



Development and psychometric testing of the Clinical Learning Organisational Culture Survey (CLOCS)

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SUMMARY

Aim: This paper describes the development and psychometric testing of the Clinical Learning Organisational Culture Survey (CLOCS) that measures prevailing beliefs and assumptions important for learning to occur in the workplace.

Method: Items from a tool that measured motivation in workplace learning were adapted to the nursing practice context. The tool was tested in the clinical setting, and then further modified to enhance face and content validity.

Participants: Registered nurses (329) across three major Australian health facilities were surveyed between June 2007 and September 2007.

Data analysis: An exploratory factor analysis identified five concepts – recognition, dissatisfaction, affiliation, accomplishment, and influence.

Validity and reliability: Internal consistency measures of reliability revealed that four concepts had good internal consistency: recognition ($\alpha = .914$), dissatisfaction ($\alpha = .771$), affiliation ($\alpha = .801$), accomplishment ($\alpha = .664$), but less so for influence ($\alpha = .529$).

Results: This tool effectively measures recognition, affiliation and accomplishment – three concepts important for learning in practice situations, as well as dissatisfied staff across all these domains. Testing of additional influence items identify that this concept is difficult to delineate.

Conclusion: The CLOCS can effectively inform leaders about concepts inherent in the culture important for maximising learning by staff.

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Introduction

Learning within health practice environments needs to be optimised for quality care to be sustained (Henderson and Winch, 2008). This imperative is greater than ever before as the nursing workforce is highly mobile and susceptible to rapid turnover and attrition (International Council of Nurses, 2004; Productivity Commission, 2005). The successful transitioning of graduates and new staff into workplace practice relies on clinical contexts that optimise teaching and learning (Steinbinder and Scherer, 2006), foster the integration of new staff and ensure that standards of care are maintained. A valid and reliable tool that measures the assumptions inherent in the clinical learning organisational culture that directly influences learning and ultimately individuals' performance in the workplace is a useful barometer of positive and negative ele-

ments within practice environments. The specific knowledge obtained from a measure of the clinical learning organisational culture can subsequently guide leaders as to the structures, processes, and practices that are effective or need to be developed to foster learning within their clinical contexts. A review of available instruments (Scott-Findlay and Estabrooks, 2006; Scott et al., 2003), revealed few valid, freely available tools that measure workplace culture that facilitates staff learning. The development of a tool is potentially very useful – it can be used to progressively gauge whether initiatives in clinical contexts impact on those factors important for learning.

Background

Organisational culture is not consistently defined. There are multiple definitions in use (Scott-Findlay and Estabrooks, 2006; Scott et al., 2003) and little agreement about how organisational culture should be observed or measured (Scott et al., 2003). The often cited framework developed by Schein (2004), identifies culture manifes-

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tation at three distinct and hierarchical levels: artefacts, espoused beliefs and values, and underlying assumptions; which are intrinsically linked to and influenced by leadership and vice versa. Schein (2004) definition identifies the existence of assumptions in culture. Given the difficulties of challenging assumptions, clear articulation of these assumptions are essential to effectively guide leadership teams interested in shaping positive learning environments.

A review of the literature identified a tool titled the ‘theory of motivation of personal investment’ by Maehr and Braskamp (1986). This tool, derived from empirical studies within workplace environments, seemed relevant to use when exploring the norms inherent in clinical nursing practice contexts as it explored the motivation of individuals to learn and work within an organisation.

The concepts from this existing tool formed the basis of a new tool, the Clinical Learning Organisational Culture Survey – that recognised the generic concepts but modified to suit contemporary health care contexts.

Aim

This paper describes the development and psychometric testing of the Clinical Learning Organisational Culture Survey. This survey measures the existence and prevalence of assumptions (through sub-scales) that provides information about staff attitudes within clinical contexts important for learning to occur in the workplace.

Ethical considerations

All processes used to develop and test the tool were approved by the Human Research Ethics Committees of the university and participating hospitals. Participants were informed that their participation was voluntary. The information sheet also identified the purpose and expected benefits of the study, details about the research team, ethical considerations, and advised that the return of a completed or partially completed survey was accepted as their informed consent to participate.

Method

Development of the tool (CLOCS) involved the following sequential stages

- A review of the literature identified a tool with the ‘best fit’ to investigate clinical learning culture, namely, the theory of motivation of personal investment.
- Exploration of the relevance of the theory of motivation of personal investment to contemporary nursing practice by the project steering team and an advisory panel Maehr and Braskamp (1986).
- Assessment of content and face validity by recognised experts in the field. The written feedback from the experts about the wording of items resulted in modification of existing items and generation of new items.
- A pilot study with 24 clinical nurses to verify that wording of items were meaningful to them and that these meanings were explicit and consistent – minor revision of the tool was subsequently undertaken based on this feedback.
- A main survey and exploratory factor analysis on the final version to analyse the underlying structure.
- Assessment of internal consistency of the sub-scales.
- Two focus groups with six to eight registered nurses each were conducted to generate statements that represent to nurses that they feel comfortable to challenge and question practices (the core concept of the influence sub-scale).
- Re-testing with new ideas.

Relevance of theory to contemporary nursing practice contexts

The original tool by Maehr and Braskamp (1986) was modified in our study to gauge nurses’ perception of their clinical learning organisational culture. The applicability of these concepts to contemporary practice and specifically nursing are detailed in Table 1.

Assessment of content and face validity by recognised experts

Items congruent with contemporary meanings were modified from the original tool (Hoyle et al., 2002). The reported reliability of the original sub-scales that pertained to organisational culture were recognition 0.87; affiliation 0.85; accomplishment 0.80 and; influence 0.51 [based on data from 339 men and women] (Braskamp and Maehr, 1985). The first version developed by our team comprised a total of 32 items that intended to describe the sub-scales of recognition, affiliation, accomplishment and influence with a five-point Likert response scale (1 = strongly disagree, to 5 = strongly agree).

The entire scale with an explanation of concepts that the items were based was then sent to six experts in academia and industry with a background in organisational culture within and outside of clinical nursing contexts to ascertain face validity. The experts rated each statement according to its relevance to the concept presented. This method of expert checking of concepts, was guided by Polit et al. (2007) approach to content validity of individual items (rather than the overall scale). This method of content validity checking concerns the degree to which a scale has an appropriate sample of items to represent the construct of interest.

Based on the recommendations of the expert panel 8 of the 32 items were negatively re-worded to minimise response bias. Issues of face validity (content and readability of items) were also revisited. The draft survey was reviewed by members of the project Advisory Board (comprising nine representatives from the nursing profession and other health professionals with experience in learning in clinical contexts); only minor adjustments, such as the correction of grammatical errors were made to the format.

Pilot study

In 2007, 24 clinical nurses in an acute tertiary hospital completed the survey and provided feedback. Items were presented in random order so as not to identify the specific sub-scales thereby promoting an intuitive response from respondents rather than one indirectly guiding or persuading their ratings. From this feedback, the questions “I feel well supported during student clinical placements by the organisation” and “I don’t have a great deal of influence over things that affect me in the job” were deleted as meanings related to these statements were not consistent among the nursing staff.

Exploratory factor analysis

Main survey

The revised tool contained 30 items that aimed to measure clinical organisational culture dimensions of accomplishment, recognition, influence, and affiliation. Eight items were negatively worded.

Procedure

The survey was distributed to practising registered nurses in three major hospitals in South East Queensland during the months of June and August 2007. A brief explanation of the project accompanied the survey requiring 10–20 min to complete. Time for completion was an important consideration given that ward staff are often ‘time poor’, thus arrangements were made with the nurse

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