วัฒนธรรมองค์กรและคุณภาพชีวิตการทำงานของพยาบาลในโรงพยาบาลตติยภูมิ มณฑลยูนนาน ประเทศสาธารณรัฐประชาชนจีน

Organizational Culture and Quality of Work Life Among Nurses in Tertiary Hospitals, Yunnan Province, The People's Republic of China

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บทคัดย่อ

คุณภาพชีวิตการทำงานของบุคลากรด้านสุขภาพเป็นองค์ประกอบที่สำคัญของระบบบริการสุขภาพ เพื่อบรรลุผลลัพธ์เชิงบวกขององค์กร การศึกษาพบว่ามีความสัมพันธ์ระหว่างวัฒนธรรมองค์กรกับคุณภาพ ชีวิตการทำงานของพยาบาล วัตถุประสงค์ของการศึกษาเชิงพรรณนาหาความสัมพันธ์ครั้งนี้เพื่ออธิบาย ลักษณะวัฒนธรรมองค์กรและระบุระดับของคุณภาพชีวิตการทำงานรวมทั้งศึกษาความสัมพันธ์ระหว่าง วัฒนธรรมองค์กรในแต่ละด้านกับคุณภาพชีวิตการทำงานของพยาบาลในโรงพยาบาลตติยภูมิ มณฑลยูน นาน ประเทศสาธารณรัฐประชาชนจีน กลุ่มตัวอย่างเป็นพยาบาลจำนวน 416 คนจากโรงพยาบาลตติยภูมิ 6 แห่งในมณฑลยูนนาน เครื่องมือวิจัยประกอบด้วย แบบประเมินวัฒนธรรมองค์กรและแบบวัดคุณภาพชีวิต การทำงาน ค่าความเชื่อมั่นของแบบประเมินวัฒนธรรมองค์กรและแบบวัดคุณภาพชีวิตการทำงานคือ .93 และ .91 ตามลำดับ การวิเคราะห์ข้อมูลใช้สถิติเชิงพรรณนาและค่าสัมประสิทธิ์สหสัมพันธ์ของเพียร์สเปียร์แมน
ผลการวิจัยพบว่า

1. ลักษณะของวัฒนธรรมองค์กรใน 4 องค์ประกอบ ได้แก่ การแข่งขัน การมุ่งเน้นผลการปฏิบัติงาน ความมั่นคง และความรับผิดชอบต่อสังคมมีความโดดเด่น ส่วนวัฒนธรรมองค์กรในอีก 3 องค์ประกอบได้แก่ ด้านการสนับสนุน นวัตกรรม และการเน้นการให้รางวัลมีความโดดเด่นน้อยกว่า คะแนนเฉลี่ยโดยรวมของ คุณภาพชีวิตการทำงานอยู่ในระดับปานกลาง

องค์ประกอบ 2 ประการของวัฒนธรรมองค์กรได้แก่ การสนับสนุนและการเน้นการให้รางวัลมีความ สัมพันธ์ในระดับมากกับคุณภาพชีวิตการทำงาน อีก 2 องค์ประกอบคือนวัตกรรมและความมั่นคงมีความ สัมพันธ์ระดับปานกลางกับคุณภาพชีวิตการทำงาน ส่วนอีก 3 องค์ประกอบได้แก่การแข่งขัน การมุ่งเน้นผล การปฏิบัติงานและความรับผิดชอบต่อสังคมมีความสัมพันธ์ระดับต่ำกับคุณภาพชีวิตการทำงาน

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ผลของการศึกษาครั้งนี้สามารถเป็นข้อมูลพื้นฐานสำหรับผู้บริหารการพยาบาลและผู้บริหารโรงพยาบาลในการพัฒนานโยบายและกลยุทธ์ด้านการบริหารเพื่อเพิ่มปรับปรุงวัฒนธรรมองค์กรของพยาบาลอันจะเป็นการเพิ่มคุณภาพชีวิตการทำงานของพยาบาลต่อไป

