

# **An Analysis of Social Climate and Corporate Culture at Vsetín's Department of EMS of the Zlín Region**

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## **ABSTRAKT**

Tématem bakalářské práce „Analýza sociálního klimatu a podnikové kultury na Vsetínské pobočce ZZS Zlínského kraje“ je analýza sociálního klimatu a podnikové kultury ve společnosti. Cílem je zjistit možné problémy a následně navrhnout změny vedoucí k jejich eliminování a celkovému zlepšení současné situace. V teoretické části práce je vymezena podniková kultura a sociální klima, význam pro fungování podniku a možnosti účinného ovlivnění. V praktické části autor práce v krátkosti představuje organizaci a dále pak uvádí použité způsoby analýzy, výsledky šetření a jejich interpretace. Závěrem je nastín doporučených změn vedoucích k vyšší stabilitě a efektivitě spolu s jejich výhodami a nevýhodami.

Klíčová slova: podniková kultura, sociální klima, analýza, hodnoty, poslání

## **ABSTRACT**

Theme of bachelor thesis “An Analysis of Social Climate and Corporate Culture at Vsetín’s Department of Emergency Medical Services in the Zlín Region” is an analysis of social climate and corporate culture in the organization. The task is to find possible problems and then suggest changes leading to elimination and improving the status quo. Theoretical part deals with a definition of corporate culture and social climate, its significance in company’s functioning and possibilities of their modification. In practical part of the thesis author introduces the organization itself and states methods used for the analysis, its results, and interpretation. Conclusion consists of outline of recommended changes having potency to increase the stability and effectiveness and thereupon their advantages and disadvantages.

Keywords: corporate culture, social climate, analysis, values, mission

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## INTRODUCTION

The bachelor thesis focuses on issue of corporate culture and social climate and its impact on company's function. Author is concerned in the topic due to its humanistic matters on one hand and author's belief of causality on the other. Aim of this work is to define and afterwards analyze the corporate culture and social climate at Vsetín's Emergency Medical Services of the Zlín Region. Author's selection of this type of services is intentional because of demandingness of occupation in public health services and thereto of occupation of medical rescuer and physician as well as other related professions.

In the theoretical part, the author of the thesis deals with the definition and distinction between the social climate and organizational culture. The theoretical part then enlarges on the topic in detail and subdivides the theme on sections concerning particular spheres of cultural content referred to corporate culture or social climate.

The analytical part focuses at first on aspects of the department of Emergency Medical Services located in Vsetín. The author of the thesis states constituents of EMS of the Zlín Region and its field of interest together with attributes and qualities of the Vsetín's department. Main analysis then tries to find contents of corporate culture, its aspects, and issues of their acceptance and interpretation in order to determine arising real or potential problems as well as a cause of problem itself. Main task is to suggest some changes to improve the situation in order to boost the performance of EMS in Vsetín. Final work compiles interpretations of outcomes made from analysis of corporate culture and social climate. The survey put together findings based on the inquiry and observation, as well as on the analysis of the documentation, both public and internal. The author besides supplemented the analysis with a number of relevant improvement suggestions to develop the organization and reform its corporate culture if necessary. Furthermore, the suggested recommendations have also its difficulties, so author also stated some advantages and disadvantages of theirs.

The conclusion then closes the whole thesis with recapitulating the matters concerned in the theory and findings established in the analysis; all is ended up as inference and judgement of entire thesis.

## **I. THEORY**

## 1 SOCIAL CLIMATE AND CORPORATE CULTURE

*“Climate and culture, if each is carefully defined, then become two crucial building blocks for organizational description and analysis.”* (Schein in Ashkanasy 2000, 24)

Although social climate is very often considered as a component of corporate culture, the author of the thesis punctuate social climate as a separate unit according to Schein.

### 1.1 The Definition of Social Climate

*“Climate is embedded in the physical look of the place, the emotionality exhibited by employees, the experiences of visitors or new employees upon entry, and myriad other artifacts that are seen, heard, and felt.”* (Schein in Ashkanasy 2000, 24)

Climate functions as some compact psychological shape technically called gestalt. This gestalt is based on comprehension of patterns that refer to certain experiences and behaviour of the individuals in the company. (Ashkanasy 2000, 22)

Although abstract, climate is clearly experienced percept by people who came into contact with the company. Climate can be understood as another dimension of setting or the subjective sphere of the organization. (Ashkanasy 2000, 35)

### 1.2 The Definition of Corporate Culture

The definition of culture in general is not clear. From anthropological point of view, culture means the way of living of group of people and their patterns of conduct. Sociologically, culture is a system with particular contents. This system is both autonomic and adaptive. In psychology is culture referred to a system of rules inside the group. Its contents are explicit or covered. Universally, culture consists of opinions, attitudes, and values together with cultural patterns influencing ways of conduct or thinking. Culture passes to the next generation by learning. Management deals with several types of culture, mainly with culture national, regional, global and finally with organizational culture that is the author developing in this thesis in detail. Two another terms are the same to organizational culture - company culture and corporate culture. (Lukášová and Nový 2004, 17-19)

Generally, corporate culture stands for complete notion of surrounding world along with approach to life, work, and people and to lives of individual workers inside the

organization. Organizational culture is then a certain culture of work. It comprises value ideas and rules of conduct that are influencing employees' attitudes. In other words, culture is a summary of understanding, meaning, and agreement among the members of community. In more detail, a group of values, standards, traditions, myths, rituals and basic presumptions composes corporate culture. Nevertheless, there are another definitions of organizational culture, less or more elaborated, for example according to entrepreneur culture is *"a blend of the values, beliefs, taboos, symbols, rituals and myths all companies develop over time"*. Definitions and approaches to corporate culture build on the general understanding of culture as a control component of any social system. Experts have not yet agreed on uniform definition. (Lukášová and Nový 2004, 22; Šigut 2004, 10; Entrepreneur.com)

- Corporate culture is *"the combined beliefs, values, ethics, procedures, and atmosphere of an organization. The culture of an organization is often expressed as "the way we do things around here" and consists of largely unspoken values, norms, and behaviors that become the natural way of doing things."* (Bnet.com)
- *"Culture is a pattern of shared tacit assumptions that was learned by a group as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feeling relation to those problems."* (Schein 2009, 27)
- Culture is *"the predominate value-system or ethos of an organization; usually a mixture of implicit beliefs/values and explicit statements."* (Cole 2004, 12)

Organizational culture is based on the past and is expressed in every field of the company. It operates under the surface, subliminally. Culture also influences people's conduct at workplace and is shared by the members of the organization. Culture of the organization affects both quality and performance; it shows the degree of organization's effectivity. It contributes in realization of company's aims and strategy together with influence on changeover controlling and improvement of effectivity. It also functions as regulation of employee's discord and suspense. Characteristic features of suitable corporate culture emphasize performance quality and effectiveness, workers' flexibility and self-fulfilment, importance of innovations and morals, similarly openness and trust. In desirable corporate culture also should not be tolerated poor quality and bad performance. (Lukášová and Nový 2004, 40; 52)

To summarize all in simple terms, definition of organizational culture might be condensing to formula “It’s how we do things here”. Corporate culture manifests how the company organizes its enterprise and handles its customers and employees as well as wide public, it determines which conduct is appropriate and which is not. It also affects organization’s performance and productivity. Every culture is unique and all members of the organization should embrace its code and behave in accordance with it. (Bnet.com)

### **1.3 Forms of Corporate Culture**

Company’s culture expresses itself both in visible and invisible way. Therefore, some expressions of organizational culture are well observable and some are not. It is possible to sight the uniforms or dress code, titles within a company, company benefits, organizational culture, relationships, and internal work environment. Much potent components of the organizational culture are those invisible ones. Heart of the culture is made of values, assumptions, beliefs, implicit rules, standards, attitudes, and employees’ personal conversations within the company. All of these features compose the essence and patterns of further behaviour, conduct with decisions inside a work group, department and company. (EzineArticles.com)

### **1.4 Components of Corporate Culture**

Components of corporate culture are its basic building units. The most frequently considered culture components are values, artefacts, rules, attitudes, and basic assumptions. (Lukášová and Nový 2004, 22)

#### **1.4.1 Values**

Since behaviour and selections of individuals are built up on values, they are significant element of corporate culture. Values are desired accepted and promised ideas influencing human behaviour. (Ashkanasy 2000, 39)

*“Values are objects, qualities, standards, or conditions that satisfy or are perceived to satisfy needs and/or that act as guides to human action“.* (Ashkanasy 2000, 38)

Values are considered as the core constituent of corporate culture; they are holders of the content and they create an image of the company. Values are partly conscious and partly obvious for external observer. They are forming on the foundation of organization’s development or the company’s managers intentionally set them up to follow desired rules

and attitudes. It is possible to change them, if necessary. Yet, they need to have right interpretation. Values have regulative purpose, they determinate appropriate behaviour of organization's members in crucial situations. Values express what is important in the company likewise, what is important for the company itself. Values should accept and share all of the organization's members. When values are orally communicated only, without previous learning and real acceptance, company is thus presenting itself through those superficially-made announced values, however actual behaviour inside the company need not to correspond with them necessarily. If employees do not truly identify themselves with taught corporate values, they will barely reflect those values in own conduct. (Lukášová and Nový 2004, 23-27)

#### 1.4.2 Artefacts

Artefacts as certain products made by human are components of working environment. Through artefacts, presents company itself on public and amongst employees inside the company. Since artefacts are well distinguishable, they are significant for the image of company. However, according to Schein its meaning is not unequivocal and therefore is difficult to interpret it, in case we do not know further component background. (Lukášová and Nový 2004, 26)

*“In other words, at the level of artifacts, culture is very clear and has immediate emotional impact“.* (Schein 2009, 22)

Two divisions of artefacts are distinguished (Lukášová and Nový 2004, 22):

- **Material** – visual features of buildings and offices, equipment, promotional materials, logo, uniforms
- **Abstract** – language, stories, myths, rituals, heroes

*Architecture and equipment* creates image from the outside and from the inside company's identity. Buildings take the role of unifying symbols and its visual features show company's values. Building's design is the way to distinguish the company from the others. *Language* reflects extend of formality and informality of relationships inside the company together with organization's values. *Stories and myths* are told across the organization. Stories are based on real events however, they are differently interpreted. Myths lack real basis - they are all fictional. Myths are the ways to interpret and clarify

suitable or unsuitable conduct. *Customs and rituals* are cultivated patterns of conduct; they help in smooth operating of the organization. They create foreseeable and stable environment. *Heroes* are considered as strong elements of the culture and they represent model conduct and values. They install high standards and motivate employees. (Lukášová and Nový 2004, 24-26)

### **1.4.3 Rules**

Rules are principles of conduct, for both social interaction and working moral. Rules afford realization of values and serve as behaviour instructions; they convey what managers expect from employees. Rules can refer to communication styles, quantity, and quality of work, ethic, dress code, showing emotions etc. Rules create and promote the management on the long run. Inobservance of rules affects the degree of individual's group entrance. Division is on formal and informal rules. (Lukášová and Nový 2004, 24)

*“By formal rules we refer to those expectations and requirements, either written or unwritten, that are routinely associated with the pursuit of organizational purposes, activities, or goals that are perceived as legitimate or normal”.* (Ashkanasy 2000, 59)

*“By informal rules, we refer to those norms of behavior that arise within the context of workplace associations but that do not develop to meet the defined goals or activities of the organization”.* (Ashkanasy 2000, 60)

### **1.4.4 Attitudes**

By attitudes are meant opinions related to a person, a thing or a situation. They formulate positive or negative stance to above mentioned. Attitudes originate in experience. (Lukášová and Nový 2004, 24)

### **1.4.5 Basic Assumptions**

Basic assumptions are subjective ideas about reality and its operating. They are subconscious and are formed during individual's life. They are automatic and stable. They are governable with difficulty. They are based on acquired experience of efficient solution of particular problem. Change at this level is rather complicated because the system then might become unstable. (Lukášová and Nový 2004, 27-28)

## **1.5 Sources of Corporate Culture**

The formation and shaping of corporate culture involves a number of factors distinguished as a source of culture. It includes the impact of national culture, business, and competitive environment, the influence of owners and managers, the size and length of existence of the company and other. (Lukášová and Nový 2004, 33)

### **1.5.1 National Culture Influences**

Members of one nation share and generationally transmit patterns of conduct, values, norms, or basic assumptions. The source of national divergences besides religion or nation's history is also political and educational system together with language. (Lukášová and Nový 2004, 33-34)

According to Hofstede's research, we distinguish five dimensions of national culture (Lukášová and Nový 2004, 34):

- Large vs. small power distance orientated
- Masculinity vs. femininity
- Individualism vs. collectivism
- Long-term vs. short-term orientation
- Strong vs. weak uncertainty avoiding

### **1.5.2 Market and Company Background Influences**

According to some authors, this influence of market and background is ascribed as the crucial one in corporate culture formation. The prosperity and company's existence may be in danger in case employees did not accepted values and behaviour consistent with its background. Nevertheless, it probably more depends on determinants of the background. If the company's background is not competitive in a strong measure and company's market status is major, background then does not play such an important role, in this case, culture is influenced rather with other circumstances. (Lukášová and Nový 2004, 35)

### **1.5.3 Profession Field Influences**

Characteristic features associated with particular type of education, interests and thinking are noticeable. Influences are signified in prioritization of particular customs, rituals, and certain techniques in working of organization and in distinctive language too. They occur in companies professionally homogenous or likewise in departments of heterogeneous companies, that are focused mainly on one type of tasks. (Lukášová and Nový 2004, 35)

#### 1.5.4 Founder Influences

Founders of the company have essential impact on aspects of corporate culture; their vision markedly affects culture's contents, mainly at the beginning. Powerful leaders are considered as representative symbols of the company and so they have some significant impact on organization's image. It was discovered that employees tend to accept their leaders' values in case the values are understood as expert and capable in bringing success. In addition to informal authority, it is also important authority formal. That is because the leader is entitled to rule the company's future. (Lukášová and Nový 2004, 35)

#### 1.5.5 Influences of Organization's Size and Length of Existence

The development and maturity influences the corporate culture in three stages.

