficient culture. The central feature of this particular culture is the replacement of the formal organization and its goal of caring for the mentally challenged with an organization reduced to its sole goal of survival.

## Sofia CHIRICĂ

Professor, Psychology Department, Faculty of Psychology and Education Sciences, Babeș-Bolyai University, Cluj-Napoca, Romania

Tel: 0040-264-590967

E-mail: [sofiachirica@psychology.ro](mailto:sofiachirica@psychology.ro)

## Daniela ANDREI

Teaching Assistant, Psychology Department, Faculty of Psychology and Education Sciences, Babeș-Bolyai University, Cluj-Napoca, Romania

Tel: 0040-264-590967

E-mail: [danielaandrei@psychology.ro](mailto:danielaandrei@psychology.ro)

## Cătălina OȚOIU

Teaching Assistant, Psychology Department, Faculty of Psychology and Education Sciences, Babeș-Bolyai University, Cluj-Napoca, Romania

Tel: 0040-264-590967

E-mail: [catalinaotoiu@psychology.ro](mailto:catalinaotoiu@psychology.ro)

## 1. Introduction

This study emerged after a somewhat organic process of ruminating over the data produced by a larger project that focused on the diagnosis of the main phenomena that occurs and can interfere in the process of an organizational change within the public institutions of the mental health sector. Although this phase of the project was finalized, the data resulting from this, the qualitative data in particular, were a strong stimulant for reflecting upon key organizational processes. This reflection in turn generated a re-thinking and re-analysis of this data with the scope of triggering new knowledge regarding these key processes. As a result, the data were thought over in a new perspective on organizational diagnosis and at the same time analyzed through a methodology that would sustain this new perspective, which is the grounded theory methodology.

The starting point in this enterprise was the way in which the term of organizational diagnosis is understood today in relation to the broader subject of organizational development and the necessity to clarify the way we perceive organizational development in order to make sense of the study and the research methodology used. Thus a lot of authors are starting to differentiate even more often between the traditional approach and some more recent approaches of organizational development. Clarifying these differences is essential for a better understanding of this study.

From a traditional perspective, organizational development meant “an effort planned, organization-wide, and managed from the top, to increase organization effectiveness and health through planned interventions in the organizations ‘processes’, using behavioral-science knowledge” (Beckhard, 1969, p. 9). According to McNamara (1998), this definition best suits a static view over organizations and an organizational development consultant that we can very well compare to a medical doctor with an expertise in diagnosing the problems and prescribing what interventions are needed to solve them. The main focus here is on the diagnosis methods and the prescribed intervention. The consultant is therefore an outside expert hired to supervise the entire process.

However, according to recent studies (McNamara, 1998), there is a belief that even a correctly understood and applied traditional approach to the organizational development might not be enough anymore when the leading assumption regarding the organization (which is the stability of the system) on which this theory is based is heavily contested. The fact that organizations are no longer stable engines and that they are moreover prone to constant change cannot be ignored. In this setting, the traditional consultant might find it surprisingly that once a diagnosis is passed and the problem solved, another problem surfaces. This phenomenon is actually an indicator that the successive treatment of each problem is a constant effort to reach their deepest causes (McNamara, 1998).

Therefore, one can safely state that the linear model of traditional medicine does not longer function well in the field of organizational development. The same way

in which medicine evolves through paradigmatic mutations towards a holistic view, organizational development should aim to follow the same path. Organizational phenomena are no longer perceived from a linear cause and effect perspective, but from an integrated and systemic perspective where all aspects of the system are equally important and should be taken into consideration when dealing with complex causal relations. Even further, the consultant in charge here does not have the illusion of being able to fix something all by himself, but works closely with the client towards improving the life and the well being of the organization (McNamara, 1998). This new view over the organizational development transpires both in the growing importance given to the way of living at the work place, as well as in the expectations for the modern consultant on organizational development.

Solutions to the identified problems are less and less promising, and even more often the construction of a mutual learning relationship is placed as an offer. Both these features are part of the new definition of organizational development proposed by Neilsen (1984). To Neilsen (1984, pp. 2-3), organizational development is “the attempt to influence the members of an organization to expand their candidness with each other about their views of the organization and their experience in it, and to take greater responsibility for their own actions as organization members”. The assumption at the basis of organizational development is that when people follow these two objectives at the same time – to be more sincere and to assume more responsibility – it is highly probable that they discover new ways of working together and later consider that these ways are more efficient in attaining both the personal and the organizational goals. When this fails to happen, these attitudes are again of great help in understanding why and what are the best future options and choices to be made (Neilsen, 1984).

Different from the traditional approach on organizational development, this new approach highlights precisely the role of implicit organizational theories in understanding and solving organizational problems. Thus, the connection between the symptoms of the problematic situation and its conceptualization is not linear and we have to go beyond this and analyze what lies behind in order to identify and explain these symptoms. In other words, we should ask ourselves the question whether or not the members of the organization are pointing certain symptoms and not only some suppositions based on some implicit personal theories, which would be important to reveal and might be at the basis of establishing a mutual learning relationship between consultant and members of the organization for the benefit of organizational development.

In this way, instead of one single expert, often vulnerable to the client’s problems, there are actually two researchers. Both the consultant and the client are researchers of the organization functioning and they investigate together the aspects of the fundamental problems in order to reach viable solutions.

