5 Health Management and Organisation

Competitive Session

Understanding and using Social Capital to influence a Climate of Innovativeness in an Operating Suite environment.

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ABSTRACT: *Health services in Australia and elsewhere are under constant pressure to increase throughput and improve efficiencies, particularly in surgical intervention. This paper addresses how Social Capital can offer a new perspective to management of change and innovativeness in a dynamic and socially complex environment such as operating theatre suites.*

Using a qualitative approach, social capital and organisational climate for innovativeness are explored in three different sized operating theatre suites in NSW, Australia. Findings indicate that social capital and organisational climate should not be managed in isolation and that managers need to consider how they might manage social capital when facilitating innovativeness.

KEYWORDS: social capital, climate, healthcare innovations, redesigning healthcare organisations

Health services in Australia and elsewhere are under constant pressure to increase throughput and improve efficiencies, including in surgical departments (S. J. Duckett & Wilcox, 2011). However, the operating theatre suite is a complex environment and acute health services are characterised by highly specialised activities, unique organisational and social structures, and seemingly endless demand for better, faster and more efficient performance (S. J. Duckett & Wilcox, 2011; Johar, Savage, Stavrunova, Jones, & Keane, 2012; Pandit, Pandit, & Reynard, 2010; Van Lerberghe, 2008; Walters, Mackintosh, & Sheppard, 2013). These pressures contribute to a continual need for change and innovativeness to achieve organisational efficiency and effectiveness. In a highly specialised environment, such as an operating suite where individual professional autonomy is of great importance (Garside, 2004; Glouberman & Mintzberg, 2001; Kocher & Sahni, 2010), increasing pressure from top-down reform initiatives creates a sense of ambiguity (Curtis, Russell, Stoelwinder, & McNeil, 2010; S. J. Duckett & Wilcox, 2011; Johar et al., 2012; Pandit et al., 2010; Walters et al., 2013). For example, for healthcare organisations to work, there may be tensions between what the organisational needs are (efficiency) and what professionals can deliver (effectiveness). Thus, the combination of highly specialised activities and complex organisational and social structures provides an interesting context to explore social capital and organisational climate for innovativeness, especially when implementing change initiatives.

Designing and implementing change initiatives in any industry can be challenging (Bentley, Browman, & Poole, 2010; Griffith & Weisberg, 2011; Harty, 2010). In the context of an operating theatre suite this task is particularly complex due to the specialised nature of the department and its members (Brunero & Lamont, 2012). For instance, in Australia a large amount of doctors are Visiting Medical Officers (VMO)s). VMOs, such as surgeons, are not employed by the organisation and as such they interact differently in a formal organisational hierarchy creating a level of complexity to any change initiative. At an operational level, change initiatives have included changes to work assignments, modifications to clinical staffing and skill mix, and a reduction in management positions (Duffield, Kearin, Johnston, & Leonard, 2007; Van Der Weyden, 2009). Changing the core of how people operate is a big ask, and despite the many initiatives, in many cases, change initiatives have not delivered the expected level of improvements (P. A. Cunningham, 2012; Denis & Forest, 2012; Hall, 2010a, 2010b; Oberlander, 2010; I. A. Scott, 2009; Werner & McNutt, 2009). This is most likely because the initiatives fail to fully consider the human factors when challenging the existing organisational and social environments in which the changes need to take place. Hence, it is vitally important to consider what people bring to the organisation in terms of social capital. Understanding social capital may assist in aligning individual interests and needs with organisational goals. Therefore, social capital is an important factor in considering the organisational climate for innovativeness of an operating theatre suite (Black, 2014).

This paper makes a case for the need to consider social capital together with organisational climate for innovativeness when setting a reform agenda in acute health services. A critical review of the literature indicates a relationship between social capital and an organisational climate for innovativeness. However, the literature is underdeveloped in addressing the relationships between social capital and organisational climate explicitly. The social capital and organisational climate for innovativeness literature is particularly scarce in the context of health services.

