The effects of organisational culture on nurses' perceptions of their work

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ABSTRACT

This study aimed to analyse the relationship between the organisational culture and feelings of pleasure and suffering among working nursing professionals. This was a cross-sectional correlational study conducted in a tertiary hospital with 214 nursing staff over 3 months using three instruments: professional characterisation, the Brazilian Instrument for Assessment of Organisational Culture, and the Scale of Pleasure and Suffering at Work. The analysis included descriptive statistics and the Spearman correlation test. The external integration practice was the domain most frequently found in the organisational culture and the feeling of pleasure-gratification predominated among the workers. Values of cooperative professionalism and wellbeing, and practices of external integration and relationship promotion, were related to increased pleasure and decreased suffering at work. These aspects depend on the organisational culture of the institution. Investigating organisational culture facilitates the understanding of potential collective coping strategies and the organisational changes that favour good mental health in nurses.

Key words: Nursing ■ Psychodynamics of work ■ Organisational culture ■ Work organisation ■ Mental health ■ Burnout ■ Job satisfaction ■ Brazil

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The Unified Health System (SUS) in Brazil, instituted by laws in 1990 (Brasil, 1990a; Brasil, 1990b), declared health to be the right of all people, a right which should be assured by the state. The Federal Government, therefore, became responsible for providing universal access to health services at no cost to the individual. The solidification of the health system resulted in major changes in the morbidity profile of the Brazilian population. Promoting quality healthcare, however, still remains a challenge for public health authorities and health services managers who, despite present adversities resulting from a lack of resources, need qualified and motivated personnel to perform their work (Mendes and Bittar, 2014).

The nursing workforce plays an essential role among health professionals. In Brazil, nursing professionals are categorised as nurses with a bachelor's degree; nursing technicians; and nursing auxiliaries (technical level). These nursing professionals compose the nursing team in most healthcare settings. The nursing team is responsible for patients' care throughout their stay in the healthcare facility (Cofen, 1987).

Nursing teams must be able to meet healthcare demands and achieve success in daily tasks (Hofler and Thomas, 2016). However, transformations in the area of health services in recent years have brought challenges to nursing teams. Nurses, not only in Brazil but internationally, face challenges related to the lack of professional recognition from both patients and other health professionals. Low job security and low remuneration trigger perceptions of insecurity, which can affect the mental health of these professionals (Laing and Nolan, 2015).

The complexity of nursing work often involves exhausting and uninterrupted working hours, work overload, poor conditions relating to material or human resources, and continuous contact with patients' pain and suffering (Vieira et al, 2007). Thus, nurses are exposed to wide-ranging workloads within the hospital setting, many of which lead to psychological and occupational stress, and which ultimately result in burnout syndrome (Mininel et al, 2011; Cox et al, 2002; Mudallal et al, 2017).

Nursing studies have discussed the relationships between inappropriate working conditions, work overload, dissatisfaction at work, and the provision of poor quality care (Aiken et al, 2013). A study performed with nurses and nursing technicians and auxiliaries in a public tertiary hospital revealed that their

work-related stress was associated with physical and emotional fatigue, which directly affected their motivation to work (Andolhe et al, 2015).

Psychopathological disorders have increasingly been attributed to an individual's occupation and work setting organisation (Dejours, 2007). Studying organisational culture is relevant to the understanding of relationships between labour and occupational disorders. The organisational culture of an institution involves practices and subjective values (Schein, 2010), which establish behaviours in the work environment (Hofstede et al, 2010), a division of work (tasks, schedules/deadlines, the design of operating modes), and hierarchical relationships (Dejours, 1992). For this reason, the organisational culture plays a key role in determining either feelings of pleasure or suffering at work (Sznelwar and Uchida, 2004).

The organisational culture of an institution should be considered in occupational health research, given its influence on the individual's mental health, because the organisational culture will vary across work sectors (Marchand et al, 2013), especially in healthcare settings. A study of the organisational culture in Brazilian hospitals highlighted the impact of the power of hierarchy based on the flow of communication and the style of negotiation adopted among professionals, but not otherwise obvious in flowcharts (Vaghetti et al, 2011).

