

Evaluation of organisational culture and nurse burnout

A study of how perceptions of the work environment affect morale found that workplaces considered by employees as innovative and supportive had a positive effect on their wellbeing. Jenny Watts and colleagues report

Correspondence:
miss.jenny.watts@gmail.com

Jenny Watts was, at the time of writing, a doctoral student, University of Leicester

Noelle Robertson is senior lecturer in clinical psychology, University of Leicester

Rachel Winter is trainee psychiatrist, Leicestershire Partnership NHS Trust

David Leeson is clinical education lead, Leicestershire Partnership NHS Trust

Date of submission:
May 31 2013

Date of acceptance:
July 26 2013

Peer review
This article has been subject to double-blind review and has been checked using antiplagiarism software

Author guidelines
www.nursingmanagement.co.uk

Abstract

A survey of nurses working with older adults across three NHS trusts was conducted to explore how perceptions of the workplace affect nurse wellbeing. Standardised validated measures were used to assess burnout, perceived organisational support and organisational culture. Significant associations were found between innovative organisational culture and nurses' sense of personal accomplishment, which reduce the likelihood of burnout. Multiple regression showed experience of burnout to be predicted by the nature of organisational culture. It seems therefore that nurses' wellbeing may be affected by their perceptions of the working environment. Applications of this knowledge and suggestions for future research are discussed.

Keywords

Burnout, nurse wellbeing, organisational culture, workplace culture

NURSES' MORALE and perceptions of patients can be shaped by values, assumptions and beliefs intrinsic to the workplace (Brown *et al* 2008). This phenomenon, known as organisational culture, appears to affect numerous aspects of nursing (Scott-Findlay and Estabrooks 2006). A supportive ward culture seems positively related to nurses' commitment to their roles (Lok and Crawford 1999), as well as to job satisfaction and the quality of care nurses deliver (Kangas *et al* 1999).

The dominant characteristics of organisational cultures may vary. Those experienced as supportive by staff (Wallach 1983) may make explicit the values of collaboration, encouragement and trust. By contrast, more business-oriented cultures emphasise

values such as risk, change and experimentation, and are often perceived as innovative and dynamic working environments, yet highly pressured and constantly challenging. Organisations that are perceived as having bureaucratic cultures appear hierarchical, oriented towards power and driven by protocols and procedures.

Literature review

While culture is one determinant of nurses' performance and wellbeing, many studies have attempted to identify other factors capable of improving patient care, staff retention and occupational health.

These factors are particularly relevant to older adult care, which has experienced difficulty in recruiting and retaining sufficiently qualified staff (Nordenfelt 2009). They are also pertinent in light of the Francis (2013) inquiry report into poor care at Mid Staffordshire NHS Foundation Trust, which emphasises the importance of staff selection, retention and morale.

The literature suggests that social support, often understood as the practical and emotional resources provided by others, can have a beneficial effect on nurse wellbeing and occupational health. Not only has employee absenteeism been inversely associated with perceived positive social support (Eisenberger *et al* 1986, Michie and Williams 2003), but social support is also thought to have a buffering effect on potentially stressful experiences and to reduce healthcare costs (Manning *et al* 1996).

Furthermore, this relationship between perceived support and wellbeing becomes more salient when individuals are under greater stress (Manning *et al*

1996). A cross-sectional study (Aiken *et al* 2002) of more than 10,000 nurses in acute hospitals across Canada, England, Scotland and the US revealed that perceptions of impoverished organisational support were linked directly to high rates of burnout and low job satisfaction.

The literature suggests, therefore, that enhancing perceived support can reduce the detrimental consequences of burnout and other aspects of occupational stress.

Burnout has been described (Maslach *et al* 1996) as a tripartite experience that comprises:

- Emotional exhaustion.
- Depersonalisation.
- Decreased personal accomplishment.

This definition suggests that nurses, because they interact with patients who require care, attention and an empathetic approach, can experience depletion of their emotional reserves (emotional exhaustion).

In addition, with the exhaustion of their capacity for empathy, nurses may become distanced from, and numbed to, the concerns of their patients (depersonalisation). The final component describes how, because they perceive that they are overburdened by others' problems, nurses think they are not being productive or progressing professionally (decreased personal accomplishment) (Maslach *et al* 1996).

Associated symptoms of burnout include sleeplessness, headaches and gastrointestinal disturbances (Leiter 2005), which affect nurses' abilities to provide optimal care and consider that they are functioning as competent professionals. Accordingly, because burnout is linked to diminished job satisfaction and high rates of voluntary job turnover, these negative experiences can affect staffing levels and patient outcomes (Vahey *et al* 2004).

