Organizational Culture:
Its Effect on Occupational Safety and Health

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A Master's paper submitted to the faculty of the University of North Carolina at Chapel Hill in partial fulfillment of the requirements for the degree of Master of Public Health in the Public Health Leadership Program.

Spring 2005

Approved by:
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Reader: [Signature]
Abstract

The purpose of this paper is to explore the concept of organizational culture and identify the characteristics that shape the culture of an organization. Factors that influence organizational culture are also examined.

Particular emphasis is placed on the impact of culture as it relates to workplace safety and health programs including health promotion, employee absence, injury management, and safety programs. Suggestions for enhancing workplace culture are presented. In addition, the role of the occupational and environmental health nurse (OEHN) in influencing organizational culture is explored.

Based on documented findings, it is concluded that understanding the culture of an organization is paramount in working effectively in that culture. As an organizational leader, the OEHN is in a position to assess and influence the culture of the workplace and to be a catalyst for changing the organization’s culture to ensure that employee safety and health are core values and included in the vision, mission, and culture of the organization.
I wish to thank my loving husband Bob, who, through patience and support, enabled me to complete the requirements for my Master's degree. He shared my vision and allowed the use of our resources for the accomplishment of my educational goals. He provided the encouragement I needed during difficult days and has been and will continue to be my biggest fan. I love you.

I wish to thank my parents, who supported my educational dreams in my youth and taught me to persevere, always producing the best outcome possible. They instilled within me the desire to go “all the way” (thanks, Dad), to “grin and bear it” (thanks, Mom) through the trying times and to never be satisfied with a halfway job, no matter what the task. Wish you were here to celebrate this.

I wish to thank Ellen Gruszczynski, my roommate in Chapel Hill, who inspired me in the quest for learning and who encouraged my research, both at my side and from a distance. We made it.

I wish to thank the faculty of the UNC – Chapel Hill Occupational Health Nursing program, who was willing to take a chance on me as a member of the first distance learning cohort. I'm glad you did.
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Chapter I

Introduction

Organizational culture is an abstract concept to which there has been limited attention devoted directly within the discipline of occupational and environmental health nursing. However, it is paramount that occupational and environmental health nurses (OEHN) have a clear picture of the culture of an organization in order to function effectively within its framework. Certainly, as part of the management team, the nurse must fully understand the traditions, values, and beliefs that shape the work environment and behaviors of the workplace. In fact, it would behoove any employee to develop an understanding of the organization for which they work.

The culture of an organization impacts the entire structure of the workplace, from every fiber of each individual in the workforce to the final product or service that is produced or delivered. Although culture might be categorized as a right brain concept molded by traditions, values, and beliefs, it certainly has an impact on the analytical left-brain functioning of the organization, affecting the work process itself, from input, to throughput, and ultimately output.

Acknowledgement of the worksite culture will enhance every relationship, every decision, and every work process within the organization. As new techniques or revised procedures become necessary, worksite cultures may need modification in order to effectively implement changes in work processes or behaviors. Business leaders have recognized the importance of organizational culture for many years and it has garnered the attention of hospital health care
professionals, as well. Examination of organizational culture has been developed within the discipline of nursing, particularly within the hospital setting in recent years (AbuAlRub, 2004; Baker, Beglinger, King, Salyards, & Thompson, 2000; Cooper, Dewe, & O’Driscoll, 2001; Knox & Irving, 1997; Richards, Ragland, Zehler, Dotson, Berube, Tygart, & Gibson, 1999). Occupational and environmental health nurses have also studied the culture of organizations, and continued attention to worksite culture is imperative for nurses working in any setting (Calabro & Baraniuk, 2003; Dyck & Roithmayr, 2002; Frye, 2003; Haney & Amann, 2001; Nelson, 2001; Rogers, 2003; Rojak, Fredrickson, Fitpold & Uhlken, 2001; Sitzman, 2002).

The concept of organizational culture was introduced in the 1930s as part of the human relations movement (Gershon, Stone, Bakken, & Larson, 2004), with continued documented study led not only by those studying organizational development within the business world, but by other management theorists and professional leaders who were committed to exploring the impact of values, beliefs, and behaviors on the process of work. Wiegmann, Zhang, von Thaden, Sharma, & Mitchell (2002) categorize the study of organizational culture into two broad categories related primarily to the academic discipline of the researchers. The first category is the socio-anthropological perspective, where the identified symbols, myths, heroes, and rituals form the basis for the values, norms, and meanings that create the culture of the organization. This same concept – that symbols, myths, and rituals create values and beliefs that then create the culture of an organization is supported by Deal and Kennedy (1982). Wiegmann (2002)
identified the second category as the organizational psychology perspective which views the development of the culture much like the socio-anthropological model, but describes the impact of the culture as a change agent, improving processes and productivity. This model gives culture a purpose in managerial functions, rather than viewing culture as an end unto itself. Using this model, researchers have attempted to measure and alter components of organizational culture for such outcomes as improved safety and increased service. Schein (1991) examined culture in terms of leadership, while Kotter and Heskett (1992), just one year later analyzed culture in relationship to performance. Schein (1991) strongly concludes that the most powerful primary mechanism for embedding culture within an organization can be related to what the leader pays attention to, what the leader measures and controls, and how the leader reacts to critical incidents. Kotter and Heskett (1992) conclude that cultural strength is tied to performance through three organizational characteristics: goal alignment among the ranks, unusually high levels of motivation, and structure without stifling bureaucracy.

Since the mid-1990s increased study of organizational culture in health care settings has been documented in professional nursing journals. Hospital nurse managers have applied the theories of organizational culture in the health care setting with particular study of organizational culture in the context of work redesign, improved patient care, and enhanced delivery of service. As a result, improved methods of work redesign processes have been suggested and recommendations aimed at enhancing the delivery of patient care and other services have been developed (AbuAlRub, 2004; Baker, Beglinger, King,
Salyards, & Thompson, 2000; Cooper, Dewe, & O’Driscoll, 2001; Knox & Irving, 1997; Richards, Ragland, Zehler, Dotson, Berube, Tygart, & Gibson, 1999).

Occupational and environmental health nurses have also demonstrated an interest in organizational culture. Rogers (2003) examines the process of organizational assessment and describes the concept of organizational culture in the workplace, exploring cultural typology, power concepts and relationships, and other organizational cultural characteristics that the OEHN should include in the assessment of the organization. The author suggests that organizational culture is an important force in determining the direction, support, and influence of the health of the work environment. In addition, Rogers (2003) concludes that with careful assessment of the organizational culture the OEHN will better understand the decision-making strategies used to effect change and productivity in the organization. Other occupational and environmental health nursing leaders have explored organizational culture in relationship to safety and health promotion in the workplace (Calabro & Baraniuk, 2003; Dyck & Roithmayr, 2002; Frye, 2003; Haney & Amann, 2001; Nelson, 2001; Rojak, Fredrickson, Fitpold & Uhlken, 2001; Sitzman, 2002). Although the studies are varied, these authors suggest that the OEHN actively assess the organizational culture and serve as an effective catalyst for positive cultural changes within the workplace. The OEHN is in the perfect position to assess and influence an organization’s culture; yet, the documented study by occupational and environmental health nurses is limited. This specialty field of nursing is in a position to contribute significantly to the
exploration of organizational culture and its relationship to the employee, the
work process, the workplace, and the worksite's occupational and environmental
health program.

The purpose of this paper is to explore the concept of organizational culture
and identify the characteristics that shape this culture emphasizing its impact on
workplace safety and health programs including health promotion, employee
absence, injury management, and safety programs. Factors that influence
organizational culture are also examined. Suggestions for enhancing workplace
culture are presented. In addition, the role of the occupational and environmental
health nurse (OEHN) in influencing organizational culture is explored.
Chapter II

Organizational Culture

Definition

Numerous researchers and theorists have defined organizational culture over a span of nearly seventy-five years. (Table 2.1). In 1950, Homans defined organizational culture as the norms that evolve in working groups, citing a now familiar phrase such as a “fair day’s work for a fair day’s pay”. Deal and Kennedy (1982) describe organizational culture as the dominant values espoused by an organization, such as “product quality” or “price leadership”. Schein (1968) defined organizational culture as the rules of the game for getting along in the organization, but later went on to a more developed definition: “A pattern of basic assumptions - invented, discovered, or developed by a given group, as it learns to cope with its problems of external adaptation and internal integration - that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems.” In simpler terms, organizational culture has been defined as the learned values, assumptions, and behaviors that knit an organizational community together (Kraut, 1996). Sleutel (2000) describes organizational culture as the normative glue, preserving and strengthening the group, adhesing its component parts, and maintaining its equilibrium. Rogers (2003) states that organizational culture preserves and unifies the social structure through a system of norms, expectations, and assumptions about the way individuals feel or behave within a group. Organizational culture has been described as a television signal: the
Table 2.1

Definitions of Organizational Culture

<table>
<thead>
<tr>
<th>Date – Author</th>
<th>Definition</th>
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<tbody>
<tr>
<td>1950 – Homans</td>
<td>The norms that evolve in working groups</td>
</tr>
<tr>
<td>1982 - Deal &amp; Kennedy</td>
<td>The dominant values espoused by an organization</td>
</tr>
<tr>
<td>1991 – Rosen</td>
<td>A television signal: the transmission is invisible, but the pictures received are very clear</td>
</tr>
<tr>
<td>1991 – Schein</td>
<td>A pattern of basic assumptions - invented, discovered, or developed by a given group, as it learns to cope with its problems of external adaptation and internal integration - that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems</td>
</tr>
<tr>
<td>1996 – Kraut</td>
<td>The learned values, assumptions, and behaviors that knit an organizational community together</td>
</tr>
<tr>
<td>2000 - Sleutel</td>
<td>The normative glue, preserving and strengthening the group, adhesing its component parts, and maintaining its equilibrium</td>
</tr>
<tr>
<td>2003 - Rogers</td>
<td>A system of norms, expectations, and assumptions about the way individuals feel or behave within a group that preserves and unifies the social structure</td>
</tr>
<tr>
<td>2004 – Gershon</td>
<td>The norms, values, and basic assumptions of a given organization</td>
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</tbody>
</table>
transmission is invisible, but the pictures received are very clear (Rosen, 1991).