Although these arguments lead towards a clear separation of the two trends in organizational development and at the same time of the two roles of the organizational

consultant, the fact that they do not exclude each other must be mentioned. The promoted attitude in contemporary organizational development does not exclude a good mastering of diagnosing models and of scientific knowledge, but instead invites to a different way of utilizing these. There is the danger that the traditional trend tools might create the organizational reality. Therefore, the organizational consultant of the new trend in his role of partner in reflecting the problems of the organization consciously uses the same well mastered measurement instruments, this time as the basis for a collective research. This mastering of the field and self consciousness makes the close analysis of reality and gathered data to lead on to the field of scientific knowledge and back again, breeding a model of diagnosis and intervention which becomes useful this way, and generating connections within accumulated knowledge that allow a better understanding of the organizational phenomena. This position remembers us that the pragmatic value of accumulated knowledge comes precisely from the level of mastering them, a level that allows a relationship that is perpetual and different within any explanatory frames.

Starting from this re-conceptualization of the organizational development field and of the role of the consultant, we have considered reanalyzing the qualitative data gathered in a broader project of organizational development by using a grounded theory approach. With this promoted attitude towards organizational development this methodology becomes a suitable tool because it allows access to both elements essential in the organizational development enterprise. First, this is a methodology that allows direct access to data delivered by the beneficiary throughout this enterprise. Even more, by analyzing the qualitative data in order to discover associations and data patterns, we find assurance that we cross beyond the 'delivered' problems and find those associations that can provide the access to those personal implicit theories of the participants. A major aspect is the fact that the grounded theory methodology constantly insures the fact that these associations are dictated mostly by data and not by the implicit assumptions of the author. Second, the constant critical reflection over the data pushes us further to including the scientific knowledge and the implicit knowledge from the organization members in the re-conceptualization of the organizational situations. In this way, the resulting grounded theory benefits from an additional value due to the fact that organizational members are able to recognize their own way of thinking inside it. So they are becoming more motivated to become involved as partners in reflecting upon the organizational reality, 'to expand their candidness with each other about their views of the organization and their experience in it, and to take greater responsibility for their own actions as organization members' (Neilsen, 1984, pp. 2-3), thus bringing their contribution to the efficiency of the organization.

## **2. The design of the study and research background**

This research initiated in the activities carried out within a broader project of diagnosing problems that challenge the healthcare system in Romania and the particularities involved in implementing an organizational change in mental health

care institutions. The 'Initiative for quality' program was initiated and coordinated by the Mental Health National Centre of the Public Health and Sanitary Management National School and was conducted between September 2007 and January 2008. The project, aside from various other activities, consisted of many case studies on some institutions of the sanitary system with the goal of revealing the main issues that these institutions are confronted with and identifying the main dimensions that can influence change management efforts. The end purpose was to set up possible action plans for a successful implementation of organizational changes.

The data analyzed in the herby study refers to a single case out of those included in that project, a case in which two of the authors were involved as external organizational consultants. The methodology agreed upon with the coordinating institutions included both a qualitative and a quantitative approach, and the results obtained were presented during meetings part of the program and also in a research report. After the end of the project, the deep reflection over the organizational development subject and a new methodology that fitted this reconsideration has lead towards an interest in applying the grounded theory methodology to the qualitative data gathered in this case.

The tool used initially for gathering the qualitative data was the semi structured diagnostic interview (Harrison, 2004) that touched upon the following major issues: the main external conditions (social environment, system), the main connections with the institutions from inside and outside of the health care system (patient flow, connections, relationship types, dependencies upon resources), the main administrating departments and the people in charge, the current management of problems, requirements, opportunities, the efficiency of current actions (including efficiency criteria) and methods of improving the management (Harrison, 2005). The design was emergent, the focus of the research and the sampling relied on questions arising from the first gathered and analyzed set of data. As a result, without this being a set objective within the project, we were following the basic principles of the grounded theory: collecting unprocessed data straight from the client and the emergent design, which indicated that this type of data were suitable for this certain type of analysis (Chirică, Andrei and Ciuce, 2009).

The grounded theory methodology was appropriate for this study because of various reasons. Being a qualitative methodology, it allows the examination of a social phenomenon in its unfolding stages and it does not place a restriction on the observation to a single moment in time (Cunha and Cunha, 2001). At the same time, this methodology implies the generation of explanatory models of the psychological and social processes, models grounded in data (Zahourek, 2005), which might bring an extraordinary benefit to understanding the phenomena that occur while changes are initiated in the public sector. Our enterprise initiated from the idea that people working for the public sector experience processes of change in a different way, that the reactions to these changes and their own way of dealing with the organizational changes in the system are various and cannot be fully understood except in a social

and historical context. Therefore, the need was essential for the resulting explanatory models to cover precisely the understanding of these experiences and to be based on specific data and a deep understanding of the existing context.

### **3. The design**

#### *The participants*

The participants in this study were the employees of an institution that is part of the Romanian health care system. The main field of the activity of this institution is professional caring for chronic mental patients. Out of the total of 115 employees (78 of which were care takers), 21 participated in semi-structured interviews. They came from all institutional levels and all levels of the caring process: doctors, nurses, attendants and care takers. Besides the manager at the time, all employees interviewed had been working there for at least 5 years. Apart from these people, in order to follow the theoretical sampling principles, a number of 4 employees representing other mental health care institutions from the county, with similar activities, were later on interviewed and included in the study.

#### *The procedure*

The grounded theory methodology was applied based on the principles summarized by Goulding (1999). The germinating question of this research focused on two coordinates. One identified the factors that influenced the specific reactions of the employees of this medical institution when facing changes. The other identified those specificities that might have an influence on the management of past and future changes towards the development of the institution. The method of gathering the data was mainly the interview. We have started from taking diagnostic interviews, but those were complemented by in-depth interviews on discussion points or notes resulting from informal talks with the employees. On top of this, organizational documents were studied and articles in the local press were consulted.