Aims

The purpose of this survey was to explore and examine relationships between nurses' experiences of burnout and their perceptions of organisational culture and support across three NHS trusts delivering acute and community care in the Midlands.

The study was guided in its scope by previous research and qualitative narratives of nurses' experience of caring for older adults, and wanted to examine which variables in the workplace might predict nurse wellbeing. It was designed particularly to examine the experiences of nurses working with older adults, given a relative dearth of previous research examining predictors of burnout in this domain.



Philip Pridmore

Methods

After seeking and receiving ethical approval from the local NHS ethics committee, and initial piloting of questionnaires to assess respondents' ability to understand content and format, and to respond in a timely way, validated standardised measures of organisational culture, burnout and support were made available to eligible nursing staff online across the three NHS trusts between January and June 2012. Staff were alerted to the survey by trust newsletters, posters and fliers. The survey was also made available as a paper copy if requested.

One of the authors also publicised it during meetings with nurses employed in relevant specialist care areas, such as wards for older adults.

The survey was advertised as seeking responses from staff with a patient-contact role; administration and management staff were not eligible. No exclusions were made according to working hours, with full and part-time staff eligible. The survey was open to all nursing staff, including registered nurses, healthcare assistants and nursing auxiliaries.

Workplace culture The Organizational Culture Index (OCI) (Wallach 1983) was used to assess employees' perceptions of their workplace. It is a brief and robust measure, with high internal consistency (Lok and Crawford 2001, Scott-Findlay and Estabrooks 2006). It comprises 24 items, split into three subscales, namely

Box 1 Organisational Culture Index

Respondents indicate on a four-point Likert scale how applicable they think specific adjectives are to their organisation:

Bureaucratic subscale

- Hierarchical.
- Procedural.
- Structured.
- Ordered.
- Regulated.
- Established/solid.
- Cautious.
- Power oriented.

Innovative subscale

- Risk taking.
- Results oriented.
- Creative.
- Pressurised.
- Stimulating.
- Challenging.
- Enterprising.
- Driving.

Supportive subscale

- Collaborative.
- Relationships oriented.
- Encouraging.
- Sociable.
- Personal freedom.
- Equitable.
- Safe.
- Trusting.

bureaucratic, innovative and supportive, each of which contains eight items (Box 1).

Burnout tool The Maslach Burnout Inventory (Maslach *et al* 1996) is a 22-item self-report measure and the most widely used and best validated tool for determining burnout (Schwab 1993, Schaufeli *et al* 2002). It enables the distress associated with patient care to be assessed, and takes account of the three points cited earlier, namely emotional exhaustion, depersonalisation and decreased personal accomplishment.

The tool has been adapted for use with different occupational groups, and this research employed the Human Services Scale version of the questionnaire to assess healthcare workers. Each of the items has seven possible responses, with scores ranging from zero to six, where higher scores for emotional exhaustion and depersonalisation indicate greater burnout, but lesser burnout for decreased personal accomplishment.

Workplace support This was assessed using the Survey of Perceived Organisational Support (Eisenberger *et al* 1986), which is a standardised validated measure that has been employed consequently in more than 70 studies (Eisenberger *et al* 1986, Hutchinson 1997, Rhoades and Eisenberger 2002). It comprises 36 items scored using a seven-item Likert scale.

Results

Responses were received from 161 participants across three NHS trusts, 129 of which were usable after excluding questionnaires that had been only partially completed. Characteristics of the sample are summarised in Table 1.

Workplace culture The total score in each of the three OCI subscales was divided by eight to achieve a mean in accordance with Lok and Crawford's (2001) procedure – higher scores indicate greater agreement. Participants perceived their organisations to be more bureaucratic than innovative (Table 2). Figure 1 shows the mean scores (M) for each OCI item with innovative items in white, bureaucratic in green and supportive in red. The highest scoring adjectives were:

- Innovative organisational culture: results-oriented, M=3.41.
- Innovative organisational culture: pressurised, M=3.36.
- Bureaucratic organisational culture: procedural, M=3.32.

Table 1 Characteristics of the nursing sample

	Mean (standard deviation (SD))	Frequency*
Age in years	44.74 (10.12)	–
Years in nursing	19.54 (10.43)	–
Years with older adults	16.73 (9.49)	–
Males	–	23
Females	–	104
Registered nurses	–	98
Other nursing roles	–	27
Mental health trust		57
Acute care trust		41
Primary care trust		25
Other trust affiliation		5

* Not all respondents completed demographic items fully

Overall, mean scores show that organisational culture was perceived to be bureaucratic (Table 2), yet the highest scores were for innovative items (Figure 1).