Organizational culture may be thought of as that undocumented, unscientific feeling that is sensed by the members of the organization, which can also be conveyed to other groups, including collaborating organizations and even visitors. Organizational culture is the atmosphere that is created by beliefs, attitudes, and behaviors that exist within an organization. The definitions of organizational culture continue on and on—so much, in fact, that Gershon et al. (2004) conducted a systematic review of biomedical literature with the following two objectives: to clarify the definitions of organizational culture and climate, beginning the process of standardization of the terminology and to identify instruments that measure the constructs of organizational culture and organizational climate. In the authors’ review of previous work, 311 citations defining organizational culture were discovered. The majority of the work occurred in the 1980s, except those conducted within health care settings, all of which involved hospital-based nurses and were written in the last five years. The study identified the lack of uniformity in the terminology used, which was recognized as a source of confusion in the literature in general. As a result of the study, Gershon et al. (2004) espoused the definitions of culture and climate as follows: culture is the norms, values, and basic assumptions of a given organization, while climate is the employees’ perception of that culture. Sleutel (2000) cites the following differences between organizational culture and organizational climate. Organizational culture has its roots in anthropology and it has been studied using qualitative methods, whereas, organizational climate has
been studied using quantitative measurements. Some would argue that
organizational climate and culture are the same. Other scholars see the two as
very distinct features of an organization, while yet another line of thought would
describe them as the same characteristic, with culture at a level higher in terms of
abstract thinking (Sleutel, 2000). Given the wide gamut of definitions and
theories, it is little wonder that organizational culture remains an area for more
investigation, particularly in terms of specific work processes and settings.

Organizational Culture Development

The development of the organizational culture is a dynamic process in which
the beginning and ending of the developmental process is not clearly defined.
The vision and mission statements of the organization will shape culture, and if
built upon moral, legal, and ethical principles, the statements will guide the
cultural development in a positive manner (Deal & Kennedy, 1982). The leaders
must uphold these statements or unethical principles will erode the vision and
mission and ultimately the culture of the workplace. Values, beliefs, decisions,
and behaviors should consciously be linked to the vision and mission statements
and will consistently contribute to the fulfillment of their intended purpose,
positively shaping the resulting culture (Deal & Kennedy, 1982). All employees
should understand the importance of the vision and mission and must be held
accountable for behaviors and performance that reflect those values and beliefs.
If management keeps employees informed and involved and the employee
perceives his value to the organization, then the desired beliefs and behaviors will
emerge, penetrating to all levels of the organization, and will contribute positively to the development of the organizational culture and ultimately to business outcomes (Kotter, 1996). Dysfunctional values are the key factors in many business failures and the right core values remain as the biggest factor in business success (Gallagher, 2003). The author labels these dysfunctional values as survival bias, business fortunes, and cultural myopia – values that are fixated on business practice alone, rather than on the soul of the organization. These values meet the need of an organization for a time, during a crisis or a success, but are unsustainable over time because they suffer from a lack of visioning and overlook the humanitarian side of business, neglecting the passion and the people.

Haney & Amann (2001) who apply the nursing process to leadership development support the notion that leadership development will result in cultural development. Employees thrive when leadership is maximized and control is minimized. “Leadership provides fertile ground for establishing a group culture that is forward thinking, creative, optimistic, willing to take reasoned risks, effective, adaptable, and successful” (p.369). Effective leadership produces employees who feel valued for their opinions, empowered to act independently, and accountable for setting and achieving personal goals (Haney & Amann, 2001). The authors also state that the role of a leader, one who influences others to achieve organizational goals, cannot be underestimated in high performing teams.
Organizational Culture Assessment: Features and Characteristics

In order to assess the culture of an organization, one must examine numerous facets of the workplace. The competing values framework was developed by Cameron and Quinn (1994) to define culture in the context of four specific orientations (Fig 2.1):

- **Group/clan**: this organization demonstrates concern for people and sensitivity to customers. The environment is friendly, leaders are mentors and loyalty and tradition are highly regarded. Teamwork, participation, and consensus building are key traits of this type of culture. An organization with this culture orientation would have a high morale, where people are valued, the customer is always right and the good of the whole is always foremost, even at the expense of the bottom line.

- **Developmental or adhocracy**: this type of organization encourages individual innovation, initiative, freedom, and risk-taking. Success is measured by new challenges, products, and services. An organization with this orientation would forego the good of the whole for the good of one. Individuals, rather than groups are recognized and risk-takers are rewarded. Academic achievement is valued and leaders are expected to pave new ground, rather than focus on the needs of the group.

- **Rational or market**: this organization's focus is on getting the job done. Leaders are competitive and demanding, with the main emphasis on winning. Success is measured in terms of market share. An organization
Figure 2.1

Competing Values Framework

Source: Adapted from Cameron and Quinn, 1994.
with this orientation would have internal competition among individuals, leaders, and groups, and winners would be rewarded. This organization competes externally as well and capturing the market share is the ultimate aim.

- **Hierarchy:** this organization is extremely formal and operates within established policies and procedures. Organization and efficiency are important and success is defined as cost-effective delivery of dependable services or products. An organization with this orientation would function at a formal, bureaucratic level, careful of boundaries and titles with an emphasis on control. Supervision is the norm and individual initiative would not be supported as in the organization with adhocracy orientation. Conflict and job dissatisfaction would not be unusual.

These four orientations can be arranged on a grid that reflects two core dimensions – flexibility vs. control and internal focus vs. external focus. The clan and adhocracy orientations emphasize flexibility, while the market and hierarchy cultures emphasize control. The clan and hierarchy orientations focus on internal processes, such as supervision and teamwork, while the adhocracy and market cultures focus on the external environment in terms of products, services, and market share. (Figure 2.1). These orientations are fluid and every organization is thought to have a combination of these values, with some orientations recognized as dominant. A healthy organization would have balance among all four categories. The competing values framework has been used most to study
academic institutions and some attempt has been made to transfer this framework to public utility companies and health care organizations.

Jones and Redman (2000) applied the competing values framework to hospital work redesign initiatives and found that lack of attention to the organization's culture can mean failure for its strategic initiatives. Three work redesign projects in midsized community hospitals were evaluated. The organization with a balanced culture orientation at baseline (before the project) was found to be more adaptive to external environmental challenges and was more successful in the work redesign project than the two other organizations that were studied. This organization also had higher adhocracy (developmental) values after the redesign implementation, while the hierarchical culture orientation declined. This indicates that the organization moved toward creativity and innovation and away from formality and control. The two other organizations were found to be unbalanced at baseline, having a strong cultural orientation toward the hierarchy and market values. These organizations demonstrated resistance to organizational change and were found to have maintained the hierarchy and market focused orientations with resulting conflict and distrust among staff members after the project. These cultural orientations reflected issues of control and competition, prohibiting the successful implementation of the work redesign project.

In addition to the competing values framework, other general characteristics are effectively used in the assessment of the organizational culture (Deal & Kennedy, 1982) (Table 2.2).
Table 2.2

<table>
<thead>
<tr>
<th>Characteristics Shaping Organizational Culture</th>
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<tbody>
<tr>
<td>• Formal Structure</td>
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<td>• Informal Structure</td>
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<tr>
<td>• Leader Influence</td>
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<tr>
<td>• Historical Influence</td>
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Source: Deal & Kennedy, 1982.
**Formal Structure**

The formal structure of the organization will shape the culture. This would include the vision and mission statements, the organizational chart of authority and chain of communication, key policies and procedures, and position descriptions. Is an occupational health unit or safety department part of the corporate structure? Is there an emphasis on safety and health of the employees? Is flexibility built into the formal policies? Is there a formal acknowledgement of diversity? Also important in this evaluation is the award process. Are employees rewarded for accomplishments and enhancements to the organization? Are they acknowledged for important contributions or years of service (Deal & Kennedy, 1982)?

**Informal Structure**

Informal structures can have as much influence on the culture of the organization as do the formal structures. What is the general mood of the workplace? Do employees appear subdued, quiet, and serious? Is there evidence of casual conversation between employees or is the task at hand the only acceptable conversation? Is there a sense of camaraderie? How do employees address their peers and their managers? The informal structure of the company can also be reflected in the company grapevine of information. In other words, who’s really in the know and who talks to whom? How much informal influence does one individual have over another? Are there subtle rewards for aggressive behaviors? Are employees rewarded for their agreeable attitudes? Is risk-taking the norm, even in terms of safety? The informal influence to culture can also be
shaped by social relationships outside the workplace. Is there a Friday afternoon social? Who’s included? Is there a sports team? Are there expectations regarding participation in extracurricular activities (Deal & Kennedy, 1982)?

**Leader Influence**

The values and belief system of the leader of the organization is paramount in the development of the culture. An individual of high moral and ethical standards will expect the company to exhibit the same standards that are held dear to the leader. The leader expects no less than they themselves are willing to provide to the organization. A leader consumed with self and interested solely in excess profit will reflect that same value system throughout the organization, and over time the personal, human touch is replaced with a cold concern for the bottom line, which permeates the deep fibers of the company. Has safety taken a backseat to production? Is there an indication that the leader supports safety and health initiatives? Are employees valued for their contributions? Is the leader sensitive to the needs of all or are biases evident? Is there evidence of bruised heads throughout the organization, indicative of a new leader’s method of rising to the top (Deal & Kennedy, 1982)?

**Historical Influence**

A study of the history of the organization will lend insight into the culture of the organization as well. What beliefs and values did the forefathers uphold? Are they evident in current operations? Is there a sense of pride in past accomplishments? Traditional annual events, rituals and stories should be evaluated in terms of their importance to the current environment. Are there
annual safety awards or events? Is there a history of addressing identified health 
or safety needs of employees? Status symbols, such as office location and space, 
parking locations, special privileges and restrictions should also be a part of this 
assessment (Deal & Kennedy, 1982).

**Work Environment**

Of key importance in assessing the worksite is an actual assessment of the 
work environment. Does the flow of work appear efficient? Is the workspace 
sufficient? Are the supporting equipment and supplies adequate and available? 
Are employees working safely? Are first aid materials readily available? Is there 
evidence of fire or evacuations plans? Is there an occupational health unit? Is the 
work area clean and organized? Are there adequate break areas with available 
food and comfort facilities? Do the employees appear happy and satisfied (Deal 
& Kennedy, 1992)?

**Support Services**

The presence of support services is an indicator of the perceived value of the 
workforce. Is an occupational health unit available? If so, is it considered only 
support or is it a core value and part of the corporate structure? If present, is the 
occupational health unit convenient to the employees? Is it adequately staffed and 
equipped? If no occupational health unit is available, is there a plan for dealing 
with employee health and safety needs? Is an employee assistance program 
available to employees? If so, do employees know how to access this service? 
Are employees encouraged or discouraged to use it? What are the other employee 
benefits? Are employee benefits available and desirable? Is continuing education
valued? Are there other programs and services that indicate support of the employee (Deal & Kennedy, 1982)?