The interviews were audio recorded and transcribed. Initial interviews set up the next stages of data gathering, however in this initial stage we have furthered away from the classic instructions of the grounded theory. The moment in time when we have reconsidered the data through the filter of this methodology resulted in a clean split between data collection and data analysis. In a classic grounded theory approach, the collecting and analyzing stages were not separated but part of a recursive process. Goulding (1999) draws attention to the fact that in more modern grounded theory approaches this separation is often preferred. Due to this, the way we chose to apply the grounded theory methodology stays valid. Also, the theoretical sampling occurred, as insights evolving from the primary analysis of the interviews oriented subsequent interviews, but not as a result of conducting a complete grounded theory analysis on initial interviews. During the process of data gathering, even if the grounded theory approach was not taken into account from the beginning, each interview was discussed

upon at the end of the day by the consultant team involved in the project. Every day discussions were summarized and used in the later enterprise. This summarizing of the main daily discussion topics and the experience of the interviews were used as memos in analyzing process based on grounded theory methodology. Memos that guided the following activity were taken during the entire processes of data collection and analysis. This was the way in which the researchers were able to set a correspondence between the data and the methodological and theoretical questions, and also between data and evaluations of self reactions or speculations regarding emerging topics.

Also, the results of the different stages of the program were communicated to the representatives of the institution by means of presentations during project meetings. During these presentations, observations coming from the representatives could be integrated in the later analysis, which in turn lead to unwillingly respecting a principle of the grounded theory approach.

### *Data Analysis*

The analysis of data through grounded theory methodology was based on the constant comparison method (Strauss and Corbin, 1998; Goulding, 1999). This method implies that all sets of data are compared with each other during the analysis. The first step in our analysis was the open coding which meant going over the transcripts and matching each fragment in the interview with a main idea or a key notion that could encompass the meaning of the entire fragment. During this open coding and the constant comparison between the topics, the research team started identifying clusters or patterns that led to identifying some categories or underlying concepts. Then we turned to axial coding that implies identifying not only the major concepts, but also the relationship between them and analyzing in depth the characteristics of the concepts. In the end, the analysis concluded by identifying a central category that was the axis for the emerging theory. Connected to this central concept, a main social and psychological issue was identified as well as a basic social process (Zahourek, 2005). At the end of the analysis the existent research was integrated into the interpretation of the results and of our own theory.

### *Rigor*

According to works on methodology (Guba and Lincoln, 1981), we have noticed that we have implemented (unplanned), a few procedures during the entire program that were ensuring the rigor of the analysis and the reliability of the gathered data. A first criterion also mentioned by Guba and Lincoln (1981) is the reliability of results, and this was ensured through triangulation. To ensure the confirmation and trust in the results, different stages of analysis were presented to the representatives of the participants who had the opportunity to criticize or intervene in our analysis up to the moment of data delivery within the research report in the initial project. Although all their interventions were included in the later enterprise of grounded

theory analysis, the results of this enterprise will have to be confronted again by representatives of the beneficiary in order to increase the level of confirmation. At the same time, while applying the grounded theory methodology, the interviews, the coding, the interpretation and the emerging theory were all discussed and analyzed by the authors of this study.

### *The Results*

As mentioned previously, we have re-analyzed the verbal data produced during the diagnosis carried within the 'Initiative for quality' project. This time we had the opportunity to use the analyzing tools of the grounded theory approach. At the same time, from the new perspectives in the field of organizational development, we were aware of the necessity of an unconditional connection with the data gathered straight from the participants, but we have not considered these data as being truthful, but rather an intricate waving consisting of perspectives, values and personal beliefs, in short, the participants' implicit theories. Analysis specific to grounded theory was used to highlight these implicit theories with the scope of integrating them in a final theoretical model. This theory is seen as an explanatory background resulted from reflecting upon the state and challenges that the organization has to face. Therefore we have assumed the task of generating a complex and believable way of investigation and theorizing at least a few parts of these perspectives and personal beliefs, in order to be able to finally offer the possibility of addressing in the best possible way the question with which we have started our research.

This part consists in the presentation of the main phases of our analysis: the initial (open) coding, the conceptual dimensions of higher order resulting from the constant comparison effort and finally our theoretical integration of these. In our case, this last part consisted of the explanation and examination of the basic theoretical knowledge that is part of our professional upbringing and have in fact guided our analysis, and of the justification of stated connections between concepts with the help of the existing literature (Weick, 1969).

### *Open coding*

Line by line coding meant going through transcripts and find the equivalent between each fragment of the interview with an idea and a key notion that would summarize the content of each fragment. Sometimes initial codes are a refined synthesis of the way in which data were summarized after a first reading. For instance, what initially was summarized as strict surveillance, task allocation, high performance expectations in the initial coding, latter becomes 'Rule setting'. Also, suspicion towards employees and keeping the distance by underlying each one's position become 'management distance'. In most cases however, initial codes reflect exactly the 'first hand' coding. At the same time, during coding or during discussions upon those initial codes inside the research team, we felt the necessity to comment upon certain data aspects, which in turn lead many times to registering some memos. These joined the memos

registered while collecting the data, some orienting the investigation, some being intuitions meant to help in the analysis that followed. For instance, the initial code 'family metaphor' was joined by the researchers' observation that

