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Nurses as Implementers of Organizational Culture

Executive Summary

- Health care organizations have lagged behind trends evident in corporate America that demonstrate how investments in organizational culture translate into high performance.
- Several case studies demonstrate how health care organizations can successfully foster organizational culture resulting in improved quality, efficiency, safety, and patient and staff satisfaction.
- Defining a collective mission is a critical fist step in creating the team efforts that drive collaborative and productive work and communication.
- Elements of culture should be reflected in human resources policies in the form of hiring practices and performance expectations related to professional values.
- The Organizational Culture Inventory tool was used to assess characteristics of departments within a hospital organization and revealed a particularly positive environment within the certified midwifery practice.
- Health care organizations have a promising opportunity to foster organizational culture given the values taught and socialized in nursing, the prevalence of nurses in the health care workforce, and the central role that nurses play in care delivery.

ORGANIZATIONAL CULTURE has been a buzzword in Corporate America for the past 20 years, ever since managers began to realize that an organization's dominant philosophy and values could determine its success and be a competitive advantage. However, the health care industry has lagged in its understanding of how to develop effective organizational cultures. This knowledge lag is unfortunate since an effective organizational culture is crucial in health care organizations that face issues such as complex managed health care structures, competitive labor markets, and declining levels of patient satisfaction.

What is Organizational Culture?

Organizational culture refers to a shared value system derived over time that guides members as they solve problems, adapt to the external environment, and manage relationships (Schein, 1992). Organizational culture explains how an organization's members do things to succeed, as well as how their behaviors can contribute to a group's failure. In other words, organizational culture serves as a cognitive map for members so they can understand what is valued in their organization, and how to direct their behaviors accordingly.

The culture of a health care organization can powerfully influence its ability to manage human resources and serve patients, and ultimately has a strong impact on its economic performance (Kotter & Heskett, 1992). Constructive organizational cultures that enhance both employee satisfaction and patient satisfaction consist of work environments where members have positive colleague interactions and approach tasks in a manner that helps them to attain high-order personal satisfaction and meet organizational goals (Cooke & Rousseau, 1988). In other words, health care organizations that typify constructive cultures put people first by encouraging positive interpersonal relationships, but also they value self-actualization and employees who are achievement oriented.

For example, when Baptist Hospital in Pensacola, Florida

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crafted a vision to become "the best healthcare system in America," the chief executive officer began by revamping the hospital's organizational culture. The cognitive map or driving force for this culture transformation was based on empowerment, as communicated through Baptist Hospital's mission, values, and patient service philosophy (Reeder, 2002). Constructive relationships between patients and employees became the top priority. Because of these cultural changes, the hospital was acknowledged for its patient service quality by the prestigious Baldrige group and received high patient satisfaction ratings on the Press, Garney & Associates' survey, all while generating substantial cost savings.

Similarly, when Griffin Hospital in Derby, Connecticut transformed itself from a bureaucratic culture to a caring culture, patient satisfaction soared 96%, nursing turnover decreased, and the hospital was in a better strategic position to compete against neighboring hospitals (Freedman, 1999). This transformation of Griffin's culture entailed creating a work environment where nurses were empowered to develop ways to cater to their patients' needs.

Nurses and Constructive Organizational Culture

What can nursing leaders learn from these two case studies of successful organizational cultures? The most important lesson is that constructive cultures can be a source of competitive advantage in health care organizations. This is because organizations with constructive organizational cultures have the optimal balance between people-related activities and organizational goals, thereby creating a win-win situation for all stakeholders.

A collective mission. Creating and nurturing a constructive organizational culture is not an easy task, especially in a health care setting. It requires a strong mission statement and a defined sense of purpose to guide behaviors. This mission should generate a sense of collectivity and emotional attachment that develops a community focused on organizational goals (Sackman, 1991). A sense of collectivity is important in a constructive organizational culture because teamwork is the foundation of this culture. Teamwork facilitates coordination of efforts and builds consensus among group members. In groups with a strong team orientation, members are willing to work harder than technically necessary to help colleagues, so that the group looks good and succeeds (Goffee & Jones, 1996). Moreover, effective teamwork among nurses creates synergies and allows each nurse to contribute his or her strength in providing patient service (Schneider, 2000). Teamwork also serves as an efficient vehicle for exchanging information and because of the frequent contacts, members are aware of who possesses the knowledge to resolve specific problems.

Keeping culture alive through human resource management. While teamwork is crucial in a constructive organizational culture, it is not the only mechanism employed for emphasizing people-centered values. In a constructive culture, humanistic values are emphasized in every aspect of work. Not surprisingly, human resource management is a top priority in such cultures, since these organizations live by the motto, "Our assets are our people." It is the human resource management practices that reinforce cultural values through the recruitment, training, and socialization of organizational members (Bamberger & Meshoulam, 2000).

To apply these ideals in the health care setting, leaders should look beyond the initial professional training of a candidate and use the recruitment process to identify individuals whose values are consistent with the organization's culture. This recruitment process is a two-way street, acquainting the organization with appropriate applicants and acquainting applicants with the organization's cultural values and expectations (Barber, 1998). This alignment of cultural values between a nursing unit and its employees is important because it is associated with high job satisfaction and low employee turnover (O'Reilly, Chatman, & Caldwell, 1991).