Initial phase – culture is an important source of identity at this stage, founder's influence predominates, and characteristics are flexibility, improvisation, and informal relationship.

Middle age – attempting to keep company's progress and performance, importance of firm organizational structure and fixed rules, crisis is coming; together with company's growth is fading away its original aim and purpose of existence; formation of subcultures.

Organization's maturity – stage of stagnation; culture, history, and tradition are revered, possibility for company is either transformation or destruction. (Lukášová and Nový 2004, 36)

### 1.6 Levels of Corporate Culture

The best-known model of structured organizational culture is a model developed by Edgar Schein in 1992. He divided culture into three levels according to the degree of visibility for external observer (Lukášová and Nový 2004, 26-27):

- *Highest level* constituted of artefacts – the most visible, easily suggestible and changeable, needs explanation.
- *Medium level* made by espoused values, norms and rules of conduct – they are partly conscious and governable for involved but only partly obvious for outer beholders; moreover, their interpretation is for external observer complicated.
- *Basic level* represented with basic assumptions – it includes unconscious notions, from the outside are hardly definable and interpretable, they are embedded in the deep and consist of the most abstruse components.

<p><b>ARTEFACTS</b> Language, rituals, logo, architecture</p>	<p><b>1.</b></p>	<p>Conscious, Governable</p>
<p><b>VALUES and RULES</b> Standards, rules, corporate ideology</p>	<p><b>2.</b></p>	<p>Conscious and Governable to some Degree</p>
<p><b>BASIC ASSUMPTIONS</b> Ideas about human nature, surrounding world, causes</p>	<p><b>3.</b></p>	<p>Unconscious, Spontaneous</p>

Figure 1: Corporate Culture and its Levels

Source: Bedrnová, Nový et al. 2002, 487; adjusted

## 1.7 Typology of Corporate Culture

Scientists defined a number of different typologies that consult the content of corporate culture from different angles. According to Nový and Lukášová, typology can be divided into three basic groups. Typology is formulated in a relation to:

- Organizational structuring
- Inclination in organization’s behaviour
- Influences and response to surrounding environment

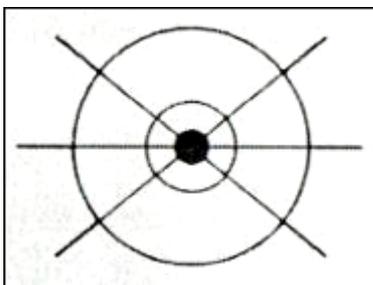
### 1.7.1 Typology by Harrison and Handy

Typology by Harrison and Handy (Armstrong 2003, 203-204) is considered as the first typology of organizational culture and is formulated in relation to the organizational structure. Harrison and Handy defined four types of culture (Lukášová and Nový 2004, 76-79):

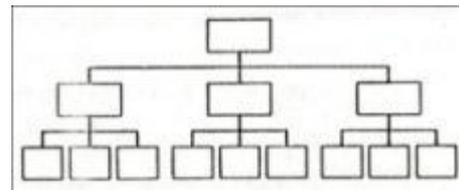
- **The role culture** - The emphasis is on logical rules, procedures and rationality. Employees are chosen according their capability in filling the role. Company corresponds to hierarchical organized structure.
- **The power culture** – Centralization of power predominates, member or a group has dominant status and is based on communication and trust. It occurs mainly in

small companies, where dominant member is usually the owner. The power culture is strong. However, its members perceive it rather as tough and hard. Evaluation is based on employees' results. Organizational structure has the shape of cobwebs.

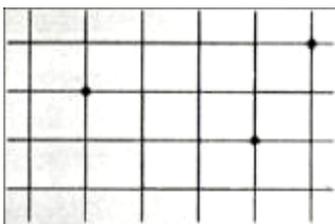
- **The task culture** - Tasks are superior compliance there. Teamwork replaces the authority. The organization works quickly and flexibly. Organizational structure usually takes the form of matrix.
- **The person culture** - Individual members of the culture are independent. None of the members has dominant status. Interests of individuals have more weight than the interest of company. Basic element of this culture is expertise of the members.



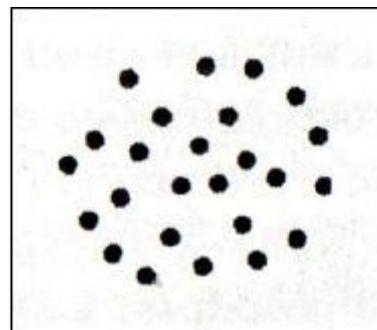
*The Power Culture*



*The Role Culture*



*The Task Culture*



*The Person Culture*

*Figure 2: Types of Organizational Culture by Charles Handy*

*Source: Brooks 2003, 223*

### 1.7.2 Typology by Deal and Kennedy

Prerequisite of this typology is the authors' belief that the corporate culture is mostly influenced by social and business background. It uses two criteria - the dynamics, representing feedback speed, and the risk. According to its degree, Deal and Kennedy identified four types of cultures (Lukášová and Nový 2004, 79-80):

- **The tough-guy culture** – There is high extent of risk and high fluctuation. Employees' qualities are judged according to their last performance, no faults are allowed. There is the lack of persistence and patience; "tough-guys" need fast feedback. They do not want to work in team-they are individualists. Members of the culture are emulative and they work under pressure that may result in "burnout" syndrome. Companies of this type are successful in risky environment for instance in advertising or in television.
- **Play hard culture** – Low risk together with fast feedback occur in this culture. Culture applies to the teamwork, activity, initiative. Typical companies are orientated on mass customer and success is accomplished mainly accordingly to the volume of realized deals or sold goods.
- **The bet-your-company culture** – Typical feature of the companies is high risk with slow feedback like in oil companies and air service companies investing in development or enterprises from nuclear research field. Right decisions are essential for the company. Employees respect authority and hierarchy and they are able to work under pressure.
- **The process culture** – Low risk and slow or missing feedback characterizes the culture of process. The process is more important than actual target. Values are primarily technical perfection, precision and accurate procedure. Success is not defined clearly. This type of culture is typical for bank institutions and insurance companies. The process culture is suitable mainly for stable constant environment, where presumable phenomena preponderate.

Feedback Speed	Fast	Culture of hard work	Culture “tough-guys“
	Slow	Culture of process	Culture “bet-your-company“
		Low	High
Degree of Risk			

Figure 3: Types of Organizational Culture by T.E. Deal and A. A. Kennedy

Source: Lukášová and Nový 2004, 80; adjusted

### 1.7.3 The “Double S Cube” by Goffee and Jones

Theory “Double S cube” is an example of typology formulated in relation to organizational behaviour. It focuses on relationships within the company and it divides into four groups according to the degree of solidarity and sociability (Lukášová and Nový 2004, 94-95): *Sociability* is reflected by positive relationships amongst personnel of particular organization, what is resulting to frequent information sharing. *Solidarity* then determines the level of cohesion. Each of the types of culture may have positive impact on the organization as well as the negative, dependently to the level.

- **The networked culture** – typical is high sociability and low solidarity; based mainly on friendship. In positive form is information shared willingly and helpfully. As disadvantageous is seen benevolence to bad performance. In negative culture, friendships are maintained too, although selectively; information is shared only amongst particular individuals or groups.
- **The mercenary culture** – as the reverse of previous culture, the mercenary culture is characterized by high solidarity and low sociability. Personal relationships are instrumental; they develop only because of the gain. In positive culture, employees aspire to common interests and goals. The degree of loyalty to the organization is low. In negative form, employees focus more on individual self-interests than on company’s interests.
- **The fragmented culture** – consists of individuals who work mainly for themselves proper, their carrier growth, and reputation. Low identification and loyalty to the

organization is dominant. The success is measured according to praise extent in surrounding environment, ideas are the main value. The culture is typically seen in profession such as scientist or journalist. In negative form, that is dysfunctional, cooperation is unusual; members may act in arrogant manner.

- **The communal culture** – balance of solidarity and sociability. For positive communal culture are typical friendly atmosphere, cooperation, and identification with the organization. Solidarity and sociability are in conflict there, they are opposing due to their double-sided high extent. Negative culture is affected by employees' egoism and their illusion of invincibility.

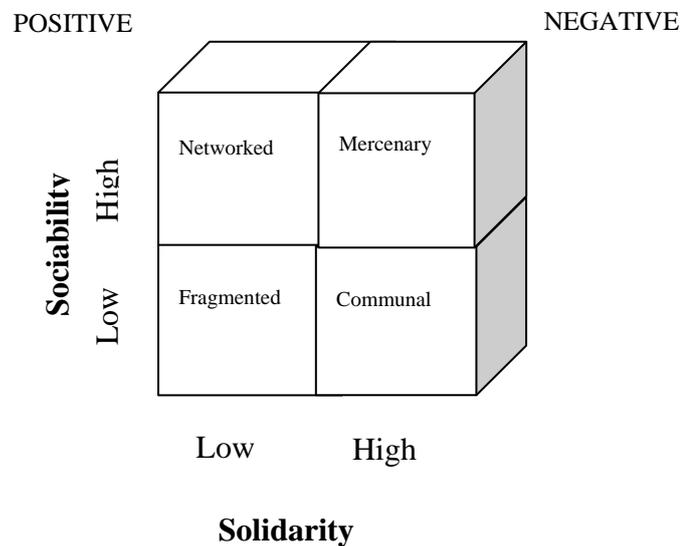


Figure 4: Model "Double S Cube" by Goffee and Jones

Source: Lukášová and Nový 2004, 94

#### 1.7.4 Other Typologies

Typology of Vries and Miller (1984, 23-24) deals with five neurotic types of culture:

- **Paranoid style** - frequent and careful control, supervision; hypersensitivity to certain features, excessive vigilance, paranoia
- **Compulsive style**- perfectionism, controlling, and organization
- **Dramatic culture** - centralization of the power, boss is always right
- **Depressive style** - pessimism, time press, emphasis on routine
- **Schizoid culture** - fighting for power, perplexity and lack of stridence, formation of coalitions

According to typology by Miles and Snow, organizational culture is dividing on **the defender, the analyzer, and the prospector**. It is compiled on the foundation of adapted strategy depending on business' background. (Lukášová and Nový 2004, 82)

Two dimensions of Trompenaars's typology are orientation on tasks vs. orientation on relationships and hierarchy vs. equality. Combination of these dimensions forms four organizational types of culture – **the family, the Eiffel tower, the guided missile culture and the incubator culture**. (Lukášová and Nový 2004, 78-79)

Very often applied typology is typology based on model of “competing values” by Quinn, and Cameron. It consists of two dimensions representing: flexibility vs. control and internal vs. external orientation. Based on their combination, the four types then create – **the clan culture, the hierarchy culture, the adhocracy culture, and the market culture**. (Lukášová and Nový 2004, 83-84)

## **1.8 The Contents and Power of Corporate Culture**

Culture's contents are made up by values, rules, and basic assumptions, which are on outwards expressed with artefacts and behaviour. The power of culture is determined by the degree of sharing culture's contents among the members of company. Organizational culture that is both strong and reasonable in its content is regarded as significant competitive advantage. (Lukášová and Nový 2004, 40-41)

### **1.8.1 Strong Culture**

Strong culture pervades regularly through the company in all sections. It is characteristic for successful long-run companies. These companies sustain and improve their organizational culture. Strong corporate culture must refer Kadlčík's characteristics as clarity, standing for comprehension of unwritten rules, diffusiveness of surrounding culture, and finally embedment that is reflected by the degree of identification with organization's values. (Bedrnová and Nový 2002, 489-495; Lukášová and Nový 2004, 32)

#### **Advantages of Strong Culture:**

- it signifies that company's aims and values are shared
- it controls behaviour

**Disadvantages of Strong Culture:**

- it lacks alternative approaches
- it fixes the company on the past
- the company might be resistant to changing

(Lukášová and Nový 2004, 52-53)

**1.8.2 Weak Culture**

In cases where weak culture, employees share rules, values and attitudes to low degree, their individual characteristics, their own culture then influences their behaviour. Subcultures are formed inside the organizations. Those subcultures are often antagonistic and may possibly upset global organizational culture. Common original symbols are same, although the members of subcultures did them differently interpreted. (Lukášová and Nový 2004, 33)

## **II. ANALYSIS**

## 2 INTRODUCTION OF THE EMS OF THE ZLÍN REGION

Emergency Medical Services is a nationwide organization and is separated in autonomous segments located in area of administration. Emergency Medical Services of the Zlín Region is an allowance organization and the operator of the Emergency Medical Services in the Region of Zlín. The organization's main activity is providing pre-hospital emergency care. EMS of the Zlín Region operate within the area of 3 964 km<sup>2</sup> and provide services for more than 596 000 inhabitants. The scope of the organization is in the district of Zlín, Uherské Hradiště, Kroměříž, and Vsetín. Founder of the EMS of the Zlín Region is the Zlín Region itself, thus the organization's operation is paid from its budget. (Zszzlin.cz)

### 2.1 Subject of Enterprise

The main duty of Emergency Medical Services is prompt provision of primal emergency treatment - in technical terms pre-hospital emergency care. This elemental aid lies in provisioning care for sick and hurt at the venue of accident.

