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ABSTRACT

The doctoral dissertation entitled “Eco-Innovations in Polish Public Hospitals and Their Determinants” examines eco-innovations in public hospitals in Poland and the factors influencing their implementation. The theoretical aim of the research was to gather and systematize knowledge of eco-innovations and of the factors affecting their development and introduction in organizations. In addition, the theoretical aim of the dissertation encompassed gathering and systematizing knowledge of public hospitals in Poland as organizations implementing eco-innovations. The empirical objectives of the research were as follows:

RO1: To identify eco-innovations implemented in public hospitals in Poland.

RO2: To identify similarities and differences in eco-innovations implemented in Polish public hospitals with different geographical scopes of hospital service provision.

RO3: To identify similarities and differences in eco-innovations implemented in Polish public hospitals with different levels of economic efficiency.

RO4: To identify factors facilitating the implementation of eco-innovations in public hospitals in Poland.

RO5: To identify factors hindering the implementation of eco-innovations in public hospitals in Poland.

RO6: To identify similarities and differences in the factors influencing the implementation of eco-innovations in Polish public hospitals with different geographical scopes of hospital service provision.

RO7: To identify similarities and differences in the factors influencing the implementation of eco-innovations in Polish public hospitals with different levels of economic efficiency.

The practical aim of the dissertation was to formulate recommendations for public hospital managers regarding the implementation of eco-innovations. In addition, the practical aim encompassed developing recommendations for public policy institutions responsible for shaping the conditions under which public hospitals operate, concerning support for the implementation of eco-innovations in public hospitals.

The empirical objectives were achieved through qualitative research. A multiple-case study design was employed. The case studies involved direct observation, in-depth interviews and the analysis of existing documents concerning hospital operations.

The findings enabled the identification of three types of eco-innovations: innovations reducing energy consumption and emissions of CO_2 and exhaust gases; innovations reducing the consumption of supplies and materials and the amount of waste generated; and innovations improving the microclimate in hospital surroundings. Innovations belonging to the first two types were identified in local, regional and nationwide hospitals, whereas innovations improving the microclimate in hospital surroundings were identified in regional and nationwide hospitals but not in local hospitals. All three types of eco-innovations were found in hospitals with low, moderate and high economic efficiency. Differences concerned the specific eco-innovations within these types; for example, innovations in procurement and supply systems were identified only in hospitals with high economic efficiency.

The findings also enabled the identification of factors facilitating and hindering the implementation of eco-innovations in public hospitals. Facilitating factors included external factors, such as access to external financing instruments and advisory and expert support, as well as internal factors, including financial resources and human capital. Factors hindering the implementation of eco-innovations included external factors, such as regulations governing the healthcare system and sanitary and epidemiological regulations, as well as internal factors, including low levels of environmental awareness among employees and limited financial resources. Across local, regional and nationwide hospitals, similarities concerned primarily the need to comply with legal, sanitary and epidemiological requirements and requirements related to patient safety, while differences stemmed from distinct organizational, institutional and clinical conditions. In hospitals with different levels of economic efficiency, financial resources and external financing instruments played a key role. However, the relative importance of individual factors varied: in hospitals with low economic efficiency, constraints on financial resources were particularly important; in hospitals with moderate economic efficiency, the importance of planning, motivating and directing was especially evident; in hospitals with high economic efficiency, directing, organizing, controlling, information resources, and cooperation and the exchange of good practices played a particularly important role.

Based on the conclusions drawn from the empirical research, recommendations were formulated for public hospital managers concerning the implementation of eco-innovations. Recommendations for public policy institutions on supporting the implementation of eco-

innovations in public hospitals were also developed. The practical aim of the dissertation was thereby achieved.

Keywords: eco-innovations, determinants of eco-innovation, innovations in public hospitals, public hospitals, healthcare system, multiple-case study.