คำสำคัญ: วัฒนธรรมองค์กร คุณภาพชีวิตการทำงาน พยาบาล โรงพยาบาลตติยภูมิ

Abstract

Quality of work life (QWL) of health professionals is an important component in the healthcare system to achieve positive organizational outcomes. Studies have indicated a relationship between organizational culture and nurses' quality of work life. The purpose of this descriptive correlational study were to describe the characteristics of organizational culture, to identify the level of quality of work life, and to explore the relationship between each dimension of organizational culture and quality of work life among nurses in tertiary hospitals in Yunnan Province, the People's Republic of China. The subjects were 416 nurses from six tertiary hospitals in Yunnan Province. Research instruments were the Organizational Culture Profile (OCP) and the Quality of Work Life Scale (QWLS). The reliability of the OCP and the QWLS were .93, and .91, respectively. Data were analyzed using descriptive statistics and Spearman's Rank-Order Correlation.

The results of this study are as follows:

1. Four dimensions of organizational culture including competitiveness, performance orientation, stability, and social responsibility were prominent. The other 3 dimensions, namely supportiveness, innovation, and emphasis on rewards were perceived as less prominent.

2. The overall mean score of quality of work life was at a moderate level.

3. Two dimensions of organizational culture, including supportiveness and emphasis on rewards, had strong positive relationships with quality of work life. Two dimensions, innovation and stability, had moderate positive relationships with quality of work life. Three dimensions, competitiveness, performance orientation and social responsibility, had weak positive relationships with quality of work life.

The results of this study provide basic information for nurse administrators and hospital administrators to develop hospital policies and strategies to improve organizational culture in order to enhance quality of work life among nurses.

Key Words: Organizational Culture, Quality of Work Life, Nurse, Tertiary hospital

Background and Significance

Significant changes, increasing organizational challenges and crises, workforce shortages, and mounting environmental pressures have exerted a powerful influence on healthcare sectors . According to Westlake (2009) nurses are, and will continue to be, in high demand due to the dynamic changes in the healthcare system. In China, the nursing profession has been suffering from shortages and heavy workload. Under these conditions of excessive workload and nursing shortage, quality of work life of nurse will be affected. Knox and Iviring (1997) pointed out that quality of work life of nurses should be of great concern to any organization as nurses hold the majority of positions in most healthcare settings. Quality of work life has been linked with a number of positive outcomes both for individual workers and for the organization. Studies have shown that improving staff nurses' QWL leads to improving quality of care, patient satisfaction, and retention of staff nurses in hospitals（Gifford, 2002; Rastegari, Khani, Ghalriz, & Eslamian, 2010).

Quality of work life (QWL) is defined as employee satisfaction with a variety of needs through resources, activities, and outcomes stemming from participation in the workplace (Sirgy, Efraty, Siegel & Lee, 2001). Based on the Maslow's hierarchy of needs and spillover theory, Sirgy et al. (2001) proposed seven need types including: 1) need satisfaction of health and safety needs, 2) need satisfaction of economic and family needs, 3) need satisfaction of social needs, 4) need satisfaction of esteem needs, 5) need satisfaction of actualization needs, 6) need satisfaction of knowledge needs,

and 7) need satisfaction of aesthetics needs. Sirgy, et al. (2001) developed the Quality of Work Life Scale (QWLS) with seven dimensions based on these need types.

Studies have indicated that organizational culture (OC) has a positive relationship with QWL (Ji-Young, Young-Hee, & Ruggiero, 2010; Harrington, & Santiago, 2006). In this study, OC is based on person-organization fit model developed by O'Reilly, Chatman and Caldwell (1991). This model emphasizes person and organization sharing similar characteristics and meets each other's needs (Kristof, 1996). Person-organization fit occurs when an organization satisfies individuals' needs, desires, or preferences (Kristof, 1996). According to O'Reilly, Chatman, & Caldwell (1991) when person and organization fit, the person is more likely to perform well and be satisfied. QWL is based on Maslow's human needs satisfaction theory, so, QWL depends on needs being satisfied. Needs being satisfied is influenced by OC. Organizational culture has been defined as a system of shared values and norms which expresses appropriate attitudes and behaviors for organizational members (O'Reilly & Chatman, 1996). Based on O'Reilly, & Chatman (1996) and Sarros, Gray, Densten, & Cooper (2005) proposed seven dimensions of OC as supportiveness, innovation, competitiveness, performance orientation, stability, emphasis on reward and social responsibility.

