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Defining, Evaluating, and Developing a Positive Workplace Culture

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ulture can be created through interactions, communications, influences, and collaborations among members of a community or organization. Bayot et al1 defines work culture as an organizational management concept, including attitudes, beliefs, and perceptions of employees relative to the principles and practices of the institution. A positive workplace culture is one that values collaboration, maintains effective communication, encourages creativity and innovation, fosters ongoing learning, enhances problem-solving abilities, and provides recognition, and rewards for excellent work, empowering employees to reach their fullest potential while regularly feeling satisfied with their work and fostering career growth and development.² A negative workplace culture can serve as a barrier to professional development, hinders employees' job satisfaction, and reduces productivity.

Workplace culture is shaped by the organizational mission, vision, policies, work procedures, and rules. This enables health care organizations to determine what they aim to accomplish and how to provide patients with the best of care. Workplace culture, therefore, affects the delivery of service to patients and career growth and professional satisfaction of workers, thus, affecting overall productivity of the organization.

ASSESSING WORKPLACE CULTURE

Formal assessment of workplace culture is vital in any organization to understand what is and is not working, where progress is being made, and where interventions

are still needed. A workplace that aims to develop and achieve its mission and vision while fostering employee well-being should be intentional about developing or adopting self-assessment tools periodically.2 Various methods have been proposed to assess workplace culture and often include mixed methods such as surveys, focus-groups, and questionnaires, although questionnaires are most common. The most commonly used assessment is the Competing Values Framework that characterizes organizations along 2 primary dimensions centralization versus decentralization of its organizational processes and internal versus external environment orientation3—in an effort to characterize them as top-down versus bottom-up decision makers. Although designed for use outside of health care, the degree of decisionmaking power held by local leaders within health care organizations remains highly relevant, suggesting this tool can provide important insights within the health care industry as well.

RECOGNIZE THE NEED FOR CHANGE: EXAMPLES OF NEGATIVE WORK CULTURE IN HEALTH CARE

The health care system has undergone extensive change that could impact work culture, such as the introduction of electronic health records. Electronic health records were initially developed to improve medical care, save physician's time, and facilitate research. However, they have been found to be a substantial driver of burnout.⁴ although there is improved flexibility of work hours and

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efficiency for clinicians skilled in using it, on the other hand, it has led to amplified administrative burdens geared towards billing practices and increased productivity expectations for health workers.

In low- and middle-income countries, it seems to have been introduced into systems that have not been adequately prepared in terms of training of health workers, which have resulted in increased productivity expectations for health workers. Health workers spend more time completing documentation which subsequently prolong patient encounters and this can lead to conflict between health workers and patients due to the delays in care. These changes have at times led to extensive problems in the health care delivery system and lower quality performance and service to patients.⁵

As with the old adages, Medicine is a calling and You can either be a good doctor, or you can choose to have a life, but you cannot do both, putting the work firmly above the worker is the work culture of most health care organizations. No time has shown this more than the COVID-19 pandemic with health workers, often the least experienced team members, thrust into the front lines, too often not having access to adequate training or equipment, while watching their patients die in front of them. As a result, hundreds died in the line of duty and many thousands more who left the profession and/ or are living with posttraumatic stress disorder.⁶ From the perspective of work culture as attitudes, beliefs, and perceptions of employees relative to the principles and practices of the institution,1 the COVID-19 highlighted the discrepancies between the needs of frontline health care workers and the perspective of their organizations that being a good health professional means putting work above your life or family or working in any condition that the organization provides regardless of the impact on your life/family.

MANAGE THE TRANSITION

Work culture can be changed, however, this requires the entire medical community, from the individual to the organizational level, to contribute to positive change, especially through leading by example and role models. Acknowledging the problem and eliminating existing misconceptions about the professional culture that have been blocking effective change are imperative. Resistance to change is often driven by survival anxiety (factors such as physician mental health disorders, physician turnover, reduced productivity, fear of not achieving organizational goals) and learning anxiety (fear of temporary incompetence and loss of prestige, as well as concerns about the transition being too hard, time-consuming or costly) which help maintain a status quo.

The approach to work culture change should involve those who are going to be affected by change in addition to elaborating many different potential solutions to the problem before choosing one to pursue, while following a stepwise process (Figure).5 An example for a United State-based successful initiative to implement positive changes in work culture is' Leadership Saves Lives' which focused on 5 different areas of improvement: learning environment, senior management support, psychological safety commitment to the organization, and time for improvement. In the hospitals that managed a positive transition, it became evident that especially a multidisciplinary representation in the organizational hierarchy, authentic participation, and engagement in the work of the guiding coalition, as well as specific patterns of managing conflict, exhaustion, and motivation over time were crucial.8

IMPORTANCE OF ORGANIZATIONAL LEADERSHIP

In the absence of a good leader, an organization's vision, mission, and goals may not be achieved, and this will have a toll on the organizational productivity and customer satisfaction. A leader who is able to inspire the team is an immense motivation and creates a positive and fruitful work atmosphere. Good leaders should be able to communicate clearly what they expect from members and be willing to offer assistance to members who are struggling while tapping into the potentials of members who are performing well.

In an organization with a positive work culture, each member should be motivated to build their leadership skills and to view themselves potential leaders. Skills such as volunteering for a new task, teaching and sharing information with others, and understanding their own strengths and weaknesses will help them develop their

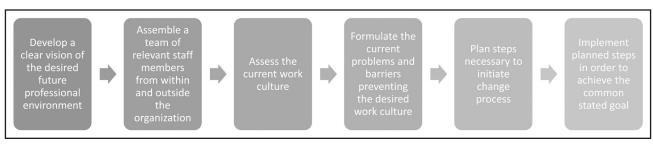


Figure. Steps for work culture change.

leadership skills and be ready to lead when given the opportunity.9

PRACTICAL STRATEGIES FOR BUILDING A POSITIVE WORKPLACE CULTURE

An example of a framework for a thriving work environment and well-being among different team members involved in patient care is proposed by Greenawald. The author considers 6 categories, namely service, teamwork, attitude, reflection, renewal and self-care—combined in the acronym STARRS—to be essential players. He highlights the importance of realizing that health care personnel do not only serve their patients but also each other and, therefore, should look out for each other, regularly check-in with each other and point out a job well done to other team members.¹⁰

Shanafelt and Noseworthy⁷ have equally proposed 7 practical strategies to improve workplace culture, some of them similar to the above. Additionally, the authors are highlighting the importance of selecting the right leaders, who are willing to listen and support the team they are leading, as well as recognize individual talents, consider their subordinates' well-being, and motivate followers to achieve set goals. Also, they propose creating a document which formulates the principles that form the partnership and common goals for the organization and its physicians is essential in aligning the values of the organization with those of the health professional working for that organization.

Furthermore, from the perspective as health professional in low- and middle-income countries, we consider implementing professional guidelines such as job descriptions and treatment protocols with the goal to clarify different roles among health care personnel and create more patient security valuable tools.

CONCLUSIONS

A positive workplace culture boost confidence and energy of health care providers to achieve more while negative culture can negatively affect productivity, eventually impacting patient care. However, even a negative workplace culture can be cultivated, improved, and changed with intentionality on the part of the organization and its members. Furthermore, because no workplace

is perfect, regular cultural assessments and targeted efforts to improve workplace culture can lead to higher rates of health professionals' well-being and productivity, greater organizational effectiveness, and improved quality of patient care.

ARTICLE INFORMATION

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