Review

Organizational culture and its implications for infection prevention and control in healthcare institutions

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S U M M A R Y

Background: It is not uncommon for infection prevention and control (IPC) interventions to be successful in one hospital yet fail, or have significantly less success, when implemented in another healthcare institution. Organizational factors have been postulated to be a major reason. As a result, there has been an increasing drive in recent years to understand and address organizational culture (OC) in order to achieve improved healthcare performance.
Aim: To examine the inter-relationship between OC and behavioural attitudes by healthcare professionals; to determine whether and how OC may impact on IPC compliance; and to highlight the potential for OC modification interventions to improve IPC practices within hospitals.
Methods: Previous literature is reviewed and synthesized, using both IPC journals as well as publications focusing on human behaviour and organizational change.
Findings: The article evaluates the theory of OC within healthcare settings and identifies how various elements appear to impact on IPC-related behaviour. It highlights the paucity of well-designed studies but identifies sporadic literature suggesting that well-designed and customized OC change initiatives can have a positive impact on IPC practices, such as hand hygiene.
Conclusion: OC change appears to be a promising, albeit challenging, target for IPC improvement campaigns — both from a theoretical perspective as well as from the results of the few available studies. However, more data and quality information are needed to identify effective strategies that can elicit effective and sustained change.

Published by Elsevier Ltd on behalf of the Healthcare Infection Society.

Introduction

Healthcare-associated infections (HCAIs) continue to constitute a major challenge to healthcare institutions, in terms of patient mortality and morbidity as well as unnecessary financial expenditure.[1] A significant reduction in HCAI incidence has been shown to be achievable through effective infection prevention and control (IPC) interventions within hospitals and healthcare organizations.[2] To this end, over the past decade, numerous change tools have become available aimed at achieving better IPC compliance.[3—5] Yet, despite being evidence-based and often low cost, the success of these attempts has been far from universal.[6] The Geneva model has been the basis of most international initiatives aimed at improving hand hygiene compliance.[7] However, attempts to introduce it within other healthcare institutions, using a similar methodology, have often failed to replicate success.[8,9] Gould

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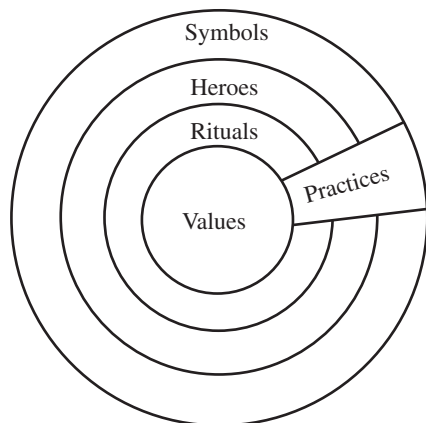E-mail address: michael.a.borg@gov.mt (M.A. Borg).

Figure 1. Hofstede's representation of organizational culture.[18]

et al. attribute this discrepancy to organizational culture (OC) and suggest that 'much of the success in Geneva must be attributed to the attention given to contextual factors within the organization that encouraged hand rub use, especially hospital-wide "ownership" of the initiative by managers and senior health professionals'.[10] They also warn that 'a customized intervention from another country that fails to consider local organizational factors likely to influence the implementation of the campaign is unlikely to be effective.' It is therefore not surprising that an increasing emphasis has been placed during recent years on the need to understand OC and attempt to change it where it is found to hinder optimal healthcare performance, including IPC practices.[11]

Organizational culture

Organizations are groups of people that generally share some common goals. By working towards these objectives, they form common beliefs and values, which distinguish them from other groups. There is no consensus about the definition of organizational (or corporate) culture but it is widely accepted that it is a learned entity. Suggestions range from the extremely simple: 'the way we do things around here'[12] to highly complex, incorporating shared basic assumptions, external adaptation and internal integration. The latter is evident in Schein's definition of OC as 'the pattern of basic assumptions that a given group has invented, discovered, or developed in learning to cope with its problems of external adaptation and internal integration, and that have 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.[13] OC encapsulates not only what the members of the organization have learned but also what they believe. It comprises perceptions as well as practices shared within the organization,[14] rather than being solely based on values held by individual members.[15] This pattern of shared beliefs and values gives members of the organization meaning and provides them with the rules for behaviour in their organization.[16] OC promotes the idea that culture is centred on the survival of the group (micro-culture) in conjunction with requirements and constraints that its environment (macro-culture) places on it.[17] OC can also be regarded as a mental software, imprinted on the members of an organization. This approach has been taken by Hofstede *et al.* who define OC as

'collective mental programming' that distinguishes the members of an organization from another.[18] They represent OC using an onion model (Figure 1). At its core are the values, unwritten codes and beliefs held by the members of the organization. These intangibles are then layered by the visible practices: rituals (collective activities which are considered socially essential), heroes (individuals who possess characteristics which are admired and deemed important) and symbols (the most externally visible component incorporating the gestures, objects, words or acts that distinguish the members of that organization from others).[18]

Organizational culture reflects assumptions about clients, employees, mission, products and activities. These assumptions have worked in the past and become translated into norms of behaviour and expectations about what are legitimate, desirable ways of thinking and acting.[19] Since OC comprises shared rather than individual values, it is highly complex. Moreover, in multifaceted organizational structures, such as hospitals and healthcare institutions, more than one professional occupational category co-exist different subcultures can subsequently emerge.[20] These may share common orientation and values. However, there may just as likely be disparate subcultures that either clash against each other overtly or else maintain an uneasy co-existence. These subcultures can be (a) enhancing cultures, which represent an organizational enclave in which members hold core values, (b) orthogonal cultures, which tacitly accept the dominant culture of the organization while simultaneously espousing their own traditional values, and (c) countercultures, which promote values directly challenging the dominant culture.[21] OC and behaviour can therefore be looked upon as a patterned system of perception, meanings and beliefs about the organization, which facilitates sense-making among a group of people sharing common experiences and which guides individual behaviour at work.[22]

Professional culture

The study of OC becomes more complex when the different organizational hierarchical layers — professional, administrative and technical — within a hospital are analysed individually. Traditional professions, such as physicians, nurses and other healthcare workers, have gained professional status over the course of time. They generally create their own culture (and series of subcultures) within the organization. In doing so, members of these various professional groups seek to control their organizational destinies.[23] This may lead to a feeling of superiority that becomes legitimized by a dominating role over other aspects of the organizations' work. Furthermore, there seems to be a consensus that professional subcultures are often stronger than other groupings within an organization. In being so, these professional groups often have extra-organizational associations and peers to help them define new cultures, values and practices.[22]

The specific role of OC is especially meaningful in challenging times. When organizations are going through change, ideology plays an important role in shaping action. When changes are threatening, individuals and groups may challenge the ideological basis for the current system, whereas members likely to benefit from maintaining existing cultural forms may try to legitimate their actions and status in the organization