Pre-hospital emergency care is provided in conditions of :

- Probability of causing permanent consequences without prompt provision of the first aid
- The presence of pain and suffering causing
- Direct threat of life of injured individual
- Possibility of bringing about any pathological changes of the organism
- Potential peril of causing sudden death of the patient
- Shifts in patient's behaviour of unexplained character that threat the victim itself or its close neighbourhood

(Zszzlín.cz)

### 2.2 Provided Services

Emergency Medical Services of the Zlín Region provide several types of services carried on by separate departure stations. Within the Region of Zlín, there are 26 crews under the administration of 13 departure stations, which afford pre-hospital emergency care in assigned area. The ambulance should reach the venue of the accident in 15 minutes since receiving the emergency call. Based on the evaluation of the call, suitable emergency service is dispatched considering the nature and severity of conditions.

Main types of provided medical care are (Zszlin.cz):

**Advanced Life Support (ALS)**, with at least of three-man crew. Crewmembers are the driver-paramedic, paramedic, and the doctor.

**Basic Life Support (BLS)**, which is at the minimum two-man crew, it consists of the driver- paramedic and paramedic.

**Rendezvous system (RV)**, or meeting system, is the coactions of BLS and ALS or cooperation between the doctor and emergency service crew. Two-man crew of RV consists of the driver-paramedic and the doctor. Two crews usually depart simultaneously on the venue. One of the crew is a group of RV in equipped off-road or passenger car; the second group consists of personnel in equipped ambulance. This system is applied mainly in large urban areas where is a big number of departures or vice versa, in areas where is access to health facility time consuming and where departure of ambulance from the may endanger the availability of the emergency service in the area.

In total, EMS of the Zlín region includes two rendezvous systems in non-stop operation mode, 13 ambulances in Advanced Life Support regime of which is nine in non-stop operation mode. Three other run on workdays from 7:00 am to 3:30 pm and another one is in run from 7:00 am to 5:00 pm on workdays. Another utility is that of 11 ambulances, they are all running in Basic Life Support regime. Of this amount are ten of them in non-stop operation mode and one ambulance is in operation at shift from 7:00 am to 7:00 pm. The department in Vsetín, which is in the focus of the analysis, possess three units, two of prompt medical aid and one of prompt medical assistance, both in day and night non-stop service. (Zszlin.cz)

Further activities of Emergency Medical Services:

- professional handling of emergency calls and determining suitable emergency care
- transport of patients among the medical facilities, transport related to transplant program
- transport of wounded or sick from abroad
- pre-hospital emergency care related to disasters
- quick transport of experts to emergency care facilities, transport of medicines, blood or its derivatives and other biological materials
- interaction with fire and rescue brigades and informational centre of the rescue system, teaching of pre-hospital emergency care

### 2.3 History

The inception of emergency rescue services is dated to the same time as the beginnings of the transportation of patients to Bata Hospital. Bata Hospital was founded in Zlín in 1927 and at that times it already had an ambulance for the transport of wounded.

Development of emergency services in Zlín is divided into four periods :

1927 – 1979: a transport of sick and wounded to the hospital

1979 – 1984: independence of rescue services; EMS as a part of internal department

1985 – 1994: emergency department as a part of life support system ward in Bata hospital

1994 – 1995: complete independence of emergency rescue services

In the year of 1996, it was established a separate body of medical services under the name of County Centre of Emergency Medical Services of Zlín. At first, in area of Bata's hospital, later in 1998 was this utility resettled on new address. In 2003 was established The Regional Centre of Emergency Medical Services of the Zlín Region. (Zzsclin.cz)

### 2.4 Legal Form

Emergency Medical Services of the Zlín Region have status of state enterprise in the sphere of public services and deals with health issues. In detail, its status is allowance organization. Being the service guaranteed by the State, EMS's revenue comes mainly from the budget of its founder, which is the Zlín Region, or from EMS's own financial resources. (Zzsclin.cz; Internal sources)

### 2.5 Organizational Structure

Because the affiliated ambulance services are set up along the whole republic, headquarters is governing them. Main segments further subdivide in specialized departments and sections. Section that is responsible for medical care provision settles additional segments, each for particular area. These units are above subsequent divisions, which are responsible for the pre-hospital care provision. The self-reliant departments serve as departure stations from which is every single rescue action dispatched. Emergency Medical Services of the Zlín Region possess 26 ambulance crews included within 13 departure stations. Locations of departure stations, from which the ambulance and medical staff depart, are within the region in the particular strategic way to secure the accessibility of PEC. A list of departure stations of the EMS of the Zlín Region:

- **Area of Zlín:**
  - Zlín; two locations
  - Otrokovice
  - Slavičín
  - Valašské Klobouky
- **Area of Kroměříž:**
  - Kroměříž
  - Bystřice pod Hostýnem
- **Area of Uherské Hradiště:**
  - Uherské Hradiště
  - Uherský Brod
- **Area of Valašské Meziříčí:**
  - Valašské Meziříčí
  - Rožnov pod Radhoštěm
- **Area of Vsetín:**
  - Vsetín
  - Nový Hrozenkov

The department of Emergency Medical Services that is located in Vsetín functions as a departure station. It possesses 45 employees of internal employment agreement and about a number of three external physicians. From the count of 45 are 22 employees of the occupation of medical rescuer or paramedic and 23 are drivers with specific course in medical field. (Zsszlin.cz; Internal sources)

The EMS of the Zlín Region is equipped with a car pool of rescue wagons. Those wagons use specific designs to serve the function and the regime of particular medical care.

#### Nissan Pathfinder 2,5 DCI

This vehicle is for RV system or for case of inaccessibility of the terrain. It is possible to transport one recumbent person when needed.

#### Škoda Octavia 4x4

Utilization of the wagon is mainly in RV mode.

#### Volkswagen T 5 4 Motion, VW Transporter T4, Renault Master L2H2

All these types of wagons are for usage in both BLS and ALS regimes.

Renault Master L1H1

EMS is using the Renault Master for systems of ALS and for transportation of newborns.

Land Rover

Wagon used for operation in inaccessible terrain and for disposal with trailer that is equipped for mass accidents is the Land Rover. It is in use for both regimes.

Emergency wagon Praga V3S

This off-road vehicle is for a transport of patients across the inaccessible terrain.

The department of Emergency Medical Services that is located in Vsetín functions as a departure station. It possesses 45 employees of internal employment agreement and about a number of three external physicians. From the count of 45 are 22 employees of the occupation of medical rescuer or paramedic and 23 are drivers with specific course in medical field.

(Zszlin.cz)

### **3 ANALYSIS OF SOCIAL CLIMATE AND CORPORATE CULTURE**

The subject for analysis was selected the facility of Emergency Medical Services of the Zlín Region, notably the division of the EMS located in Vsetín. The main orientation is concentrated onto the medical field and medical servants.

#### **3.1 Aim of Analysis**

The thesis focuses on issue concerning corporate culture and social climate and its effect on organization. The aim of the analysis is to identify the main influential components of organizational culture and to determine both strong and weak aspects. Another task is to discover any inappropriate elements that are inconsistent with the mission and values of EMS. The resultant information will create basics of recommendations suggested by the author of this thesis in order to present the organization any traced problems and outlined possibilities of solution.

The author's reason for selection of the organization from the sphere of health services was premeditated and is well founded for a number of reasons. First, provisioning of any health or medical services carries some specific issues of human factor concerning human weaknesses and errors that might directly threaten human life. In this respect, any failure might have fatal consequences. Thus, medical occupation is very demanding and intellectually challenging. Furthermore, it is rumoured that servants face to several problems that influence staff's action and might have some consequences in outcome. In addition, chosen topic has a close relation to organization's image and a message that the organization transmits to the public about its values, mission, and suppositions of its qualities. Accordingly, the employees should entirely identify themselves with organization's culture to reflect it outwards. Appropriate culture has to be strong enough to incarnate ideal of altruism, morality, and solidarity – as a source of inspiration and the moving spirit. Organizational culture should reflect company's aim. Visual appearance of cultural components then should be subordinate to the purpose.

#### **3.2 Methods of Analysis**

Since corporate culture manifests itself through behaviour and attitudes of people, it is relatively difficult to identify it and its measuring is not as simple as it might seem at first. Therefore, the author of the thesis decided to choose qualitative methods to analyze the features of the EMS Vsetín. The social climate and corporate culture analysis uses these

methods because it deals with a character of cultural components within the EMS of the Zlín Region primarily that of the Vsetín's department. An observation, content analysis, and interview are the qualitative methods used in the analytical part to form foundations for establishing the knowledge.

With the observing of particular features and by the documentation study was made an attempt to determinate the content of the organizational culture and social climate of the EMS Vsetín. Observation of cultural and social marks was an effort to determinate the nature of social climate and corporate culture with all its individual components. The watching had been evaluated during the visit of Vsetín's department of EMS. Subsequently, the author of the thesis accompanied the analysis with the findings acquired from the questioning of a few employees. The aim of this enquiring was mainly to find the true attributes of culture in Vsetín's department of EMS. The task was to focus on possible noncompliance in reality and to search all marks of the actual situation. Questioned employees were of medical assistance or paramedic occupation. Two employees were asked during their shift as the author was on the visit in EMS. Another one was interviewed outside the work in free time. Afterwards another employee was asked to answer some questions through e-mail. Additionally, in one case were posed some supplementary questions during telephone conversation with one of the previously enquired employees. Since questioned respondents were part of the work team for a relatively long time, they were then capable to answer the questions credibly in the aspect of reflecting the authentic image of reality. Besides, as one of the interviewed paramedics was a distant acquaintance of the author of this thesis, so there should be some substantial probability of veridical answers. Most of the questions are stated below. The questions were reformulated accordingly to the situation. During the communication, the author of the thesis was attempting to use some medical terms and jargon. With a few paramedics, the author was on first name terms. Typical questions were:

- *Do you enjoy your job?*
- *What is your relationship to the organization?*
- *Are you proud to be a paramedic?*
- *Moreover, are you proud to work in the organization?*
- *How is the work in EMS?*
- *How do you assess the relationships amongst employees?*
- *Do you think that you have the support of your colleagues and that you work together as a good team?*

- *How do you assess the relationships between you, your superiors, or subordinates?*
- *How would you describe the relationship between you and the patient?*
- *How do you think the public perceives you as a paramedic?*
- *Are you interested in further patients' life?*
- *Are there any specific manners of communication or language within the organization?*
- *Do you use at your workplace for example medical terminology, jargon or some other expressions that are in close relation to your job?*
- *Is it customary to use the second person as the familiar form of address or more likely to use the polite form?*
- *Are you constantly trying to improve yourself in your work?*
- *What do you usually do in the time between dispatches?*
- *Do you see any changes of approach to your job? Did you notice something amongst colleagues?*
- *What do you most enjoy in your work and what do you dislike?*
- *How do you think the EMS in Vsetín stands with morals?*
- *How is the working climate in the EMS?*
- *What is the attitude of the personnel to the job?*
- *Do you know the values and mission of your organization?*
- *Do other workers know the values and mission? Are these values somewhere stated and accessible to employees?*
- *Do you think that the values and rules, such as those contained in the operating rules and guidelines are in general recognized and respected among the employees of the organization? Do you think that the declared values and rules differ from the actual state or behaviour at a greater extent?*
- *Where do you think is the biggest problem with compliance?*
- *What do you consider the cause of possible not respecting of the values?*
- *Would you feel safe to be a patient of this EMS?*
- *How are treated the working errors and faults in your organization?*
- *How are the problems or disagreements solved?*
- *Do you have adequate feedback of your performance?*
- *Do you routinely have all the necessary information that might affect your work?*
- *Do you know some colleagues, who are currently looking for second job or who wants to leave the organization? On what grounds do you think it is?*

- *How is your work influenced by fatigue, stress in tense situations, overwork or working with less experienced or capable colleagues?*
- *Is the safety of patients a priority for this organization and is it really so?*
- *Are there any such problems as the patient was injured during the treatment or transport? Alternatively, are there often accidents of rescue wagons?*
- *Do you want to add anything? Is there anything important what we did not discuss?*

Furthermore, various materials such as informational pamphlets, medical symbol, and set of rules were examined separately to it. Informational brochures that the author chose are publicly available materials and they are presenting the EMS to outside. Finally, for another examination of the visual elements expressing the culture did author select visual features of rescue wagons and the “Star of Life” sign. For the documentary analysis were selected guidelines and written rules and norms, Hippocratic Oath and codes of conduct for medical assistance and physician in order to determine the declared values. Most of the analysis was made during the year of 2010, especially the questioning part, though some supplementary information had been additionally processed and appended later.