*'the majority of the hospital's employees are part of the countryside community close to the hospital. This fact supports a traditional perception of the patient, which is perceived as a family member in need of help which we have the duty to treat in a civilized way, and also supports this perception of how the institution functions as a family where we have the duty to understand each other and focus on savings for the family sake'.*

Even though initial code was laissez-faire for the leadership style previously used within the organization, following a re-analysis of codes carried on by the research team, the conclusion was drawn that this was:

*'an apparent laissez-faire that was culturally mediated. In our culture this is still an authoritarian leadership style hiding beneath a mask, most often revealed in an attitude allowing people to break the rules in place. Therefore power in this case translates into the fact that the leader is the one who can allow you to make an exception from the rules'.*

This memo has reoriented our way of conceptualizing the organizational change that happened in the hospital under analysis. They did not change the laissez-faire leadership style into an authoritarian one, but in fact there are two different types of authoritarian styles.

#### *Constant comparisons for developing superior conceptual or descriptive themes*

Starting with the first stage of open coding and reviewing memos, we have noticed that some categories or lines of interpretation began to emerge. During the next stage we resorted to constantly comparing the main codes that occurred during the initial analysis. This procedure is required in order to systematically build on data and to be able in the end to make a proposition of a theoretical scheme or a valid data interpretation.

The main themes began to occur even during the initial coding when the repetition of a certain code triggered a reflexive analysis within the research team. Some memos hold a raw interpretation of the main data descriptions. Following this, every text excerpts where the same or similar themes were coded, were compared with each other. Initial interpretations were leading towards building a theoretical understanding that would offer complex and useful ways of addressing the research question.

The action of constant comparison of codes and emergent themes led to a more complete vision upon these. Interview excerpts converge to shape specific dimensions in the analyzed organizational environment. A recurring theme is that of authoritarianism, understood both as variants of the prevailing style of management, as well as the personal way in which employees are relating to power. The theme of authority is linked

to the theme of conformity which appears in this context as a non-negotiable form of conformity when it comes to power which, by excluding employees' commitment and by empowering the leader for all organizational successes and failures, becomes unprofitable for the organization and for the system as a whole. The problem of institutional dependency was brought up during several discussions, one of which dealt with employees' dependency to the organization, which justifies the resistance to changes and a level of satisfaction with accepting a job unwanted by anyone. The other one dealt with the patient's dependency on the institution. Since civil society does not act by means of control mechanisms over the discretionary power of the hospital, caring is not in the centre of the conceptualizations of the organization's members, but rather outside of their main concerns. The main concern is the survival of the institution, and for this, a dissociation between what is reported and what is done is used. Experience shows that this dissociation occurs frequently in Romanian public institutions where a mismatch between formal presentations and reports is, and the actual way they operate. At the same time these institutions present a well-developed ability to tolerate their concomitant existence and functioning in two completely incompatible frameworks.

The deep investigation into the mechanisms of the occurrence of this functional duality as well as its implications could provide a very useful grid for understanding the functioning of the Romanian public organizations. Basically, a functioning way, once learned in certain circumstances, is the only known and accepted way, and requirements to change anything are pure formalities in which the existing functioning can be classified one way or another without any alteration, since nobody is prepared for another way of functioning. Maintaining this type of learned helplessness is supported by a non-strategic orientation at various levels of management in the system. In planning the development, there is basically a reuse of some already learned functioning schemes, the institution functions only based on its memory, not based on changes in the environment. Moreover, this phenomenon is related to a highly developed ability to 'swallow' any requirements for change in the existing functioning schemes, or to adopt these requirements at a formal level without any connection with or modification to the previous schemes and being perfectly able to continue functioning within two incompatible frameworks. At the same time, the team of representatives in charge with planning the development of the system usually do not consider themselves to be representatives of the people within the system. Rather, they think they are the only ones who can be asked to think about these problems. They are constantly considering the instructions coming from higher levels and not who they have to represent, the people within the system that might have something relevant to say. Overall, the functioning of the organization presented in the study can be described through the metaphor of household, where the physical well-being and survival are the important things instead of the relevant aspects in the complex activity of mental patient care.

Like most of the qualitative approaches, this research depended mostly on the combination of emerging conceptualizations with a sufficiently complex interrogation of the data. A constant comparison between the codes and the raw data has allowed us to advance in a systematic way towards an explanatory frame of the problem that stands for the initial research question. But in order to present a theory that would explain all dimensions highlighted up to this point of our analysis, the final step is represented by the theoretical integration.

#### **4. Theoretical integration**

One of the essential elements in any grounded theory approach is precisely the transition from early and intermediate stages of theorizing to integrating and finalizing the analysis. Although crucial in ensuring the credibility of the analysis, the procedures illustrated so far do not allow by themselves the reach of this final stage. In order for the integration and finalization stages to take place, there is the need to explain those 'theoretical sensitivities' (Glaser and Strauss, 1967) that have conducted the entire process of encoding and analysis, but mostly those that will be retained in the final theoretical proposition.