In this research, a climate for innovativeness encompasses factors including aspects of openness to doing things differently, accepting/embracing ideas from outside, acceptance of risk taking, fostering team spirit, considering the effects of internal politics, levels of staff motivation, and levels of

commitment to organisational goals (Black, 2014). Whether change initiatives are introduced from outside or innovativeness is initiated from within organisational units, this research proposes that one way of leading and controlling a climate for innovativeness, using the aforementioned factors, is for managers to direct their attention to managing social capital.

Social capital is concerned with the connections of people through networks, and encompasses many aspects of social context such as social ties, trusting relationships and value systems (Slangen, Kooten, & Suchanek, 2004). It can be said that managing social capital creates the social context needed for a healthy climate for innovativeness.

Literature Review

Social capital is a dynamic concept that has been described in the literature through tie strength (Granovetter, 1985; Perry-Smith & Shalley, 2003), extent of network closure (Coleman, 1988; Krackhardt, 1992; Reagans & Zuckerman, 2001; Smith, Collins, & Clark, 2005; Zheng, 2010), and brokerage between networks (Burt, 1997).

Social capital is particularly evident through social interactions between individuals, which is also referred to as social network ties (Balkundi, 2006; Mehra, Dixon, Brass, & Robertson, 2006; Oh, Chung, & Labianca, 2004; Zheng, 2010). These can be strong and weak ties, connected and segregated. Tie strength (Granovetter, 1973) is an indicator of how well people are connected to each other. A tie is the connection between a two or more individual(s), and the strength of a tie is determined by a combination of the amount of time invested, level of emotional intensity, intimacy and reciprocity (Granovetter, 1973, Meckler, 2011). Strong ties are characterised by frequent contact, closeness, confidence in sharing sensitive information, and trust that commitment is reciprocal and durable to changes in the network (Granovetter, 1973, Meckler, 2011).

Perry-Smith and Shalley (2003) clearly define weak ties as direct relationships between two individuals that involve relatively infrequent interactions, comparatively low emotional closeness, and one-way exchanges. The weak ties literature covers a broad range of relationships, specifically dissimilar or distant, such as having acquaintances or work colleagues from different areas of an

organisation or specialty, and having different networks (Bhandari & Yasunobu, 2009; Boissevain, 1974). Different networks provide access to non-redundant resources and information (Burt, 1992, 1997, 2000, 2001). Weak ties that bridge gaps between networks are often more horizontal, reciprocal, and between individuals with similar power levels.

Bridging social capital is often referred to in the literature as bridging structural holes (Burt, 1992, 2000, 2001; Stone & Hughes, 2002) as connection is made between two otherwise unconnected groups. The literature suggests that bridging social capital relies less on strongly shared values (Burt, 1992, 1997, 2000, 2001, 2004; F. C. Cunningham et al., 2012; Heng, McGeorge, & Loosemore, 2005; West & Barron, 2005) and is present in loose ties with associates from heterogeneous groups, therefore providing access to a greater diversity of knowledge and perspectives (Lin, 2001). An individual's position in multiple networks may connect heterogeneous groups.

The literature (Lau & Murnighan, 2005; Oh et al., 2004) suggests that sub-groups are typically formed according to the natural grouping preferences of individuals. Sub-groups contain strong ties within an individual's network, which are also referred to in the literature as providing density (Bjork, Di Vincenzo, Magnusson, & Mascia, 2011; Tsai & Ghoshal, 1998). Thus, close ties can reach a peak. However, whilst the literature vaguely suggests there is an upper limit, it is not explicit what the optimal strength of tie should be to reach optimal social capital, nor is it explicit at what point ties become too strong.