### **3.3 Analysis**

#### **3.3.1 Social Climate and Corporate Culture Observation**

Social climate is supposed to be difficult to measure, above all to determine it objectively. Furthermore, it is largely a subjective and unclear dimension, which interpretation depends on given percept of an individual. Thus determination of the real situation of social climate in EMS was quite complicated, though globally it was possible to say that there were evident some aspects that refer to climate of ambiance. Anyway, the author’s presence might have been an influencing factor to this observing of culture; its displays might then been altered or shifted, what would be misrepresentative. The author of the thesis was allowed to be present at Vsetín’s departure station, where the crew wait to be dispatched on emergency rescue action. However, no such emergency departure had been dispatched at the time of observation. For some practical and safety reasons, the author was not present in rescue actions either.

At the beginning of the observation in the EMS Vsetín, feeling of atmosphere came first in notice. The work place was likeable looking and climate was making a sensation of affable environment. There were any evident anxious indications or dissonances amongst

medical personnel. Interior of the building radiated impression of order, concord, and tidiness. Spotted vigilance together with attention among employees showed that they are on standby and alert if case of emergency. These things were producing a sense of running order and serenity. Materials concerning health issues were present inside the structure and they were all affecting the experiencing of ambient atmosphere and mixed feelings. Looking at it from a different view, ordinary people senses inner climate in slightly different way than people from medical sphere, because they are not used to perceive and face the amount of unpleasant feelings concerning health, to which they are exposed in there. This might produce some negative associations or uneasy emotions. That is because individuals are concerned about their life and their own health. All relationships present are influencing entire social climate of the EMS in Vsetín. In this case, influence is of positive kind. That is because the friendship produces likeable atmosphere, which has a good effect on the activity of employees.

### **3.3.2 Questioning**

The answers were obtained mainly from the interview, some of them were posed during the visit of the EMS Vsetín, and some findings were established from additional questioning via e-mail correspondence or telephone call. After the processing of answers and findings summarization, what the author of the thesis can say with a high certainty in general is that the paramedics do like their work. In addition, the interviewed respondents confessed that occupation of a medical rescuer is very demanding and that it all affects mind. However as was answered, it is a job that fulfills them, even though a part of them is not too pleased in some certain cases of dispatches, they for instance hate to be dispatched to a patient, who is all right, who does not need their help at all. The paramedics were asked what they like about their job and what they enjoy the most. Frequent answer was that it is the rescue of human life or health, helping people, the feeling that they are doing something important for someone and that they are needful. They like some thrill and variety in the work and they enjoy the teamwork as well. Many of the paramedics do not like to get up early in the morning, but at the same time, they are looking forward to the work; that is because of the good team. They are looking forward especially when the work shift is with someone who they get along with very well. The respondents noted that the work of paramedic is whatever but not easy, it is action work and is tough. As claimed, it is also very demanding job, both psychically and physically, it is extensively responsible work. As told in the interview, any paramedic must not dread any operation, he, or she

must keep a cool head, and all stress must be put aside when in emergency medical action. If in the situation of hostile atmosphere, the paramedics are every time trying not to provoke the patient in any possible way in order not to make any additional and senseless problems.

Between the dispatches, if they do not perform any scheduled duties such as cleaning or completing the car, cleaning stations, etc., respondents rest, sleep, talk to each other, read, study, spend time searching for information on the internet, both for personal use and information about the job, they are playing games.

The respondents said that the relationships inside the EMS Vsetín are of rather good quality, however sometimes it is good, sometimes worse, though globally the interrelations are rather friendly. Relationships within the hierarchy are average. To state it word for word, the respondent said something like “sometimes cloudy or cloud over, sometimes sun”. Although the paramedics do not work for finances, some of them bother the question of the money. Nevertheless, they all work in EMS because they have some close relationship to the job. Among other the negative features of the work were very often stated those issues of non-indicated and unnecessary dispatches, low prestige in the eyes of the public, the issue of abuse and that of those patients who caused their problems only by themselves, for example drug addict or drunk people. As a negative, they also reported the financial aspect, as was already mentioned above, or the impossibility to refer to a higher authority.

The paramedics stated that they think of themselves that they are emphatic, but sometimes when the situation does need it, they know how to be a little bit stricter under certain conditions. Some of them also said that they are usually trying to keep some sensible distance from a patient. They think about themselves that they are acting in most cases professionally. When in emergency rescue action, paramedics are trying to concentrate only on their work and not to pay any significant undesirable attention to surroundings. When the ambulance is dispatched to a patient who is seriously harmed, it is a hard situation. Especially in such cases, the paramedics do have an effort to find out what happened to their patient next, how it all ended up; eventually what was the effect of their care. Sometimes they call to the hospital how the patient ended up. Because the physicians have the access to such information, they often call the paramedics and tell them about their patient's health conditions.

The paramedics mentioned that they do see a change in their approach to their work. In the most cases, it altered from rather amateur to rather professional approach as is

supposed to. Sometimes, most of the respondents feel little bit desensitised after a period of working in EMS. They mean they are less sensitive to a panic or stress; thus they are capable to react calmly even under overpressure, what is very important in this profession. They said that it is impossible to experience this work overly emotionally, because one would then go mad. They told that some degree of cynism in this profession is almost necessary. They admitted that their approach to the work had changed as time was moving on. Some of them claimed that they are more lax in the work, similarly as are other people that work in ordinary professions, for example those working in a factory. Some of the respondents also said that they do not concede present problems in any substantial measure. They are able to feel good and not think about the work when close the doors behind them, when they arrive at home after the work. Some of the questioned paramedics said that after a few years in EMS, they think of their work as just of “work”. One of the respondents claimed that at the beginnings, he had been concerned of not to make any fatal mistake and when he had been dispatched in BLS regime, the system of paramedics without a physician, he had never felt too confident, especially when the medicinal doctor had been on a dispatch further from the paramedic. However, after a time he now knows better what exactly to do, he is now well oriented and knows what first to grab. Professedly, everything is now somehow better as he said.

Influencing power of the group on a newcomer to be assimilated and to accept values respected in the work group appears to be considerable in the EMS in Vsetín. Sometimes there is a push of the staff on the new inexperienced paramedics. Employees stated that they are usually trying to put a new member in the picture promptly to make him or her ordinary colleague that fits into their team. They want to make the newcomer to learn the skills as properly as the rest of the team had learned and perform presently. When the newcomer enters to the work, he or she adopts there many practical skills, methods and specific “know-how” that is sometimes typical just for that particular dispatch station. There is a scope to pass on some knowledge and practice from more experienced colleagues to the new ones. Furthermore, one of the participants claimed that when a new employee will not get into it after a time, he or she leaves then relatively quickly, because is incapable to stand the work.

According to several answers, the paramedics do not observe some rules or norms every time. This might happen when some particular situation occurs. For example, it refers to a promptness of the emergency rescue actions. As a standard is an arrival at the venue up to 15 minutes from receiving the emergency call. The dispatch must depart from

the station within one or two minutes since the emergency was announced. However, any medical rescue crew in ambulance cannot change traffic in any substantial way, similarly as they are incapable to alter other unpleasant circumstances, as are that of a bad weather or some other nature phenomena. Reckless and inconsiderate individuals are another complication of situation where the paramedics are rather helpless. These rude and violent people are very often influencing emergency rescue actions badly, whether it is by their behaviour itself, or because they are blocking the path with their car. Sometimes, drivers just do not know how exactly to give way to passing ambulance. Other two very rare situations when the rules are circumvented is working overtime without ordained rest and overstepping authority. The first problem is caused because of inadequate number of working personnel. The second situation might happen for example in cases in which the physician or another capable professional is not present on the venue of the accident, but when the patient is directly threatened on his life and immediately needs a medical action that the attending paramedic may not perform but yet still, he or she accomplishes it. This all are the reasons why some of the rules and norms are not adhered, in such cases where it is almost not possible.

Finally, according to the interview with Ivo Mitáček, who is the spokesperson of the Zlín's fire brigade, the Emergency Medical Services of the Zlín Region do need a helicopter. However, Jan Weinberg, the spokesperson of Olomouc's EMS claims that the coverage of HEMS in the Czech Republic is dense, especially when compared globally. Furthermore, spokesperson of the EMS Hana Polešáková claimed that two years ago the EMS of the Zlín Region asked for 230 helicopter dispatches from other county towns. From this count, 54 requests were rejected due to bad weather or unavailability of the helicopter. (Zlinsky.denik.cz)

### **3.3.3 Cultural Artefact Examination**

Since artefacts represent the organization and its values to outside, they are telling the public what to expect from the company. Therefore, in the analysis, the attention is paid mainly to visual appearance of vehicles, informational brochures, web pages, emergency devices, and attributes together with symbolic of colours, signs and emblems. Visual aspects of selected items provide information about the organization's values, aims, and mission included in appearance, associations, and qualities of cultural components. Since EMS Department in Vsetín is subordinating to EMS of the Zlín Region, it is then conforming fundamental prescripts, manners, and principles from corporate culture of the

Zlín Region's EMS, which adopted some cultural content aspects from nationwide Emergency Medical Services of the Czech Republic. These adopted values are mostly in consensus with those of health and medical services across the world and express universal model thought of medicinal care. The author of the thesis focused on design, mainly the visual characteristics of objects such as informational "papers", marks, and vehicles.

#### Informational Brochures, Leaflets, and Web Pages

When examining web pages and brochures or leaflets that pertain to the EMS mainly EMS of the Zlín Region and of some other regions across the Czech Republic, it is easily possible to assess several kinds of visual elements and its arrangement.

The pamphlets serve as a source of essential information and advice; they describe instructions with telephone numbers and in addition some instructions of how to provide first aid. Holding only brochures in electronic computer format, the author of the thesis cannot assess the material that were the brochures made of. Used material might point out for instance ecological intentions by selecting of recyclable material and emphasis on brochure's abrasion resistance that might indicate appreciation the importance of resilience and durability. Amongst all the informational brochures one of the noticed features, besides the sign of star, is the characteristic use of particular colours. The two main colours present in all the pamphlets are red and blue. They associate the connection with an ambulance and are symbolical in meaning. This meaning denotes function and features of medical and health services in global. Specifically, red colour is energetic and aggressive and has few physical effects. Withal it exerts influences upon heartbeat, blood pressure, and frequency of respiration – increase in all figures. Red is seen as a symbol of blood or alert and danger marker. All these features send a message to recipients that they should be aware and pay attention, for example to drivers to get out of the way when there is an ambulance on the road. Red colour also evinces the matter of human life rescue, treating injuries or taking care of wounded. As an opposite of red is regarded blue, which may represent friendship, help and calming effect, it leaves some positive associations. Similarly are these two colours, primary and striking, on opposite side of spectrum to each other. They attract attention by its flaring sheer shade or also serve for harmonizing of visual aspects. Other occurring elements are some photos of medical crew in action together with photos of rescue vehicles. Its function is to inform and visually project the work and action of emergency medical services' servants in order to assure of trust in eyes of potential patients. These photos hand on information about events of situation and course of action in case of emergency. Likewise, they contribute in creating the vision of

organization and help in identification of EMS amongst other services. Through these visual elements, that the pamphlet gives is supported cardinal image of the organization. The bulk of these features express mainly Emergency Medical Services' mission and purpose. Web pages are designed in sort of similar manner as leaflets. Colour symbolism is included together with the use of symbols or signs related to health care. When web pages are used as detailed information source for interested public, all available information is contained, such as those about EMS itself, their history, structure, functioning, activities, and contact information. In addition, there are also some photographs from training or real rescue actions, photos of departure stations and rescue vehicles, schematic pictures, charts, professional advices, law, and even job offers in the end. (Hughes 1995, 568; Zzsclin.cz ; Zzsjmck.cz)

### The Star of Life Symbol

The symbol in the shape of star as one of the Universal Health Care Symbols is well known amongst public. The Star of Life is a transnational symbol of medical services. Almost every facility, every group or object related to medical or health sphere is labelled with this symbol. Emergency Medical Services of the Zlín Region, inclusive the departure station in Vsetín have the star in their marking as well. Its use is very practical and purposeful. First, implementation of such symbols is much more viable than for example those of sophisticated or irregular shapes and shades, where possible problem of undesirable deformation or shift in colours may emerge. Second, these symbols are easily recognisable and understandable, even for visually handicapped. These qualities are why are the symbols used as marking of medical services that are part of the design of related objects, vehicles etc. (Hablanosjuntos.org)

The sign of Star of Life made in deep blue colour or darker shades of blue is trimming white bound skirts and has the figure of the Rod of Asclepius in the middle of emblem. This symbol is in shape of six-point star.