A first core element of the theoretical proposition is represented by the way the researched organization relates to the relevant external environment. It is here, according to studies over complex adaptive systems (Anderson, 1999; Halmi, 2003), that we can set forth the idea that the observed organization functions in a different way than guided by the principles of complex adaptive systems. As noted by Anderson (1999), a characteristic of the complex adaptive systems is that they are composed of subsystems co-evolving on the verge of chaos. Following Halmi's conceptualization (2003), the external environment can be considered a chaotic and unpredictable system that cannot hold any relevant information about the past functioning, because of these specific traits. And the co-evolution towards the brick of chaos specific to social systems is specifically the balance between the organization's stability and dynamism that accounts for processing and efficiently organizing the information coming from the external environment. As our analysis shows, the studied organization fails to reach this fragile balancing. The implications of the occurring themes, as synthesized in the previous section, show that, most of the times, the organization proves to be either too stable – trusting the already acquired own strategies in the detriment of correctly processing the external information – or too unstable, treating the new as a whole, unrelated to anything from the previous functioning. The latter case means that the requirements of the external environment are not completely assimilated through internal reorganization. When this occurs, the previous stored experiences are not completely lost. They remain in a state of latency, untainted by anything in the new course of action but having the possibility to return at anytime as the main operating strategy. The new operating requirements do not completely substitute the old ones; they do not truly replace anything that existed before. We can therefore state that one of the key features of the organization's adapting to the

relevant environment consists of an extremely high stability in the organizational system. In other words, stored experiences are so stable and strong that they become sufficient for the functioning of the organization, irrespective of the external influences. In this way, the studied organization no longer operates as an open system, but as a self-sufficient and closed one.

The closing of the organizational system is also supported by the cognitive deficit implied in learnt helplessness that prohibits the action strategies that proved to be proficient from entering the organizational memory. Thus it leads to a mental dissociation of situations that does not allow repeating the efficient action in similar situations (*'everybody complains about the lack of money in this field. However I say that they exist, if you know how to get them. Not for wages, true, but for projects on infrastructure. I have received some.'*). The perception of lack of control can be set in this case as the perception of a system closed within the known coordinates (*'I cannot do anything here because the system/ the health insurance company do not allow me'*). In our case, the perception of the system as being closed within certain operational coordinates is obvious in the system's inability to efficiently integrate the outputs. An open system takes the necessary resources from the environment (input) and then transforms them into outputs through internal processes. One of the main resources needed for the development of the system is the reintegration of the outputs into the system. In our case, the inputs on some coordinates are totally ignoring the outputs. For instance, any reports submitted to higher levels regarding the results in the hospital activity or how the system operates (e.g. insufficient funds for wages, the impossibility of abiding by the rule regarding the maximum period of hospitalization allowed, etc.) are ignored by the higher levels which in turn send out new inputs without integrating any of the previous feedback. In other words they do not integrate the output in any way. The new input strengthens the closing of the system: a line of action is neither worth, nor possible. This perception then enters a vicious circle which results in a self maintaining state of this perception. Thus the perception of the system as being closed influences the actions of the organizational players that end up behaving according to these perceptions. This behavior is in turn perceived by other players from the respective external environment that will further trigger a similar behavior and enforce the close trait of the system (Lord and Maher, 1990 *apud* Chirică, 1996).

Another characteristic underlined in data and which leads to our second core idea of our theoretical proposition is connected to the organization's dual operational aspect on different levels. This operational duality appears mostly to be dissociation between the stated theory and the applied one in the organizational activity, but at the deepest level it appears as a substitution of the formal (correct) organization with the self-sufficient organization. Thus, another object of activity – maintaining the organization, is overlaying the main formal object of activity – caring for the mentally ill patient. The organization functions as a closed system only in relation

to the norms and values that pertain to the complex caring activities, while around the norms and values dictated for the purpose of organization survival, the operation as an open system can appear.

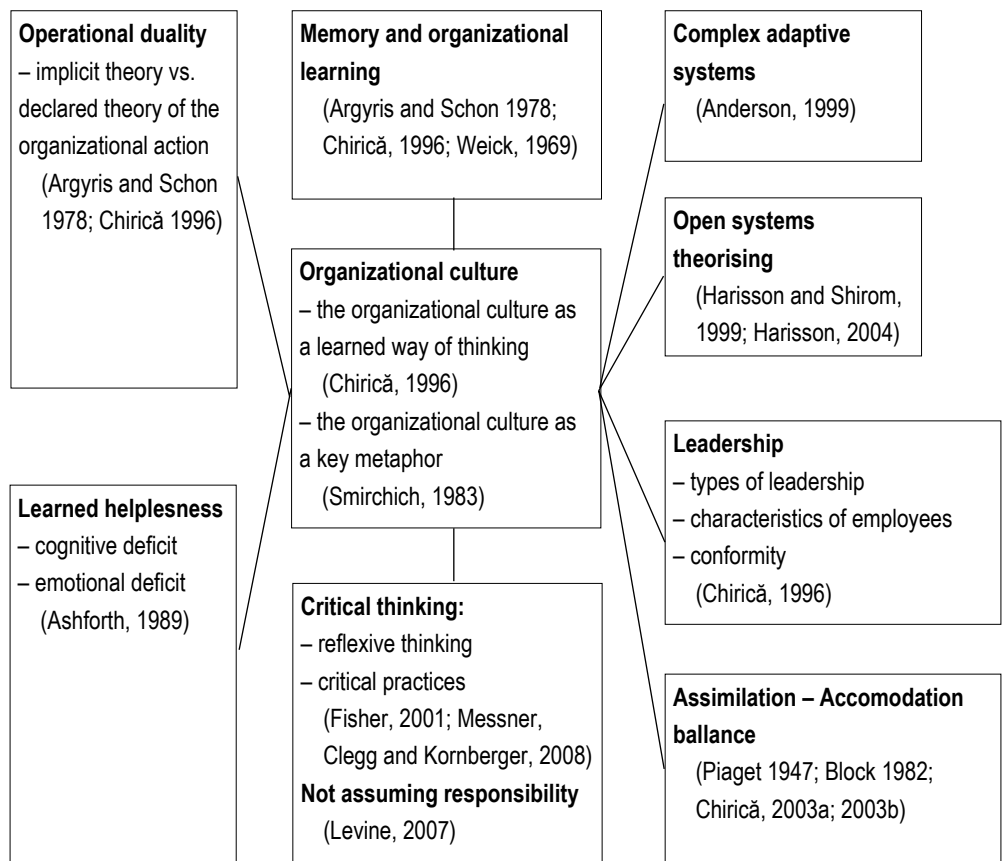
Following this interpretation of data, we propose as a central psychosocial problem of the explanatory framework, the concept of cultivating the self-sufficient organization. The self-sufficient operation becomes a cultural element by means of the organizational process of learning a collective way of thinking and doing things (culture as a learned way of thinking) (Chirică, 1996). This way is kept within the organization, irrespective of organizational levels and perhaps beyond, to a more general level, that of the health system. Self-sufficiency and maintaining it is insured by the process of closing the organizational system, which we have already described, and which serves for maintaining the stability and operation within the already existing frames. The closed system perception (although it is structurally open) can lead only to a dual functioning. The result of closing and dual functioning of the system leads to the formation of the self-sufficient organization culture.