Brokerage between networks is an indication of how networks or sub-groups are connected to each other. Network closure (Coleman, 1988; Zheng, 2010) is an indication of how open or exclusive a network or sub-group is to new members, outside resources and influence. The literature suggests that excessively strong social capital connections are tight, close and promote exclusiveness (Lin, 2001; Schuller et al., 2000; Woolcock, 2001). Social groups connected by very strong ties are inward-looking, and exclude those who do not qualify (Patulny & Svendsen, 2007; R D Putnam, 2000). Excessively strong social capital is often referred to as the dark side of social capital (Adler & Kwon, 2000; Boissevain, 1974; John Field, 2003; 2008; Nahapiet & Ghoshal, 1998; R D Putnam, 2001;

Villena, Revilla, & Choi, 2011). One example of this effect is 'groupthink', which can produce collective blindness (Portes & Landolt, 2000) and stifle innovativeness (Adler & Kwon, 2000; Boissevain, 1974; John Field, 2003; J Field, 2008; Janis, 1982; Nahapiet & Ghoshal, 1998; Perrow, 1984; Turner, 1976). The dark side of social capital (J Field, 2008; R D Putnam, 2001; Villena et al., 2011) is also referred to as social liability (G. J. Labianca & Brass, 2006). The dark side of social capital is often cited in research into civic society (di Falco & Bulte, 2011; van Deth & Zmerli, 2010), but rarely explored in organisational social capital literature (Bizzi, 2013; J Field, 2008; G. J. Labianca & Brass, 2006; R D Putnam, 2001). This research seeks to improve understanding of social capital in organisations.

Social capital is referred to in the management literature as both an individual and a collective asset (Bourdieu, 1986; Cohen & Prusak, 2001; Fukuyama, 1995; Granovetter, 1985; Hanifan, 1916; R.D. Putnam, 1993; R D Putnam, 2001; Yang, 2007). Individual benefits to organisational members include the human need for membership and identification, satisfaction gained from the recognition of peers, and the inherent gratification of both giving and receiving support (Cohen & Prusak, 2001). Organisational and collective benefits include the quality of networks and relationships that enable individuals to cooperate and collaborate for collective purposes (Fukuyama, 1995; Granovetter, 1985; R.D. Putnam, 1993) and achievement of organisational goals through goal congruence. This paper aims to make the relationship between social capital and organisational climate explicit.

Social capital as a collective asset, refers to the quality of networks and relationships that enables individuals to cooperate and collaborate for collective purposes (Fukuyama, 1995; Granovetter, 1985; R.D. Putnam, 1993). A sense of belonging and collective identity enhances trust and creates more effective collaboration in all environments, including operating theatre suites. Hence trust, a characteristic of social capital, is important in an organisational climate for innovativeness.

Understanding social capital puts a focus on people and how they interact with each other. Cohen and Prusak (2001) argue that things happen, or fail to happen, as a result of the way that human beings relate to one another (Cohen & Prusak, 2001, p. 13). In the health services environment, for instance,

some change initiatives have not produced the expected level of benefits as social structures have been resistant to organisational structural change initiatives (Braithwaite, Westbrook, Hindle, Iedema, & Black, 2006). This suggests that a greater understanding of how social capital is developed and maintained may benefit the design and implementation of change initiatives in the future.

Methods

This research used a qualitative approach that included 17 semi-structured interviews and several weeks of observation of staff behaviour and actions, to enhance understanding about social capital formation, maintenance, and influence of that behaviour and action on organisational climate for innovativeness. Interviews consisted of semi-structured open questions around themes, such as innovative processes, social networks, team spirit, communication, politics, education and satisfaction. The qualitative data was analysed with coding assistance from QSR NViVO 9 software, before comparative analysis was used to develop themes. Methodological limitations include those that are common when conducting qualitative research. The data is time and context bound and the interviewing participants will add an element of participant bias. However, the data was collected within a short timeframe, checked by the participants for accuracy and validation. In addition, the study is specifically context driven as it is the context that illuminates the enquiry. We do not profess the results to be generalizable to other contexts, instead, and at best, the results of this study are *transferable* to other contexts. In addition, qualitative data analysis is by default affected by researcher bias. To minimise this, the data was analysed with the aid of QSR NViVO, discussed with a group of researchers and converged with existing literature. Constant comparison method allows for reflection, which was applied at all stages of the analysis.