In addition to recruiting individuals with consistent cultural values, the health care organization should reinforce such values through training and socialization. The most critical stage of socialization is the first year of employment. This first year is the leader's best opportunity to "mold" the newcomer into a team player and help that individual adapt to the organization's culture. This socialization process can be accomplished through routine human resource management practices, such as mentoring, job shadowing, or formal training programs. In addition, new employees can learn about the organization's culture by listening to stories that illustrate how the organization operates and by participating in rituals that reinforce key values and communicate cultural assumptions. In organizational life, meetings are the most common ritual employed to sustain culture. Regularly scheduled meetings with staff nurses can be used to celebrate successes and to convey leadership's goals. Rewards are another forceful tool in constructive cultures, as employees quickly learn through the reward system what is actually valued in their working culture, in contrast to what is verbal rhetoric (Schein, 1992).

Constructive cultures equal patient-centered cultures. Ultimately, investments in human resource management within a health care organization should create a culture with a strong patient service orientation. If the "right" people are hired and subsequently socialized into a constructive culture mindset, employees will be more involved in the

patient service process and thus develop a greater commitment to patient service (Parasuraman, 1987). A collective mission inspires teamwork and also empowers nurses to place their best efforts into doing their jobs. Since the "golden rule" is the norm for directing behaviors in constructive cultures, nurses embrace a collaborative spirit that emphasizes compassion towards patient service (Harber, Ashkanasy, & Callan, 1997). Furthermore, constructive cultures promote an inherent value of delivering quality patient service by encouraging and rewarding nurses for service excellence.

A Constructive Culture in Practice: The Case of Nurse Midwifery

It is clear that a people-oriented culture carries numerous benefits for patients and employees. However, the reader may understandably want to know: Do constructive cultures really exist within the health care industry, and if so, what is the driving force behind such cultures? A recent research project conducted within The University of Michigan Health System (UMHS) sought to answer these questions.

Over a 2-year period, qualitative and quantitative organizational culture data were collected from departments within the hospital system. During the first phase of data collection, the primary author worked with the hospital's organizational effectiveness team in administering the Organizational Culture Inventory (OCI) to various departments. The OCI was developed by Human Synergistics. This survey measures the cultural norms associated with shared values of the organization's members (Human Synergistics, 1989). The organizational values represented in the questionnaire characterize both dysfunctional cultural styles that lead to unproductive work environments and constructive cultural styles that result in high-performing work environments.

Analysis of the OCI resulted in an interesting finding: the certified-nurse midwifery practice within UMHS possesses many of the attributes associated with a constructive culture and is known for exceptional patient satisfaction and job satisfaction among the midwives. To further understand the constructive culture of the nurse-midwife practice, the primary author prepared a case study through semi-structured interviews and observations. The semi-structured interviews were conducted with the midwives and a variety of stakeholders including obstetrics patients and their birthing coaches, general nurses working at the hospital's birthing center, the physician director of obstetrics and gynecology, and administrative staff members at the outpatient clinics the midwives service. The observations entailed visiting staff meetings, attending national midwifery conferences, and observing the midwives as they worked with patients and interacted with other members of the hospital staff.

In addition to the case study data collected by the primary author, the secondary author, who is the nursing director of the midwifery group, participated in data collection and analysis. Major areas of her contribution included collecting historical case data on the practice, explaining the intricate operations of the practice, and clarifying medical terminology. Her participation in the research project provided the nursing director with an opportunity to look at the midwifery practice from an organizational perspective rather than a clinical perspective. The analysis of this case study data follows.

Cultural Strengths of the Nurse Midwifery Practice

The nurse-midwifery practice at UMHS is a full-scope practice that not only provides the typical prenatal, delivery, and postpartum care, but 15% of their practice is dedicated to well-woman gynecologic services. The midwifery group triages and evaluates all patients (including patients of physicians) who have labor and delivery or other pregnancy problems. They are also on call to the emergency department to provide care to survivors of sexual assault. The nurse midwives see patients in seven different health centers within the health system. Coordinating patient care is more complex than a typical midwifery or gynecologic/obstetrics practice. Last year the midwives delivered 546 babies and had a total of 7,355 clinic visits.

In particular, this study shows that the nurse-midwifery model works well because of strong feelings of affiliation and positive interpersonal relationships. Members are supportive of each other, and the growth, development, and well-being of each nurse is important. When making care decisions, these nurses think in terms of what is best for the overall group of midwives and its patients. This is especially evident in their effective use of teamwork for patient care. Each midwife in the practice is perceived as a partner, and the group is efficient about drawing on the diverse collective experiences and expertise of the other members. Their collaborative effort is achieved through a social community that is connected by frequent meetings, e-mails, and face-to-face interactions.