The key features highlighted in our data regarding the self-sufficient system culture are due, on the one hand, to certain cognitive deficits and on the other hand the disclaimer of responsibility. These cognitive deficits can be all united under a non-reflexive dimension. If we consider for instance the classic definition of the reflexive thinking (Dewey, 1910 *apud* Fisher, 2001), its key elements consist in the persistent, active and careful consideration of a belief or form of knowledge enlightened by the arguments that supports it and their implications. To these elements, Glaser (1941 *apud* Fisher, 2001) adds the element of applying and using these capacities in practice. As a result, the non reflexive character of the members of the organization can express through either the lack of active and persistent means of considering and reconsidering the personal and organizational actions, or the incapacity of applying the results of reconsiderations. Our conclusion is agreeing with Messner, Clegg and Kornberger's observations that rhetorical criticism can sometimes mask the uncritical nature of an organizational practice alleged to be critical (2008, p. 69). In our case, non reflexivity takes both forms mentioned above. On the one hand certain organizational requirements and actions are quickly taken without a critical analysis. On the other hand, when the critical analysis is done, it is mostly carried to a level of rhetorical criticism which changes nothing of what is happening within the organization.

The second feature of self-sufficiency, as it emerges from our data, is the lack of responsibility among the members of the organization. This feature is visible through the abandonment of norms and values related to the main activity which is dismissed to a secondary level. Moreover, the members of the organization do not perceive the patients and the main healthcare activity in all their complexity as main focus. Levine (2007) associates the lack of assuming the responsibility to secrecy and the closing of the organization, seen as the opposite of transparency which would support the assuming of responsibility. In this particular case, the secrecy is insured by the

lack of control mechanisms coming from the beneficiaries of the healthcare activity. As a consequence, precisely the main activity of the organization, which is caring, becomes vague, more difficult to control and evaluate, allowing the members of the organization to withdraw from being responsible towards it.

The theoretical resources that lay at the foundation of the analysis and data interpretation of this research are presented in Figure 1.



**Figure 1:** Theoretical resources that lay at the foundation of the analysis and data interpretation of this research

## 5. Conclusions

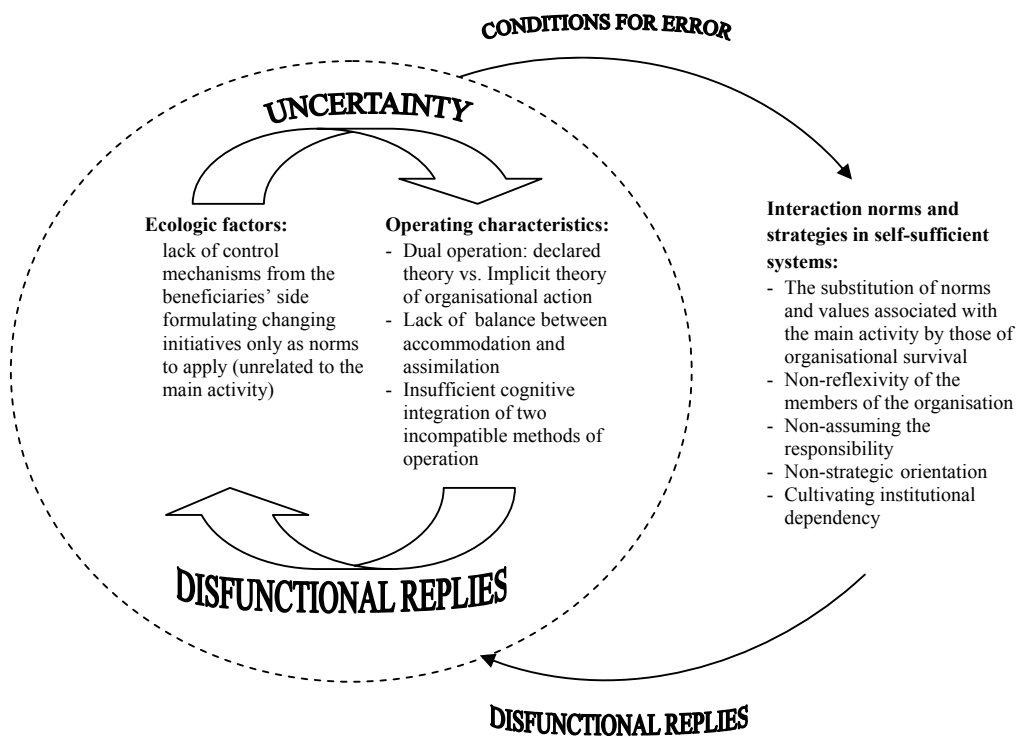
This research represents an application of the grounded theory methodology in organizational research. Before drawing the final conclusions of this study, we must mention again the fact that in our case, applying the methodology had certain features that have placed it a bit further from its classic guidelines. These particular features have been generated by the fact that the application of this methodology has been mainly carried out as an analysis method for previously collected data. This thing does not fit in the classic guidelines of the grounded theory, but it is justified for two