Results and Analysis

The aim of this paper is to show an explicit relationship between social capital and climate for innovativeness. We identified social capital through social connections, and types of social capital are distinguished through the nature and strength of ties between operating theatre suite members. This research found that the nature and strength of interconnections between people in the operating suite

has bearing on the climate for innovativeness (aspects of openness to doing things differently, accepting/embracing ideas from outside, acceptance of risk taking, fostering team spirit, considering the effects of internal politics, levels of staff motivation, and levels of commitment to organisational goals).

We first establish the existence of social capital in an operating suite environment. This provides managers with a greater understanding of social capital and how fostering social capital may influence a climate of innovativeness in their work place. According to interviewees, social networks are structured predominantly in professional segregations, as one nurse manager shared:

> *"You've got the surgeons, you've got anaesthetics staff as in anaesthetists which sometimes associate with the anaesthetic nurses, then you have got the anaesthetic nurses and recovery nurses, then you have got the scrub scout nurses, and then you've got the OAs."*

This segregation is also noted in the literature, which suggests that reinforcement of relationships is provided by homogeneity such as within a profession or clinical specialty (Lin, 2001; Schuller, Baron, & Field, 2000; Woolcock, 2001). Social networks that are based on professional boundaries vary in size in accordance with the representation of each group in an operating theatre suite. For example, the scrub and scout nurses have the greatest presence and therefore have the largest social network, which consists of sub-groups, as do the smaller profession-based social networks. One nurse's comments support the findings of the literature that further social network segregation also occurs according to life stage and lifestyle (Lau & Murnighan, 2005; Oh et al., 2004).

> *"The young people have a very strong social group, we have another older group, ... the ones in the middle are the ones with kids, and then you have the specialty groups within the unit, they form around the specialty, so the people who work in cardiac will do things as a group, um, the people who work with ENT."*

The informal socialising ties of this deeper level of segregation are described in previous research (Oh et al., 2004) as the most liquid form of social capital. Relationships move from being solely instrumental and work-related to more expressive and affective elements. This change increases the level of trust between members through greater time, opportunity and motivation to strengthen and broaden their relationship (Fischer, Scharff, & Ye, 2004; G. Labianca, Umphress, & Kaufmann,

2000). These comments describe strong ties and support the literature that the strength of a tie is determined by a combination of the amount of time invested, and the level of emotional intensity, intimacy and reciprocity (Granovetter, 1973; Meckler, 2011).

It was observed that subgroups based on life stage interact on a personal level beyond work. For example, conversations and behaviours of a subgroup of mothers with similar age children were laughing and sharing the antics of their primary school aged children. The conversation began with funny things kids say, progressing to common issues of this age group such as keeping bedrooms tidy, bedtimes, and sibling rivalry with their other children. This subgroup shared experiences and shared suggestions of how to overcome common issues with interest in each other's stories. How would this then influence a climate for innovativeness?

It is our premise that strong ties are found to provide a sense of unity, support and a platform of values and beliefs, preparing for innovativeness. Whilst shared values and beliefs can provoke internal politics if they are not shared by all, strong ties between staff will provide a level of trust to present and embrace new ideas, and provide for a level of motivation and shared risks.

Strong network ties are a basis for building social capital. However, strong network ties can also be difficult to manage. One NUM in the small operating theatre suite described how the social capital of some of the sub-groups with close ties can become limiting to the organisational climate for innovativeness:

> *"There [is] a bit of a gang mentality, one staff member would ark up about a certain issue and they would all get on board."*

This comment is in accordance with findings of the strong ties literature that ties can sometimes be too strong (Oh et al., 2004) and result in the negative aspects of the dark side of social capital. In one of the operating theatre suites it was observed how the staff perceived the unit as extremely specialised and that no experience or ideas from other operating theatre suite or acute health service could be relevant to their particular setting. This demonstrates an instance groupthink of how 'the way we do things here' is the only accepted way and provides a barrier to openness and innovativeness.