Based on the theory of the psychodynamics of work Dejours (1992) considered labour to be a central element in the process of subjectivation and developed a socio-psychological analysis based on aspects related to the work's organisation (Dejours, 1992; Bendassolli and Soboll, 2011). One of the current challenges in the psychodynamics of work is to understand the specific conditions that cause labour to be painful, to produce suffering or pleasure, or the need to protect one's mental health (Dejours and Deranty, 2010). Hence, understanding organisational culture from the perspective of the psychodynamics of work enables the analysis of the subjectivity of labour and its effects on the feelings, health, and occupational disorders among nursing workers:

- The suffering-exhaustion category is defined by the perception that work causes stress, tension, exhaustion, overload, discouragement, and frustration, and often generates anxiety
- The suffering-insecurity category refers to the fear of not being able to meet the organisation's production requirements and goals, especially goals related to professional competence, as well as the fear of losing the job and other types of job pressure (Pereira, 2003).

Based on the psychodynamics of work, two categories of pleasure and two categories of suffering at work are proposed:

- The pleasure-gratification category refers to feelings of satisfaction, achievement, pride, and identification with a job that meets one's professional aspirations
- The pleasure-freedom category is associated with feelings of being free to organise, think, and talk about one's work, and being able to apply a particular way of working that is recognised and respected by peers and superiors (Pereira, 2003).

The organisational culture represents the practices and values of an organisation, which is re-established when a new member joins. Based on the theoretical model proposed by Hofstede et al (2010), seven dimensions of organisational culture are presented, four of which are related to organisational values and three to organisational practices (Ferreira et al, 2002) as described below:

- Cooperative professionalism values refer to the valorisation of workers who have a team spirit and perform tasks with professionalism
- Rigidity values in the hierarchical structure are present in organisations with a vertical, rigid, authoritarian structure in which the power is centralised and career advancement is limited
- Competitive and individualistic values prioritise skills, performance and efficacy at the individual level
- Values regarding the employees' satisfaction and wellbeing are concerned with the wellbeing and satisfaction of workers by making the work environment more enjoyable
- External integration practices include planning and decision-making (by directors and managers) with the focus on the external client (through patient-centred care); they refer to hierarchical authority
- Reward and training practices reveal the organisation's reward and training systems, such as salaries, promotions, or awards, in addition to investments to qualify and update the workers' capacitation
- Interpersonal relationship promotion practices promote interpersonal relationships at work, whether between co-workers, superiors, or subordinates; they value good relationships within the working environment (Ferreira et al, 2002).

Interaction among the aspects that compose the two previously mentioned theoretical frameworks occurs because the psychodynamics of work relates suffering and pleasure to the accumulation or non-accumulation of psychological workloads, respectively (Dejours, 1992; Dejours et al, 1993). The role of the work organisation in the process of accumulation of psychological energy, mediated by the organisational culture, is illustrated by the institution's practices and values (Hofstede et al, 2010) and their impact on the employment of psychological skills (Dejours, 2012). Therefore, the organisational culture plays a key role in allowing or blocking accumulated psychological energy to be discharged through practices and values nurtured in the organisation.

This study aimed to analyse the relationship between the organisational culture of an institution and the feelings of pleasure and suffering of its nursing professionals at work.

Method

This was a cross-sectional correlational descriptive study (Polit and Beck, 2013) with a quantitative approach to data, seeking to investigate potential associations between the study's variables, and to measure the strength and direction (positive or negative) of these associations.

This study was conducted in a general philanthropic hospital treating patients with complex conditions in Brazil, and involved all the hospital's settings. The population initially invited to participate in the study included 446 nursing workers distributed

as 52 nurses and 394 nursing auxiliaries and technicians. The difference in nurse and nursing technician/auxiliary numbers is because of the way in which the profession is structured, and the need for those categories in the context of Brazilian healthcare. The Brazilian Nursing Council estimates that nursing technicians and auxiliaries represent 77% of the nursing workforce in Brazil; the remaining 23% are represented by nurses with a bachelor's degree (Machado et al, 2016).