Norms for the UK are not available, but comparison is possible with data collected from 23 hospitals in Australia. Mean scores assessed by Lok *et al* (2005) were lower than those in this study for supportive (M=1.53) and innovative cultures (M=1.70), yet the bureaucratic mean was similar (M=2.81). Thus both this and Lok *et al*'s Australian study found bureaucratic culture to be the dominant dimension.

Burnout Scores for nursing respondents in the current sample were compared with normative data for healthcare professionals as well as mean scores collected from other nursing contexts, including oncology and intensive care.

Scores for emotional exhaustion (M=25.57) and depersonalisation (M=16.46) in the current study were found to exceed the norms reported in other clinical contexts, while personal accomplishment (M=15.63) was reported as lower (Maslach *et al* 1996, Alimoglu and Donmez 2005). Overall, this would suggest that burnout in our sample of older adult nurses was high.

While the measure of perceived organisational support does not offer threshold scores that define clinical significance, the mean total scores

Table 2 Mean Organizational Culture Index scores

	Mean (SD)
Bureaucratic	2.97 (0.53)
Innovative	2.64 (0.50)
Supportive	2.24 (0.69)

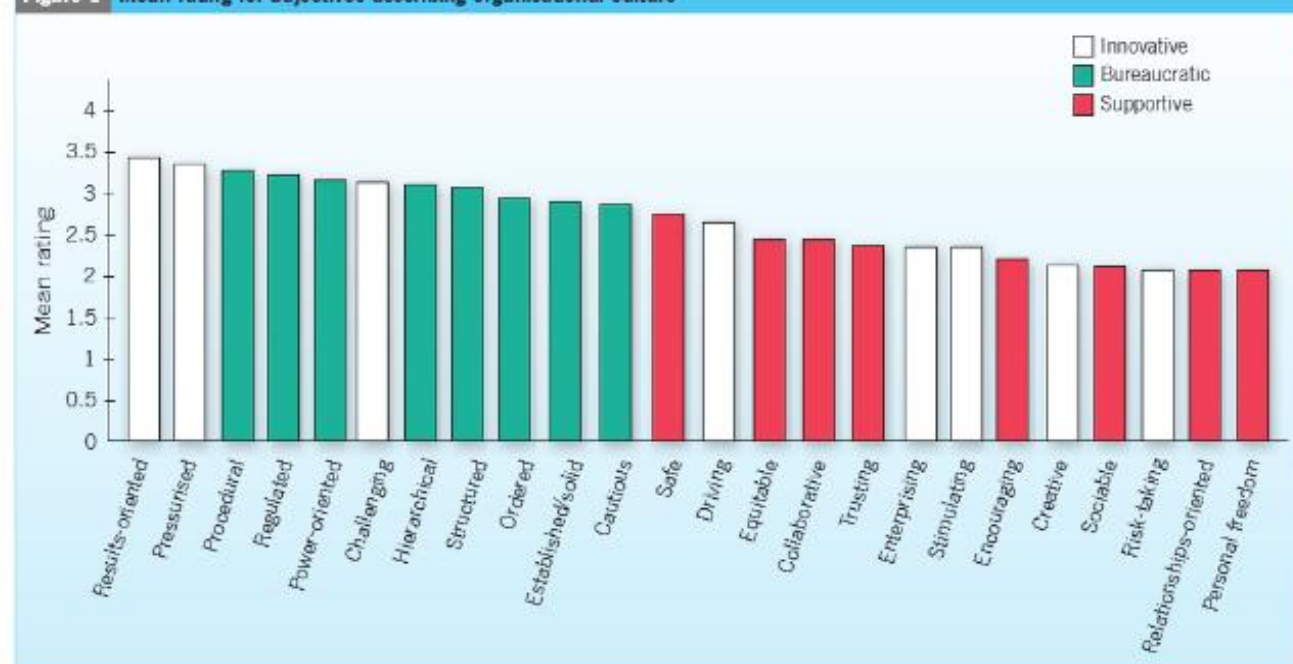
reported in our sample (M=52.91) were of equivalent magnitude to a similar study of Australian nursing staff (Ng and Sarris 2009).

Demographic variables To assess whether demographic factors were associated with differences in organisational culture, burnout or perceived support, t-tests were undertaken. They revealed no differences in measures relating to gender, years of experience, registration status or trust affiliation.

Significant correlations Personal accomplishment positively correlated with innovative organisational culture.