A nurse educator acknowledges the existence of exclusiveness in operating theatre suites:

> *"Theatre is a hard area to break into; I don't think that is just in theatre, I think that is in just about any specialist area."*

The nurse educator suggests that the tight closure of the social networks in the operating theatre suite is related to the highly specialised nature of the environment. Excessive closure, the dark side of social capital, promotes exclusiveness, leading to negative impacts such as collective blindness, groupthink, and limitations on the group's openness to alternative practices and outside information (Nahapiet & Ghoshal, 1998) and is detrimental to an organisational climate for innovativeness. This finding is an advance to the organisational social capital literature and an important consideration in promoting an organisational climate for innovativeness. In addition to strong ties, there is also evidence of some weaker ties in the three operating theatre suites investigated.

A NUM demonstrated bridging social capital through her involvement in different committees:

> *"Because of all the committees that I sit on, um, I am in touch with biomedical engineers, physicists, um, accreditation people, I mean my colleagues would have that access but I have probably got more of a relationship because I am dealing with them so much."*

This comment demonstrates the NUMs' access to external professionals that represent great power and authoritative networks, and although the NUM acknowledges that her colleagues would also have that access, she indicates that her investment in and access to social capital with external professionals may be stronger than her colleagues through more frequent interaction. This is consistent with Bourdieu's (Baum & Ziersch, 2003; Bourdieu, 1986; Woolcock, 1998, 2001) view that investment in social connections reinforces and maintains social capital for future use, such as influencing a climate for innovativeness.

An individual's position in multiple networks may connect heterogeneous groups with bridging ties. For instance, one senior nurse suggested that she is privy to certain knowledge because she is on multiple committees and also has a second unrelated position in a different department of the hospital that provides useful knowledge she can apply to her operating theatre suite:

> *"I know a bit more too, 'cause that information has been shared with me because I am in a higher position over there, sometimes I know a bit more, you know, what's going on, and [I am] a bit more informed."*

The nurse indicates that her bridging position allows her to span structural holes between the operating theatre suite and other areas of the hospital and health service. However, the nurse has dual roles through which she is embedded in both departments of the hospital and as such has strong ties in both networks. Therefore, this evidence suggests that bridging social capital is not only present in weak or loose ties, and an individual who has strong ties in multiple networks can span structural holes, perhaps more effectively as strong ties embody trust. Bridging is necessary to create a climate for innovativeness.

A diverse range of information and ideas provides opportunity to create unique combinations and innovative solutions to operating theatre suite problems. Bridges to networks outside of the operating theatre suite and outside of the organisation provide opportunity for combining existing knowledge with new knowledge and to promote innovativeness. A healthy organisational climate for innovativeness relies on a level of openness between internal networks to allow cooperation and knowledge transfer to generate and utilise innovativeness. Bridges between internal networks are important to support an organisational climate for innovativeness. This finding of this research is not apparent in the literature and therefore represents an advance on understanding bridging capital.

Bridging social capital can exist between sub-groups in a network and the bridging ties can be strong ties, established through work tasks and informal socialising ties. For example, a NUM from the medium operating theatre suite described how one group socially bridges connections between many groups inside the operating theatre suite:

> *"There is one group that is a quilting group that crosses all of the boundaries, ... young and old, parents and non-parents, ... nurses and medical officers, and they actually go away together on a little weekend camp where they go and quilt."*

The NUM indicates that the members of a quilting group function as social bridges between sub-groups of the operating theatre suite that have formed around lifecycle stages and occupations. The additional social interaction amongst this group, stimulated by their common interest in quilting,

provides an opportunity to grow trust and share information that is not necessarily confined to quilting. This group may also share perspectives about the operating theatre suite as their common work environment and each member may then share a broader perspective with their demographic and professional networks within the operating theatre suite. Therefore, bridging social capital from both formal and informal connections provides opportunity for heterogeneous groups to exchange information and ideas. The bridging of heterogeneous groups provides an opening to the homogeneity that exists within the group, as the ties that bridge the groups have existing trust and allow the cooperation and collaboration that is essential for innovativeness.

