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*Organizational climate as a precondition of effective work
of a therapeutic team*

The dynamics of changes taking place in health care units and their surroundings requires flexibility in the management and knowledge of factors and processes conditioning realization of the goals assumed. One of the significant processes which influence the effective work of therapeutic teams in hospital wards or hinders the provision of patient care is organizational climate (4,5).

In the literature it is emphasized that organizational climate, often described as atmosphere of work, affects the integration of a team and friendly relationships between colleagues and co-workers. Ties within a team, to a great degree depend on the culture of co-existence in a group, kindness and mutual respect of personal dignity (6,7). Organizational climate, i.e. mutual assistance, provision of support and interpersonal behaviours are the factors which facilitate the realization of tasks by a team (1,2,3).

The authors' own studies confirm that organizational climate is mentioned in the first place by physicians and nurses in Polish hospitals as a factor conditioning effective work of a therapeutic team (8,9). Therefore, the following research problem was posed: 1. Is there any difference between the evaluations of the atmosphere in hospital wards in units without accreditation, compared to those which possess the Quality Certificate? 2. Does the position occupied exert an effect on differences in the evaluation of the climate in the ward?

MATERIAL AND METHODS

The study was conducted during the first half of 1999 in 85 wards in 21 hospitals – 4 with 29 wards possessing the Quality Certificate – designed as Group A, and 56 wards in 17 hospitals without accreditation – Group B. The study covered a total number of 560 physicians and nurses. The greatest number of respondents were charge nurses who constituted 58.4% of the population examined, followed by assistant physicians – 18.9%, head nurses – 12.8% and ward heads/managers of clinics – 9.9%.

The study was carried out by the method of a diagnostic survey; the technique was a specially designed questionnaire form directed at each occupational group. The research material was subject to statistical analysis. According to the type of variables and the description of an individual phenomenon, the study was conducted by means of the following

tests: χ^2 – (Chi square) for homogeneity, u test for the difference in percentages, χ^2 – (Chi square for compatibility) and V2 Cramer test.

RESULTS

The analysis of the material indicates that the greatest number of evaluations as 'very good' (43.2%) – 5 scores, 'good' (30.1%) – 4 scores and 'excellent' – 6 scores was observed in Group A, and compared to Group B the evaluations expressed were statistically significant on the level $u = 3.1$ (**); $p < 0.01$. The appearance of low awarding of scores (3 scores – 18.7%; 2 scores – 5.1%) was considerably more frequent in Group B – $u = -2.8$ (**); $p < 0.01$, compared to group A (3 scores – 11.2%; 2 scores – 1.9%) – Fig. 1.

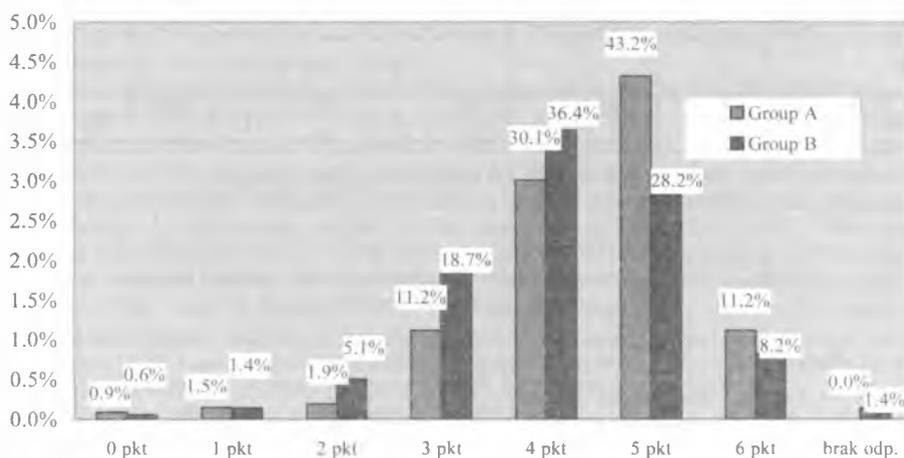


Fig. 1. Evaluation of organizational climate in the ward in respondents' opinions (Group A and B)

The evaluation of the organizational climate in the ward by respondents from Group A was considered from the aspect of the position occupied (Tab.1). It appeared from the analysis of results in Group A that the greatest number of 'very good' evaluations – 5 scores were mentioned by head nurses (52.0%), followed by ward heads (47.6%), charge nurses (42.6%), while the smallest number of these evaluations was expressed by assistant physicians (35.6%). The greatest number of 'good' evaluations – 4 scores, were reported by charge nurses (33.0%), followed by head nurses (28.0%), assistant physicians (26.7%) and ward heads (19.0%). The greatest number of 'excellent' evaluations – 6 scores, were expressed by ward heads (19.0%), followed by assistant physicians (13.3%), head nurses (12.0%) and charge nurses (8.7%). Assistant physicians expressed the greatest number of 'satisfactory' evaluations – 3 scores (13.3%), the following positions being occupied by charge nurses (11.3%), ward heads (9.6%) and charge nurses (8.0%). Only two assistant physicians refrained from expressing an evaluation. Differences in evaluations of the organizational climate among the above-mentioned positions were not statistically significant – $\chi^2 = 2.04$ (-); $p > 0.05$.