Yunnan Province is located in the southwest of China. The nursing shortage and workload for nurses is also a big problem. Yunnan Provincial Bureau of Health (2011) reported that the average bed utilization of 121.9% and the nurse-

to-bed ratio in Yunnan Province is 0.30:1 (Chen, Yang & Feng, 2011) lower than country's standard of 0.4:1. The turnover rates of nurse in tertiary hospitals ranges from 8.3% - 18% .In addition, high level work stress and workload among nurses lead to high level fatigue and health problems (Lin, Wichaikhum, & Nantsupawat, 2012). Nurses' health seems affected, thus nurses' need satisfaction of health and safety needs may be influenced. Moreover, compared with high workload, nurses get low income in tertiary hospitals. Jing, Fang, Feng, & Dai, (2012) found that nurses were very unsatisfied with salary and professional development opportunity in Yunnan Province. Traditionally, nurses have been widely regarded as physicians' assistants, and the nursing profession is still not recognized and respected by most people (Mo, Xiao, Liu, & Lin, 2008). The relationship of physicians and nurses is not co-operative, but nurses obey the physicians So, most nurses feel a lack of professional recognition and suffer low self-esteem (Luo & Zhao, 2011). By the regulation of Chinese public hospital structure, the leader of clinical department should be the physician who is responsible for the whole unit affairs including medical treatment and nursing service (Ministry of Health of China, 1982). Under this management structure, nurses have less opportunity to express their views and to make decisions about their organization and patient caring activities (Zhao, Zhang, & He, 2007), so, nurses' need satisfaction of actualization needs may be influenced. Pu (2010) showed that nurses of Yunnan perceived a lack of autonomy in the

work, which could mean innovation is negatively affected In summary, the nurses of tertiary hospitals are facing unfavorable conditions which implies that there may be some problems about OC and QWL in tertiary hospitals, Yunnan province.

Study exploring relationship between organizational culture and quality of work life among nurses has not been found in China. Thus, this study aims to fill this knowledge gap by describing the characteristics of OC and the level of QWL, and examining the relationship between each dimension of OC and QWL among staff nurse working in tertiary hospitals, Yunnan Province, the People's Republic of China.

Objectives

The objectives of this study were to examine the characteristics of organizational culture, the level of quality of work life and to identify the relationships between each dimension of organizational culture and quality of work life among nurses in tertiary hospitals in Yunnan Province, the People's Republic of China.

Conceptual Framework

The conceptual model of quality of work life was developed by Sirgy et al., (2001) based on Maslow's hierarchy of need and spillover theory(Maslow, 1954). Organizational culture was based on the Person Organization Fit Model developed by O'Reilly et al.(1991). The relationship between each dimension of organizational culture and quality of work life was tested in this study.

Methodology

A descriptive correlational study was used to describe organizational culture, quality of work life, and their relationships as perceived by nurses in six tertiary hospitals in Yunnan province, the People's Republic of China.

Sample and Procedure

The sample included 451 registered nurses who were selected from 6,166 nurses in six tertiary general hospitals in Yunnan province, the People's Republic of China by using proportionate stratified sampling technique. After getting the permissions from directors and nursing managers of those hospitals, the directors selected one coordinator of nursing department in each hospital to distribute the questionnaires to the subjects. After two weeks, the researcher received 435 (96%) of the distributed questionnaires and among these 416 (92%) were completed for analysis of data.

Research Instruments

The research instrument included three parts in Chinese language.

Part 1: Demographic Data Form. It was comprised of seven questions addressing personal characteristics using multiple-choices and fill-in the blanks items.

Part 2: The Organizational Culture Profile (OCP) (Sarros et al, 2005) consists of 28 items with 5-point Likert scale measuring seven dimensions. According to Sorros et al. (2001) the norms for the seven dimensions are: supportiveness (3.70), innovation (3.37), competitiveness (3.37), performance orientation (4.02), stability (3.46), emphasis on rewards (3.61), social responsibility (3.93). Lower the scores, the less prominent is that culture type which means less supporttiveto workin that specific organization.

Part 3: The Quality of Work Life Scale (QWLS) (Sirgy et al., 2001) contains of 16 items with 7-point Likert scale measuring overall score and seven dimensions. The evaluation of overall score was identified by the original author of that the score were from 16-48 considered as a low level; from 48.1-80 was at a moderate level, and from 80.1-112 was at a high level.

