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# Does Organizational Culture Make a Difference at UCHC?

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## *Does Organizational Culture Make a Difference at UCHC?*

### *What is Organizational Culture?*

Organizational culture is a tricky concept, sometimes defined as the combination of unspoken, assumed, and customary ways in which power, information and interpersonal relationships are handled by an organization: “the way we do things around here.” Compared to many sectors, health care employees and management are well aware that organizational culture has an impact on employee working conditions and on the quality and safety of care delivered to patients. Increasingly, healthcare researchers are devoting resources to studying these relationships. Recent findings suggest, for example, that healthcare organizations which **emphasize teamwork, coordination and fairness** may have, in general, better patient outcomes than those which emphasize formal, bureaucratic relationships.

### *Does Organizational Culture Affect Employee And Patient Safety?*

Funded by AHRQ (Agency for Healthcare Research and Quality), UCHC researchers (Principal investigator Nick Warren, Occupational Medicine), with co-investigators at Boston University and in the Veterans Administration New England Healthcare System, have studied these relationships throughout the VA system as well as comparing VA primary care with non-VA clinics. The research relates employee perceptions of the organizational culture (often called organizational ‘climate’) to a wide array of outcomes. The findings are striking. Employee perceptions of a “good” organizational culture (including fairness, intolerance of discrimination, good supervisory and managerial relations, adequate resources, cooperation, etc.) are strongly related to:

- Improved employee health and satisfaction (measured by, e.g., sick time, lost time compensation claims, and Equal Opportunity Organization claims)
- Higher quality and safety of patient care (meas-

ured by, e.g., adherence to preventive and chronic care guidelines, patient satisfaction, surgical outcomes, and even cost per patient).

### *Does Every Employee Perceive the Same Culture?*

These researchers and others have found that there is never a single ‘culture’ in an organization. Rather, **the organization looks different to people in different jobs and at different levels of responsibility**. In fact, a larger gap between these perceptions was associated with reduced outpatient satisfaction and increased costs per patient. So, in order to create the cultural change necessary to improve employee working conditions and the quality/safety of patient care, we must assess all employees’ cultural perceptions throughout UCHC.

### *How can we assess the Culture(s) at UCHC?*

Recognizing the importance of organizational culture, Francine Dew and the Office of Diversity Programs have already been planning a diversity culture survey, funded by a grant from the Connecticut Health Foundation. The Collaborative Center for Clinical Care Improvement (4CI) is fortunate in being able to collaborate in the development and administration of this anonymous survey to be given to all employees at all levels within the UCHC system. The planned survey incorporates questions targeted to diversity issues (which the VA research, above, found to be a strong predictor of employee and patient outcomes) as well as the broader culture at UCHC.

### *What will we do with this Information?*

As in the research above, the simple assessment of organizational culture is only the first step. The crucial next step is to use the results to **involve UCHC employees** at all levels and begin



the difficult task of improving our culture, employee working conditions, and quality/safety of the care we deliver to patients. For this change to be effective and meaningful, it is important that all employees respond to the survey, make their views known, and participate in follow-up groups and activities. Then, based on good information, the hard work begins.

### ***T or F Organizational Assessment***

- |   |          |          |
|---|----------|----------|
| 1. My work group makes good decisions and solves problems well.   | <b>T</b> | <b>F</b> |
| 2. A spirit of cooperation and teamwork exists in my work group.  | <b>T</b> | <b>F</b> |
| 3. UCHC provides opportunities for all employees to develop and advance   | <b>T</b> | <b>F</b> |
| 4. This organization does not tolerate discrimination.  | <b>T</b> | <b>F</b> |
| 5. Employees in my work group have the appropriate supplies, materials, and equipment to perform their jobs well. | <b>T</b> | <b>F</b> |

Your assessment of the statements in the True False Organizational Assessment depends on your personal experience at UCHC. Ideally, we would all like each statement to be true in all instances. In reality, all organizations fall short of perfection; we have all had experiences in which the above statements have not been true or have only been partly true. To improve employee working conditions and patient safety, it is crucial that we work together towards making these statements true for all employees, all of the time. We will provide more information about cultural assessment and change at UCHC in the near future, beginning with the upcoming all-employee survey.

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### ***Safe Patient Handling Initiative-JDH***

#### ***"7UP"***

JDH, in concert with the State of Connecticut Department of Administrative Services, has commenced implementation of a Safe Patient Handling Program (SPH) to reduce injuries among caregivers. ***Health care workers had the highest number of musculoskeletal disorders*** among all professions in the U.S. in 2001. The program incorporates the use of assistive devices, enhanced work practices and cooperative patient care. Standardizing patient handling provides the safest environment for both patients and caregivers. JDH piloted this program on Surgery 7 and in the

Transportation Department beginning in August 2004. The commitment of staff, management and the UCHC Ergonomic Technology Center in implementing the pilot, has laid the groundwork for introducing this program to the balance of the hospital. Expectations for the upcoming months are to introduce SPH on the Med/Surg 4th and 5th Floor, the Oncology 6th Floor and the NEAG Comprehensive Cancer Center, as well as Diagnostic Imaging and Therapeutics.

The program has proven successful in reducing patient handling injuries and reinforcing a culture of patient and employee safety within the institution.

### ***Questions:***

#### ***True or False***

- |   |          |          |
|---|----------|----------|
| 1. Nationally, nursing aides, orderlies, and attendants have the highest number of injuries and illnesses with days out of work of any occupation (more than truck drivers and laborers); most are caused by overexertion, primarily in lifting.  | <b>T</b> | <b>F</b> |
| 2. At JDH from 2001-2003, there were 300 Workers Compensation claims for injuries resulting from interaction with "another person," (assumes a patient.) The total incurred loss from these claims was approximately 2 million dollars.   | <b>T</b> | <b>F</b> |
| 3. It is estimated that 12% of nurses leave the profession each year due to chronic/acute back injuries.  | <b>T</b> | <b>F</b> |
| 4. Patients can have medical, psychological and other conditions that can complicate handling them, as well as increase the patient's risk of abrupt movements or falls. Safe handling techniques improve patient safety by decreasing the risk of patient falls due to abrupt changes in a patient's condition, a patient's unsteady or limited mobility, patient size and weight. | <b>T</b> | <b>F</b> |

#### **Answers to all of these questions are TRUE.**

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Thank you for your cooperation. Please send comments or questions to Regina Gray at 679-2222  
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Upcoming newsletters: April: "Pain"  
June: "Nosocomial Infections."