Discussion

The literature generally refers to bridging social capital as comprising weak or loose ties between otherwise unrelated individuals (Bhandari & Yasunobu, 2009; Gittell & Videl, 1998; Woolcock, 2000, 2001). However, bridging ties are not necessarily weak as indicated in the dual role and quilting group examples. In addition, the importance of internal bridging ties has not specifically been recognised for the purpose of providing support to an organisational climate for innovativeness. Particularly when ties are strong, bridging ties provide an existing relationship of trust, shared values and behavioural norms, in addition to a source of heterogeneous resources. Therefore, bridging social capital may be the most important type of social capital for supporting an organisational climate for innovativeness in an operating theatre suite.

Bridging ties are found to provide individual benefit through membership, satisfaction and support, and collective benefits of openness, collaboration, resourcefulness, and organisational commitment. Therefore an understanding of social capital within their units may assist managers to facilitate an organisational climate for innovativeness by promoting particular types of connections between team members. Some of this is already attempted, especially in the large and small operating suite. It was observed that the large and small operating theatre suites provide a greater number of opportunities for staff to participate in meetings and education sessions. Rotating the weekday of the staff meetings and education sessions facilitates attendance at meetings, and starting theatre lists later on these days.

However, in the medium operating theatre suite, meetings are scheduled less frequently on fixed days, during an afternoon theatre session, and regularly cancelled, which places greater reliance on social capital and informal knowledge sharing. Therefore in that particular operating suite, managers should attend to creating bridging ties and the opportunities that present for improving the climate for innovativeness by scheduling gatherings more thoughtfully.

The literature (Capaldo, 2007; Fleming & Marx, 2006; Uzzi & Spiro, 2005), regards a high level of closure and tie strength in professional sub-groups, and a large number bridging ties with other networks as a dual network structure. Thus it can be said that the operating theatre suites investigated in this research have a dual network structure. Bhandari and Yasunobu (2009) suggests that a dual network structure can positively influence social capital. The benefit of a dual network structure is described in the literature (Capaldo, 2007) as the coexistence of bridges for structural holes to provide access to diverse resources, in addition to the network cohesion that is required to build trust, accomplish common goals and consequently promote innovativeness. Therefore, managers of operating theatre suites should stimulate internal and external bridging ties, in addition to social cohesion to build strength of ties whilst promoting openness to enhance organisational climate for innovativeness.

In terms of social capital, the concept of "Internal politics" provides another layer of commonality that can lead to exclusivity through alignment of different values and beliefs. Participants in this research discussed internal politics in terms of influences of power held by certain professional and non-professional sub-groups e.g. doctors, older workers, gender etc. The power of the sub-groups was described as somewhat exclusive and influencing the behaviour of non-group members. However, some sub-groups have formed around special interests outside the workplace, such as quilting, and are found to span boundaries of clinical specialties and life stages, thus providing strong bridging ties between sub-groups, without density and homogeneity. As special interest groups span professional and lifecycle boundaries, they are more heterogeneous and lack the exclusivity that is present in other (professional) sub-groups of the operating theatre suite.

In this research, internal politics in the operating theatre suite is found to be indicative of the presence of strong social capital in clinical specialties and life stage groups, but not necessarily found to be a factor in special interest groups. Therefore, internal politics are less present in strong bridging ties which are developed without density; a lack of density reduces exclusivity and enhances openness to outside ideas and resources (Hurley & Hult, 1998; S. G. Scott & Bruce, 1994). Therefore, social capital can be managed to enhance openness in an organisational climate for innovativeness through promotion of strong bridging ties.

