



Work culture among health care personnel in a palliative medicine unit

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Introduction

- Every hospital unit is a part of an organizational system. The concept of culture or organizational culture is not consistently described in the literature. It can be thought of as the “normative glue” in organizations ([Sleutel 2000](#)) or the sense-making and control mechanisms that guide and shape the behavior and attitudes of the members of an organization ([Weick & Quinn 1999](#)).



- The aim of this study was to explore the work culture at a Palliative Medicine Unit (PMU).
- To find the specific factors that may influence on the work culture and how to understand and implement changes in a successful manner.



Background:

- Understanding and assessing health care personnel's work culture in palliative care is important since a conflict between “high tech” and “high touch” is present.
- Implementing necessary changes in behaviour and procedures may imply a profound challenge due to this conflict.



Aims:

- What are the specific factors that characterize the work culture at a PMU?
- In what way may an implementation process be influenced by the work culture at a PMU?



Participants:

- Health care personnel (N=26) at a PMU in Norway comprising physicians, nurses, physiotherapists and others filled in a questionnaire about their perception of the work culture at the unit.



Methods:

- The Systematizing Person-Group Relations (SPGR) method was used for gathering data and for the analyses.
- This method applies six different dimensions representing different aspects of a work culture (**Synergy, Withdrawal, Opposition, Dependence, Control and Nurture**) and each dimension has two vectors applied.
- The method seeks to explore what aspects dominate the particular work culture identifying challenges, limitations and opportunities.
- The findings were compared with a reference group of 347 ratings of well-functioning Norwegian organizations, named the “Norwegian Norm”.



Dimensions		Vectors	Typical behavior shown
C-N	Control	Task-orientation and Ruling	Analytical, task-oriented, conforming Controlling, autocratic, attentive to rules and procedures
	Nurture	Caring and Creativity	Taking care of others, attentive to relations Creative, spontaneous
O-D	Opposition	Criticism and Assertiveness	Critical, opposing Assertive, self-sufficient
	Dependence	Loyalty and Acceptance	Obedient, conforming Passive, acceptance of the group
W-S	Withdrawal	Resignation and Self-sacrificing	Sad appearance, showing lack of self-confidence Passive, reluctant to contribute
	Synergy	Engagement and Empathy	Engaged, inviting others to contribute Showing empathy and interest in others



Results:

- The general result are that the health care personnel working at the PMU had significantly higher scores than the “Norwegian Norm” in both vectors in the “Withdrawal” dimension and significant lower scores in both vectors in the “Synergy”, “Control” and “Dependence” dimensions.



Ratings of “Our Culture Today” at PMU versus “Norwegian Norm” along the twelve SPGR vectors

Vector	Code	“Culture Today” at PMU	“Norwegian Norm”	* 0.05 level ** 0.01 level
Task-orientation	C1	2.52 (↓)	3.58	*
Ruling	C2	5.04 (↓)	7.57	**
Caring	N1	5.58 (↓)	7.40	**
Creativity	N2	2.61 (↑)	0.88	**
Criticism	O1	2.07 (↑)	1.37	*
Assertiveness	O2	2.70	2.35	
Loyalty	D1	4.59 (↓)	6.55	**
Acceptance	D2	6.48 (↓)	7.60	**
Resignation	W1	2.34 (↑)	0.29	**
Self-sacrifices	W2	2.52 (↑)	0.33	**
Engagement	S1	6.48 (↓)	8.29	**
Empathy	S2	6.75 (↓)	7.89	**



Results:

- Task orientation- **PMU low scores**
- Criticism – **PMU high scores**
- Ruling, caring, loyalty, acceptance, engagement and empathy – **PMU low scores**
- Creativity, resignation, self-sacrifices – **PMU high scores**



Implications for practice

- **According to our findings the special factors that characterize the working culture at a PMU are that the respondents perceive their work culture as different from the reference group, the “Norwegian Norm”, in several dimensions.**
- **These differences are in important dimensions such as “Synergy” which promotes engagement and constructive goal-orientated behavior, where the respondents in this study had lower scores.**



Implications for practice

- **They also experience higher degree of both resignation and self-sacrifice which can lead to behavior characterized by restriction from contribution and commitment to initial role.**
- **These factors are important in developing a dynamic work culture that can be able to cope with challenges as changes and implementation of new procedures or technology.**



Conclusion:

The low score in the “Synergy” and “Control” dimension indicate low engagement and low constructive goal-orientation behavior