Community Awareness

This area of assessment is two-fold. First, what is the community’s perception of the workplace? The community should be assessed in terms of the image that the company portrays and how the community perceives the organization. Is the company known for its positive work environment? Is the company known as one of the best organizations for which to work? Is it known, throughout the community, for maintaining high standards in a particular area, such as safety? Secondly, the company should be evaluated for the regard it displays for the community in which it resides. Does the company take measures to protect the local environment? Are environmental resources valued? Is there evidence of recycling? Are there appropriate methods for handling wastes? Is there an association with other community organizations and agencies? Do any of the company leaders serve on a community agency board? Does the company contribute financially to community projects? Are employees encouraged to become involved in community service efforts (Deal & Kennedy, 1982)?

Power and Political Influence

Politics and the control of resources within the organization play a major role in the development of the culture of that organization. Politics and resources equal power. Power may be supported by the organizational structure; in other words the chief executive officer (CEO), by right of the position, may have the power. On the other hand, the CEO may be a pawn of the power source, which
could flow from a specific board member or committee chair. Power may be diverted to an alternate source, such as the union leader within the organization. Power may be related to issuance of rewards and punishment, the control of information, or one's expertise or connectedness. Power may also be based on personal influence. Regardless of the source of power, the people of power will shape the culture of the organization. Do department managers have authority to make their own decisions? Is there evidence that the occupational health unit and safety department managers are given the authority and power to run their departments (Deal & Kennedy, 1982)?

delBueno and Freund (1986) present another checklist for organizational culture assessment with the following indicators:

- **Image** – This includes such items as company slogans and community perception, building appearance, including landscaping and signage, the reception of visitors and the appearance of public access areas.

- **Deportment** – This includes the dress code for hourly and salaried employees, social behaviors both in and out of the workplace, and the manner in which employees address one another.

- **Status Symbols and Reward Systems** – Indicators here include the method of rewards and promotions, the position perks and accessories.

- **Environment and Ambiance** – This includes the appearance of both work and break areas including the use of personal items and music in the work area and norms for beginning and ending work and the method of meal time and breaks.
Communication – Indicators in this category include the use of formal vs. informal communication, the methods of communication, and the effectiveness of communication.

Meetings – This includes the manner in which meetings are conducted and social norms related to meetings, such as who speaks first or last, appropriate arrival and departure times, seating arrangement, and the use of refreshments.

Rites, Rituals, and Ceremonies – Indicators here would include the method of recognition for personal or family events and professional accomplishments and daily/weekly/monthly/annual activities with expected participation.

Sacred Cows – This includes the heroes, myths, ideas, rules, or relationships that are upheld and honored throughout time.

Subcultures – Indicators here include both positive/negative and overt/covert ideals that shape the organization. (Table 2.3).

Schein (1991), who further studied subcultures, identified 3 distinct subcultures that are found within most organizations: operators, engineers, and executives. The operators make or deliver the product or services, engineers design and build processes and relationships, and the executives manage resources. Integration of these subcultures can build an effective organization. It is imperative that each group understands the role of the others. As a relationship is developed among these subgroups, effective leadership will help foster common language, procedures, and goals and the resulting culture will be positive and the organization will flourish.
Table 2.3

<table>
<thead>
<tr>
<th>Checklist for Organizational Culture Assessment</th>
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<tbody>
<tr>
<td>Image – internal and external perceptions</td>
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<tr>
<td>Deportment – social behaviors</td>
</tr>
<tr>
<td>Status Symbols and Reward Systems – perks and rewards</td>
</tr>
<tr>
<td>Environment and Ambiance – physical appearance of workplace</td>
</tr>
<tr>
<td>Communication – formal and informal</td>
</tr>
<tr>
<td>Meetings – overt and covert protocols</td>
</tr>
<tr>
<td>Rites, Rituals, and Ceremonies – methods of recognition</td>
</tr>
<tr>
<td>Sacred Cows – upheld heroes and rules</td>
</tr>
<tr>
<td>Subcultures – culture within the larger culture, both positive and negative</td>
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Chapter III

Culture Modification: Views From the Field

Union Influence on Organizational Culture

1. Case Example: Union Influence on Employee Benefits and Performance Evaluations

Over the course of my career, I have found it quite amazing that a worker’s union can have such a striking effect on the workplace culture. There’s a certain “you owe us” attitude that is prevalent among particular unions that filters through every fiber of the work environment. My brother was a union steward at a local manufacturing facility and I can remember him commenting during a negotiation, that the company’s proposed terms were excellent and any individual should be happy to have such benefits, but he knew that the employees, not satisfied, would demand more, just because it was expected of them to do so (G. Campbell, personal communication, October 2000). How could they settle without a fight?

While at another local unionized facility for an internship, I had the opportunity to interview one of the human resource managers. I can recall my reaction of disbelief when he matter-of-factly stated that the facility had no position descriptions for the hourly workers and those employees were never evaluated. He quickly followed his statement with “well, it’s because of the union” (K. Sipe, personal communication, April 2003). How can a successful, global company disregard employee performance because of the union? Would they not be more productive if they were able to reward outstanding performers and counsel those that do not meet standard?
2. The Issue

The issues in these scenarios reflect the presence of subcultures and their impact on the total culture of the organization. The presence of unions as evidenced in these scenarios surely has an effect on the worksite culture, relative to the design and implementation of employee benefits and performance evaluations.

3. Analysis

The term subculture typically conjures up negative images, but subcultures can have a positive effect within the workplace. Groups can develop on the basis of physical proximity, shared fate, common experiences, rank, or ethnic background. Once a group acquires a history, it also acquires a culture (Schein, 1985). If conflict develops between groups, the dissention is nurtured by each group’s desire to maintain its identity, by contrasting itself with the other groups. Hence begins the often-enduring conflict that can lead to separate factions within the organization, creating the basis for an undesirable negative impact to the culture.

Also of note in the scenarios described above is the delegation of power. The corporate leadership has delegated power and authority to the union as evidenced by the avoidance of performance evaluations for the hourly worker, when this is a standard and annual requirement of other positions within the organization. This shift in power may be a result of fear. Most likely, however, it is the result of the change in power that occurs over time when leaders gain and lose power in organizations (Rogers, 2003).
4. Cultural Modifications

In labor-management negotiations, a mutual satisfying agreement can be achieved if there is a shared set of assumptions about the basis of authority, and the value of the product or service created by the organization (Schein, 1985). The key management challenge is to articulate core beliefs or a higher cause as a source of glue to hold separate subcultures together and to keep their disparate efforts focused on the common purpose (Deal & Kennedy, 1999). The authors call this effort “creating an umbrella of beliefs” (p. 202). People want to belong, have purposeful work, and be anchored in the vision and mission of the organization. Simplicity is the key and organizational leadership bears the responsibility to articulate beliefs and inspire others to a shared passion (Deal & Kennedy, 1999).

Effects of Culture on Health Promotion

1. Case Example: Cultural Differences and Health Promotion Perspectives

The last 13 years of my work experience is the source from which I draw my thoughts and comments regarding the effects of organizational culture on health promotion within the organization. I’d like to compare two very different organizations and the manner in which they addressed health promotion, and relate this to the framework discussed earlier. Company A is a unionized, manufacturing company, with nearly 500 employees, which has a corporate office in a northern state, with multi-state and international facilities. Company B is a locally owned and operated trucking firm with multi-state terminal facilities,
employing approximately 100. The corporate chief executive officer (CEO) of Company A requested their local occupational health nurse to develop a health promotion program at the local facility, which could then be expanded to the entire organization.

I became involved as a consultant, of sort, since I direct health promotion programming for the local hospital. The nurse and I worked together with a team of wellness experts in health, nutrition, and fitness and developed a plan for their pilot program. Unfortunately, while we were developing our plan, the company was deep into negotiations with the union leaders. The negotiations lagged, delaying the start-up of the pilot. With the ratification of the union contract, the human resource manager met once again with us to confirm the plan. A final nod was required from the plant manager for the initiation date.

We were completely astonished when the HR manager returned with the news that they were not going to proceed with the project (A. Breeding, personal communication, April 2003). The rationale for this decision appeared to be rooted in spiteful revenge. The plant manager felt that the company had been squeezed by the union in all areas and that they had “given more than enough to the employees”. This wellness program was going to require that the company allow the employees time away from their assigned duties and in the opinion of the plant manager, production could not be further sacrificed and no further benefits were going to be extended. In addition to the initial biometric testing and goal-setting, the requested time for the pilot project amounted to approximately 10 minutes per week for follow-up with the nurse, three monthly 30 minute
educational sessions, and 3-month biometric testing and goal assessment, which would average two additional 30-minute blocks of time. No discussion was allowed that might have indeed suggested that the required program time could be “off the clock”. In addition, the company was receiving complete financial support for the project in terms of pedometer purchase, incentives, and the educational programs from community funding.

The decision had been made, no discussion was desired and, to my knowledge, no wellness program has been initiated. It is certainly evident that health promotion will not be a priority for this company.

Company B’s chief executive officer, who is also the owner of the business, recognized an increase in catastrophic employee illness, specifically drivers who experienced myocardial infarction and cerebral vascular accident, both on and off the job. As a result, the company realized a significant increase in the experience modification rate on health claims, with a respective increase in insurance expenditures. In a proactive effort to address the problem and improve the health of the other employees, the company initiated a wellness program that included a cash reward for pounds lost over a 10-month period. In addition, water and fruit were made available to the employees ($0.25/each). During the monthly weight checks, educational materials related to nutrition and activity were presented and the program coordinator provided verbal encouragement to each participant. The program was so successful, that the second year expansion included employee family members, with an increased dollar reward for pounds lost. Each terminal has also been equipped with a workout facility on site. Drivers and their families
are making lifestyle changes, with the benefit extending to the company, in health care dollars saved (D. Houff, personal communication, April, 2003).

2. The Issue

Why do we see such a dramatic difference in the approach to health promotion between companies? I believe it relates directly to the corporate culture and the philosophy of the leader. Company B, without regulatory mandates or outside influence, assumes responsibility for the health of their employees and realizes that the health status of each worker directly affects the company’s profit margin. There is a family sort of connectedness to the employees, with an accompanying sense of concern and commitment. Company A on the other hand believes they have provided more than enough benefits to their employees and the wellness program is one benefit too many.

3. Analysis

Obvious is the division between management and the hourly worker in Company A, due in part to the union presence, while an attitude of “them vs. us” pervades the environment and ultimately the decisions made by the managers as well. Unfortunately the recent conflict presented barriers to an effective worksite culture. Once emotions settle and thinking clears, there is a chance that a wellness program will be once again considered at Company A. It was evident that the corporate chief executive officer considered health promotion a priority, since he had requested that the local nurse manager develop a program that could be implemented at all sites. The local plant manager however did not share the same vision. If the corporate leadership is truly influential with the local
management, a shared vision will develop. This will, however, require the dedicated attention of the corporate leader and cooperation and eventually commitment by the local management team.