Symbolism of colours is present. Colours are holders of the content values and therefore they are capable in evoking particular precepts, feelings, or loose associations. Although certain colours connect to specific subjective phenomena or situations in our life, the main effect in colour receptiveness attaches to experiences and knowledge of things that elicit particular associations. These associations are sensed among all people similarly. That is because some colours resemble tangible concrete elements of surrounding material world as well as its visual features. In addition, some colours were given artificial made-up

qualities and attributes, thus whenever we percept a particular colour, we retrieve certain connection. Within the sign, there is used blue colour, which expresses friendship. It also has some calming effect on the mind and on dropping in blood pressure and heartbeat. (Šindelář 1961, 21-24; 129-130)

The emblem of the Rod of Asclepius resembles snake, its development is not completely clear. Asclepius was Apollo's son and the god of the medicine and pharmacy and in Greek and Roman mythology; he was pictured with grass snake, to be more specific *Elaphe longissima* that is wrapping the stick. Nevertheless, the origin of the emblem might be much older, from the ancient times of Egypt and Mesopotamia, where was this sign in use as a notice board of bonesetters that were curing people afflicted by *dracontiasis*, which is caused by guinea worm *Dracunculus medinensis*. This one-meter long parasite nests in subdermal tissue of the human, where it got via digestive tract when swallowed its larva that was present in the water. Through ulcer made by the worm are then released other larvae when submerged in the water. Whole cycle repeats. Indigenous treatment was carried out by slow rolling up the guinea worm on the stick – that is where the symbol's origin roots. Therefore, the sign of Rod of Asclepius denotes curing of sick people, and so it follows that the sign stands for the purpose and mission of medicine that is the treatment, aid and care of patients. The component symbol of the Star, a snake wrapping the stick, is known, perceived and understood by people for thousands years. Formerly, the sign's original meaning, the treatment of *dracontiasis*, affiliated to the connection of healing. Then, the meaning shifted and stretched semantically. Same here it serves for recognition of arisen event concerning health issues as is treatment and transport of ill or injured. Its implicit meaning conveys how to behave in developing situation and what posture to adopt. It facilitates understanding. The symbol is recognizable also for illiterate and it is possible to identify it on a long distance as well. Star's branching into the number of paths is also symbolic denotation of the mission. Six arms represent six primary duties of the rescuers:

- *Detection*
- *Notification*
- *Reaction*
- *Aid on the place*
- *Aid on transport*
- *Transport to hospital*

Detection means perceiving the scene of the incident, identifying possible jeopardy for rescuing person itself as well as for other involved and securing safety by proper steps.

Notification stands for calling professional help. Reaction on the situation is accomplished by providing first aid and other extended care. Aid on the place means caring about patients on the scene of incident. During the transport, pre-hospital care continues until the transfer to utility. Transport to hospital corresponds with passing the patient to final facility in order to secure appropriate advanced care. (Hajn 1999, 56; Harlanems.com)

### Ambulances

EMS of the Zlín Region possesses several types of wagons, which are in diverse variant of design styles. Nevertheless, all used styles are in uniform manner linking constituent elements of ambulance wagons. Wagon's description serves as source information. Target for this visual arrangement is the facilitation of identifying the services that are in the same or similar subject field or sphere of activity in which it operates, specifically those of Integrated Rescue System. The author of the thesis focuses on design of rescue wagons in global and in addition, two types of wagons are below described in detail as an exemplification. Emergency ambulances are possibly to get in dangerous situations such as incidents of road traffic collision and they are required to access the patients as quickly as they can. That is why in many countries are ambulances allowed obeying certain traffic laws, and for instance, they can exceed the speed limit. Therefore, emergency ambulances are fitted with passive and active visual and audible warnings to alert road users.

The warnings of passive visual character are usually part of the design of the wagon, and involve the use of high contrast patterns. Older types of ambulances are more likely to have their pattern painted on; modern ambulances generally carry retro-reflective designs. Commonly used patterns are chequerboard, chevrons, or stripes along the side. In addition, some vehicles are painted in bright fluorescent colours for maximal visual impact. Battenburg design is a highly reflective signing used by the Integrated Rescue System. It was found in 1990 originally for the British police, in order to ensure good visibility of police wagons, both in daylight and night. The purpose was to create reflective markings that would be visible from the distance of 500 meters during the day. It is known that human eye is most sensitive on yellow and green and on blue and green colours at night. For emergency wagons, the design is usually mounted on the side of the wagon as it is on new types of ambulances of EMS of the Zlín Region. This combination of colours is widely represented in design of rescue wagons amongst EMS or other similar services in

the Czech Republic. When there is no regulation in Czech law for using this pattern, each emergency service chooses its colour design of wagons by itself. As another passive marking is used the word ambulance spelled out in reverse on the vehicle. This enables other drivers to ease the identification of an approaching ambulance in their rear view mirrors. In addition, emergency rescue wagons are marked with emergency medical symbols. Marking is important not only for recognizing the service, but also it has protective function, as the ambulances are neutral when in area of war conflict. (Advancedmotorcyclinguk.co.uk; Nzherald.co.nz; UKemergency.co.uk)

The active visual warnings are mostly in the form of flashing lights. These lights flash to attract the attention of other motorists and serve as warning as the ambulance approaches. There are a number of technologies to produce the flashing effect. These include flashing a light bulb or LED, and strobe lights, which are usually brighter than incandescent lights. Frequently used type of beacon uses mostly light emitting diodes. Furthermore, LED produces more light on single watt of energy than a light bulb and other lighting. The latest type lights of LED technology can achieve over 100 lumens per watt. LED cannot emit white light directly, that is why luminophore is used. LED emits blue light, which is then transformed into yellow by phosphor placed on the chip. By mixing the colours, white light is then produced. Alternatively, Light Emitting Diodes emit ultraviolet radiation, which is directly transformed into the white light by luminophore placed on the chip. The use of LED lights as alert lights is not only because of convenience or because of economy reasons; it has function that is more significant. Because daylight photopic vision is the most sensitive to yellow-green colour with the wavelength of 555 nm, sensitivity towards shorter wavelengths then decreases. When in low light, where scotopic vision is applied, the maximum sensitivity of eye is shifted to 510 nm. Significantly, red objects are not perceived by rod cells, they can be perceived only through specialized cone cells. When the light is decreasing, maximum sensitivity of the eye is shifting to shorter wavelengths. This is known as Purkinje effect - visual observation of faint light sources in the darkness is changing eye's spectral sensitivity, reducing it to the red zone. Wavelength of 543 nm to which is sight most sensitive during the day can shift in the dark to 50 nm of the blue spectrum. As human's eye is less sensitive to longer wavelengths, effectiveness of light source such as of ordinary light bulb is very low. The eye perceives this radiation in lesser extent than is considered energy efficient. Because of this phenomenon, most beacons are of violet-blue

light and equipped by LED technology. (Hyperphysics.phy-astr.gsu.edu; Medical-dictionary.thefreedictionary.com; Physicsworld.com)

In addition to visual warning elements, ambulances are fitted with audible warnings, known as sirens, which alert others to the presence of an ambulance before it reaches their visual field. The siren produces loud sound signal and it has a specific unmistakable sound, variable to the country and a kind of rescue services. This alarm produce audible warning signal for people to make them more alert to the situation. It is hearable from a distance even when arriving ambulance is still beyond reach of sight, so it signalizes EMS near presence and gives individuals a time to get out of ambulance's way in order not to obstruct and slow down the rescue action.

As the representative sample of design to describe were selected the two ambulance wagons Volkswagen T5 Motion and Volkswagen Transporter T4. Both wagons are used in Basic Life Support and Advanced Life Support systems.

#### *Volkswagen T5 Motion*

This car is minivan – typed ambulance of variant in conspicuous yellow colour with orange and blue features together. Different colour of the surface of shell causes the shift of colour shades, from red to orange and blue to another blue shade. Several orange stripes are in the horizontal direction along the ambulance's sides. On this spot is printed the lettering of ambulance services with the word "ambulance" at the nose of car, all appended with the telephone number of EMS. An oblique stripe on the Volkswagen's side is in the rear section of the wagon. It is supplemented with the Star of life in big scale for the purpose of facile identification at a distance or for visually handicapped or people with weak vision. This sign is repeating across the whole surface of the vehicle. That is for the Star of Life's visibility from different angles of view. Siren and beacon is placed on the roof. Both produce peculiar signals, light signal, and sound signal. Finally, in the back part of the transporter, there is the treatment compartment accessible through the back entrance. Whole compartment is in variant with frosted windows so as not to see into the wagon. This characteristic feature tells that EMS comprehends the topic issue of patient's privacy and respects it then. Again, there is symbolism in colours, namely red and blue, at enamelled surface of ambulance vehicle. The newest type of this wagon *Volkswagen T5 Strobel* is equipped with different pattern on the sides. This Battenburg design resembles chessboard and is made in blue and yellow as the original Battenburg markings, though the

shift of colours is present because of yellow undercoat of the wagon resulting in pattern of green and yellow appearance.

#### *Volkswagen Transporter T4*

As another wagon equipped for BLS more ALS regimes, ambulance is provided in white colour, probably for both transporter types' differentiations. This Volkswagen Transporter incorporates similar visual style; variances are in colours and letterings only. Some conspicuous stripes in red are present on the side part of bodywork whereas in front are missing. All stripes are longitudinal; some includes letterings of ambulance services, its number, and "ambulance" title on side and in front of the rescue wagon. Interesting is the fact that frontal "ambulance" letterings is specularly made – that is because of legibility of the writing for instance in rear-view mirrors. Placing of the Stars of Life is of the sort as placing in previous case. Likewise, on the roof is siren and beacon. The back of the Transporter also includes the treatment compartment with frosted windows.

#### Language

An observation supplemented with questioning about the language features were precursors for the analysis. Non-standard speech figures in verbal communication at great extent. Besides Czech, speech contains few locutions in Latin and English. Other expressions have at least their origin in such tongues as Latin, Greek, and English. Presence of specific medical and technical terms accompanied with terminology of related science is obvious. Included acronyms and abbreviations, professionalism and jargon, most of the expressions are in close relation to emergency medicine field. Some typical collocations of medical sphere are there *jargonized* as in:

- defibrillator - *monitor*
- orotracheal cannula - *pipe*
- ambulance - *sandal*

Furthermore, informal language with colloquial speech as common slang and regional dialect supplemented the employees' conversation as well.

Using of the second person as the familiar form of address is surprisingly predominant while using of polite form is rather unusual. According to the answered questions, this manner is realised only when communicating with new employees and with some of the external physicians. This finding is surprising on the first sight, although, closer look will show that this habit is reasonable in a great measure. Formal addressing is highly

impractical when in emergency action. Informal familiar addressing is much shorter and faster than the formal. Similarly, use of first name or nickname is conceivable in a moment. Resembling situation is within lingo of medical servants and doctors. Phraseology seems convoluted, at least for ordinary people. However, jargonized words appear to be easily realised and grasped, what is significant, and because such expressions are shorter, when compared to the source Latin terms, and they are deducible at the same time. Nevertheless, formal language is evident in communication with some of the superordinates, both in occupation and profession. Employees should address one another by their academic degree, possibly by their function. That is because of honour to authority in aspect of hierarchy or honour to veteran experts in profession field.

Therefore, in the EMS Vsetín, a specific lingo does permeate through the entire field of the verbal communication. The speech of paramedics contained predominately the terminology of the profession, which emerges from the medical sphere.

### **3.3.4 Rules of Conduct and Guidelines Examination**

Materials related to rules of conduct, norms and instructions were examined to the detail. They convey what is appropriate or what is not, and what is allowed or what is forbidden to the employees of EMS. They are aimed on the duties, tasks and the manners of medical crew and management, likewise of technical and hygiene workers. Besides Czech law and the rules with norms that are component of the regulations and conventions, all medicine doctors have to swear to the Hippocratic Oath and respect the included principles of the occupation in medicine.

#### *The Hippocratic Oath*

It is a part of the physician's rite of medical students when finishing their studies and becoming doctors. The oath starts with a pledge to Apollo, his son Asclepius and his daughters, Hygeia and Panacea. This document stresses the mentoring and lifelong relationships of the practitioner to the person who taught him the healing arts. There is included a promise to reject any help to a patient in suicide committing, here. In addition, there is a statement about privacy and confidentiality. Included principles are superordinate to any internal regulations of an organization that determines a moral demeanour to patients etc. Therefore, all employees of medical field have to obey The Hippocratic Oath at first place. Later on, it is possible to follow internal regulations. Nevertheless, the oath's principles to organizations' regulations are reciprocally in agreement and harmony, ordinarily. They should not be in any contradiction. (Ackermann et al. 2008, 200)

The papers concerning rules and norms of manner and conduct are mainly working rules, operating instructions and chain of command. According to internal resources and laws of the Czech Republic, employees are bound to observe some particular ways of behaviour. Rules within the whole organization meaning the Emergency Medical Services in entire Czech Republic are the written rules. They deal at first mainly with working duties and legislation. After reading them is employee informed about change and termination of employment, duties of employer and employees, evaluation, working hours and emergency, leave, earnings, safety, complaint handling and compensation. In duty part are some specific claims. Employees must not accept any gifts from their patients and related persons; likewise, they are under vow of silence about matters related to the pursuance of their work. They must not carry out any gainful occupation that is identical in employer's subject of enterprise without previous permission. They have to carry out their occupation dutifully and with respect to patients, colleagues and superiors. Superiors are obliged in good organization of work, controlling work of their subordinates, informing employees and dealing with lodged complaint. In this part of the paper is also stated breaking the rules and related punishment. Matters referred to working hours include work overtime, night work, standby duty and required uninterrupted rest. Another part of the written rules focuses on health and safety precautions. All employees have to obtain directives, rules, prescribed operating procedures, and ordained tools with devices. Working staff also must observe smoking ban, prohibition of alcohol drinking and forbiddance of using attention-affecting substances. Alcohol or drug testing that the responsible head staffer accomplishes is random. Workers have to report all discovered defects or imperfections to superior.