The competencies and roles related to the categories of nursing professionals differ substantially. Nursing technicians/auxiliaries perform less complex technical healthcare activities under the supervision of a nurse, who performs more complex procedures, and plans and manages the care provided to patients according to their needs, and coordinates the nursing team and work processes in the healthcare setting (Cofen, 1987). The inclusion criteria for the study's participants were professionals working in the facility for at least six months who did not take any leave during the period of data collection and responded to at least 50% of the questions in the instruments used. Nursing professionals working in the hospital for less than six months were excluded because six months is considered the minimum time required for one to adapt to a new unit (Lino, 1999).

Data were collected in the workplace during working hours from January to March 2013. All nursing staff were invited to participate in the study.

An instrument addressing the following variables was used to characterise participants: gender, age, level of education, profession, unit/sector, shift, work regime, time working in the institution, time working in the field of nursing, and whether the worker had another job.

Data concerning the hospital's organisational culture were collected through the application of the IBACO (Brazilian Instrument for Assessing Organisational Culture) (Ferreira et al, 2002). The EIPST (Indicators Scale of Pleasure and Suffering at Work) (Mendes, 1999; Pereira, 2003) was used to identify pleasure and suffering at work.

Descriptive statistics and tables were used to present the data. Spearman's correlation test (rs) was used to verify correlations between each category in the IBACO and EIPST. This coefficient was used because not all variables presented a normal distribution (Pagano and Gauvreau, 2008). Data were statistically significant when $p \leq 0.05$.

The following classifications were used to interpret the strength of the correlation: values between 0.20 and 0.40 were considered weak; values between 0.40 and 0.60 were considered moderate; values greater than 0.60 were considered strong (Mitra and Lankford, 1999).

The IBACO was developed by Brazilian researchers (Ferreira et al, 2002) and based on Hofstede et al's organisational culture theoretical framework (2010). The instrument is intended to assess values and practices of the culture of an organisation according to the workers' perceptions. It is composed of 94 items, 55 of which seek to identify organisational values while 39 refer to organisational practices. The items are distributed on a 5-point Likert scale. Cronbach's alpha index ranged from 0.74 to 0.93 among the 94 items (Ferreira et al, 2002).

The EIPST was developed and validated by Mendes (1999) and revised by Pereira (2003). This scale was based on the psychodynamics of work theoretical model proposed by Dejours (1992) and is composed of 30 items related to four categories: two refer to pleasure (gratification and freedom) and two refer to suffering (insecurity and exhaustion). The items are randomly distributed on a 5-point Likert scale. The Cronbach's alpha index ranged from 0.80 to 0.89 among the 30 items (Pereira, 2003).

This study complied with the Brazilian guidelines for research involving human subjects and was approved by the Institutional Review Board of Ethics in Research (CEP1: 114/2013 and CEP2: 43180).

Results

The final number of participants was 214, distributed as 26 nurses and 188 nursing auxiliaries and technicians. There was a predominance of females (73.4%) aged between 30 and 49 years old (61.3%); the average age was 38.5 years. The mean time working in the facility was 13.5 years and the mean time working in the nursing field was 14.1 years.

With regard to working hours, 53.3% staff worked in shifts of 12 hours on and 36 hours off; the working hours per week ranged from 30 to 40; 57.4% worked the day shift and 39.7% had another job.

The highest means of organisational practices and values, obtained by the external integration practices and cooperative professionalism values, indicated that these values and practices are strongly present in the studied hospital. Other practices and values were also present in the working environment, such as interpersonal relationship promotion practices, wellbeing values, and rigidity values in the hierarchical structure. Moderate levels of competitive and individualistic values and reward and training practices were observed as well.