In Company B, when the leader began to see the impact that illness had to the bottom line, he developed a vision that the bottom line could be positively affected by improving the health of his employees. Then, not only did he develop the vision, he shared the vision with his employees and developed a plan to move that vision into reality. This chief executive officer also acknowledged that dollars spent on implementation of his plan would be well worth the return on investment if employees became healthier.

4. Cultural Modifications

Perhaps the thoughts of Rosen (1991), to develop health programs to transform employees into appreciating corporate assets, was the philosophy driving the leader of Company B and will, at some point, be adopted by the managers of Company A. Once a vision is developed, effectively communicating that vision is imperative. Under-communicating the vision is a common problem that must be acknowledged and addressed. Kotter (1996) developed a list of seven key elements in the effective communication of a vision:

- Simplicity – to promote clarity
- Metaphor, analogy, and example – a verbal picture worth a thousand words
- Multiple forums – large and small meetings, informal and formal communications
- Repetition -- to ensure that the same message is heard over and over
- Leadership by example- to provide consistent messages from the top
- Explanation of inconsistencies- to promote credibility
- Give-and-take -- there is more power in two-way communication

In addition to effectively sharing the vision, an organization might modify the culture by approaching the concept of wellness from a broader perspective.

Sitzman (2002) outlines the six factors of group wellness, which will positively support a nurturing culture for the organization:

1. Social -- interdependence with others; individual contributions for the good of the whole.
2. Occupational- need for satisfaction and enrichment associated with work activities.
3. Spiritual -- meaning and purpose in life and in work activities.
4. Physical -- activities that support a healthy physical existence.
5. Intellectual -- respect of creative processes and the development and sharing of knowledge.
6. Emotional -- awareness and realistic assessment of feelings and interactions among group members. Effective coping and resolution within the group is fostered.

If an organization were to demonstrate these 6 factors, a sense of holistic wellness would prevail and not only would an organization be healthy, but each individual within that worksite would have the necessary support to improve their own health.
Effects of Culture on Absence Management

1. Case Example: Cultural Differences and Absence Management Perspectives

During an internship experience, I was provided the opportunity to evaluate the absence management process of a local manufacturing facility and compare that process to its sister facilities in other states. I expected this global company to have standardized policies and procedures for absence management with consistent application of those standards across the organization. I was surprised to learn that, although each facility reported to the same corporate manager, the local plant manager had autonomy in the application of the policies and procedures. In addition, the unionized facilities had even more divergent processes than those without union representation (L. Hall, personal communication, March 2003).

2. The issue

Needless to say, the absence management spectrum was broad and it became quickly apparent that the facility culture shaped the interpretation and application of the policies and procedures. In this particular company, I concluded that the presence of the union, and the local leaders’ response to the union, was the real force that shaped the culture, rather than the noble guidelines that corporate management had set forth.

3. Analysis

Line managers did not hold employees accountable for their absences, primarily because, from their perspective, the effort seemed fruitless. The union contract provided an extremely generous absence allowance and most employees
knew that their use and misuse of absence would be upheld and protected through that contract. The union would support the employee even to the level of promoting negative behaviors. Consequently, the supervisors, because of previous history with the process, would most often ignore an infraction to the absence policy and thus the behaviors were not addressed and the problems never resolved, only perpetuated. There was a definite sense that the union was in control and the managers had resigned themselves to that fact. Fighting this force was not worth the fear of failure or the agony of defeat. All sister locations related the same problem, except for the one location that was not unionized. The difference was obvious – or was it? Was it really the involvement of the workers’ unions or was it the approach by management? The successful sister company had established an absence goal which was touted by the entire organization. The goal was shared at the time of orientation with every new employee. It was reviewed frequently at meetings and was a key component in the annual evaluation of each employee, each department, and the company’s overall objectives. It was a value held high and beliefs, decisions, and behaviors were held accountable to this value (L. Hall, personal communication, March 2003).

Could this same approach be used in the other facilities, even those with union involvement? Union leaders have conveyed that they believe that employees hold the expectation that they are hired to work for the employer – and working means being present each day to accomplish the task for which they are hired (L. Hall, personal communication, March 2003).
In my exploration of the absence issue, I called a neighboring manufacturing company, who had similar structure in terms of union representation, an out-of-state corporate office, and global operations. That company indicated that they had no problems with absences of any sort – it never had been a problem (W. Rittenhouse, personal communication, April 2003). What is so different about these organizations? I believe it is the culture of the worksites that makes the distinction.

4. Cultural Modification

Kreitzer, Wright, Hamlin, Towey, Marko, & Disch (1997) state that persons working in stressful, hostile, authoritarian, abusive, and neglectful organizations are more likely to be absent, have stress-related illnesses, and experience depression and fear, resulting in loss of morale and self-esteem. On the other hand, organizations that have trusting, safe, and friendly environments experience greater productivity, communication, creativity, and financial health.

Historically, unions were established to combat the stressful, hostile, authoritarian, and abusive organizations of the developing industrial age. Unions continue to separate management from workers and an organization’s vision must include trust and effective communication in order to counter-balance the union’s presence.

Factors other than union presence can contribute to a culture where employees take advantage of absence policies. Cooper et al. (2001) found that worksite stress and strain can be related to workload, lack of perceived value or support,
and lack of recognition for work contributions. These findings once again point
toward the role that leaders play in the development of visions and priorities that
support and recognize employee efforts.

In a research review of work-life balance in an industrial setting, Dow-Clarke
(2002) states that all research focus groups emphasized the importance of
management support and flexibility to promote work-life, in such activities as
team leader accommodation of urgent requests for time off. The negative impact
is exhibited when management demonstrates a lack of compassion or support for
employees’ personal and family needs. Excessive workload and unrealistic
expectations also were listed as factors that negatively influence the work-life
balance.

In the same study, consistency and flexibility in applying policies were
identified as supportive and the role of the supervisor was directly connected to
the perceived effect. Hours of work were identified as factors affecting work-life
balance; again, flexibility of work hours was identified as an enhancement to this
balance. Positive factors also included vacation time, EAP availability, health and
wellness advisors, and company support of community volunteer activities.
Suggestions for the employer role included support (direct or indirect) for child
and elder care and policies that allowed for short-term absence, flexibility, and
alternate work hours. Data also supported the development of new employee
support initiatives, such as parent and bereavement support groups (Dow-Clarke,
2002). Rosen (1991) supports work-life balance as well, stating that paying
attention to families and diversity is good business, since work and families are partners for life.

**Effects of Culture on Injury Management**

1. **Case Example: Cultural Differences and the Management of Injuries**

   While on-site, providing an in-service to yet another local manufacturing facility, with out-of-state corporate offices and global operations, I encountered some interesting behaviors with the management of injuries. An employee suffered second and third degree burns on the lower extremity and in an effort to avoid an OSHA reportable injury, the safety manager had the employee receive first aid at the local hospital and return to work where the safety manager was providing questionable ongoing care for the individual. On other occasions, the safety manager would, through phone or direct contact, insist that the outside healthcare provider modify the orders for treatment or medications of other injured employees to avoid the admittance of an OSHA reportable incident. This behavior was concerning enough to the providers that I was a recipient of physician complaints, as they knew that I had some contact with the identified employer. In my encounters with the safety manager, it was immediately evident that her performance and the performance of the entire facility was rated on the number of OSHA reportable incidents and her objective, at any cost, was to keep that number low. The safety manager is not a cruel, inhumane individual, but rewards (and reprimands) were related to the OSHA log. What caused this
seemingly uncaring approach to the management of the employees' injuries? I believe it was the organizational culture.

2. The issue

In this scenario, care of the employees was compromised and documentation of events altered in order to meet internally established goals. While the identification and achievement of goals is appropriate and desirable for a company, unsafe and unethical behaviors should not be part of the equation.

3. Analysis

Researchers have shown that ethics is an integral part of the organization's culture and reinforcing an ethical organization means systematically analyzing and managing all aspects of the culture to support ethical behavior (Trevino and Nelson, 1995).

Sims' work (2000) supports the concept that the lack of an organizational culture that explicitly promotes and encourages ethical decision-making will result in unethical conduct. An ethical turnaround requires a culture change, which is even more difficult to accomplish than developing a new culture. The author also suggests training for all employees in business ethics and a whistle-blowing mechanism within the organization to maintain integrity.

Other scholars have also written about changing culture to create a more ethical foundation. Schein (1991) suggests that five primary mechanisms are needed to create a culture change that is supported by ethical leadership:

- Attention – Major beliefs of the leader are communicated indirectly by what the leader pays attention to, even in casual remarks and questions.
• Reaction to crises – Crises are particularly important in culture creation because a crisis will heighten anxiety, which motivates learning. The crisis and the leader’s reaction to it will create new procedures, assumptions, norms, and values that shape the emerging culture.

• Role modeling – As with parenting, the leader’s own visible behavior has a tremendous impact in communicating assumptions and values to others. The effect of informal messages and body language cannot be overlooked.

• Allocation of rewards – member’s actions that receive rewards or punishment are always noticed by others and the leader’s response must be consistent with the written guide.

• Criteria for selection and dismissal – Adding or dismissing members send a powerful message about the characteristics or behaviors that are valued.

In addition to ethical behaviors, once again leadership can also be linked to the injury management methods of the workplace. In the case outlined above, perhaps the unethical behaviors were developed as a result of messages received incorrectly by the safety manager from the facilities manager or the corporate leader. Certainly the reduction and elimination of injuries is the goal of every company; however messages related to priorities must be communicated clearly. Was employee care to be compromised for goal attainment? If this was the intended message, then ethical standards of the leader are in question, taking this analysis to the board level and the selection process for the corporate leadership.
4. Cultural Modification

If an organization’s reputation has been tarnished by some event or poor leadership decision, Fombrun (1996) presents a 12-step process to restore an ethical reputation. Steps 1-3 demonstrate that ethical principles are important to the organization and that responsibility is assumed.

1. Take immediate and public responsibility for any and all errors;
2. Convey sincere concern to all stakeholders;
3. Show full and open cooperation with authorities;

Steps 4-7 indicate that the organization is serious about their commitment to ethical principles and that they do not intend to support those who present the slightest question regarding unacceptable behaviors.

4. Remove negligent incumbent managers;
5. Appoint credible leaders that represent all interests;
6. Dismiss suppliers and agents tied to the incumbent managers;
7. Hire independent investigators, accountants, counsel, and public relations managers;

Steps 8-12 send a clear message that the organization is taking every measure to prevent another occurrence and to restore trust.

