Organizational culture can be described as “the implicit knowledge or values and beliefs within the organization that reflect the norms and traditions of the organization” (Mancini & Wong, 2015, p. 152). Schein (cited in Ko, Murphy, & Birdman, 2015) further describes organizational culture as “the pattern of shared basic assumptions . . . as the correct way to perceive, think and feel” (p. S676). Organizational vision, mission, and values, established by leadership, provide the foundation for the establishment’s culture. Since individual organizations have their own vision, mission, and value statements, each organization has a different culture. Not surprisingly, when there are conflicts between the mission and vision of various institutions, collaboration in providing services to the patient or consumer can also lead to disagreements (Ko et al. 2015). With the increasing emphasis upon collaboration between health care organizations, it is essential to understand how to overcome the challenges of cultural differences that may impede group efforts.

An example of the important role that organizational culture plays may be found in the recent United Kingdom (UK) health crisis. Shock waves spread across the UK’s National Health Service foundation health trusts in response to the 2013 Francis investigation into the unnecessary deaths of up to 1,200 people between January 2005 and March 2009. The first Francis report (2010) spotlighted flaws of the system, which was focused on cost savings rather than the provision of safe and effective patient care. The second report (Francis, 2013) advocated for patient-centred culture where patients take priority over all system and employee concerns. The Francis report stressed the important effect of leadership upon organizational culture and ultimately, upon the quality of patient care: “Truly, organizational culture is informed by the nature of its leadership. The Department of Health has an important leadership role to play in promoting the change of culture required throughout the health care system” (Francis, 2013, p. 64).

**Research Note**

Purpose

To examine the relationships between organizational culture and patient-centred outcomes in a large medical practice.

Discussion

This American study was conducted in a large physician group practice setting of 357 physicians, 41 primary care departments, and nearly a million patients. Organizational culture was found to be significantly associated with “patient access to care, continuity of care, and reported experiences with care delivery” (Hung et al., 2016, pp. 245–246).

Application to practice

When introducing change to an organization, it is essential to recognize the underlying organizational culture. Acknowledging and leveraging this aspect of collective behaviour while targeting specific patient-centred care goals will lead to improved care.

You may ask what the UK National Health Service leaders did to promote cultural change that supported patient safety and quality care. One of the many steps they took to generate discussion and foster learning across professional disciplines was to encourage organizations from all over the UK to establish “Schwartz rounds.” These rounds supported all disciplines from across the organization to reflect on the emotional aspects of their work, enhance their communication with each other, and improve their relations with patients (Muls et al., 2015). Quality relationships among staff were recognized as being essential for the provision of quality care to clients.

Leaders know that employees frequently resist change and innovation in their workplace using the argument that “it has always been this way.” Leaders play a pivotal role in inspiring change. When introducing innovation or transformation, it is important to recognize that cultural change cannot be commanded, but can only be inspired. Effective leaders understand both implicit and explicitly stated cultural norms and traditions when they introduce change into the organization. As emphasized in the UK health literature, leaders set an example for the staff through sharing values of a “culture of zero tolerance for substandard care” (Muls et al., 2015).

Research with magnet hospitals in the United States reinforced the need for a health care environment that is focused on the provision of quality patient care. This necessity has also been identified in the UK. When caregivers are provided with adequate resources, support, and respect, there is evidence of increased job satisfaction and reduced patient morbidity and mortality (Aiken, Clarke, Sloane, Lake, & Cheney, 2008).

Holistic leadership approaches, which include a focus on relational leadership and staff empowerment, foster a strong and robust care provider culture within the organization. When supportive care provider cultures are present, improved health is likely to be evident for both care providers and patients (Wagner, Cummings, Smith, Olson, & Warren, 2013). Research indicates that successful and effective nurse leaders have a positive impact upon the well-being of nurses, which converts into improved patient–client outcomes (Cummings, 2004).

Essential Learning Activity 5.3.1

Watch this podcast “Spirit at Work Can Make a Difference!” (20:00) by Dr. Joan Wagner on research regarding resonant leadership, empowerment and SAW, then answer the following questions:
1. What is spirit at work?

2. What are the four dimensions that make up spirit at work? Describe them.

3. Does resonant leadership have an effect on structural empowerment? On psychological empowerment? On spirit at work?

4. How can spirit at work research contribute to the development of healthy workplaces?