reasons. First of all, the modern approach to this theory supports the possibility of a temporal separation of the two phases of collecting and analyzing the data (Goulding, 1999). Secondly, data analysis using the grounded theory approach was possible due to the unplanned application during data collection of some key principles of the methodology used later on. Thus, as shown in the previous sections, the central elements of the methodology were: recurrence of the research design, data collection directly from the participants, and involvement of the participants in a preliminary analysis of the data, and all results from applying the methodology would be again checked together with the participants.

Data analysis led us to identify the central concepts that can enhance our understanding of how changes evolve within the studied mental health care institution. Thus, the key concepts that were revealed by our analysis can be summarized by the main psychosocial problem identified: the culture of the self-sufficient organization. The occurrence of this main psychosocial problem is explained by the psychosocial process of closing the organizational system which is a surprising result of our study, if we are to consider the studies in the field of open systems. So, the main psychological process that we have identified was the perception of the organization as a system closed within certain coordinates (or the closing of the organizational system) represented by a conceptualization of the health system as an independent entity outside of the institution under study. This entity cannot be influenced and can impose restrictions to the functioning of the hospital through rules set up by the higher levels. The hospital is not perceived responsible for what is happening in this system; all responsibility lies at the higher levels and the only responsibility of the hospital is to abide to any restrictions set by the higher levels. This perception of a static organizational system oppose the theorization of the organizational systems as open systems, emerging precisely from the actors' interactions within the system, and is illustrating a way of operating outside the principles of complex adaptive functioning. A recurring process is associated to the basic psychosocial problem of the culture of the self sufficient organization. The perceptions of the actors regarding some coordinates as being closed further influences their actions on closed coordinates so that they themselves end up behaving as if the system is indeed a closed one. This behavior is perceived by other important actors of the system and influences them. They, in turn, behave in the way of maintaining the system closed within these coordinates. A vicious circle is created which manages to maintain the problematic coordinates closed and limit the behavior of the actors within these perceptions.

Our results provide a frame of understanding the way in which changes can be perceived in the organization and of the factors that can prevent real changes to take place. Changes in a self sufficient organization can be problematic, while the risk of this change being transformed in what is already existing and known as functional. Or, if this is not possible, the change can be adopted on a superficial level, by preserving the old way of operating on an informal or hidden level. The successful

implementation of an organizational change would need to approach the issue of cognitive deficits that support non reflexivity and non-assuming the responsibility by the members of the organization in respect to the main specific activity – caring (rehabilitation and social reintegration) for the mentally ill patient. The transformation of this type of institutions cannot be completed while they are keeping themselves essentially closed or closed on those particular coordinates that usually ensure their development. Our theoretic proposal also indicates the cause of the failure of change initiatives within the mental health care system. Because these are formulated only as application norms and measures, they in fact maintain the closing of the system on the coordinates essential for the main activity. Thus, changing initiatives are not successful in connecting the main activity and the central object of change, but they are successful in maintaining the characteristics of self sufficiency. All these elements are transformed in conditions that hinder the learning and development of the organization (Figure 2).



**Figure 2:** Conditions that hinder organizational learning in self-sufficient systems

Last but not least, our theoretical proposition must be polished and open to the critics of the already existing theories in the field of organizational research. A later investigation on the process of closing the system is required in order to verify the coordinates that are usually kept closed.

If we return to the paradigmatic versatility of the grounded theory methodology, we can identify a potential advantage in this characteristic. Thus, starting from the data of this study, we can identify two courses of action for the future, depending on where we want to find ourselves paradigmatically. If we stay with an interpretive paradigm, the explanatory frame generated by us must be later polished together with the organizational actors. If we want to use our results to create a positivist paradigm, the future tasks should focus on testing the relationships found in this explanatory frame and on testing the dimensional coherence of the concepts set forth. This way we might be able to verify whether the perception of the system as being closed determines a dual operation instead of balancing the processes of assimilation and accommodation to new, through conditions that restrict organizational learning to the point of learnt helplessness. Moreover, we would need to verify whether dual operation leads to building a culture of self-sufficiency that, through its key features – non reflexivity and non-assuming of responsibility, further support the lack of balance between accommodation and assimilation, in a word: dual operation.