Table 1. Evaluation of organizational climate within a team and the type of position held (Group A)

| No. | Position | Group A No. = 206 | | | | | | | | Total | |
|-------|--------------------|-------------------|-------|------------------|-------|-------------------|-------|---------------|-------|-------|-------|
| | | ward heads | | ward head nurses | | assistant doctors | | charge nurses | | | |
| | Evaluation | No. | % | No. | % | No. | % | No. | % | No. | % |
| 1 | 6 scores | 4 | 19.0 | 3 | 12.0 | 6 | 13.3 | 10 | 8.7 | 23 | 11.2 |
| 2 | 5 scores | 10 | 47.6 | 13 | 52.0 | 16 | 35.6 | 49 | 42.6 | 88 | 42.7 |
| 3 | 4 scores | 4 | 19.0 | 7 | 28.0 | 12 | 26.7 | 38 | 33.0 | 61 | 29.6 |
| 4 | 3 scores | 2 | 9.6 | 2 | 8.0 | 6 | 13.3 | 13 | 11.3 | 23 | 11.2 |
| 5 | 2 scores | - | - | - | - | 3 | 6.7 | 3 | 2.6 | 6 | 2.9 |
| 6 | 1 score | - | - | - | - | - | - | 1 | 0.9 | 1 | 0.4 |
| 7 | 0 score | 1 | 4.8 | - | - | - | - | 1 | 0.9 | 2 | 1.0 |
| 8 | lack of evaluation | - | - | - | - | 2 | 4.4 | - | - | 2 | 1.0 |
| Total | In general | 21 | 100.0 | 25 | 100.0 | 45 | 100.0 | 115 | 100.0 | 206 | 100.0 |

6,5,4 scores vs. 3,2,1,0 scores : $\chi^2 = 2,04 (-)$; $p > 0,05$

Table 2. Evaluation of organizational climate within a team and the type of position held (Group B)

| No. | Position | Group B No. = 354 | | | | | | | | Total | |
|-------|--------------------|---------------------------------------|------|----------------------|------|----------------------|------|------------------|------|-------|------|
| | | ward heads/ managers of clinics | | ward heads nurses | | assistant doctors | | charge nurses | | | |
| | Evaluation | No. | % | No. | % | No. | % | No. | % | No. | % |
| 1 | | - | - | 5 | 10.6 | 5 | 8.2 | 19 | 9.0 | 29 | 8.2 |
| 2 | 5 scores | 14 | 41.2 | 17 | 36.2 | 15 | 24.6 | 54 | 25.5 | 100 | 28.3 |
| 3 | 4 scores | 14 | 41.2 | 16 | 34.1 | 24 | 39.4 | 75 | 35.4 | 129 | 36.4 |
| 4 | 3 scores | 5 | 14.7 | 7 | 14.9 | 11 | 18.0 | 43 | 20.3 | 66 | 18.4 |
| 5 | 2 scores | - | - | 1 | 2.1 | 4 | 6.6 | 13 | 6.1 | 18 | 5.1 |
| 6 | 1 score | - | - | 1 | 2.1 | 1 | 1.6 | 3 | 1.4 | 5 | 1.4 |
| 7 | 0 score | - | - | - | - | - | - | 2 | 0.9 | 2 | 0.6 |
| 8 | lack of evaluation | 1 | 2.9 | - | - | 1 | 1.6 | 3 | 1.4 | 5 | 1.4 |
| Total | 34 | 100.0 | 47 | 100.0 | 61 | 100.0 | 212 | 100.0 | 354 | 100.0 | |

6,5,4 scores vs. 3,2,1,0 scores : $\chi^2 = 2.14 (-)$; $p > 0.05$

The evaluation of organizational climate in the team of physicians and nurses from Group B was also analyzed from the aspect of the position held (Tab.2). The greatest number of 'good' evaluations - 4 scores, were expressed by physicians and nurses from Group - ward heads -

41.2%, followed by assistant physicians – 39.4%, charge nurses – 35.4% and head nurses – 34.1%. 'Very good' evaluations – 5 scores, were most often mentioned by ward heads – 41.2%, followed by head nurses – 36.2%, charge nurses – 25.5% and assistant physicians – 24.6%. Charge nurses most frequently evaluated the atmosphere within a team as 'satisfactory' – 3 scores (20.3%), followed by assistant physicians (18.0%), head nurses (14.9%) and similarly ward heads (14.7%). The greatest number of 'excellent' evaluations were reported by charge nurses (10.6%), which was not observed in the group of ward heads.

Low awarding of scores – 2 scores (6.6%), were most often mentioned by assistant physicians, 1 score (2.1%) – head nurses, and 0 score (0.9%) charge nurses. Lack of evaluation occurred in individual cases in three occupational groups, with the exception of head nurses. Differences in evaluations were not statistically significant in any of the occupational groups – $\chi^2 = 2.14 (-)$; $p > 0.05$.