The OCP and the QWLS were translated into Chinese version by the researcher and back translated from Chinese to English by a bilingual expert. The original English and back translated versions were checked for equal meaning by a native speaking person. The reliabilities of overall OCP and its subscales were .93, .84, .79, .89, .75, .82, .70, and .81, respectively. The Cronbach's Alpha of overall QWLS in this study was .91.

Ethical Considerations

The study was approved by the Research Ethics Review Committee in Faculty of Nursing, Chiang Mai University, Thailand. Permission to collect data was obtained from directors of six tertiary hospitals. Furthermore, all subjects were required to sign research consent form before collecting data. Moreover, this study followed the principle of voluntariness and strict confidentiality.

Data Analysis

Data were analyzed in accordance with the purposes of the study using statistical software. Descriptive statistics was used to

analyze frequency, percentage, mean and standard deviations. Moreover, Spearman's rank-order correlation was applied to examine the relationships between each dimension of organizational culture and quality of work life among nurses in tertiary hospitals in Yunnan Province, the People's Republic of China.

Results

Demographic Data

The finding showed that most of the subjects (97.36%) were female with the average age of 31.35 years (S.D.=6.66). The majority of the subjects (66.35%) were married. Nearly half of them had a bachelor degree (46.64%) and held the professional titles of junior nurse (34.38%) and senior nurse (39.90%). The average years of working as a nurse of the subjects was 10.05 years (S.D.=7.49).

Organizational culture

Table 1 showed among the seven dimensions of organizational culture, the dimensions of competitiveness, performance orientation, stability and social responsibility were prominent cultures ($\bar{x}$=3.56, S.D.=0.49;$\bar{x}$=4.08, S.D.=0.22; $\bar{x}$=3.68, S.D.=0.43; $\bar{x}$= 3.95, S.D.=0.37). However, the dimensions of supportiveness, innovation and emphasis on rewards were less prominent cultures ($\bar{x}$=3.19, S.D.==0.79; $\bar{x}$=3.21, S.D.=0.62;$\bar{x}$=2.42, S.D.=0.79).

Quality of work life

Table 2 showed the overall mean score of QWL as perceived by the subjects was at a moderate level ($\bar{x}$=57.46, S.D. =15.17). The subjects also perceived 6 needs dimension namely need satisfaction of health and safety needs; need satisfaction of economic and family needs; need satisfaction of social needs; need satisfaction of actualization needs; need satisfaction of knowledge needs and need satisfaction of aesthetics needs at moderate levels ($\bar{x}$=10.73, S.D. =3.34; $\bar{x}$=11.31, S.D. =3.55; $\bar{x}$=7.52, S.D. =2.46; $\bar{x}$=7.29, S.D. =2.67; $\bar{x}$=8.67, S.D. =2.68; $\bar{x}$=6.50, S.D. =2.37 respectively). However, the dimension of need satisfaction of esteem needs was at a low level ($\bar{x}$=5.48, S.D. =2.88).

Relationships between each dimension of Organizational Culture and Quality of Work Life

Table 3 showed there were strong positive relationships between quality of work life and supportiveness (r=.569, *p*<.01), emphasis on rewards (r=.583, *p*< .01). There were moderate positive relationships between quality of work life and innovation (r=.447, *p*< .01) and stability (r=.404, *p*< .01). However, there were weak positive relationships between and 3 dimensions, namely competitiveness (r=.263, *p*< .01), performance orientation (r=.164, *p*< .01) and social responsibility (r=.209, p< .01).

Table 1 Mean, Standard Deviation and Characteristics of organizational culture as perceived by subjects (n=416)

Organizational culture	Mean	SD	Norms	Level
Supportiveness	3.19	0.79	3.70	less prominent
Innovation	3.21	0.62	3.37	less prominent
Competitiveness	3.56	0.49	3.37	prominent
Performance orientation	4.08	0.22	4.02	prominent
Stability	3.68	0.43	3.46	prominent
Emphasis on rewards	2.42	0.79	3.61	less prominent
Social responsibility	3.95	0.37	3.93	prominent

Table 2 Mean, standard deviation and the level of overall and each need type of quality of work life as perceived by the subjects (n=416)