8. Reorganize operations to ensure greater control;
9. Establish strict protocols and procedures;
10. Identify, target, and revise the practices that create infractions;
11. Revise internal practices and pay systems; and
12. Monitor compliance to ensure restored trust.
Leaders would do well to follow the recommendations of Paine (1997) who suggests four guidelines for the ethical leader:

- develop an ethical framework, which serves as the compass to guide ethical performance;
- align the organization by paying careful attention to the design of organizational structures and systems;
- lead by example – set the ethical standard personally; and
- address external challenges that might threaten the ethical culture.

Ethical leaders uphold ethical standards, which produce ethical organizations – this can only serve to enhance the culture of the organization and ensure a positive experience for all those involved.

Effects of Culture on Safety Programs

1. Case Example: Comparing Company Perspectives on Safety

In my work with the countywide safety network, I have observed a wide array of safety programs in a large number of facilities. Some companies have, what we call in our area, the “DuPont” approach to safety where safe work has been totally integrated into the culture of the organization to the point where the safety and health of each individual is a priority and where every employee wears goggles, steel-toed shoes and a mask when they mow their lawns. Other companies view their safety program as a necessary evil, a mere defense to avoid an OSHA fine. They have the required policies and procedures in place to cover their liability, but they do not have the safety and health of each employee at the
heart of their programs. Still other companies have no desire to comply with safety standards, because a safety program of any sort is viewed as a hindrance to business and an unnecessary expense that impacts the bottom line. They choose to blatantly avoid safety, taking chances everyday with the safety and health of their employees.

2. The Issue

Why is there such a discrepancy between the safety programs of companies within the same geographical area? I believe it is the organizational culture of each business that shapes the safety program for that company.

3. Analysis

It is conceivable that the leader of a small locally owned and operated business that is not under the scrutiny of Occupational Safety and Health Administration (OSHA) regulations because of low (less than ten) employee numbers is not fully aware of safety measures that should be implemented in their work setting. It is not until an incident or injury occurs that safety policies and procedures are developed and implemented. This disregard for injury prevention is related to lack of knowledge, rather than a conscious decision to ignore an issue.

In a company where the leader disregards OSHA rules, in spite of full awareness and knowledge, priorities other than safety are manifest and can be contributed to the leader and the established culture of the organization.

In contrast are the companies whose leaders place safety as a priority and the culture of the organization reflects the philosophy of the leader. There can be a subculture within this type of organization that creates a negative impact to the
culture. A company that appears to have the right approach to safety may be a company where employees underreport job related injury or illness. This, too, is a manifestation of the safety culture of that worksite. Pransky, Snyder, Dembe, & Himmelstein (1999) found that workers did not report injury or illness for fear of discipline or fear of being labeled as a complainer. Also found as contributing factors to underreporting were attempting to uphold the employer's goal of no lost time and no OSHA reportables and the company's incentive program for the same. In addition, other studies have found that employees underreport because they consider the injury too minor or they believe that some injury is expected in their role (Pransky et al., 1999). They also do not want their supervisors to consider them careless and are fearful that an injury or illness will affect their performance evaluation. Oftentimes, particularly in large companies, there is well-publicized competition for safety awards among multiple worksites and all employees, including supervisors are held accountable for the desired spotless record.

Azaroff, Levenstein, & Wegman (2002) present the notion of conceptual filters or partial barriers to underreporting that highlight the additional issues of denial of overtime or promotional opportunities, post-accident drug testing policies, stigmatization, or even job loss. In addition, employees may not report for fear of lost, reduced, or delayed wages with the workers' compensation plan. Recognition of the illness or injury as work related might also be a source of underreporting, which may also be tied to the organizational culture when on-site
medical treatment is classified as first aid. Also poor recordkeeping, whether unintentional or not, may be another contributing factor.

4. Cultural Modification

Azaroff et al. (2002) conclude that surveillance is crucial to the recognition, treatment, and prevention of work related injury/illness. According to Azaroff et al., the National Institute for Occupational Safety and Health (NIOSH) developed a strategic plan for surveillance that recommends the development of new data collection methods for employers, unions, and health care facilities, with increased surveillance of at-risk populations/employees. Pizzi, Goldfarb, & Nash (2004), conclude that culture changes have their greatest impact on those underground or unreported errors, which are difficult to document and quantify.

Vardi (2001) studied the relationship between selected personal and organizational attributes and work related misbehavior, defined as intentional acts that violate formal core organizational rules, in a metal production plant in Israel. His work supported the findings of Trice and Beyer (1993) who found that in a culture where the values, goals, purposes, and beliefs of the total organization are not clear, diverse subcultures are likely to emerge. Vardi (2001) concluded that the more positively the organizational climate is viewed, the less the reported misbehavior of the organization. His findings also revealed that the most important climate factor influencing misbehavior was the ethical climate supporting laws and rules. Implications for practice would be a human resource procedure of matching people with the organization and hiring individuals that respect established rules and regulations.
Errors in health care were the focus of a study and published report conducted by the Institute of Medicine (IOM, 2000). A summarizing conclusion from that report, which could apply to any work setting, asserts that the problem is not bad people, but rather good people working in bad systems that need to be made safer.

Four years later the Institute of Medicine (IOM, 2004) published the report titled, *Keeping Patients Safe*, and recommended that health care organization boards of directors, managerial leadership, and labor partners should create and sustain cultures of safety. Suggested methods include specifying short and long-term safety objectives, continuously reviewing success in meeting these objectives, and providing feedback at all levels. Other suggestions include conducting an annual, confidential survey of nursing and other health care workers to assess the extent to which a culture of safety exists, instituting a fair and just reporting system for errors and near misses, and engaging in ongoing employee training in error detection, analysis, and reduction. In addition, facilities should implement procedures for analyzing errors and provide feedback to direct-care workers, instituting rewards and incentives for error reduction.

Zohar (2000) has reported that employees are likely to take actions that produce outcomes that are consistent with their perception of the organizational commitment to safety. Perceptions are shaped by organizational responsibility, management, and employee attitudes toward safety, job hindrances, perceived risk, knowledge, training, administrative controls, working conditions, and potential advancement.
In addition, Calabro & Baraniuk (2003) studied organizational factors related to safety in a psychiatric hospital. Administrative controls such as safety policies, procedures, and protocols with regular inspections, and timely follow up of incidents were found to enhance the safety climate. Consistent praise by management for safe performance was also motivational to workers. Job task demands and occupational stress were associated with negative effects to the safety climate.

The Voluntary Protection Program of the Occupational Safety and Health Administration identifies a strong safety culture as the single greatest influence on accident reduction of any process in the workplace (OSHA Culture Fact Sheet, 2004), (Table 3.1). The first step to developing a positive safety culture is the commitment of the very top management to this objective. The OSHA etool on Leadership supports this thought with the following conclusion from a 1979 NIOSH study — “management commitment to safety is the major controlling influence in obtaining success” (p. 1). Without this, safety issues will be lost to the concerns of production and profit and over time, risky safety practices will be the norm and accidents will abound. Both direct and indirect costs of poor safety and health practices must be identified as they relate to the bottom line for the company. It is crucial that the top decision-makers are presented with the financial impact of positive safety and health practices.

A vision for improved safety must be developed to provide guidance for the safety and health improvement process. This vision must be shared in order to align the organization for the anticipated changes. Once the decision is made to
Table 3.1

Steps in Building a Culture of Safety

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<tr>
<td>• Obtain Top Management “Buy-In”</td>
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<td>• Continue Building “Buy-In”</td>
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<td>• Build Trust</td>
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<td>• Conduct Self Assessments/Bench Marking</td>
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<td>• Initial Training</td>
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<td>• Establish a Steering Committee</td>
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<td>• Develop Site Safety Vision</td>
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<td>• Align the Organization</td>
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<td>• Define Specific Roles and Responsibilities</td>
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<td>• Develop a System of Accountability</td>
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<td>• Develop Measures and System for Feedback</td>
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<td>• Develop Policies for Recognition</td>
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<td>• Awareness Training and Kick-off for the Organization</td>
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<td>• Implement Process Changes</td>
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<td>• Continually Measure Performance, Communicate Results and</td>
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<td>Celebrate Successes</td>
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<td>• Maintain On-going Support</td>
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Source: The OSHA website - Culture Fact Sheet.
support an improved safety culture, the buy-in of other stakeholders is imperative. Supervisors, union officials, and every affected employee must understand the purpose of creating a culture change, including the reasons for the modifications in routine policies and procedures. If individuals understand the rationale behind a change, then they are more likely to support that change. If mandated changes are forced upon employees without first establishing the need and the benefits for the change, then compliance will be compromised and the ultimate objective will be lost. Key leaders, both formal and informal, within the organization should be solicited as champions for the vision, serving as a steering committee for the project.

Prior to making a change, an assessment of the organization is required. Bolman and Deal (1991) developed a tool for an in-depth organizational analysis of safety, using the four frames of structure, human resources, politics, and symbols. The structural frame focuses on the formal roles and relationships within the organization, while the human resource frame examines the ability of the organization to motivate employees, maximizing their energy, ideas, and skills. The political frame provides insight into the potential conflict between resources and power. The forth frame is the symbolic frame, which provides meaning beyond the weekly paycheck for employees and the work they produce.

Bolman and Deal propose that strategies to effect change within each of the frames is the key to changing the safety culture of the organization. This would include some form of reorganization within the structure frame to better align needed function with the proper job and the best personnel. To improve the
human resource frame, leaders must create and communicate the new vision and mobilize the resources to facilitate and sustain change. Bargaining, negotiating, and compromise are key concepts for positive movement within the political frame. Leaders who can connect with employees through stories or ceremonies are able to effect change within the symbolic frame. The authors believe that organizations that follow these recommendations will enhance the culture of the workplace and ultimately create the safety improvements that are desired and maintain the culture of safety to support these changes over time.

Once the assessment is complete the plan for change is developed. First, the plan should define the role of senior management, delineate intervention activities, set realistic timelines and milestones, and fix and provide outcomes to monitor the direction and progression of the change (Cooper, M., 2000). Defining the role of senior management is crucial to the success of the plan. Top management must be committed to the change and must communicate their commitment explicitly and consistently in both direct and indirect manners. Without the support of management the plan will not be successful. Second, the plan itself must be defined and specific interventions identified. Precise goals and objectives must be stated and detailed steps outlined in order to convey the plan clearly to all those involved. The third step is to set realistic timelines for the completion of each stated objective. Milestones should be estimated and when achieved, celebrated. The final step is evaluation. Desired outcomes are identified and measured in order to determine the progression and success of the change. In addition, Lundstrom, Pugliese, Bartley, Cox, & Guither (2002) find
that supportive organizational attributes and an environment that maximizes the use of employee knowledge and skills will positively impact safety. Thus involving employees at all levels of the safety program will prove beneficial in promoting a safe environment and safe practices.