### References:

1. Anderson, P., 'Complexity Theory and Organizational Science', 1999, *Organization Science*, vol. 10, no. 3, pp. 216-232.
2. Argyris, C. and Schön, D.A., *Organizational Learning: A Theory of Action Perspective*, Reading, MA: Addison-Wesley, 1978.
3. Ashforth, B.E., 'The Experience of Powerlessness in Organizations', 1989, *Organizational Behavior and Human Decision Process*, vol. 43, no. 2, pp. 207-242.
4. Băban, A., *Metodologia cercetării calitative*, Cluj-Napoca: Editura Presa Universitară Clujeană, 2002.
5. Beckhard, R., *Organization Development: Strategies and Models*, Reading, MA: Addison-Wesley, 1969.
6. Block, J., 'Assimilation, Accommodation and the Dynamics of Personality Development', 1982, *Child Development*, vol. 53, no. 2, pp. 281-295.
7. Chirică, S., *Psihologie organizațională. Modele de diagnoză și intervenție*, Cluj-Napoca: Casa de Editură și Consultanță Studiul Organizării, 1996.
8. Chirică, S., *Inteligența organizațiilor. Rutinele și managementul gândirii colective*, Cluj-Napoca: Presa Universitară Clujeană, 2003a.
9. Chirică, S., 'Assimilate If You Can; Accommodate If You Must!', 2003b, *Studia Universitatis Babeș-Bolyai, Psychologia-Paedagogia*, vol. 1, pp. 3–10.
10. Chirică, S., Andrei, D. and Ciuce, C., *Aplicații practice ale psihologiei organizaționale*, Cluj-Napoca: Editura ASCR, 2009.
11. Cunha, M.P. and Cunha, J.V., 'Managing Improvisation in Cross Cultural Virtual Teams', 2001, *International Journal of Cross Cultural Management*, vol. 1, no. 2, pp. 187-208.
12. Dewey, J., *How We Think*, 1910, [Online] available at <http://books.google.com/books?id=WF0AAAAAMAAJ&dq=%22How+we+think%22+Dewey&pg=PP1&ots=>

kMRWDtx9KJ&sig=OCBVnQliwIe95OCjcMMOL-h4mIc&hl=en&sa=X&oi=book\_result&resnum=1&ct=result, accessed on November 11, 2008.

13. Fisher, A., *Critical Thinking. An Introduction*, Cambridge: Cambridge University Press, 2001, [Online] available at <http://assets.cambridge.org/052100/9847/sample/0521009847ws.pdf>, accessed November 15, 2008.
14. Glaser, B.G. and Strauss, A.L., *The Discovery of Grounded Theory: Strategies for Qualitative Research*, New York: Aldine Transaction, 1967.
15. Goulding, C., *Grounded Theory: Some Reflections on Paradigm, Procedures and Misconceptions*, University of Wolverhampton, UK, Working Paper Series, June 1999, [Online] available at [http://www.wlv.ac.uk/PDF/uwbs\\_WP006-99%20Goulding.pdf](http://www.wlv.ac.uk/PDF/uwbs_WP006-99%20Goulding.pdf), accessed on November 12, 2008.
16. Guba, E.G. and Lincoln, Y.S., 'Paradigmatic Controversies, Contradictions and Emerging Confluences' in Denzin, N.K. and Lincoln, Y.S., (eds.), *The SAGE Handbook of Qualitative Research*, 3<sup>rd</sup> edition, Thousand Oaks, CA: Sage Publications, 2005, pp. 191-216.
17. Halmi, A., 'Chaos and Non-linear Dynamics: New Methodological Approaches in the Social Sciences and Social Work Practices', 2003, *International Social Work*, vol. 46, no. 1, pp. 83-101.
18. Harrison, M. and Shirom, A., *Organizational Diagnosis and Assessment: Bridging Theory and Practice*, London: Sage Publications, 1999.
19. Harrison, M.I., *Diagnosing Organizations: Methods, Models, and Processes*, Thousand Oaks, CA: Sage Publications, 2004.
20. Levine, D.S., 'Secrecy and Unaccountability: Trade Secrets in Our Public Infrastructure', 2007, *Florida Law Review*, vol. 59, pp. 134-193.
21. Lord, R.G. and Maher, K.J., 'Perceptions of Leadership and Their Implications in Organizations' in Carroll, J.S., (ed.), *Applied Social Psychology and Organizational Settings*, Hillsdale, NJ: Lawrence Erlbaum Associates, 1990, pp. 129-154.
22. McNamara, C., 'Holistic OD: A Paradigm for the Future', Winter 1998, *Organization Development Journal*, [Online] available at [http://findarticles.com/p/articles/mi\\_qa5427/is\\_199801/ai\\_n21432086](http://findarticles.com/p/articles/mi_qa5427/is_199801/ai_n21432086), accessed on December 3, 2008.
23. Messner, M., Clegg, S. and Kornberger, M., 'Critical Practices in Organizations', 2008, *Journal of Management Inquiry*, vol. 17, no. 2, pp. 68-82.
24. Neilsen, E., *Becoming an OD Practitioner*, Englewood Cliffs, CA: Prentice Hall, 1984.
25. Piaget, J., *La psychologie de l'intelligence*, Paris: Armand Colin, 1947.
26. Smirchich, L., 'Concepts of Culture and Organizational Analysis', 1983, *Administrative Science Quarterly*, vol. 28, no. 3, pp. 339-358.
27. Strauss, A.L. and Corbin, J.L., *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*, Thousand Oaks, CA: Sage Publications, 1998.
28. Terry, R.W., *Authentic Leadership: Courage in Action*, San Francisco, CA: Jossey-Bass, 1993.
29. Weick, K.E., *The Social Psychology of Organizing*, Reading, MA: Addison-Wesley, 1969.
30. Zahourek, R.P., 'Intentionality: Evolutionary Development in Healing. A Grounded Theory Study for Holistic Nursing', 2005, *Journal of Holistic Nursing*, vol. 23, no. 1, pp. 89-109.