Multiple regression Potential predictive variables for burnout were entered into stepwise multiple regression. Perceived organisational support explained 5.5 per cent of the variance in emotional

Figure 1 Mean rating for adjectives describing organisational culture



exhaustion. Supportive organisational culture significantly predicted depersonalisation, explaining 4.9 per cent of the variance.

Discussion

Mean scores for each OCI subscale suggest that nurses perceived their organisations to be more bureaucratic than innovative, with supportive items on the questionnaire receiving the least agreement (Figure 1).

This is not an unusual finding, given that hospital environments have been described as hierarchical and conservative workplaces (Lok and Crawford 2001).

However, innovative organisational culture positively correlated with personal accomplishment, suggesting that staff who perceive their workplaces to be more dynamic and entrepreneurial have a greater sense of satisfaction in their roles.

Multiple regression models revealed that experience of burnout could be predicted by organisational culture and perceived support, suggesting that nurses working with older adults can benefit from belonging to workplaces perceived as more innovative and supportive.

To reduce staff burnout, organisational culture may need to change, but changes do not need to be large; small changes that foster mutual support at ward level and facilitate collaboration may be effective.

Burnout scores in this study were higher than reported occupational norms (Maslach *et al* 1996), suggesting that supportive action is warranted. Implementing occupational health interventions to reduce burnout can be problematic, because staff may want to avoid being labelled as unable to cope and concerned that expressions of distress could be detrimental to their promotion prospects (Jonsson and Halabi 2006). It is, therefore, important that staff feel comfortable about seeking support, and this should be considered to be normal and routine.

Promoting an NIS that fosters employee health and wellbeing has been studied by a number of researchers (Black 2012). Perceptions of the organisation appeared important for staff wellbeing, with an innovative culture associated with reduced burnout. The positive relationship suggested that staff experiencing greater reward and satisfaction

also perceive their organisations to be more challenging, entrepreneurial and dynamic.

This is an important finding because organisational culture, for example of individual wards, and especially subculture, can predict positive outcomes, including staff commitment (Lok *et al* 2005). The development of a more obviously and more valued innovative organisational culture could reduce retention and recruitment problems, which are especially prevalent in older adult care contexts (Nordenfelt 2009).

While organisational subculture may reflect, or diverge, from the larger organisational culture, it is one that may play a greater role in staff retention. Lok *et al* (2005) assessed subcultures of individual wards, as well as the larger organisational culture of the hospital, revealing that nurses' perceptions of wards as innovative or supportive had a greater association with their organisational commitment than their perceptions of the hospital culture being so.

Therefore, norms, values and attitudes prevalent in smaller components of the wider organisation, such as wards and teams, may be more important for staff retention than perceptions of the hospital or wider organisation.

Conclusion

The NIS, particularly in England and Wales, is being restructured and reorganised. However, this survey suggests change need not be perceived as disruptive in the long term. Staff may benefit from belonging to a more dynamic working environment.

We, therefore, suggest that, at organisational subculture levels, ward managers need to make clear how proposed changes can be beneficial. At a wider organisational level, to improve staff recruitment and retention, senior NIS managers should emphasise the benefits of the health service being a continually evolving organisation and challenge notions that it is static and unresponsive.

To achieve this, they can consider implementing nurse-led innovations. The Royal College of Nursing (RCN) (2013), as an advocate for workplace innovation, has made cost-assessed nurse-led strategies available on its website. It also provides publicly accessible advice on how nurses can participate in, or lead, innovative health care in their workplaces.

Such guidelines can be applied at ward level to make small but meaningful changes in organisational culture, which may help to reduce nurse burnout.

The findings suggest that staff who perceive their workplaces to be more dynamic have a greater satisfaction in their roles

To demonstrate cost effectiveness, guidance on building the economic case for specific innovations has been provided by the RCN in collaboration with the Office for Public Management based on work undertaken by Hoong Sin and Fitzpatrick (2013). Capitalising on the familiarity of the nursing profession with quality improvement techniques, they suggest that wards, hospitals and trusts where staff are keen to benefit from more innovative cultures could draw on strategies that are publicly available and already evaluated for cost and efficiency.

The predictive models used in this study suggest that facets of an organisation's traits play a greater role in burnout than patient contact. Length of nursing experience in this study was not a predictor of burnout, although, perceived

organisational support and organisational culture may explain it.

Further research could consider whether these organisational factors are truly the cause of staff burnout and, furthermore, explore how staff burnout affects staff-to-patient ratios and the number of direct patient contact hours.

Qualitative interviews and open-ended survey items, which are not part of our current research, may well offer a more nuanced understanding of factors beneficial or detrimental to nurse wellbeing.