Next section deals with service of car pool, buildings, communications, and equipment. It includes fire/safety regulations and evacuative plan. All equipment, facility, and devices are in responsibility of the head staffer and then he have to keep them in good condition. However, all employees are responsible for its state. Competent employees have to regularly control the state, clean the surfaces, and eliminate all defects. Last section includes organization's activities, mission, history of establishment and legal form besides organizational structure. According to written rules and legal law, emergency medical services of the Zlín Region render pre-hospital emergency care at the venue of accident with transport to hospital facility, transporting of organs for transplantation and other related issues together with prompt transport of medical specialists when necessary. In

subsequent part are assigned particular tasks and functions of employees and principles of organization's governance.

All rules mentioned above are the notions of the ideal state. Czech law prescribes majority of them. It depends if these prescribed and declared regulations are in agreement with the real performance. According to the author's interview and observation, respecting the written and official rules is in the concern of the individuals within the organization. The employees do observe the guidelines almost without exceptions. This shows that the medical rescuers and others within the department in Vsetín truly understand the importance and meaningfulness of all the regulations. The rules are set in order to protect both the patients and rescuers as well as other people involved. Safety is of the biggest importance. This shows again, how important for the EMS is human life, not just that of the patients but also that of the workers. The organization does appreciate both their servants and patients.

### **3.4 Summarization of Findings**

The author's task in this part is to recapitulate and summarize all found issues, both the positive and negative ones. Findings from the observation, interview, and artefact analysis were the basis for conclusions.

The author at first learned something about the climate and culture of the Emergency Medical Services in Vsetín. The place of work was pleasant, what the author of the thesis realized after observation inside the building of EMS in Vsetín. Interior exuded an impression of order and tidiness. These things produced a sensation of running order and serenity. The author did not trace any visible anxiety amongst the paramedics, though they all were on standby. According to the interview, relationships among the employees are sometimes good, sometimes rather average, though they are mostly friendly. Relationships within the hierarchy are of an average quality.

As learned from the artefacts, Emergency Medical Services in global have some specific visual attributes in common all over their culture. These features link components across the whole field of organization's activity. It is possible to notice that other integrated rescue services of the Czech Republic have intentionally similar visual elements on their equipment and uniforms. All visual symbols have particular meaning and by this meaning, both of explicit and implicit character, is sent a message to the beholders. A message conveys the information about the organization, about its mission, vision and about its values. The Star of Life purveys organization's values via symbolism of colours

and shapes; pictogram evokes historically rooted unconscious associations. The mission is marked through the historic link of symbol's meaning. These attributes purvey the information that the life of the patients is on the first place and that the safety of everyone is above everything.

Although these values are not explicitly stated anywhere, accordingly to the interview, they are rather easily deducible. In the interview, respondents also stated that the values do all employees know for sure. The respondents affirmed that almost all employees do know and respect the values, rules, or norms. Based on the observation, probably at least the majority of them really do accept the values. Similar situation is with the rules and norms. The employees do observe the majority of the written regulations and instructions. Nevertheless, the employees do not always observe some particular rules or guidelines. It is in cases of necessity, for instance because of certain circumstances as few personnel, bad weather conditions, traffic jam or even though threat of the patient's life.

Another aspect of the culture that was examined is the present language of the EMS. The author of the thesis proved that some specific language does permeate through the EMS in a great measure. Recorded speech of the paramedics contained some specific terminology, especially that of medical field.

All the findings signify that the mission of the organization is the shaping element that is empowered enough to affect into deep some further content of the culture. The values declared are true and they are emitted through the entire Emergency Medical Services of the Zlín region, at least through that placed in Vsetín.

## **4 SUGGESTED RECOMMENDATIONS**

In this part of the thesis, the author attempts to suggest some improvement proposals in order to eliminate problems and boost the culture of EMS Vsetín. The author of the thesis comes out from the established findings emerging from the analysis and furthermore, the recommendations are formulated with a respect to important additional information from the related technical field.

### **4.1 Recommendations**

Based on findings established from the analysis, the author of the thesis suggests some recommendations. These recommendations should be potent of improving the status quo, as the author believes. According to the analysis itself, there are no such problems to be capable in threatening the function of the EMS Vsetín. There are present only some marginal matters of the corporate culture that may be suitably upgraded or even altered.

#### **4.1.2 Formulate Values Explicitly**

Although all employees do know the values, as the author supposes, those values are not expressed in any banner, manifest or any poster or promo in the explicit way, what might be unfortunate. Explicit formulation may help to clarify and to remind the values to the employees and public. The author of the thesis advises to create some motto or slogan that would be placed on banners, pamphlets, or brochures.

#### **4.1.3 Focus on Prevention**

The prevention should pre-empt certain problems. As one of the means of prevention, control might discover some causes of potential problems and their next forestallments. The EMS should do some health education because it might improve the behaviour and manners, what may further help to create solidarity and participation amongst public.

#### **4.1.4 Alter the Rules and Hire New Staff**

When any disrespected guidelines occur there, it happens only in the case of impossibility in implementation. This may happen when some particular consequences occur, as for instance in the circumstances of natural or situational character such as traffic or weather, and other nature phenomena. These situations are not governable. Therefore, the author of the thesis is incapable to give any effective advice or recommendation to improve the state.

Similarly, another mentioned problem refers to the issue of inconsiderate and rude people, which do influence badly the promptness of the rescue actions. Moreover, that means that everything lies on the foundations of human movements. Once again, this matter is that of the ungovernable situations, which the employees or administration cannot revise. Thus, any positive change in this field must emerge from thinking, behaviour, and attitude of people. The society has to change itself.

Another reported situation of unobservant of rules is overtime work and overstepping authority. Insufficient number of staff is the cause of the first problem. The solution is probably in recruiting some additional employees. The second situation might happen if the physician is not present on the place of an accident but a medical action rescuing the patient's life must be performed immediately and attending paramedic oversteps his authority and performs the action even though he or she is forbidden to do so. The solution of this problem lies in expanding the qualifications and authorities of paramedics. Another possibility of the solution is to dispatch only crew with attending physician.

#### **4.1.5 Buy a Helicopter**

Other reported problem with observing the guidelines is in the field concerning timeframe of the actions during the emergency. As answered in the interview, some demands need more time and other auspicious circumstances, for example the matter of the arrival at the point of an accident or the departure from the station. As pointed above, the employees for instance cannot affect the weather or traffic, at least in a large measure. Most of these problems are not within the power of individual. Nevertheless, the solution of such situation might be in the implementation of rescue helicopters.

Helicopters are very fast and they can travel about 280 km in one hour meaning that they can reach the distance of 70 km in approximately 15 minutes. Moreover, as they fly in the air, they do not need any land roads, which are sometimes jammed or are difficult to pass. Most of the Czech Republic's Emergency Medical Services do possess a helicopter. There are ten EMS centres owning at least one helicopter and furthermore, some of them even own two machines, from which is usually one spare. However, EMS of the Zlín Region does not possess any.

To understand this issue, the author of the thesis must describe the background. The established practice is that a call operator evaluates an emergency call and accordingly to the seriousness he then decides whether to commit the helicopter or not. Takeoff is carried out in four minutes since the appeal. It is important to have in mind that most of the actions

are realized to the distance of 40 km, counted from the air base, though all over radius is 70 km from the centre. Average helicopter can travel with a speed of approximately 250 km per hour. Below are listed some helicopter's models, including its features, that are used nowadays or recently in the EMS in Czech Republic. All are sorted by the manufacturer (Alfahelicopter.cz; Vrtulnik.cz):

### **Eurocopter**

#### **EC 135 T2**

Crew: one pilot, capacity: seven passengers

Length: 12.16 m, height: 3.51 m

Empty weight: 1,455 kg, useful load: 1,455 kg, maximum takeoff weight: 2,910 kg

Cruise speed: 254 km/h, maximum speed: 287 km / h, range: 635 km

Price per unit: 4.2 million dollars

The consumption is approximately 230 litres of aviation low-octane kerosene JET A1-L per hour. The price of this fuel is unknown to public. Second used type of fuel is high-octane AVGAS 100LL. It costs about 24 Czech crowns per litre (without the excise tax that is 14 CZK/litre).

### **Bell Helicopter**

#### **Bell 206L4T**

Crew: one pilot, capacity: maximum four passengers

Length: 12.11 m, height: 2.83 m

Empty weight: 777 kg, max takeoff weight: 1,451 kg

Maximum speed: 224 km/h, range: 693 km

Price per unit: 700,000 – 1.200,000 dollars

#### **Bell 412**

Crew: one or two pilots, capacity: up to 13 passengers

Length: 17.1 m, height: 4.6 m

Empty weight: 3,079 kg, max takeoff weight: 5,397 kg

Maximum speed: 259 km/h, cruise speed: 226 km/h, range: 745 km

#### **Bell 427**

Crew: two pilots, capacity: seven passengers

Length: 11.42 m, height: 3.20 m

Empty weight: 1,760 kg, useful load: 1,340 kg, max takeoff weight: 2,970 kg

Maximum speed: 259 km/h, cruise speed: 256 km/h, range: 730 km

**PZL-Świdnik****W 3-A Sokol**

Crew: one or two, capacity: 12 passengers

Length: 14. 21 m, height: 4. 12 m

Empty weight: 3,300 kg, useful load: 2,200 kg, max takeoff weight: 6,400 kg

Maximum speed: 270 km/h, cruise speed: 235 km/h, range: 1,225 km

**List of Czech HEMS possessing a helicopter (Vrtulnik.cz):****České Budějovice**

Runner: Alfa Helicopter, LLC

Costs: 20 600 000 CZK/year

**Jihlava, Brno, Olomouc**

Runner: Alfa Helicopter, LLC

Costs: 22 200 000 CZK/year, flight hour: 53,000 CZK

**Plzeň**

Runner: Military of the Czech Republic

**Ústí nad Labem, Liberec, Ostrava**

Runner: Delta System Air, JSC

Costs: 26 600 000 CZK/year, flight hour: 63,000 CZK

**4.1.6 Summary of Recommendation**

Even though there were not detected any significant problems with potential to affect the functioning of the organization, the author of the thesis recommends to focus on the prevention, which is primarily in control. The author suggests careful control of the emergency rescue activities in order to reveal any possible faults, similarly as in previous case; the author suggests careful control of the equipment and devices. Whereas this recommendation concerns the employees, next one concerns the public. The organization should provide some health education of people in the Czech Republic in order to improve their behaviour and manners. To recapitulate it briefly, the author of the thesis recommends to:

- *Explicitly formulate main values and place them on banners and brochures*
- *Change some rules and guidelines and hire some new employees*

- *Buy a helicopter at your own or sign a contract with a company running helicopters*
- *Focus on prevention: make careful control and do health education*

## 4.2 Assets of Recommendations

A motto placed on banners or posters might help to clarify and remind the values to the employees and public. It might possibly contribute in the trust and reliance in the mind of public. In addition, clear explicit definition might help to understand the values and then it might help in proper interpretation.

Helicopters might ease arrival on the venue of accident because they are fast and do not need any roads that are frequently jammed. Dispatch of a helicopter is usually requested in such cases when the ambulance transporter is incapable to reach the venue of an accident in 15 minutes. Two other reasons are in need of careful safe transport and its acceleration in very serious conditions. As previously stated, a helicopter can reach 70 kilometres in 15 minutes. In addition, it can take off in few minutes from the appeal. Swiftness is what saves the lives of patients, besides the aid. Every extra second is significantly important. Besides, it is not required to call a helicopter from other county towns, which is resulting in availability of those helicopters in their own area if needed. In addition, it is much more likely that the helicopter in own possession will be at disposal immediately and not engaged in another rescue action at that point. (Uszsmsk.cz)

## 4.3 Perils of Recommendations

The author of the thesis advised to create some motto or slogan that will be then in some banners, or pamphlets and brochures. However, the Vsetín's department of EMS will probably scarcely influence this issue, because this department is under the EMS of the Zlín Region, which is subordinating the global EMS, and thus it is subordinate to the government, which thereto might fund the costs on official banners etc. For that reason, this change is almost improbable. Some values however might be on unofficial posters or notice board, though once again, superordinate organs have to authorize it.