Frye (2003) approaches the integration of occupational health and safety with a case study of DuPont. “Safety First” has always been the DuPont philosophy, which was successfully built into the DuPont culture. The concept begins with orientation, where every new employee is instructed that they are the key to safety-on the job safety begins with each employee.

No individual or department works alone to effect successful safety outcomes. Safety leaders are responsible to recognize and reinforce safe actions. The corporate chief executive officer and plant managers send reminders that employees are valued and safety is a number one priority. The safety message is delivered every day in word and action by both management and employees alike. Nurses are a valuable part of the safety and management team and reinforce the message with every employee encounter and each decision that is made.

DuPont safety culture is proactive to meet and/or exceed the required OSHA standards and the Dupont health standards reflect the Healthy people 2010 recommendations. The DuPont health philosophy and global health standards state “the Company believes that healthy, productive people are a key to competitive advantage for Dupont and considers support and prevention programs a cost effective investment” (Frye, 2003, p.166).
OEHN's are often the initiators of refined or new safety policies and procedures. Using the nursing process, the nurse is a key player in formulating a diagnosis, designing a plan of care, and implementing interventions related to safety. The nursing staff identifies the following positive cultural factors that exist within their own operational unit: support for professional development, nurse mentors, recognition for contributions, value for the role, and a vision and mission that are truly supported by management.

**Enhancing Workplace Culture**

*Competing Values Framework Theory*

How then can the workplace culture be modified? Cameron and Quinn (1994) identified specific strategies within the *Competing Values Framework* to promote desired values and reduce those that are less desirable. Strong leadership skills are required to promote and maintain clan and adhocracy cultures, whereas strong management characteristics are the norm for hierarchy and market cultures. The authors believe that the development of leaders, rather than managers should be the major foundation for all decisions, thus the adhocracy and clan models are viewed as most desirable.

Adhocracy values are also termed developmental values. An adhocracy organization focuses on innovation and individual initiative and freedom. It is a dynamic, entrepreneurial, and creative place to work. Risk-taking is encouraged and commitment to experimentation and innovation holds the organization together with success measured by the development of new products and services.
(Cameron & Quinn, 1994).

**Strategies for promoting adhocracy values**

- Analyze the current vision statement -- does it provide both cognitive and emotional directions and inspire creative initiative?
- Identify the major emerging issues of concern and make one person responsible for each issue (one voice concept).
- Use industry norms and trend data to forecast customer demands at all points of service.
- Utilize front line staff to develop new strategies for expanding markets and developing new services.
- Adopt the most promising approaches to continuous improvement initiatives.
- Include all disciplines/departments and customers in the design process when creating new services and products.
- Develop systems to encourage, measure, and reward innovative behavior at all levels of the organization.

The clan or group organization pays attention to its people and is sensitive to the customers needs. It is a very friendly environment, where employees share a lot of themselves and leaders are considered mentors. Loyalty and tradition are at the heart of the organization and effort is directed toward building consensus and teamwork (Cameron & Quinn, 1994).
Strategies for promoting clan values

- Develop focus groups with middle managers (led by the CEO) to assess their understanding of the organization’s vision and solicit recommendations for increased understanding.
- Institute an employee survey program and establish employee teams to address the ideas that come forth.
- Involve employees in all phases of strategic planning.
- Implement programs to increase team-building skills of all employees.
- Identify and analyze any long-standing conflicts and design and implement interventions to address them.
- Design incentives for middle managers to encourage innovative and empowered thinking.
- Energize the employee recognition system and encourage managers to reward extra effort.
- Create a learning culture to meet every educational need at every level of the organization.
- Respond positively to both employee support and resistance to change.

As the adhocracy and clan cultural orientations are developed, it is important to assess the presence of hierarchy and market orientation characteristics of culture in an effort to enhance the desired models. It is suggested that the organization make a conscious effort to identify and decrease the hierarchy and market value influence within the organization’s culture (Cameron & Quinn, 1994).
Strategies for decreasing hierarchy values

- Eliminate policies and procedures that impede innovation and change.
- Eliminate busywork that does not add value to organizational outcomes.
- Reduce “top down” directives.
- Eliminate micromanagement.
- Eliminate unnecessary constraints on individual and team performance.

Strategies for reducing market values

- Eliminate the drive for numbers.
- Focus on key non-number goals.
- Establish systems to motivate others to perform.
- Adapt to human needs as well as to market needs.
- Focus on commitment to quality rather than the operating margin.

Organizations likely have a combination of these values, but clan and adhocracy values remain most desirable as they are associated with trust, high morale, and quality of work, while hierarchy and market values support formality, conflict, and job dissatisfaction (Cameron & Quinn, 1994).

Additional Theories of Workplace Cultural Enhancement

Several researchers have identified a variety of approaches to promote positive organizational cultures. Allen and Kraft (1987) identify eight key principles for leaders who want to change organizational culture: involve people in the problems and programs that affect them; do not place blame; clarify goals, objectives, purposes, and tasks; focus on both short-term and long-term results;
work from a sound information base; use multilevel change strategies; integrate concern for people and the achievement of organizational goals; and emphasize and plan for sustained culture change.

Deal and Kennedy (1999) outlined six steps to the creation of positive culture in health care settings: uphold the mission of the hospital; trace basic issues to the departmental level; build a consensus leading to a theme that captures the essence of the vision; encourage subcultures through rewards and staff conferences to create a sense of mutual dependence and respect; keep the subcultures focused on organizational issues; and nurture heroes through public recognition and assignments to highly visible change groups.

Baker et al. (2000) present a model for cultural transformation that consists of five steps:

- Call for change and introduce the model.
- Conduct individual staff conversations with management team.
- Establish and present the themes gleaned from conversations.
- Develop an action plan for each theme.
- Check your work.

AbuAlRub (2004) in a study conducted among hospital nurses found that perceived social support from coworkers enhanced the level of reported job performance and decreased the level of reported job stress. Application of this finding would encourage nurse leaders to provide opportunities for social support among their staff by developing an organizational culture of cooperation and teamwork, with opportunities for social integration.
Neuhauser (2002) studied employee retention and the related culture of loyalty and commitment and sums her thoughts with this comment: “people stay in an organization because they like it”. But why do they like it? Because they are respected, treated fairly, and feel a sense of pride in their work.

Nevidjon & Erickson (2001) lists trends in the current national workforce. Employees value time over money and desire opportunities for education and access to personal service needs such as day care and banking. They seek more autonomy and want to be involved in decision making in a collaborative manner. In response to the desires of today’s workers, Nevidjon & Erickson have developed a list of 15 tips for building a high-retention culture:

1. Support the top 25% of the workforce with pride-building activities and attitudes.
2. Move toward flexibility in thinking as well as in work hours.
3. Break down the caste system by allowing employees to move within the organization.
4. Reward cross-tribal relationships.
5. Train managers to coach, teach, and mentor.
6. Solicit suggestions and act on them.
7. Minimize the frequency of reorganization.
8. Institute new technology that saves time and effort.
9. Demand respectful treatment of all employees by all employees regardless of level or title.
10. Address the generational differences in order to effectively motivate employees.

11. Require managers to become responsible for retention.

12. Develop an orientation climate and process that will enhance employee socialization.

13. Eliminate the bottom 10% of poor performers.

14. Develop a retention plan for the top performers.

15. Recognize the value of habitual kindness.

Kotter (1996) identified the following as common mistakes of failed change efforts primarily as a result of having managers, rather than leaders at the helm of transition, who fall prey to the following situations:

- Allowing complacency – Complacency develops for a variety of reasons. Often times low performance standards or narrow goals lead to complacency. The absence of a major crisis or too many visible resources results in satisfaction with the status quo. Sometimes just too much “happy talk” from senior management along with poor performance feedback can produce complacency among all levels of employees.

- Failing to create a powerful guiding coalition – Managers tend to develop a plan rather than a vision, under-communicating the need for change, and attempting to control, rather than empower others. An isolated CEO or a low-credibility committee lack the guiding power that comes from a committed, trusting coalition.
• Underestimating the power of vision – A clear vision simplifies hundreds of more detailed decisions, motivates others in the right direction and coordinates the actions of many. Without the vision, the path is easily obscured and goals are not likely achieved.

• Under-communicating the vision – Failure to communicate the vision frequently and in different ways, or communicating inconsistent messages will weaken the vision and ultimately the outcome of the anticipated change.

• Permitting people or structures to block the vision – The four major obstacles are structure, skills, systems, and supervisors. Formal structures make actions difficult; poorly developed skills of key persons limit the plan, inadequate information systems or human resource systems inhibit progress; and supervisors who discourage action are restricting movement toward the established goals.

• Failing to create short term wins – Short-term wins provide evidence that sacrifices are worth the effort and helps build momentum. In addition, celebrating successes keeps everyone on board and undermines the cynics. Ignoring accomplishments can sabotage the progress that has been made and may prevent the attainment of the desired objectives.

• Declaring premature victory – Celebrating too soon will eradicate the momentum that will be needed to complete the goal.

• Neglecting to anchor changes in the corporate culture – Norms and shared values will come only after the transformation. Continued evidence of the
validity of the change must be communicated in an effort to anchor the change in the culture and key personnel must embrace the change and its advantages. Failure to do so will likely produce regression of the desired outcome and the development of negative subcultures.

Kotter then went on to present the 8-stage process of change, a reversal of the commonly identified mistakes:

- Establish a sense of urgency to avoid complacency.
- Create the guiding coalition to establish trust.
- Develop a vision and strategy to maintain focus.
- Communicate the change in a variety of forums to build acceptance.
- Empower employees for action to align the systems with the vision.
- Generate short-term wins to maintain momentum.
- Consolidate gains and produce more change to proactively address internal departmental interdependence.
- Anchor new approaches in the culture to ensure the continued success of the change.

Gallagher (2003) presents the notion that culture often changes because of two stark choices – change or die. When doom is less evident, internal pain, such as decreasing productivity and quality or decreasing morale with the resulting increasing turnover will serve as the catalyst of culture change.

Schwartz and Tumblin (2002) support the theory that effective leadership is at the heart of successful change within an organization and that transformational servant leadership is the most successful in energizing human resources within an
organization. Leaders must first become servants, valuing moral and ethical standards while putting their followers first.