Online archive

For related information visit our online archive and search using the keywords.

Conflict of interest
None declared

References

- Aiken L, Clarke S, Sloane D (2002) Hospital staffing, organization and quality of care: Cross national findings. *International Journal of Quality in Health Care*, 14, 1, 5-14.
- Alinoglu M, Donmez L (2005) Daylight exposure and the other predictors of burnout among nurses in a university hospital. *International Journal of Nursing Studies*, 42, 549-555.
- Black C (2012) Why healthcare organisations must look after their staff. *Nursing Management*, 19, 6, 27-30.
- Brown J, Nolan M, Davies S *et al* (2008) Transforming students' views of gerontological nursing: realising the potential of 'enriched' environments of learning and care: a multi method longitudinal study. *International Journal of Nursing Studies*, 45, 8, 1214-1232.
- Eisenberger R, Huntington R, Hutchinson S *et al* (1986) Perceived organizational support. *Journal of Applied Psychology*, 71, 3, 500-507.
- Francis R (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: Executive Summary*. The Stationery Office, London.
- Hoong Sin C, Fitzpatrick K (2013) Money talks: understanding the value of talking therapies and other nursing services. *Journal of Research in Nursing*, 18, 1, 93-96.
- Hutchinson S (1997) Perceived organisational support: further evidence of construct validity. *Educational and Psychological Measurement*, 57, 1025-1034.
- Jonsson A, Halabi J (2006) Work related post traumatic stress as described by Jordanian emergency nurses. *Accident and Emergency Nursing*, 14, 2, 89-96.
- Kangas S, Kee C, McKee-Waddle R (1999) Organizational factors, nurses' job satisfaction and patient satisfaction with nursing care. *Journal of Nursing Administration*, 29, 1, 32-42.
- Leiter M (2007) Perception of risk: an organizational model of occupational risk, burnout, and physical symptoms. *Anxiety, Stress and Coping*, 18, 2, 131-140.
- Lok P, Crawford J (1999) The relationship between commitment and organizational culture, subculture, leadership style and job satisfaction in organizational change and development. *Leadership & Organization Development Journal*, 20, 7, 367-373.
- Lok P, Crawford J (2001) Antecedents of organizational commitment and the mediating role of job satisfaction. *Journal of Managerial Psychology*, 16, 8, 594-613.
- Lok P, Westwood R, Crawford J (2007) Perceptions of organisational subculture and their significance for organisational commitment. *Applied Psychology*, 54, 4, 490-514.
- Manning M, Jackson C, Fuslier M (1996) Occupational stress, social support and the costs of healthcare. *Academy of Management Journal*, 39, 3, 738-750.
- Maslach C, Jackson S, Leiter M (1996) *Maslach Burnout Inventory Manual*. Third edition. Consulting Psychologists Press, Palo Alto CA.
- Nichie S, Williams S (2003) Reducing work related psychological ill health and sickness absence: a systematic literature review. *Occupational Environmental Medicine*, 60, 1, 3-9.
- Ng and Sarrís (2009) Distinguishing between the effect of perceived organisational support and person organisation fit on work outcomes. *Australian and New Zealand Journal of Organizational Psychology*, 2, 1-9.
- Nordenfeldt L (Ed) (2009) *Dignity in Care for Older People*. John Wiley & Sons, London.
- Rhodes L, Eisenberger R (2002) Perceived organizational support: a review of the literature. *Journal of Applied Psychology*, 87, 4, 698-714.
- Royal College of Nursing (2013) *Upholding Innovations*. <http://nursinginnovations.rcn.org.uk/> (last accessed: May 31 2013).
- Schaufeli W, Martinez & Pinto A *et al* (2002) Burnout and engagement in university students: a cross national study. *Journal of Cross Cultural Psychology*, 33, 5, 484-481.
- Schwab R (1993) Burnout in education: special supplement. In Maslach C, Jackson S (Eds) *Maslach Burnout Inventory Manual*. Second edition. Consulting Psychologists Press, Palo Alto CA.
- Scott-Findlay S, Estabrooks C (2006) Mapping the organizational culture research in nursing: a literature review. *Journal of Advanced Nursing*, 56, 5, 493-513.
- Valley D, Aiken L, Sloane D *et al* (2004) Nurse burnout and patient satisfaction. *Medical Care*, 42, Suppl 2, 57-66.
- Wallach E (1983) Individuals and organizations: the cultural match. *Training and Development Journal*, 37, 2, 28-36.

Copyright of Nursing Management - UK is the property of RCN Publishing Company and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.