In addition to their commitment to humanistic values, the midwives have a strong achievement orientation, which comes through in their work ethic and ability to use expert knowledge to do their job well. Essentially, the practice has developed a repertoire of expertise for women's health issues, with each member having a subspecialty that the midwives use for overall patient service. This achievement orientation is coupled with self-actualized behavior. The midwives in this practice truly enjoy their work and perceive their job as a "calling." They find personal fulfillment in their career and

feel a connection to the greater community by providing a valuable service to society (Bellah, Madsen, Sullivan, Swidler & Tipton, 1986).

Patient Care in the Nurse Midwifery Practice

The midwives have developed a constructive people-oriented culture and have thus helped to redefine women's health care within UMHS. As part of this culture, the midwives show intense dedication to their patients. Patients appreciate this dedication, as can be seen in the following comments:

"This program is an invaluable service provided by the U of M health service. The personal care provided by the midwives made our experience comfortable and enjoyable. We will choose a midwife over an OB with our next child."

"All of the midwives were so supportive and wonderfully compassionate during our prenatal visits and labor."

"The certified nurse midwife program is great because of the people involved. I enjoyed my talks with the midwives, after delivery, as much as the 9 months of visits prior to birth. Just sharing a common philosophy and working together for the goal of an unmedicated natural birth is a life changing experience."

These are just a few examples of the positive feedback received from patients. This feedback centers around four service traits that patients value in the midwifery practice.

- *Reliability.* The ability of the midwives to perform patient care dependably and accurately.
- *Responsiveness.* The willingness to help patients and the capability to provide services in a prompt manner.
- *Assurance.* Knowledge and courtesy of midwives that transform into the patient's trust and confidence of the midwives.
- *Empathy.* Caring attitude and individualized attention.

These four characteristics lead to a high level of patient satisfaction. On a broader level, this satisfaction is a consequence of a constructive culture that integrates the caring values and ideology of nursing into the everyday work of midwifery (Benner, Tanner, & Chesla, 1996). Through their shared mission and vision, the midwife partners have developed a patient advocacy practice fundamentally different from the cold, impersonal practice normally associated with research hospitals. This has required the midwives to act as "job crafters," constantly changing their view of nursing work and the relational boundaries of their practice to deliver the best possible patient care (Wrzesniewski & Dutton, 2001). For instance, to maintain the patient service norms of the practice, the midwives have established networks with other health care providers and manage most procedures for their patients, thus reducing the bureaucratic red tape of a larger hospital.

Encouragingly, the constructive culture of the midwifery practice has received positive recognition from the health care community. Internally, the practice has won awards for excellence in teamwork and human resource management. The group is also recognized for its expertise in labor/delivery techniques and alternative medical techniques. Externally, the practice has become a reputable competitor in the local women health's market and has experienced phenomenal growth rates due to glowing patient referrals.

Conclusion

Nurses have a heritage of constructive cultural values resulting from training, socialization, feministic values, and a calling to their profession. Capitalizing on this heritage demands that nursing leaders and their staff work together diligently to create a culture that balances humanistic values, organizational goals, and patient advocacy. The first step in achieving this goal requires nursing leaders to acknowledge that organizational culture is the heart and soul of an organization because it explains how people relate to one another in a work environment. This may entail a cultural audit to understand the group's values and organizational culture aspirations. After a group's values are clearly articulated, creating constructive cultures necessitates nursing leaders to develop a vision that align values with organizational objectives. A vision charts direction by guiding and focusing the work efforts of group members and serves as the foundation of constructive organizational cultures (Spreitzer & Quinn, 2001). In other words, a clear, well-thought out vision not only provides guidance, but it also inspires nurses and brings a sense of purpose to their work.

Second, nursing leaders should take on the responsibility of culture gatekeeper. This requires nursing leaders to be accessible and visible to their staff. In addition to visibility, an effective culture gatekeeper exemplifies the vision and values of the organization since they are role models for the other members. In health care organizations, this suggests that nursing leaders embrace a humanistic philosophy of caring that permeates to health care providers and ultimately manifests in both patient services and employee relationships. Moreover, the role of a culture gatekeeper necessitates that a nursing leader confront, control, and change behaviors that violate the values of a constructive culture. Although the role of culture gatekeeper is a challenging task, it ensures that the day-to-day experiences of the nurs-

ing staff and patients are consistent with the group's values.

Last, but maybe most importantly, a constructive organizational culture is not a one-person show dictated by leadership. In organizations with constructive cultures, all group members are responsible for its success. Therefore, leadership's task is to empower its staff through participatory decision making. Empowerment engages team members in the decision-making process by creating a "web of inclusion" in organizations (Helgesen, 1995). When nursing staff members feel empowered and included in decision-making processes, they are energized to share their best talent and skills. Moreover, empowerment generates support for organizational goals and momentum for change initiatives.

For a health care organization to implement a constructive culture, leadership must recognize the pivotal role of nurses, who represent the focal point between quality patient service and organizational process improvements. With the understanding that nurses are the nucleus of a health care organization, it is important for leadership to develop systems that clearly convey to the nursing staff the group's culture values and how it operates. Once health care organizations understand and facilitate this process, nurses will feel empowered and seize the opportunity to transform the organization's resources into value and quality for all stakeholders.**$**

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