Quality of work life	Actual range	Mean	SD	Level
Overall score of quality of work life	16.00 – 112.00	57.46	15.17	Moderate
Need satisfaction of health and safety needs	3.00 – 21.00	10.73	3.34	Moderate
need satisfaction of economic and family needs	3.00 – 21.00	11.31	3.55	Moderate
need satisfaction of social needs	2.00 –14.00	7.52	2.46	Moderate
need satisfaction of esteem needs	2.00 –14.00	5.48	2.88	Low
need satisfaction of actualization needs	2.00 – 14.00	7.29	2.67	Moderate
need satisfaction of knowledge needs	2.00 – 14.00	8.61	2.68	Moderate
need satisfaction of aesthetics needs	2.00 – 14.00	6.5	2.37	Moderate

Table 3 Relationship between each dimension of organizational culture and overall quality of work life (n=416)

Organizational culture	Quality of Work Life
Supportiveness	.569**
Innovation	.447**
Competitiveness	.263**
Performance orientation	.164**
Stability	.404**
Emphasis on rewards	.583**
Social responsibility	.209**

**p< .01

Discussion

 1. Organizational culture

 The result of this study showed that among the seven dimensions of organizational culture, 4 dimensions, namely competitiveness, performance orientation, stability and social responsibility were prominent cultures. However, 3 dimensions, namely supportiveness, innovation and emphasis on rewards were less prominent cultures.

 Prominent cultures were competitiveness, performance orientation, stability and social responsibility in this study. The results were consistent with the previous study of Lu, Wichaikhum and Nantsupawat (2012) among nurses in Harbin, China. However, the results were inconsistent with the previous study of Chand, Chontawan and Akkadechanunt (2012) among nurses in Nepal where competitiveness, performance orientation, stability and social responsibility were found as less prominent culture. This situation may be due to the fact that the healthcare system in China is changing into autonomous management with a market-driven economy , and this has led to severe competition between non-profit and for-profit hospitals. Further, there are monthly and annual performance evaluation, which is related to nurses' bonus and promotion. Moreover, in order to ensure quality of care, hospitals have taken some measures to retain the contract nurses to reduce the turnover rate of nurses. In addition, a new policy (Ministry of Health of China, 2010) stated that all tertiary hospitals must encourage higher quality nursing service and play a key role to other hospitals.

 Less prominent cultures were supportiveness, innovation and emphasis on rewards in this study. The results were consistent with the previous study of Chand, Chontawan and Akkadechanunt (2012) among nurses in Nepal. However, the results were inconsistent with the result of the study of Lu, Wichaikhum and Nantsupawat (2012) among nurses in Harbin in China where supportiveness, innovation and emphasis on rewards were prominent culture.

It can be explained that due to the hospitals structure and lower status of nursing than other professions, nurses are less involved in important decision-making and policy-making in hospital (Ministry of Health of China, 2010). Not only the hospital administrations but also even the whole health system focus less on nursing, so, nurses get less money and resources than physicians in the hospital (Sun, He, Wang, & Li, 2009). Plus, the working value of nurses is not fully acknowledged and nurses are viewed merely as physicians' assistants and followers (Cao, Wu, Zhao, & Wang, 2008). Moreover, lack of support or of interest in doing research as well as of awareness of research among nurses and lack of autonomy in the work (Pu, 2010), which make innovation negatively affected. Further, the most nurses critical complaint coming from nurses is unfair payment management and compared to physicians, there is much less continuous education and advancement opportunities for nurses.

2. Quality of work life

The results of this study showed that QWL of nurses was at a moderate level. It was similar with the results of previous studies in Guangdong and Beijing, China (Huang, Xu, Fu, & Cheng, 2012). However, it was dissimilar with the results of another study conducted in Hunan, China which showed QWL was at a low level (Luo et al., 2012). A reasoned explanation for this results of moderate level QWL is that Chinese nurses have lower status than other personnel in healthcare systems when considered by managers and the public so, most nurses often feel a lack of professional recognition and suffer low self-esteem (Luo &