These findings suggest that this organisation is perceived as dominated by practices concerning external integration, which is then followed by progressively less dominating values such as cooperation, relationship promotion, workers' wellbeing, hierarchical rigidity, individualism, and reward and training (*Table 1*).

Considering that the midpoint of EIPST is 3.0, the nursing workers in this hospital reported pleasure at work more frequently than not, although they concomitantly experience suffering in a lesser intensity.

The mean of the pleasure-gratification category, related to feelings of satisfaction, achievement, and identification with work, stood out when compared to other categories; it also presented lower variation and the highest minimum value, which indicates that this feeling is predominantly experienced among these workers (*Table 2*).

Among the 28 Spearman's correlation tests performed between the IBACO's and EIPST's categories, 17 were statistically significant ($p \leq 0.05$) with either positive or negative correlation. Four out of these 17 categories presented correlation coefficients of moderate power and 13 resulted in weak correlations (*Table 3*).

Cooperative professionalism values (CPV), the second most frequently perceived value within the hospital, obtained significant moderate positive correlation with pleasure-freedom

Table 1. Means, medians, standard deviations, and minimum and maximum scores concerning the values and practices of the institution's organisational culture from the perspective of nursing workers

Values/practices	Mean	Median	Standard deviation	Minimum–maximum
EIP: external integration practices	3.74	3.80	0.61	1.1–5.0
CPV: cooperative professionalism values	3.32	3.40	0.72	1.0–5.0
RPP: relationship promotion practices	2.88	2.90	0.76	1.0–5.0
WBV: wellbeing values	2.86	2.80	0.80	1.0–5.0
RHV: rigidity of hierarchy values	2.84	2.80	0.51	1.0–4.2
CIV: individualist professionalism values	2.76	2.70	0.63	1.0–4.6
RTP: reward and training practices	2.60	2.60	0.65	1.0–4.1

Table 2. Means, medians, standard deviations, and minimum and maximum scores obtained on the nursing professionals' pleasure and suffering at work

Pleasure/suffering	Mean	Median	Standard deviation	Minimum–maximum
PG: pleasure-gratification	4.42	4.50	0.51	2.5–5.0
PF: pleasure-freedom	3.51	3.50	0.76	1.0–5.0
SE: suffering-exhaustion	2.86	2.90	0.77	1.0–4.9
SI: Suffering-insecurity	2.32	2.30	0.75	1.0–4.6

Table 3. Values of the Spearman's correlation coefficient between the means of the organisational culture categories, and the means of pleasure and suffering at work domains

	Pleasure		Suffering	
n = 214	Gratification	Freedom	Insecurity	Exhaustion
Values				
CPV: cooperative professionalism values	0.28**	0.42**	– 0.01	– 0.38**
RVH: rigidity hierarchy values	– 0.04	0.09	0.19**	0.10
CIV: individualism professionalism values	0.11	0.17*	0.08	– 0.02
WBV: workers' wellbeing values	0.22**	0.41**	– 0.06	– 0.38**
Practices				
EIP: external integration practice	0.21**	0.28**	0.05	– 0.21**
RTP: reward training practice	0.01	0.26**	0.03	– 0.21**
RPP: relationship promotion practice	0.23**	0.47**	– 0.13*	– 0.42**

Key: *p ≤ .05; **p ≤ .01

(PF) (CPV x PF; rs = 0.42; p < 0.01); weak negative correlation with suffering-exhaustion (SE) (CPV x SE; rs = – 0.38; p < 0.01); and weak positive correlation with pleasure-gratification (PG) (CPV x PG; rs = 0.28; p < 0.01).

Wellbeing values (WBV) also presented moderate positive correlation with pleasure-freedom (PF) (WBV x PF; rs = 0.41; p < 0.01); weak negative correlation with suffering-exhaustion (SE) (WBV x SE; rs = – 0.38; p < 0.01); and weak positive correlation with pleasure-gratification (PG) (WBV x PG; rs = 0.22; p < 0.01).