A high percentage of respondents attempted to justify their evaluations – 50.2% of respondents in both groups (A and B) in general. A detailed analysis of the distribution of answers concerned individual people. We therefore abandoned any attempt at quoting any percentage of the essence of opinions expressed by physicians and nurses in the study, although a slightly greater number of the staff from Group A decided to justify their evaluation of the organizational climate, compared to Group B.

Among the respondents who evaluated the atmosphere in the ward as 'excellent' (6 scores) there prevailed answers which indicated very good co-operation (1.0%), mutual assistance (0.9%) and understanding (0.9%). Single respondents underlined kindness (0.7%), clearly defined goals (0.5%) and good work results (0.5%). The choice of 'very good' evaluation (5 scores) was justified by very good co-operation (8.2%). The respondents also emphasized understanding (3.9%), mutual support (1.7%) and lack of conflicts (1.4%). 'Very good' evaluation was also justified by clearly defined goals (1.1%), communication (1.1%), respect and friendly attitude (0.9%). The evaluation as 'good' (4 scores) was justified by good co-operation (0.7%), lack of conflicts (0.5%) and mutual understanding (0.4%). The staff who expressed 'satisfactory' evaluation mentioned mainly low salaries (1.4%), lack of doctor – nurse co-operation (1.2%) and frustration due to poor effects of the health care system reform (0.7%). Individual respondents reported conflicts (0.5%) and decrease in the rank of the nursing profession in the opinions of doctors (0.5%). The expression of 'unsatisfactory' evaluation (2 scores) resulted from poor communication (0.7%), too strong discipline (0.5%), lack of co-operation (0.5%) and low salaries (0.4%). The respondents who evaluated the organizational climate as 1 score or 0 score mentioned mainly low salaries, conflicts, poor communication and work overload.

DISCUSSION

The results of the study showed that the staff in hospitals with accreditation significantly more often expressed higher evaluations of the organizational climate in a therapeutic team, as an expression of very good co-operation, mutual assistance, understanding, and kindness, compared to respondents from the units without the Quality Certificate. A significantly greater number of respondents in hospitals without accreditation evaluated the organizational climate in their wards in negative terms, mainly because of the lack of doctor–nurse co-operation and frustration as a reaction to poor results in the health care system reform.

The positions occupied by physicians and nurses did not exert a significant effect on the evaluation of organizational climate among the staff in either group of hospitals.

CONCLUSIONS

1. Statistically significant differences were observed with respect to evaluation of the organizational climate in positive terms by physicians and nurses in hospitals with accreditation, compared to respondents from the units without accreditation.

2. The respondents from hospitals without accreditation evaluated organizational climate in their wards in significantly more negative terms, compared to the staff of hospitals possessing the Quality Certificate.

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SUMMARY

Organizational climate among members of a group is a significant precondition of an effectively working team. The work of a therapeutic team remains on a higher organizational level in hospitals with accreditation, compared to units without the Quality Certificate. The study was undertaken to discover whether there are any differences in the evaluation of organizational climate among the staff of hospital wards in hospitals with and without the Quality Certificate. The study covered 161 physicians and 339 nurses from 4 hospitals with accreditation and 17 units without the Quality Certificate. The study was carried out by the method of a diagnostic survey; the technique was a questionnaire form. The results of the study showed that physicians and nurses from hospitals with accreditation significantly more often evaluated the organizational climate in their wards in positive terms. The staff from hospitals without the Quality Certificate evaluated the atmosphere in their wards in more negative terms, mainly due to low salaries, lack of physician – nurse co-operation and frustration as a reaction to poor results of the health care system reform.

Klimat organizacyjny jako warunek wstępny efektywnej pracy zespołu terapeutycznego

Istotnym warunkiem efektywnie pracującego zespołu jest klimat organizacyjny panujący wśród członków grupy. Praca zespołu terapeutycznego stoi na wyższym poziomie organizacyjnym w szpitalach z akredytacją w porównaniu z zakładami bez certyfikatu jakości. Postanowiono sprawdzić, czy istnieje różnica w ocenie klimatu organizacyjnego wśród pracowników oddziałów szpitalnych w zakładach z akredytacją i bez certyfikatu jakości. Badaniami poddano 161 lekarzy oraz 339 pielęgniarek z 4 szpitali z akredytacją i 17 zakładów bez certyfikatu jakości. W badaniach zastosowano metodę sondażu diagnostycznego, zaś techniką był kwestionariusz ankiety. Wyniki badań wykazały, że istotnie częściej wyższą ocenę klimatu organizacyjnego w oddziałach szpitalnych podawali lekarze i pielęgniarki ze szpitali z akredytacją. Atmosferę w oddziałach niżej oceniali badani ze szpitali bez certyfikatu jakości, głównie z powodu niskich wynagrodzeń, braku współpracy lekarsko-pielęgniarskiej oraz frustracji jako odpowiedzi na słabe wyniki reformy w służbie zdrowia.