Culture modification is shaped by many factors as outlined above, but change takes time. Hemman (2002) suggests that cultural value change requires at least a generation of organizational employees with sustained diligence and unshakeable commitment from the leadership of the organization.
Chapter IV

Role of the Occupational and Environmental Health Nurse in Influencing Organizational Culture

It is imperative that the OEHN understands the impact of organizational culture within the worksite. It is even more crucial that he/she is able to work within the structure of that culture and develop mechanisms to direct or enhance the culture. The OEHN can influence organizational culture to ensure a place for occupational safety and health on the company leaders’ list of priorities, thus adding employee safety and health as a core value. The nurse can also develop the vision and mission for the occupational health unit and link these ideals to the organization’s vision and mission as well. In addition, the OEHN can become more effective as a change agent by developing leadership skills that will guide the occupational health unit toward a desired culture. The nurse manager of the occupational health unit can apply leadership strategies that have been developed by researchers, theorists, and professional nurse scholars who have studied the effects of leadership on the organizational culture.

Application of Competing Values Framework

In applying the competing values framework (Cameron & Quinn, 1994) to practice, the nurse leader should strive to maintain a dominant clan and adhocracy cultural orientation. He/she must create a unit or organization that is sensitive to the employee, where the environment is friendly, teamwork is expected and consensus building heightens morale and loyalty. If the OEHN encourages innovation, initiative, and risk-taking, new programs and services will emerge.
Care should be taken to minimize decisions and behaviors that would sway the cultural orientation toward market or hierarchy characteristics, as this would create intense competition among staff members and produce a more formal, rigid environment. As documented by Jones & Redman (2000), the market and hierarchy orientations created a culture where workplace design initiatives were unsuccessful and distrust and inefficiency were the norm. The organization with the desired clan and adhocracy orientations were able to successfully implement change. The authors note that assessing the organization’s culture and using it as an important part of any planning and strategic initiative will likely make the difference between success and failure in implementing and managing change.

**Healthcare Settings and Organizational Culture**

Ingersoll, Kirsch, Merk, & Lightfoot (2000) conducted a study to determine the relationship among organizational culture, organizational commitment, and organizational readiness in a sample of employees participating in a hospital-wide redesign initiative. They found that a positive, effective culture was associated with favorable perceptions about the organization’s readiness and the employee commitment to the organization, which has important implications for nurse leaders. It suggests that creating environments in which employees feel empowered to influence the work of the group is likely to have the added benefit of employee commitment to the work of the organization as well as favorable perceptions about plans for change. The study also pointed out that there may be differences in organizational culture across work units or departments. These
differences must be identified, so that the nurse leader can effectively work across departmental lines.

Assessment of each department is essential for the successful implementation of change and a "one size fits all" approach is apt for failure. The nurse leader must tailor his/her plan for those areas that are more or less committed to the initiative. Strategies to alter the culture of a work unit may be necessary before any successful change process can be implemented. Nurse leaders must also assess prior response to change efforts. Focused discussions of past organizational change should be conducted with particular emphasis on the acknowledgement of past deficiencies with resulting fear and uncertainty. Reinforcement of the desire to handle things differently will be required at regular intervals as changes are implemented.

In the study by Meterko, Mohr, & Young (2004), results suggest that healthcare organizations should strive to develop a culture emphasizing teamwork and de-emphasizing the aspects of bureaucracy that hinder efficiency and quality of care. Organizations with a culture of teamwork were more advanced with quality improvement processes, reported less staff turnover and experienced enhanced quality of care as reported by patient satisfaction surveys. This finding supports the work of Jones and Redman (2000) and again emphasizes the nurse leaders' role in developing teamwork among employees.

Richards et al. (1999) measured organizational culture, using Kramer's Culture of Excellence instrument after the implementation of the councilor model of shared governance was implemented in a VA healthcare system. This
instrument consists of seven subscales that characterize the qualities of the most successful businesses and hospitals that have hence been identified as Magnet Hospitals. The seven qualities are autonomy, bias for action, close to the customer, hands-on value driven, productivity through people, simple form, lean staff, and simultaneous loose-tight properties. With this instrument, higher scores indicate a culture of excellence and it was determined that the new model of shared governance in this facility produced a positive impact on staff participation in decision-making, productivity, and cost. The OEHN could apply this shared governance model among occupational health work units and the seven qualities could also be developed among workgroups and eventually become a shared vision throughout the organization.

Cooper et al. (2004) compared the perceptions of staff nurses and nurse executives related to key ethical issues encountered in healthcare organizations. Of particular interest were the differences of opinion regarding the importance of business and clinical ethical issues. These differences would likely present a challenge in defining and implementing an organizational culture built on ethical values. Findings suggested that nurse leaders view ethical issues in much the same way as do staff nurses. The primary ethical concern for both groups was a widespread disappointment with the quality of service provided by health care organizations with the root cause being the failure of healthcare executives to effectively manage the clash between business and clinical ethics. The American Nurses Association Commission on Workforce for Hospitals and Health Systems recommended that leaders must improve the workplace partnership by creating a
culture in which hospital staffs are valued. The commission suggests that there must be an increase in the ability of employees to be heard by decision makers at all levels in the organization (shared governance model). This concept of shared governance would begin to move the organization toward the desired workplace culture of the future.

Knox & Irving (1997) studied nurse managers' perception of healthcare executives during transition processes as it related to maintaining quality of work life. Frequent communication about goals and progress of the change was found to be the most important factor in maintaining work satisfaction. Direct and frequent communication provides validation and surety of successful changes in the work environment. High visibility of executives was the second most important factor, providing expression of concern and opportunities for face-to-face interaction. Visibility activities might include rounds, informal drop-in meetings, and structured question and answer sessions. Third on the list was verbalized commitment to the mission of the organization during transition. Education, empowerment, and recognition of accomplishments were also listed as important factors contributing to the quality of work life. These are all key components to providing organizational support, which in turn leads to mutual respect and trust and ultimately to confident risk-taking and forward movement toward the desired change. The OEHN nurse leader can apply these findings, working to maintain effective frequent communication and visibility with the staff not only in times of change, but as a routine management skill that will enhance the culture of the work unit and the organization.


**Education and Organizational Culture**

Senge (1990) also supports the importance of education in culture change when he states that learning has been “dragged down” to taking in information, and must rather be thought of as the expansion of one’s capacity to create and produce positive results. Education is identified as one of the seven roles of the OEHN (Randolph, 2003) and is consistent with the development of effective organizational culture. The nurse leader must acknowledge education as a value to be supported by the occupational health staff and the organization as a whole.

**Implementing Organizational Cultural Changes**

Sproat (2001) supports the concept that by changing visible artifacts, the leader can shape organizational culture. These artifacts would include physical structures and symbols, rituals and ceremonies, language and stories, and legends. This may be as simple as removing or adding a portrait of a former leader, or celebrating achievements with formal recognition. The OEHN leader must be aware of the significance of visible artifacts and should evaluate the influential artifacts to determine both positive and negative impact. Should negative artifacts be present, the nurse leader should formulate a plan of action to begin to replace or remove these barriers to positive organizational culture.

Organizational culture changes were also explored by Allen and Kraft (1987), who identified key principles that are important in ensuring successful organizational cultural change in any work setting:

- Involve people in the problems and programs that affect them.
- Develop and maintain clear goals, objectives, purposes, and tasks.
• Work from a sound information base.
• Integrate concern for people and achievement.

Gershon et al. (2004) presents the following recommendations for nurse leaders as they attempt to change a corporate culture: 1) adopt and use uniform terminology, 2) guide all studies with a theoretical framework that can be tested, 3) apply standard and psychometrically sound instruments, 4) ensure that all measures are specific and targeted, and 5) apply high-level statistical analysis where feasible, to verify the relationship between culture and climate.

Schoolfield and Orduna (2001) presented the concept of using the well-established grief process to facilitate change within the work setting. It is imperative that the nurse manager recognizes the stages of grief, correlates the stages with the change process and is able to intervene in an effective manner.

First, it is crucial to make the employees aware of the impending change. The manager must be able to recognize and validate anger, the first expected stage of reaction. As employees begin bargaining, the manager will do well to find win-win solutions to issues without compromising the necessary changes. Support is the key ingredient during the stage of chaos. Patient reassurance is the best method for coping with this stage. Patience is again recognized as the required method for dealing with the stages of depression and resignation. As employees move into openness, the manager must review the desired change repeatedly. When staff moves toward readiness, the manager can then become more directive, assigning specific tasks and responsibilities, while maintaining high levels of visibility. With the final stage of re-emergence, when staff begins to make
accountable decisions, the manager should make opportunities for leadership and growth available. Addressing change in this manner reduced anxiety and decreased turnover and employee conflicts.

*Worksite Stress and Organizational Culture*

Dyck & Roithmayr (2002) evaluated culture and worksite stress with particular emphasis on the role of the OEHN. “Organizations that consistently use effective people management practices create work environments that reduce or eliminate significant workplace stressors. Not only do these organizations enable effective business results, they foster the conditions for a healthy workplace” (p. 216). Organizational stressors, such as conflicting priorities and poor communication are identified as significant root causes of organizational health and wellness problems that directly impact absenteeism, turnover, productivity losses, and increased benefit plan costs. The authors provided the following guide to assist the OEHN to positively impact the effect of worksite stress, with a resulting positive impact on culture:

- Identify stressors and measure the effects of stress in relation to impact on the bottom line by evaluating the cycle of harm.
- Conduct a needs assessment.
- Identify and analyze the root cause of the stress.
- Select and implement interventions, utilizing evidence-based actions to reduce or eliminate the stressors.
- Track the results and evaluate outcomes over a period of 3-5 years.
• Educate management using external and internal data to support the business case associated with reducing workplace stress (health outcome data).
• Develop and implement measurements for stress toxicity.
• Promote wellness programs and effective workplace changes.
• Practice performance support and encourage the practice with other managers: establish purpose, enable performance, expect results, and encourage success.

Expanded Roles and Organizational Culture

The majority of documented work in the area of OEHN nurse leaders and organizational change relate to the development of effective leadership skills and the application of these skills, along with education to implement change and influence culture. Two additional studies addressing business needs and volunteerism broaden the perspective. Nelson (2001) states that organizational management is expecting nurses to contribute to the business needs of the company. The nurses’ knowledge must expand to include managerial concepts, financial management, including cost effective and cost benefit analysis, trend analysis, case management, and negotiation skills. Nurses must be prepared for role expansion, and must demonstrate and communicate the value they add to the productivity of the workforce.

Rojak, Fredrickson, Fitpold, & Uhlken (2001) present the concept of increasing the emphasis of volunteerism in the work setting to enhance corporate culture. Many large companies are now incorporating community service as a
corporate goal of social responsibility. Communities, families, and individuals benefit from the service, while companies develop a positive, health conscious image. Often the OEHN is at the center of such initiatives, as he/she is knowledgeable of such service agencies in the community and can successfully facilitate employee involvement.