Next advice was to use the helicopters to avoid traffic. This is rather complicated because EMS in Vsetín still does not possess any air vehicle. In addition, EMS Vsetín is under EMS of the Zlín Region too. Therefore, discretionary trust of the EMS Vsetín is considerably limited. EMS Zlín must purchase these helicopters. According to the spokesperson of the Zlín Region Milan Plesar, the main reason why the EMS of the Zlín

Region does not possess any air vehicle yet is particularly the reason of money. The EMS of the Zlín Region as an allowance organization obtains financial resources either from the budget of its promoter or from its own funds, also possibly from other persons. For example, recent purchase of the rescue wagons was disbursed of the money from the mutual fund and from the financial resources of the county council. Summarizing it all, general information is that an average helicopter costs between one and four million euro and its operating costs for one year are above 20 million Czech crowns. Costs for single flight hour are above 50 thousand Czech crowns approximately. Average helicopter can fly of speed around 250 km per hour. Maximum range is from 600 to approximately 1200 km. In average helicopter is a place for a number of passengers around 13 as maximum. As it follows, provision and running of helicopter is considerably expensive matter that only few people can afford. When considering to buy a helicopter for medical services, one should carefully think whether is its provision worth or not particularly. Financial resources might then be alternatively used for purchasing other life-rescuing devices. It is important to have in remembrance that most of the rescue actions are realized within the distance of 40 km counted from the air base, though all over radius is 70 km from the centre. On average, it takes about 18 minutes for a helicopter to travel 70 km in distance. Olomouc is 51 km away, Brno at 75 km distance and Ostrava is 82 km distant from Zlín. This means that Zlín, including the area of Vsetín, is within the range of HEMS from the three other towns. When a single flight lasts approximately less than 20 minutes from all the areas, provision of another helicopter for EMS is therefore rather unnecessary. Area of the Zlín Region is sufficiently covered. According to Jan Weinberg, in the Czech Republic, the coverage of HEMS is denser if compare to world. Certainly, all depends on availability of the machines, its disposal, and the load factor. For instance, EMS of Brno owns two helicopters: EC 135 in operating, and Bell 427 used as reserve. Ostrava posses one EC 135, and finally, Olomouc has EC 135 similarly. In average, every HEMS in the Czech Republic has a single helicopter in charge and another spare one. As an example, according to spokesperson of the EMS Hana Polešáková, two years ago the EMS of the Zlín Region requested for 230 dispatches of helicopter from Brno, Olomouc, or Ostrava. A number of 54 requests were rejected because of adverse weather conditions or for the reason that all helicopters were at that time busy. Nevertheless, it is not such overly huge amount, especially when consider a possible number of ungovernable weather conditions from the count. Helicopters are running usually at daytime, meaning from 6:30 am up to 9:00 pm as the limit. However, under particular circumstances, some specially equipped HEMS

provide rescue actions at night. In addition, landing of a helicopter needs some specific airfield called heliport. Therefore, it is not possible to land everywhere, what makes its use sometimes almost unserviceable. When a helicopter lands near hospital, it definitely does need this heliport. The best solution is to have the heliport placed on the roof of the hospital building in order to ease the patient's transport to corresponding ward. In case that there is no heliport on the roof, helicopters are usually landing at some distance from the hospital because of the safety. However, this solution is slowing down and complicating the transport. (Celysvet.cz; Isvzus.cz; Vrtulnik.cz; Zzsjmck.cz ;)

When speaking of implementing the precaution and recruiting additional staff to handle the controlling, it is obvious that it costs money and it is hard to gather some finances for the same reason as in previous cases.

#### **4.4 Defence**

The author of the thesis is confident that the only defence to perils of the recommendations is to lobby on government. Whole organization has to lobby on the particular places for the money or possibly some other things that are potent in improving the situation. Maybe, there is an option to do things without the assistance. It is possible to hire the company specialized in chartering rescue air vehicles. However, the organization then has to buy and pay everything by itself. Organization then must obtain great amount of money. In addition, there might be a possibility to cooperate more frequently with the military of the Czech Republic or the police, in order to provide HEMS by borrowing of their air vehicles in case of need. Otherwise, Emergency Medical Services might become commercial organization to earn money. That naturally brings another seamy side; any organization that serves to rescue human lives cannot make it primarily for the earnings or profit, what might then possibly happen.

#### **4.5 Seriousness of Detected Problems**

As stated above, all detected problems are the most probably of non-essential character. They are unlikely to be capable of threatening the organization. However, accordingly to the interview from online newspaper Zlínský deník, the EMS of the Zlín Region does need a helicopter for real. The spokesperson of the Zlín's fire brigade Ivo Mitáček there confesses that the provision of a helicopter for the EMS of the Zlín Region is needful.

Apart from this issue, other detected problems are presumably of no consequence, at least of no significant consequence. Hence, the Emergency Medical Services in Vsetín probably

need not to be afraid of the negative influences of such marginal issues, certainly not in any large measure. (Zlinsky.denik.cz)

## CONCLUSION

In the thesis, the author focused on the topic of social climate, organizational culture and its differentiation, determination and description in general. Furthermore, the author pursued particular fields of interest in detail. The aim of the thesis was an attempt to describe social climate and corporate culture in general and to elaborate the analysis with useful suggestions for improving the situation in EMS located in Vsetín.

In the theoretical part, the author focused mainly on the climate and the culture itself, contents, forms and functions, sources, and other aspects. At the beginning, author distinguished social climate from organizational culture here. This was followed by basic definitions of both and then was ensued by various descriptions of appointed features, as is cultural content, its components, types of culture and cultural levels etc. In the typology part of the theory, the author showed several attitudes to the culture and its divisions to the typology. Diagrams and pictures the author added for better illustration of relations in the corporate culture.

In the analytical part, there were stated some basic information, history and organizational structure of Emergency Medical Services of the Zlín Region. An analysis was focused on qualitative research in order to find the presence and determinate the nature of organization's climate and culture. In analytical part, the author of the thesis elaborated the analysis on the fundamentals of observation and company material study together with information from questioning. Observation used for analysis of social climate and cultural content was empirical part of the survey. Besides, in the analytical part, there were studied related materials here in order to discover any artefacts of both the material and immaterial nature. In Addition, the interview with the organization's employees that the author made detected some hidden aspects. These results had an essential impact on findings because they showed basic keystone of the real culture especially in the Vsetín's department and that of EMS of the Zlín Region similarly. By the artefacts analysis, observation, and answers from the interview, the author traced the values and mission of the Emergency Medical Services in Vsetín. The author of the thesis learned that the Emergency Medical Services have some specific uniting attributes, mainly those of visual aspects what is visible amongst all elements of their culture. These features are linking components across the entire sphere of the organization's activity. The visual symbols have particular meaning and by this meaning, they are transmitting a message to the public. The message purveys

an information about the organization, its mission and about the values. Thus, the author determined the values what is the life of patient, the life of employees and safety of everyone involved. The author of the thesis supposes that all employees do know the values of the organization. However, these values are not stated in any manifest in some explicit way. Written regulations and rules employees do respect, although there are some standards that employees observe in lesser measure. Those are the circumstantially contingent ones. In this part, the author of the thesis suggested some recommendations to the Emergency Medical Services in Vsetín. Those suggestions were the explicit formulations of the main values and placing them on banners, posters, pamphlets, and brochures. The author thereafter suggested buying a helicopter in order to speed up the emergency rescue actions and furthermore, the author believes in the precaution, therefore the subsequent advice was to focus on prevention. As the author of the thesis already stated in the analysis, the prevention should be in careful control and health education. As almost all aspects of the existence, these recommendations have some perils that the author sees in the organization's legal form and its following responsibility. Nevertheless, the problems detected are probably rather unimportant, as the author of the thesis believes. Therefore, the organization should focus in future on the prevention and on keeping up the organization's efficiency.

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### **Internal materials:**

Codes of Ethics

Guidelines

Safety Precautions

Statistics

**LIST OF ABBREVIATIONS**

ALS    Advanced Life Support

BLS    Basic Life Support

EMS    Emergency Medical Services

HEMS Helicopter Emergency Service

JSC    Join Stock Company

LED    Light Emitting Diode

LLC    Limited Liability Company

PEC    Pre-hospital Emergency Care

RV    Rendezvous System

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## APPENDICES

P I Hippocratic Oath

P II Codes of Ethics

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## APPENDIX P I: APPENDIX TITLE

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# Oath of Hippocrates

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I swear by Apollo, the Physician, and Aesculapius and health and all-heal and all the Gods and Goddesses that, according to my ability and judgment, I will keep this oath and stipulation:

**T**O reckon him who taught me this art equally dear to me as my parents, to share my substance with him and relieve his necessities it required: to regard his offspring as on the same footing with my own brothers, and to teach them this art if they should wish to learn it, without fee or stipulation, and that by precept, lecture and every other mode of instruction, I will impart a knowledge of the art to my own sons and to those of my teachers, and to disciples bound by a stipulation and oath, according to the law of medicine, but to none others.

I will follow that method of treatment which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to anyone if asked, nor suggest any such counsel; furthermore, I will not give to a woman an instrument to produce abortion.

With Purity and with Holiness I will pass my life and practice my art. I will not cut a person who is suffering with a stone, but will leave this to be done by practitioners of this work. Into whatever houses I enter I will go into them for the benefit of the sick and will abstain from every voluntary act of mischief and corruption; and further from the seduction of females or males, bond or free.

Whatever, in connection with my professional practice, or not in connection with it, I may see or hear in the lives of men which ought not to be spoken abroad I will not divulge, as reckoning that all such should be kept secret.

While I continue to keep this oath unviolated may it be granted to me to enjoy life and the practice of the art, respected by all men at all times but should I trespass and violate this oath, may the reverse be my lot.

## APPENDIX P II: CODES OF ETHICS

### STAVOVSKÝ PŘEDPIS č. 10 ČESKÉ LÉKAŘSKÉ KOMORY

#### ETICKÝ KODEX ČESKÉ LÉKAŘSKÉ KOMORY

##### § 1

###### Obecné zásady

(1) Stavovskou povinností lékaře je péče o zdraví jednotlivce i celé společnosti v souladu se zásadami lidskosti, v duchu úcty ke každému lidskému životu od jeho počátku až do jeho konce a se všemi ohledy na důstojnost lidského jedince.

(2) Úkolem lékaře je chránit zdraví a život, mírnit utrpení, a to bez ohledu na národnost, rasu, barvu pleti, náboženské vyznání, politickou příslušnost, sociální postavení, sexuální orientaci, věk, rozumovou úroveň a pověst pacienta či osobní pocity lékaře.

(3) Lékař má znát zákony a závazné předpisy platné pro výkon povolání a tyto dodržovat. S vědomím osobního rizika se nemusí cítit být jimi vázán, pokud svým obsahem nebo ve svých důsledcích narušují lékařskou etiku či ohrožují základní lidská práva.

(4) Lékař je povinen být za všech okolností ve svých profesionálních rozhodnutích nezávislý a odpovědný.

(5) Lékař uznává právo každého člověka na svobodnou volbu lékaře.

##### § 2

###### Lékař a výkon povolání

(1) Lékař v rámci své odborné způsobilosti a kompetence svobodně volí a provádí ty preventivní, diagnostické a léčebné úkony, které odpovídají současnému stavu lékařské vědy a které pro nemocného považuje za nejvýhodnější. Přitom je povinen respektovat v co největší možné míře vůli nemocného (nebo jeho zákonného zástupce).

(2) Každý lékař je povinen v případech ohrožení života a bezprostředního vážného ohrožení zdraví neodkladně poskytnout lékařskou pomoc.

(3) Lékař musí plnit své povinnosti v situacích veřejného ohrožení a při katastrofách přírodní nebo jiné povahy.

(4) Lékař má právo odmítnout péči o nemocného z odborných důvodů nebo je-li pracovní přetížen nebo je-li přesvědčen, že se nevytvořil potřebný vztah důvěry mezi ním a pacientem. Je však povinen doporučit a v případě souhlasu zajistit vhodný postup v pokračování léčby.

(5) Lékař nemůže být donucen k takovému lékařskému výkonu nebo spoluúčasti na něm, který odporuje jeho svědomí.

(6) Lékař nesmí předepisovat léky, na něž vzniká závislost, nebo které vykazují účinky dopingového typu k jiným než léčebným účelům.

(7) Lékař u nevléčitelně nemocných a umírajících účinně tiší bolest, šetří lidskou důstojnost a mírní utrpení. Vůči neodvratitelné a bezprostředně očekávané smrti však nemá být cílem lékařova jednání prodlužovat život za každou cenu. Eutanazie a asistované suicidium nejsou přípustné.

(8) U transplantací se lékař řídí příslušnými předpisy. Odběru tkání a orgánů nesmí být zneužito ke komerčním účelům.

(9) Lékař je v zájmu pacienta povinen důsledně zachovávat lékařské tajemství, s výjimkou případů, kdy je této povinnosti souhlasem pacienta zbaven nebo když je to stanoveno zákonem.

(10) Lékař, který vykonává své povolání, je povinen odborně se vzdělávat.

(11) Lékař je povinen při výkonu povolání vést a uchovávat řádnou dokumentaci písemnou nebo jinou formou. Ve všech případech je nutná přiměřená ochrana znemožňující změnu, zničení nebo zneužití.

(12) Lékař nesmí své povolání vykonávat formou potulné praxe.

(13) Lékař nesmí sám nebo po dohodě s jinými ordinovat neúčelné léčebné, diagnostické a jiné úkony ze zistných motivů. V rámci své pravomoci nesmí poskytovat odborně neodpovídající vyjádření, z nichž by plynuly občanům neoprávněné výhody.

(14) Pokud lékař doporučuje ve své léčebné praxi léky, léčebné prostředky a zdravotní pomůcky, nesmí se řídit komerčními hledisky, ale výhradně svým svědomím a prospěchem pacienta.

(15) Lékař se podle svého uvážení účastní na prezentaci a diskusi medicínských témat na veřejnosti, v tisku, v televizi, rozhlasu, musí se však vzdát individuálně cílených lékařských rad a doporučení ve svůj soukromý prospěch.

(16) Lékař se musí zdržet všech nedůstojných aktivit, které přímo nebo nepřímo znamenají propagaci nebo reklamu jeho osoby a lékařské praxe a ve svých důsledcích jsou agitační činnosti, cílenou na rozšíření klientely. Nesmí rovněž tyto aktivity iniciovat prostřednictvím druhých osob.