The chosen organisational internal structures for allocation of members are found in this research to influence the type of social capital connections between organisational members. For instance, the medium operating theatre suite organisational structures allow specialty sub-groups to retain their members by maintaining clinical specialty allocation of individual staff members, whereas the large and small operating theatre suites rotate staff through clinical specialties to promote multi-skilling. As intensity is associated with frequency of interaction, the medium operating theatre suite may be facilitating stronger shared identities in the specialty sub-groups by maintaining specialty allocation.

In the small and large operating theatre suites, rotation between specialties may dilute the paradigms of individual specialties, providing opportunity for a shared set of values to develop broadly in the operating theatre suite. However, rotation through specialties also facilitates a reduction of frequent interaction, particularly in the greater pool of the large operating theatre suite, which may reduce structural foundations for bridging social capital to develop among staff. Through regular staff allocation changes, frequency of interaction is restricted and trust-building opportunities are reduced between otherwise unconnected individuals, leading to a reliance on defaulting subgroups and values. This may in turn increase internal politics between sub-groups. This is one possible explanation for the high incidence of internal politics in the large operating theatre suite.

On the other hand, rotation in the small operating theatre suite may provide enough distance between organisational members to negate density and social capital becoming too strong. Therefore organisational structural choices need to consider the size of the pool of organisational members and

address the factors of frequency of interaction, density and bridging opportunities. Structures and policies can promote optimal tie strength and value sharing to achieve a balance between individual and organisational benefits of social capital in an operating theatre suite. This may be achieved in practice through frequent meetings and opportunities for social interaction in combination with staff rotation and multidisciplinary committees to facilitate diverse work-based networks and bridges between diverse groups. However, other organisational contextual factors such as size should also be considered.

Different policies of staff allocation in combination with differently sized operating theatre suites are evidenced to have different influences on social capital. Contextual characteristics may promote density with some small groups and reduce frequency of interaction with others, and this is demonstrated to reduce openness, promote exclusivity and provoke internal politics. These factors in turn affect the organisational climate for innovativeness in an operating theatre suite; however, these characteristics can be managed in differently sized operating theatre suites through facilitation of social capital through practices such as staff allocation policies, formal meetings, informal social meetings, and promoting openness. This research has found that managers of acute health services may use structures and policies to develop social capital, both formally and informally, to facilitate an organisational climate for innovativeness.

Conclusion

The relationship between organisational climate for innovativeness and social capital is complex. Understanding social capital in an organisational context provides a people-focused perspective to managing an organisational climate for innovativeness. Such a perspective is relevant in acute health services as social structures in this context have previously proved resistant to organisational change initiatives (Braithwaite, Westbrook et al., 2006).

It is apparent that social capital may provide a new perspective to address certain weaknesses of an organisational climate for innovativeness. For instance, openness, internal politics and organisational commitment are manageable through policies that facilitate social capital. Although related,

organisational climate and social capital are found to be neither dependent on nor mutually exclusive to each other and must be assessed in context. These results are an advance on existing literature and provide opportunity to start the conversation and design specifically focused initiatives to facilitate and manage social capital and organisational climate for innovativeness in an acute health service context.

The contribution of this research to theory and practice is the explicit attempt to link social capital and organisational climate for innovativeness, adding social capital as a relevant construct of organisational context. This research has highlighted the complexity of these concepts. Managing social capital can offer a people-focused perspective through which to design and implement change and enhance organisational climate for innovativeness.

Recommendations are made from this research to consider flexibility of initiatives for adaptation to the unique organisational context of each operating theatre suite. Greater understanding of organisational climate for innovativeness and social capital assists in identifying the current situation and needs of an operating theatre suite climate for promoting innovativeness. Understanding the current climate will assist practitioners in designing and adapting initiatives to complement rather than complicate an organisational climate for innovativeness in acute health services.

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