By the very nature of the role, the OEHN is strategically positioned to impact the organizational culture within the worksite. He/she is educated in work and health trends and is able to assess work, the work environment, the organization and the employees that function within this framework. The OEHN, by role definition is manager and educator, which provides a direct connection to the leadership and education skills that are outlined in the body of work that has been conducted on organizational culture. In addition, in the role of health promotion specialist, the OEHN is positioned to advocate for placing wellness initiatives on the core value list of the organization and endorse health promotion as part of the vision and mission of the organization.
Chapter V

Discussion and Conclusions

The concept of organizational culture has been developed by theorists, researchers, and professionals in many disciplines across seven decades, and has been identified as a workplace characteristic that can be modified to influence the effectiveness of an organization. Culture has been defined in many ways, but the common thread in all the writings, suggests that culture is the never-completed compilation of values, norms, beliefs, and behaviors that shape work within an organization.

Assessment of the workplace culture is necessary for the OEHN, the safety professional or any manager to function effectively within the organization. Scholars of organizational culture have provided guidelines for the assessment which includes such categories as image, environment, communications, status symbols, rites and rituals, sacred cows, and subcultures (delBueno & Freund, 1986). Deal & Kennedy (1982) dedicated an entire book to the assessment of the organizational culture, listing formal and informal structure, history, support services, power and politics, environment, community awareness and leadership as key areas of review. Once the organizational culture is evaluated, areas of strength and weakness will become evident and areas for change may be identified.

Ethics and Organizational Culture

In reviewing the literature related to organizational culture, one predominant theme emerges. Ethical decisions and behaviors are the key ingredient to a
positive organizational culture. Every definition of organizational culture refers to values, norms, and beliefs, which effect decisions and behaviors. If these values, norms, and beliefs are ethical in nature, then the resulting decisions and behaviors will also be ethical, and ethical translates to effective and positive. Deal & Kennedy (1982) outlined the connection of moral, legal, and ethical principles to positive cultural development. Gallagher (2003) stated that the right core values remain as the biggest factor in business success. Organizations that have trusting environments experience greater productivity and financial benefits (Kreitzer et al., 1997). If ethical behavior produces positive results, then, conversely, it stands to reason that unethical behavior produces negative results. Sims (2000) provides support for this assumption by stating that the lack of ethical decision-making will result in unethical conduct and Vardi (2001) concurs with his conclusions that the most important climate factor influencing misbehavior is ethical climate.

Trevino & Nelson (1995) support systematic analysis and management of the organizational culture to support ethical behavior, while Schein (1991), Fombrun (1996), and Paine (1997) each address the positive impact that an ethical leader exerts upon an organization.

If then, an ethical climate producing ethical decisions and behaviors is desired, how are ethical leaders formed? Leaders must first become servants, valuing moral standards and putting their followers first (Schwartz & Tumblin, 2002). Deal & Kennedy (1999) and Baker (2000) provided steps that leaders should follow to create an ethical culture within the organization, including such
behaviors as consensus building based on a noble vision, communicating consistently, respecting employees, and rewarding desired behaviors.

Nurses are expected to uphold ethical standards in their practice and professional nurses' leadership training supports the ethical principles that have been outlined in the literature. Cooper et al. (2004) found that regardless of position, every nurse believes that the delivery of quality patient care is the ultimate ethical principle in practice. OEHN's are advocates for the ethical treatment of employees and OEHN nurse leaders are called to be ethical leaders both in the occupational health unit and at the boardroom table. The OEHN should make every effort to develop and maintain ethical principles and influence their peers and managers to uphold those standards as well. Participation in the worksite ethics committee or leadership in the development of such a committee is an avenue of influence for the OEHN to ensure that ethical principles are maintained in worksite decisions that affect policies and processes. The nurse is in a position to hold other managers accountable for ethical practices, upholding the mission that the organization will do what is right. Also in his/her role, the OEHN is able to directly affect the health promotion, absence management, injury management, and safety programs and practices within their workplace and is supported by the studies presented in this paper to insist upon ethical decisions in these areas.

**Leadership and Organizational Culture**

Aside from the ethical perspective, there are other conclusions to be drawn from previous studies. Research has been conducted to identify the characteristics
of both effective and ineffective cultures. A large portion of this work centers on
effective and ineffective leaders and many researchers have contributed to the
understanding of leadership and its importance in organizational culture.

Leadership is the key ingredient for establishing a culture that is forward thinking,
creative, adaptable, and effective. Employees thrive when control is minimized
and leadership, rather than management, is maximized (Haney & Amann, 2001).

The competing values framework developed by Cameron and Quinn (1994)
places organizational culture and leadership into a framework of four general
cultural orientations of clan, adhocracy, market, and hierarchy. Organizations
with a propensity toward the clan and adhocracy characteristics tend to lead rather
than manage and this is thought to be a preferred orientation, producing a more
effective organizational culture.

Strong leaders must be developed, not only within the discipline of nursing,
but in any field that impacts the worksite, including safety and process
development and implementation. Jones & Redmond (2000) clearly
differentiated between strong leaders and strong managers, as they applied the
competing values framework (Cameron & Quinn, 1994) to healthcare redesign
initiatives. Concluding that strong leaders promote desirable clan and adhocracy
cultures, while strong managers promote less effective hierarchy and market
oriented cultures, the authors suggest that leaders, rather than managers should be
recruited and hired for key executive positions if the organization intends to foster
a healthy culture that can sustain redesign initiatives.
This concept can be applied not only to recruitment and hiring of leaders, but to the development of current leaders and not only for company executives, but for leaders of the occupational health unit, as well as the safety department. Work unit leaders can utilize strategies in their daily processes that promote the clan and adhocracy values. In addition, prior to initiating major changes, the leader can assess the current cultural orientation using the competing values framework model. Should characteristics of the less desired market and hierarchy cultural orientations emerge as dominant, the leader could initiate actions aimed at moving the cultural orientation toward the desired clan and adhocracy values. Such actions would include the development of a task force, with members from all levels of the organization collaborating to develop strategies. The utilization of focus groups, made up of employees at all levels of the organization, could serve to analyze issues and develop recommendations related to the project.

Even when a major change is not in the forecast, team-building skills could be developed within the occupational health unit, the safety department, or any work group at any time to foster cooperation. Team building can also be incorporated into the change plan, with consideration given to adequate time and resources. Enhancing employee recognition processes and employee educational opportunities can serve to develop the sensitivity, concern and creativity that will lead a work unit or an entire organization toward the clan and adhocracy cultural orientations, resulting in a culture where trust is strong, morale is high and the storms of change can be weathered successfully (Jones & Redman, 2000).
Assessment and Organizational Culture

It would be apparent from this author's perspective that organizational culture has an impact on health promotion, absence management, injury management, and safety – all areas of influence by the OEHN. Of these four areas, safety is the only one with a significant body of organizational cultural study. General assumptions of organizational culture can be applied to the remaining areas, but there remains a tremendous void in our complete understanding of the impact of organizational culture to the full spectrum of the organization. The OEHN is in position to assess and if necessary assist in modifying the existing culture in an effort to enhance these areas where the nurse has direct influence.

It is also imperative that the process of worksite assessment includes organizational culture, in order for the OEHN to function effectively within the workplace. Deal and Kennedy (1982) provided an outline for organizational cultural assessment, in which they identified the occupational health unit as a support service for the organization. If in fact the occupational health unit exists as a support service and not a core function of the organization, then the health and safety of the employees is not valued. Health and safety will not be a priority and over time illness, injury, and property loss will have a direct impact on the bottom line not only in productivity, benefits, and material goods, but in fines and court settlements for issues beyond a lost workday or equipment replacement costs.

The well-trained occupational and environmental health nurse brings to the table a vast array of experiences and a depth of knowledge that proves invaluable
to a company. The OEHN fills the role of seven individuals as he/she provides the services of clinician, case manager, health promotion specialist, manager, consultant, educator, and researcher (Randolph, 2003). It is the responsibility of every OEHN to educate corporate leaders of these roles and of the value of the occupational health unit to not only the employees, but to the company, the company’s bottom line, and the organizational culture.

Just as the occupational health unit is core to the organization, so it is with the safety department. A large amount of study has been conducted on safety and the development of a culture of safety. The federal government and many states have dedicated huge sums to develop guidelines and regulations to address safety concerns in an effort to prevent costly incidents and loss of limb and life. Documents outlining the steps in building a culture of safety have been developed (OSHA Culture Fact Sheet, 2004) and the Institute of Medicine has also expended resources in the study of safety (IOM, 2004). How can it be that a company could ignore this fact and refuse to place the safety and health of employees foremost on their list of priorities? Safety and health of the workforce should be a core value for every company, regardless of process, product, or size. If leaders fail to acknowledge the importance of a safe and healthy workplace, then serious review of the leader by the board of directors or company owners would be in order, as recommended by Fombrun (1996).

 Progressive organizations would do well to devote resources toward the assessment of their culture using a model similar to those explored in this paper. Areas for improvement should be identified and a plan of action developed
utilizing the elements of cultural change outlined by the organizational cultural researchers and scholars. Leadership skill building education would likely be part of the plan, with special attention to ethical behaviors and decision-making. Kotter (1996) suggests that the successful organization of the future will possess the following cultural traits: external orientation, empowerment, quick decision-making, open and candid communication, and risk tolerance. These factors, coupled with a nonbureaucratic structure and sincere concern for employees will lead organizations toward a positive effective culture where occupational health and safety will be a core value.

Based on documented findings, it is concluded that understanding the culture of an organization is paramount in working effectively in that culture. As an organizational leader, the OEHN is in a position to assess and influence the culture of the workplace and to be a catalyst for changing the organization's culture to ensure that employee safety and health is valued and is included in the vision, mission, and culture of the organization.

Limitations

The case examples that are shared throughout this paper represent a personal bias, as they are the work and experiences of just one individual. It is reasonable to suggest that the qualitative review of organizational culture may be approached differently by other scholars. In addition, this paper offers only subjective, qualitative conclusions, with no quantitative data to support the assumptions.
Recommendations for Future Study

Continued work relating to the effect of organizational culture on any discipline within a work group would provide valuable information in terms of effective functioning of that organization. The impact of organizational culture upon the role of the OEHN should surely be an area of study for the future, since there is limited work within this nursing discipline. Multi-nurse occupational and environmental health units could examine not only the total organizational culture, but also the culture that is specific to that work group. In addition, it would be interesting to compare the culture of occupational and environmental health departments across large multi-site organizations.

Applying developed theoretical frameworks, such as the competing values model, to the occupational and environmental health setting would provide another area of study. The impact of organizational change to the culture of the occupational and environmental health unit could provide insight into the effects of organizational change beyond work processes and productivity. It would also be very supportive of the value of the OEHN if studies were conducted to determine the influence that the nurse contributed to the positive cultural changes within an organization, not only in areas that were examined in this paper, but in any area where the nurse has influence within the organization.
References