(17) Nový způsob léčeni je možné použít u nemocného až po dostatečných biologických zkouškách, za podmínek dodržení Helsinské konvence a Norimberského kodexu, pod přísným dohledem a pouze tehdy, pokud pacienta nepoškozuje.

(18) Lékař si má být vědom své občanské úlohy i vlivu na okolí.

### § 3

Lékař a nemocný

(1) Lékař plní vůči každému nemocnému své profesionální povinnosti. Vždy včas a důsledně zajistí náležitá léčebná opatření, která zdravotní stav nemocného vyžaduje.

(2) Lékař se k nemocnému chová korektně, s pochopením a trpělivostí a nesníží se k hrubému nebo nemravnému jednání. Bere ohled na práva nemocného.

(3) Lékař se má vzdát paternalitních pozic v postojích vůči nemocnému a respektovat ho jako rovnocenného partnera se všemi občanskými právy i povinnostmi, včetně zodpovědnosti za své zdraví.

(4) Lékař je povinen pro nemocného srozumitelným způsobem odpovědně informovat jeho nebo jeho zákonného zástupce o charakteru onemocnění, zamýšlených diagnostických a léčebných postupech včetně rizik, o uvažované prognóze a o dalších důležitých okolnostech, které během léčení mohou nastat.

(5) Lékař nesmí zneužít ve vztahu k nemocnému jeho důvěru a závislost jakýmkoliv způsobem.

#### § 4

##### Vztahy mezi lékaři

(1) Základem vztahů mezi lékaři je vzájemně čestně, slušně a společensky korektní chování spolu s kritikou náročností, respektováním kompetence a přiznáním práva na odlišný názor.

(2) Lékař v zájmu své stavovské cti i s ohledem na pověst lékařské profese nesmí podceňovat a znevažovat profesionální dovednosti, znalosti i poskytované služby jiných lékařů, natož používat ponižujících výrazů o jejich osobách, komentovat nevhodným způsobem činnost ostatních lékařů v přítomnosti nemocných a nelékařů.

(3) Lékař kolegiálně spolupracuje s těmi lékaři, kteří současně nebo následně vyšetřují či léčí stejného pacienta. Předává-li z důvodných příčin nemocného jinému lékaři, musí mu odevzdat zjištěné nálezy a informovat ho o dosavadním průběhu léčby.

(4) Lékař je povinen požádat dalšího nebo další lékaře o konzilium vždy, když si to vyžádají okolnosti a nemocný souhlasí. Je právem lékaře navrhnout osobu konzultanta. Závěry konziliárního vyšetření mají být dokumentovány zásadně písemnou formou a je povinností o nich informovat nemocného, se zvláštním důrazem tehdy, pokud se názory lékařů liší, a je právem lékaře vzdát se dalšího léčení, pokud se nemocný přikloní k jinému názoru konzultanta.

(5) Lékař musí svou praxi vykonávat zásadně osobně. Zastupován může být jen dočasně, a to lékařem vedeným v seznamu České lékařské komory a splňujícím potřebné odborné předpoklady.

#### § 5

##### Lékař a nelékař

(1) Lékař spolupracuje se zdravotními pracovníky vyškolenými v různých specializovaných činnostech. Pověřil-li je diagnostickými nebo léčebnými úkoly a dalšími procedurami, musí se přesvědčit, zda jsou odborně, zkušenostmi i zodpovědností způsobilí tyto úkony vykonávat.

(2) Lékaři není dovoleno vyšetřovat nebo léčit s osobou, která není lékařem a nepatří k zdravotnímu personálu. Tyto osoby nesmějí být přítomny ani jako diváci při lékařských výkonech. Výjimkou z uvedených zásad jsou osoby, které se u lékaře vzdělávají, nebo pracují v lékařských oborech a dalších osob, s jejichž přítomností pacient souhlasí, pokud není lékařsky zdůvodněných námitek.

Závěrečná ustanovení

## § 6

Účinnost

(1) Tento Stavovský předpis č. 10 - Etický kodex České lékařské komory nabývá účinnosti dne 1. 1. 1996.

(2) Tento Stavovský předpis č. 10 – Etický kodex České lékařské komory byl novelizován rozhodnutím představenstva ČLK dne 22. 6. 2007 a nabývá účinnosti dne 22. 7. 2007

## 8.

## ETICKÝ KODEX ZDRAVOTNICKÉHO PRACOVNÍKA NELÉKAŘSKÝCH OBORŮ

ZN.: 13469/04/VVO

REF. Bc. Köhlerová Irena

**Etické zásady zdravotnického pracovníka nelékařských oborů**

- Zdravotnický pracovník nelékařských oborů (dále jen „zdravotnický pracovník“) při své práci zachovává úctu k životu, respektuje lidská práva a důstojnost každého jednotlivce bez ohledu na věk, pohlaví, rasu, národnost, víru, politické přesvědčení a sociální postavení.
- Zdravotnický pracovník dbá na dodržování Úmluvy o lidských právech a biomedicíně, na dodržování práv pacientů, tak jak jsou vyjádřena v Chartě práv pacientů a v Chartě práv hospitalizovaných dětí.
- Zdravotnický pracovník je povinen přistupovat ke své práci s veškerou odbornou schopností, kterou má, s vědomím profesionální odpovědnosti za podporu zdraví, prevenci nemocí, za obnovu zdraví a zmírňování utrpení, za přispění ke klidnému umírání a důstojné smrti.
- Zdravotnický pracovník poskytuje zdravotní péči jednotlivcům, rodinám, skupinám a spolupracuje s odborníky jiných oborů. Při poskytování zdravotní péče vždy nadřazuje zájmy těch, kterým poskytuje péči, nad zájmy své.
- Zdravotnický pracovník je povinen chránit informace o těch, kterým poskytuje své služby, bez ohledu na způsob, jakým jsou tyto informace získávány, shromažďovány a uchovávány. Povinnou zdravotnickou dokumentaci vede pečlivě a pravdivě, chrání ji před zneužitím a znehodnocením.
- Zdravotnický pracovník aktivně prohlubuje znalosti o právních předpisech platných pro jeho profesi a dodržuje je.
- Zdravotnický pracovník nesmí podřizovat poskytování zdravotní péče komerčním zájmům subjektů, působících v oblasti zdravotnictví.

**Zdravotnický pracovník a spoluobčané**

- Zdravotnický pracovník při poskytování zdravotní péče respektuje životní hodnoty občanů, jejich životní zvyky, duchovní potřeby a náboženské přesvědčení a snaží se vytvářet podmínky zohledňující individuální potřeby jednotlivců.
- Zdravotnický pracovník v rozsahu své odbornosti a pravomocí poskytuje občanům informace, které jim pomáhají převzít spoluzodpovědnost za jejich zdravotní stav a případnou léčbu.
- Zdravotnický pracovník považuje informace o pacientech za důvěrné a je si vědom povinnosti zachovávat mlčenlivost o skutečnostech, o nichž se dozvěděl v souvislosti s výkonem svého povolání.
- Zdravotnický pracovník při poskytování zdravotní péče dbá v maximální možné míře o zajištění intimity.
- Zdravotnický pracovník nesmí zneužít ve vztahu k nemocnému jeho důvěru a závislost jakýmkoliv způsobem (PRO).
- Zdravotnický pracovník se snaží při poskytování zdravotní péče docílit vztahu založeného na důvěře, který ctí práva pacienta, reaguje na aktuální rozpoložení pacienta, současně jsou respektována práva a povinnosti zdravotnického pracovníka jako poskytovatele zdravotní péče.

- **Zdravotnický pracovník a praxe**
- Zdravotnický pracovník poskytuje zdravotní péči v rozsahu své odbornosti a pravomocí, s potřebnou mírou autoregulace a empatie.
- Zdravotnický pracovník aktivně usiluje o vlastní odborný, osobní a intelektuální růst po celou dobu svého profesionálního života a své nové znalosti a dovednosti se snaží využít v praxi.
- Zdravotnický pracovník usiluje o co nejvyšší kvalitu a úroveň poskytované zdravotní péče.
- Zdravotnický pracovník poskytne nezbytně nutnou zdravotní péči i nad rámec svých pravomocí, pokud ji nemůže poskytnout způsobilý zdravotnický pracovník a pokud nebezpečí, které plyne z prodlení, je větší než možné nebezpečí plynoucí z nedostatečných znalostí a dovedností zdravotnického pracovníka.
- Zdravotnický pracovník jedná a vystupuje tak, aby jeho chování přispělo k udržení prestiže a zvyšování společenského uznání zdravotnických povolání.
- Zdravotnický pracovník při přebírání úkolu i při pověřování úkolem zodpovědně zvažuje kvalifikaci svou i ostatních zdravotnických pracovníků.

#### **Zdravotnický pracovník a společnost**

- Zdravotnický pracovník působí na zdravotní uvědomění jednotlivců při poskytování zdravotní péče. Podle svých odborných schopností se podílí na podporování a šíření zásad zdravého života, zásad ochrany životního prostředí, objasňování problémů spojených s péčí o poškozené zdraví lidí.
- Zdravotnický pracovník spolupracuje při těch aktivitách, které směřují ke zlepšení zdravotního a sociálního prostředí v životě lidí.

#### **Zdravotnický pracovník a spolupracovníci**

- Zdravotnický pracovník spolupracuje v rámci mezioborového týmu s ostatními odborníky tak, aby byly splněny všechny cíle plánu komplexní zdravotní péče o pacienta.
- Zdravotnický pracovník respektuje znalosti a zkušenosti svých kolegů i spolupracovníků jiných odborností.
- Zdravotnickí pracovníci se navzájem podporují ve svých odborných rolích a aktivně rozvíjejí úctu k sobě i druhým.
- Zdravotnický pracovník vystupuje, podle aktuální situace, jako ochránce pacienta, zejména pokud je péče o něho ohrožena nevhodným chováním nebo jednáním jiného zdravotníka či osoby.

#### **Zdravotnický pracovník a profese**

- Zdravotnický pracovník je odpovědný za kvalitu jím poskytované zdravotní péče a za co nejvyšší odbornou úroveň svého vzdělávání.
- Zdravotnický pracovník dbá na udržování a zvyšování prestiže své profese.
- Zdravotnický pracovník se neustále snaží o rozvoj své profese, o rozvoj svého profesního zaměření a zvýšení své odborné úrovně.

**APPENDIX P III: LIST OF QUESTIONS**

Baví vás vaše práce?

Jaký je Váš vztah k organizaci?

Jste hrdý, že zde pracujete jako záchranář?

A jste hrdý, že pracujete přímo v této organizaci?

Jaká se pracuje u ZZS?

Jak hodnotíte vzájemné vztahy mezi zaměstnanci?

Myslíte si, že máte ve svých spolupracovnících oporu a že pracujete jako dobrý tým?

Jak hodnotíte vztahy mezi Vámi, Vašimi nadřízenými či podřízenými?

Jak byste popsal/a vztah mezi vámi a pacientem?

Jak vás jako záchranáře/ku vnímá okolí?

Zajímal/a jste se také někdy o další osud pacienta?

Máte zavedené nějaké specifické způsoby vyjadřování v organizaci? Pokud ano, jaké?

Používáte na pracovišti např. profesní žargon či nějaký slang týkající se vaší práce?

Je zvykem si při oslovování a při konverzaci tykat či spíše vykat?

Snažíte se sami zdokonalovat ve své práci?

Co děláte obvykle v čase mezi výjezdy?

Proměňoval se časem nějakým způsobem váš přístup k práci? A všiml/a jste si něčeho u kolegů?

Co vás nejvíc na práci baví a co štve?

Jak jste na tom u ZZS Vsetín s morálkou?

Jaké je u Vás na ZZS pracovní klima?

Jaký je přístup zdejších zaměstnanců k práci?

Znáte hodnoty a poslání organizace, ve které pracujete?

Myslíte si, že je znají všichni pracovníci? Jsou tyto hodnoty někde zaznamenané a přístupné?

Myslíte si, že hodnoty a pravidla, normy obsažené např. v provozním řádu a směrnicích jsou všeobecně v organizaci mezi zaměstnanci uznávány a dodržovány? Myslíte si, že se deklarované hodnoty a pravidla liší od skutečného stavu či jednání ve větší míře?

Kde je podle Vás největší problém s dodržováním?

Co považujete za příčinu případného neuznávání hodnot a nedodržování pravidel? V čem je podle Vás chyba?

Cítil byste se v bezpečí být pacientem této ZZS?

Jak je zde nakládáno s pracovními omyly, pochybením?

Jak jsou zde řešeny problémy a neshody?

Máte odpovídající zpětnou vazbu o svém výkonu?

Máte běžně k dispozici všechny potřebné informace, které by mohly ovlivnit Vaši práci?

Víte o někom z Vašich kolegů, kdo by si hledal další práci nebo by chtěl rovnou odejít? Z jakých důvodů myslíte, že to je?

Jak Vás při práci ovlivňuje např. únava, stress ve vypjatých situacích, přepracovanost nebo práce s méně zkušenými či schopnými kolegy?

Je bezpečnost pacientů prioritou pro tuto organizaci? A je tomu tak doopravdy?

Vyskytují se zde nějaké takové problémy jako např. že by byl pacient zraněn při ošetřování či převozu? Případně, dochází zde často k nehodám záchranných vozidel?

Chcete něco dodat? Máte např. pocit, že je něco důležitého, o čem jsme ještě nehovořili?

