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Culture as a predictor of resistance to change: A study of competing values in a psychiatric nursing context

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ABSTRACT

It is well known that a conservative organizational culture can hinder the implementation of new organizational models. Prior to introducing something new it is important to identify the culture within the organization. This paper sets out to detect the feasibility of reform in a psychiatric clinic in a Swedish hospital prior to implementation of a new working method – a structured tool based on the International Classification of Functioning Disability and Health. A survey consisting of two instruments – an organizational values questionnaire (OVQ) and a resistance to change scale (RTC) – was distributed to registered and assistant nurses at the clinic. The association between the organizational subcultures and resistance to change was investigated with regression analysis. The results revealed that the dominating cultures in the outpatient centers and hospital wards were characterized by human relation properties such as flexibility, cohesion, belongingness, and trust. The mean resistance to change was low, but the subscale of cognitive rigidity was dominant, reflecting a tendency to avoid alternative ideas and perspectives. An instrument like the one employed in the study could be a useful tool for diagnosing the likelihood of extensive and costly interventions.

1. Introduction

It is well known that a conservative organizational culture can hinder the implementation of new organizational models. Resistance to change supported by a prevailing culture can delay the improvement of customer-oriented reforms such as patient-centered and person-centered care [1–5]. Less than 40% of patients have been reported to gain from new working models despite extensive implementation processes [6]. One reason for the limited impact of good ideas and "best practice" is the influence of change resistant cultures [7].

Organizational culture and subcultures in the workplace has been identified as one of the most important factors to consider during a change process [8–10]. Routines and rules form a basis for order and thereby for everyday activity, but can vary within the organization [11]. Even if clinics have been regarded as stable, structures that maintain the social order seem to vary. This can explain why the success of an implementation process can vary between different organizational subunits.

Prior to implementing a new person-oriented working method at a psychiatric clinic in Sweden, the organizational cultures in different units of the clinic were measured in order to predict their impact on change resistance. The study included the permanent staff in the units, i.e.

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registered and assistant nurses forming a significant portion of the organizational subcultures. The purpose of the study was to increase awareness of different cultural dimensions that had the potential to contribute to the outcome of a change process. This aim was based on the assumption that the identification of the organizational culture is an essential starting point prior to any implementation process [12].

2. Background

2.1. Organizational culture and resistance to change

A classic definition of organizational culture, upon which this paper is based, is proposed by Vygotski [13], who identifies culture as a link or transition between individual and collective behavior. This definition refers to the idea that an organizational culture is "embodied" in individuals, but shared by the collective [13–17]. Healthcare organizations incorporate cultural features such as special language, rules, myths, artifacts, stories, behaviors, thoughts, and beliefs that the members in a group have in common [18–20]. When a successful and enduring practice is developed it will sometimes be disseminated and eventually become an important part of the culture [21]. This includes professional cultures. A professional culture has been defined as values and attitudes developed by independent professional groups [22]. Saame et al. [23] suggest that organizational culture is formed as a synthesis of different professional cultures. The organizational culture can differ between different medical departments and affect the care process. Scapens [24] emphasizes that the organization is dependent on the internal organizational and social context in which it is embedded, i.e. different entities such as wards in a hospital. Lok et al. [25] imply that the ward subculture, as a part of the organizational culture, affects the production of healthcare more than the general hospital culture.

According to Davidson [26] resistance to change is "anything and everything that workers don't do which managers want them to do [26]". Resistance to change may prevent the implementation of new working models as well as new technology [27,28] and also contribute to reduced commitment and staff alienation [29]. Such phenomena have been registered within the health industry. Brorström and Siverbo [30] show how mergers between Swedish hospitals were delayed due to deeply rooted scepticism from operational staff. Kirchner et al. [31] have showed how community-based outpatient mental health clinics showed remarkably different reactions to the implementation of a new working model. Even when the model seemed to be appealing and appropriate, only one of the clinics integrated the model successfully [31]. The results were supported by studies from psychiatric nursing contexts revealing backward looking conservatism subsequently contributing to a dominance of resistance to change [32,33]. Massive criticism over the years has focused on staff in psychiatric care as being resistant to new influences in psychiatric care [34].

A handful of studies have explored the covariation between organizational culture and resistance to change in the healthcare sector [35]. Harris and Ogbonna [36] found that employee responses to change efforts varied widely depending on their willingness to change and the strength of the subculture to which they belonged. Carlström and Ekman [37] studied the organizational culture in five wards in a general medicine clinic in Sweden. They found a dominating culture of human relations, i.e. openness, trust, and loyalty. They also found that a human relations culture positively covariated with an openness to change processes and the implementation of new working models within the clinic. Alharbi et al. [38], also studying a general medical clinic, found that in hospitals where the culture promotes stability and control, patient uncertainty is reduced. Furthermore, the study indicated that a culture of stability and control better sustains the outcome of an implementation process than a culture of flexibility, cohesion, and trust.

In a study of different types of hospital ownerships, a culture of collaboration and change willingness has been declared to be prevalent in private hospitals, and a power culture of control has been proven to dominate public hospitals [39]. Saame et al. [23], in their studies of organizational culture in an Estonian public hospital, found a dominant culture of internal processes, i.e. a strong emphasis on routines and procedures focused on stability rather than change. In accordance with this, Savič and Pagon [40] emphasized that healthcare organizations are internally oriented, valuing rules and stability, and therefore have a tendency to resist change processes.

In this study we identified different dimensions of organizational cultures in order to outline the relationships between organizational culture and resistance to change in a psychiatric clinic. The subcultures in different wards were defined, and then the relationships between organizational culture and resistance to change were explored. The idea was to detect the feasibility of reform in different parts of a healthcare organization.

2.2. Theoretical framework

2.2.1. Competing values framework

The concept of organizational culture in this study is based on the Competing Values Framework theoretical model [41,42]. This model was selected because of the assumption that the organizational culture in a hospital clinic is not homogeneous. The competing values framework can provide a broad picture of the existing culture [43], which was important here since we wanted to examine the variation of relationships between organizational culture and resistance to change within the psychiatric nursing context [44]. The model is capable of displaying what Pettigrew [45] calls subcultures within different sectors [23]. Furthermore, the instrument has already been used in hospital settings [44]. Reino [46] developed the competing values framework into a questionnaire used in healthcare settings; the organization values questionnaire (OVQ). It was used in three different studies in Estonia and Sweden showing how subcultures differ in working groups within a hospital [23,38,39].

Quinn and Rohrbaugh's model [41,42] positions the principles of organizational effectiveness in two value dimensions; internal/external and flexibility/control. The