

## Editorial

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Organisational culture plays a vital role in influencing the performance of healthcare organisations. These professionally dominated organisations rely on various actions and symbols to define and reinforce the cultural beliefs and values that influence the performance of healthcare professionals. The cultures of highly effective healthcare organisations tend to promote employee emotional well-being, morale, productivity, and commitment (Weick, 1987; Frankel et al., 2006). Conversely, the cultures in other, less-effective organisations often engender just the opposite result in that these strong cultures serve as barriers to needed reforms in organisational practices (Weick and Sutcliffe, 2003). This edition of the *European Journal of Cross-Cultural Competence and Management* provides some insights into how management of cultural phenomena may influence quality and effectiveness in healthcare organisations.

The first article by Aggogeri focuses on the development and application of lean principles in an oncology unit to increase the service performance levels while following and reducing waste, time, and non-value added activities. As professional organisations, healthcare systems often respond to the values and demands of physicians, nurses, healthcare executives, boards of directors, and related constituents. Lean thinking causes a shift in the cultural focus toward an identification of 'value' from a customer's (patient's) perspective and follows that value stream. This study documents the implementation of both basic lean tools (value stream mapping, seven wastes, and kaizen) and advanced techniques (DES simulation models). The final result represents an example of the application of lean in the redefinition of values in a service environment.

The second paper by Guimarães and de Carvalho explores both the hard and soft side of cultural change that occurs through lean transformation processes. The authors discuss the hard side as the use of analytical tools and quantitative techniques while the soft implies the transformation of the organisation's cultural values. Their analysis of four cases of lean deployment suggests that long-term success is achieved only through repetition of lean practice that results in a changed culture. They found that without cultural change, lean has little long-term viability. They conclude with a series of propositions that are based on their findings.

A number of studies have found that the workplace characteristics of organisational culture influence professional burnout (Dimitrios and Konstantinos, 2014). Burnout has been found to be associated with negative consequences for some physician specialties (Goldberg et al., 1996). In this issue, Akdere, Top, Dikmetas and Ergin examined this important topic of occupational burnout of resident physicians at a public university hospital in Turkey using the Maslach Burnout Inventory. Differences across medical specialties are reported. The similarities in outcomes from this study and from studies in other countries suggest that burnout is a global phenomenon in medicine and health systems. The authors discuss the implications of occupational burnout on organisational culture based on their findings.

Jenei, Toarniczky, Losonci and Imre report on the development of a measurement tool designed to assess the lean features of organisational culture in healthcare settings. Their perspective is that transformation to lean management practices is not possible without the alignment of the extant culture of the focal organisation with a culture that supports lean management practices. The authors blend basic organisational culture frameworks with lean principles for the development of their survey instrument. They report important 'lessons learned' from the application of their instrument in an outpatient clinic setting.

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