Interpersonal relationship promotion practices (RPP) was the only category that correlated with all categories of pleasure and suffering, two with moderate strength: RPP x PF (rs = 0.47; p < 0.01) and RPP x SE (rs = – 0.42; p < 0.01).

Even though external integration practices (EIP) was the most frequently perceived practice in the institution, it was weakly and positively correlated with pleasure-gratification (PG) (EIP x PG; rs = 0.21; p < 0.01) and pleasure-freedom (PF) (EIP x PF; rs = 0.28; p < 0.01); and weakly and negatively correlated with suffering-exhaustion (EIP x SE; rs = – 0.21; p < 0.01).

Among the categories of suffering, only suffering-exhaustion obtained a moderate negative correlation with interpersonal relationship promotion practices and weak negative correlation with wellbeing values, cooperative professionalism values, reward

KEY POINTS

- This study aimed to analyse the relationship between organisational culture and feelings of pleasure and suffering among nursing professionals in a Brazilian general hospital

- External integration practices and pleasure-gratification were the most frequently perceived values within the studied organisation

- Cooperative professionalism values, wellbeing values, external integration practices and interpersonal relationship promotion practices were correlated to increased pleasure and decreased suffering at work

- Among the categories of suffering, only suffering-exhaustion obtained a moderate negative correlation with interpersonal relationship promotion practices

- The findings of this study enable the identification of desirable values and practices for a hospital facility—values and practices related to experiences of pleasure and wellbeing at work

and training practices and external integration practices while suffering-insecurity presented only weak positive correlation with rigidity values in the hierarchical structure and weak negative correlation with interpersonal relationship promotion practices.

Hence, the analysis of correlations showed that the organisation's values and practices considered positive were indeed positively correlated with the categories of pleasure, especially pleasure-freedom, and negatively correlated with the categories of suffering.

Discussion

The participants' age and time working in the nursing field and within the institution, may be related to high indexes of pleasure at work as observed in a study with nurses who reported that more experienced professionals presented higher means of pleasure and lower suffering levels over the course of their careers (Shimizu et al, 2011). In this study, 39.7% of the participants had another job, which is a fact also reported in Shimizu et al's earlier study (2011). Insufficient income is the main reason for having more than one job, which leads to excessive working hours that can compromise the nurses' quality of life (Schrader et al, 2012).

Autonomy, work environment and content, team dynamics, leadership, and interpersonal relationships are some of the factors that influence the attractiveness of jobs (Björn et al, 2016). These relationships are determined by variables linked to the organisational culture, variables that may either enable a more horizontal flow of communication and greater collective participation in decision-making processes and result in pleasure at work, or impede any form of horizontal interaction by centralising decision-making and cause the work to become painful (Rocha et al, 2014).

Pleasure associated with the nursing profession is also related to unique experiences where there is a feeling of gratification because the act of providing care gives the worker a sense of purpose and reinforces social importance (Shimizu et al, 2011; Garcia et al, 2012; Kessler and Krug, 2012). This feeling may

be explained by the significant content of work in relation to the subject, gratification in being able to provide quality health care, the social importance of the work, and the contribution of the work to the status of the worker (Dejours, 1992).

The mission, vision, values, management style, and structure of the professional career within the organisation represent the documented job description and involves protocols describing when the work is supposed to happen, how it is supposed to be organised, and task priorities (care, management, sociopolitical) (Dejours, 2012). The traditional healthcare job is also a source of emotional exertion, and organisations should endeavour to assist staff to cope with these demands (Riley and Weiss, 2016).

Although positive practices and values such as external integration practices and cooperative professionalism values were verified, values related to hierarchical rigidity were also observed. Hierarchical rigidity values indicate the use of traditional models of organisation and management based on authority and centralisation of decision-making processes as well as excessive control (Marziale et al, 2013).