Zhao, 2011). Furthermore, most nurses were unsatisfied with salary and professional development opportunity (Jing, Fang, Feng, & Dai, 2012) that decreases QWL through unsatisfied economic needs and actualization needs (Sirgy et al., 2001). In addition, high work stress and high workload among nurses (Wang, & Li, 2011), decreases QWL through influencing health and family needs (Sirgy et al., 2001). However, nurses in this study still perceived a moderate level of quality of work life. This means nurses felt themselves were somewhat satisfied. One possible explanation was that since 2008 "Nurse Regulation" has been enforced which states the nurses' rights are protected by law, including promotion opportunity, pay, continuity education, job training and well-being. Therefore, nurses' job satisfaction improved (Jing, Fang, Fong, & Dai, 2012). In addition, the demographic data of this study, nearly half the subjects (47.84 %) had bachelor degree or above and one-third of the subjects (36.56%) worked more than ten years. The advancement of education and long work lengths of the subjects may enhance the cooperative relationship between nurses and other health providers.

3. Relationship between each dimension of organizational culture and quality of work life among nurses

The results of this study showed that there were positive significant correlation between each dimension of organizational culture and quality of work life (Table 3). It is supported by Ji-Young et al., (2010) and Harrington's et al., (2006) proposal that the perception of organizational culture would influence quality of work life.

The results of this study showed that there was a high positive relationship between supportiveness and quality of work life. It can be explained that if nurses have high status in their work places and get support and opportunities from hospitals, they would gain recognition and appreciation in their organizations that could lead to high level of need satisfaction of esteem needs as perceived by nurses. There was a moderate positive relationship between innovation and QWL. It can be explained that when organization promote and encourage their employees to take risk and provide nurses with opportunities in clinical challenges results in increased nursing skills and knowledge, it leads nurses to have high ambition and motivation to do creativity in their work (as cited in Takase, Yamashita & Oba, 2007). There was a weak positive relationship between competitiveness and QWL. The reason behind this may be that for an organization which is equipped with relatively great competitiveness in today's health care market, the employees will have better income and be very proud of the working in this organization. There was a weak positive relationship between performance orientation and QWL. It can be explained that the nurses have high expectations for performance and enthusiasm for their work. They are results oriented, and they are highly organized to achieve their potentials, influencing and enabling them to function beyond their self-interest (McGuire & Kennerly, 2006; Ohman, 2000). This will help them fulfill their self-actualization. There was a moderate positive relationship between stability and QWL. If nurses feel more stable in their working place, they will

have better job security. There was a strong positive relationship between emphasis of rewards and QWL. This can be explained that when nurses are treated more fairly, get higher payment for good performance and more opportunities for professional development, they will have the satisfaction of private finance and family and actualization that would set QWL of nurses at a high level. There was a weak positive relationship between social responsibility and QWL. When nurses feel that their organizations have a good reputation, clear guiding philosophy and social responsible for society, nurses will gain more recognition and appreciation from patients and society. Their QWL would be high.

Conclusions

The characteristics of organizational culture as perceived by nurses in tertiary hospitals: the 4 dimensions namely competitiveness, performance orientation, stability, and social responsibility were prominent cultures. However, 3 dimensions namely supportiveness, innovation, and emphasis on rewards were less prominent cultures. The overall quality of work life of nurses was at a moderate level. There were significant positive relationships between each dimension of OC and QWL among nurses in tertiary hospitals of Yunnan.

Implications for Nursing Administration

1. n this study it was found that staff nurses perceived 3 dimensions of organizational culture as less prominent culture namely supportiveness, innovation and emphasis on rewards. Nurse administrators should encourage team work

between doctors and nurses, increase training opportunities for nursing research, and give positive feedback for good work.

2. This study showed a moderate level of quality of work life among nurses, but the need type of esteem needs was perceived at a low level. Nurse administrators should encourage nurses to enhance their educational level and provide more training opportunities for nurses. Thus, nurses will get more knowledge and confidence to work well and get more recognition and appreciation from others. The result also showed the need type of health and safety needs was perceived at a moderate level. Nurse administrators should provide enough equipments and supplies to protect nurses from getting injuries and infections.

Recommendations

Based on the finding of the study, the recommendations for future research are as follows:

1. Exploration of the factors that influence quality of work life among nurses, such as supportiveness and emphasis on rewards.

2. Replication of this study in other different types of hospitals and in other regions of China.

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