In many of Dejours' works, the author pays particular attention to the characteristics of the 'scientific labour organisation' (SLO) that cause occupational disorders (Dejours, 1992; Dejours et al, 1993; Dejours, 2007; Ganem et al, 2008). When we refer to nursing practice, the division of care by tasks, instead of the adoption of a more integral form of care delivery, is a clear example of how the profession is influenced by the SLO, which was moderately observed in the institution under study, represented by the presence of rigidity values in the hierarchical structure (RVH = 2.84) and competitive and individualistic values (CIV = 2.76) (Kim and Oh, 2016).

Labour, as a social activity, involves the coordination of singular types of intelligence. Cooperation is at the base of the collective development of work and is organised by the norms of the profession (Dejours, 2007; Ganem et al, 2008). The positive correlation between cooperative professionalism values and pleasure-freedom/pleasure-gratification, and a negative correlation between cooperative professionalism values and suffering-exhaustion, also reinforces this argument.

Recognition at work is also a significant factor in the attractiveness of nursing activity and plays a major role in job satisfaction (Björn et al, 2016). In practical terms, the organisation will provide recognition to workers through its values and practices. Reward and training practices are directly linked to the reward system, whether material or symbolic (Ferreira et al, 2002), and the importance of these practices can be illustrated by the positive correlation with pleasure-freedom and negative correlation with suffering-exhaustion.

The work organisation per se does not cause specific mental disorders. However, when the organisation is rigid, as in the organisational culture of many health facilities in Brazil (Cruz and Ferreira, 2012), it leads to somatic fragilities because it hinders the worker's attempts to adapt the operational structure to their mental needs (Dejours, 1992; Ganem et al, 2008). Furthermore, a low level of personal control over work is directly correlated with individuals who consider that their health is negatively affected by their work. This results in low levels of job satisfaction and commitment to the institution and high

levels of worker turnover (Näswall et al, 2014).

A systematic review of the Cochrane database aimed to identify the effectiveness of strategies to change organisational culture in order to improve health services (Parmelli et al, 2011). This review reported that there were no studies that met the quality criteria and addressed the assessment of interventions to change the culture of a health organisation (Parmelli et al, 2011). This finding may be explained by the complexity of this topic and indicates a great challenge for researchers in the field.

Conclusion

External integration practices and pleasure-gratification are the most frequently perceived values within the studied organisation; however, they do not exclude the presence of other organisational values and practices or feelings of suffering, which are experienced at a lesser intensity. In the analysis of correlations, cooperative professionalism values, wellbeing values, external integration practices and interpersonal relationship promotion practices were correlated to increased pleasure and decreased suffering at work, revealing important organisational aspects directly related to the workers' mental health.

Basically, there are four elements that are especially conducive to mental health at work:
- The use of intellectual faculties (intelligence, creativity)
- Organisational freedom
- Collective cooperation within the team
- Recognition.

These four aspects depend on the work organisation and, therefore, on the organisation's values and practices. An organisational culture that includes values and practices such as cooperative professionalism values, wellbeing values, reward and training practices and interpersonal relationship promotion practices can facilitate the presence of these elements and, consequently, avoid excessive psychological load at work and mental disorders among nursing workers.

The nursing profession is frequently associated with a high percentage of burnout and other psychological disorders, which directly influence their clinical practice. Investigating organisational culture facilitates the understanding of potential collective coping strategies and/or the development of organisational change that favours good mental health among nursing professionals, which, in turn, results in improved productivity and enhanced delivery of quality care services.

The findings of this study specifically enable the identification of desirable values and practices for a hospital facility—values and practices related to experiences of pleasure and well-being at work. This contribution has potential implications at a strategic management level of healthcare and nursing services and provides evidence of relevant aspects that may improve the organisation of work, management structure and style, and the quality of care. **BJN**

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CPD reflective questions

- Reflect on the organisational culture of your workplace and how it affects the day-to-day work of you and your team.

- How could the organisational culture of your workplace be changed to improve the morale and mental health of staff?

- What interventions could you introduce in your team to improve staff morale and mental health?