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The Effects of Organizational Culture on Nursing Professionalism: Implications for Health Resource Planning

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Dans de nombreux hôpitaux, la pratique des soins infirmiers se heurte à la structure organisationnelle, ce qui a un effet négatif sur les résultats chez le patient. La capacité des infirmières d'exercer leur métier avec professionnalisme peut être influencée par la culture organisationnelle au sein du milieu de travail. Les qualités personnelles peuvent également jouer un rôle. Les résultats chez le patient dépendent de la possibilité de repérer des ressources de santé malgré leur rareté et d'en promouvoir l'utilisation. La présente étude se fonde sur la théorie de l'engagement personnel [personal investment theory], car cette approche permet de combiner une étude du milieu à celle des comportements individuels en rapport avec la motivation. On a entrepris une analyse des données secondaires pour déterminer si la culture organisationnelle et le sentiment de satisfaction personnelle peuvent servir à prévoir le degré de professionnalisme chez les infirmières. Une analyse de régression multiple a démontré que la culture organisationnelle explique plus de 16 % de la variance à cet égard. On constate par conséquent que le degré de professionnalisme et qu'une culture organisationnelle forte en milieu hospitalier comptent parmi les ressources susceptibles de favoriser une amélioration des résultats chez le patient.

The organizational structure of many hospitals conflicts with the practice of professional nursing, adversely affecting patient outcomes. The ability of nurses to practise in a professional manner may be influenced by the organizational culture of their work environment. Personal attributes may also play a role. Patient outcomes depend on the identification and promotion of scarce health resources. Personal investment theory was used as the conceptual foundation for this study because of its ability to blend environmental context and personal behaviours associated with motivation. Secondary data analysis was undertaken to determine whether organizational culture and personal sense of accomplishment can predict nursing professionalism. Multiple regression analysis showed that organizational culture predicted over 16% of the variance in nursing professionalism. Therefore, nursing professionalism and hospital environment featuring a strong organizational culture are two health resources that can promote improved patient outcomes.

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The practice of many nurses in hospital settings is task-oriented and physician-centred (Norris, 1995). This is in contrast to the image suggested by the term "nursing professional": an autonomous practitioner, armed with a unique body of knowledge, who practises within a specified code of conduct and derives a sense of accomplishment from his or her work. Furthermore, key among the factors that nurses value in their work environment are those associated with professional nursing practice (Aiken & Patrician, 2000). Unfortunately, in the hospital environment, which is where most nurses are employed, professional practices tend to move away from the ideal (Mohr, 1995), because hospitals, as corporations, are bureaucracies concerned with productivity, efficiency, and the achievement of social goals (Mohr). The move away from nursing professionalism adversely affects patient care and patient outcomes (Diers, 1978; Hinshaw, Smeltzer, & Atwood, 1987). Therefore, ways must be found to support nursing professionalism in the hospital environment.

Studies have shown that hospital nurses do not have the autonomy and organizational influence necessary to fulfil their professional responsibilities to patients (Penticuff & Walden, 2000). Nursing graduates must be given the role models and opportunities to use newly acquired tools, such as professional autonomy and authority, to enhance professional practice. If appropriate role models are not available, professional values acquired in school risk becoming secondary to the bureaucratic values of the employer, because, while socialization helps to internalize certain desirable traits, environmental factors also play a role in shaping behaviour. The professional orientation of the work setting influences nursing practice (Hinshaw, 1976). Therefore, while ways must be found to nurture certain personal attributes of nurses, enhanced professional practice also depends on the ability of nurses to develop the skills necessary to influence their own work environment.

Nurses are challenged to find ways to manipulate the environment in order to achieve more professional practice. There is empirical evidence to support the claim that the nursing environment has a significant impact on nursing professionalism (Ketefian, 1985). One of the many components of the practice environment is the organizational culture of the nursing unit. Organizational culture is defined as the underlying values and beliefs of an organization as perceived by its employees (Braskamp & Maehr, 1985). Understanding the culture of the work environment may be the first step in the achievement of more professional nursing practice (del Bueno & Vincent, 1986).

Thus a lack of nursing professionalism must be addressed from two perspectives: that of personal attributes, and that of organizational influences on role development. This study used personal investment theory as a conceptual model to explore the possible relationships between a selected external factor, organizational culture, and selected internal factors, personal sense of accomplishment and nursing professionalism. These concepts have not been previously viewed in this light. The intent was to establish relationships between the variables of interest in such as way as to light the path to nursing professionalism. It is hoped that nursing administrators will be able to use these concepts in developing a more professional practice for their staff.

Review of the Literature

Organizational Culture

The study of organizational culture promotes understanding of organizational life and helps individuals cope with organizational conflict (del Bueno & Vincent, 1986; Thomas, Ward, Chorba, & Kumiega, 1990). The potential for conflict arises when an individual's values are incongruent with those of the group (Webb, Price, & Van Ess Coeling, 1996). One source of conflict in health-care agencies is the opposing values of the organization, usually a bureaucracy, and the health-care practitioner such as the professional nurse. Since organizational culture consists of the underlying values and beliefs of the organization as perceived by its employees, its attributes are almost as varied as the perceptions that frame it.

Workplace factors most valued by nurses include autonomy and control over the work environment, ability to initiate and sustain a therapeutic relationship with patients, and a collaborative relationship with physicians at the unit level (Aiken & Patrician, 2000). Other attributes valued by nurses are adequate staffing levels, flexible scheduling, strong supportive and visible nursing leadership, recognition of excellence in practice, and opportunities for professional development (Aiken & Patrician). The organizational culture of magnet hospitals, so called because they are magnets for the recruitment and retention of nurses despite shortages in their local labour markets (Aiken, 1990), features these attributes (Kramer & Schmalenberg, 1993). Magnet hospitals have also been found to have lower mortality rates than matched controls (Aiken & Patrician).

McDaniel and Stumpf (1993) used an established tool, the Organizational Culture Inventory, to measure the relationships between

organizational culture and certain features of nursing service. The increasing popularity of such a tool can be attributed in part to the Joint Commission on Accreditation of Health Care Organizations, which now recognizes organizational culture as important to the provision of high-quality patient care (Thomas et al., 1990). McDaniel and Stumpf found leadership, work satisfaction, retention, recommending the organization as a good place to work, job knowledge, work support, and "fitting in" to be positively related to culture. Based on these results, they recommend that greater emphasis be placed on professional dimensions of work, such as critical thinking skills and professional growth, in order to develop a stronger, more positive organizational culture. They cite other research evidence of a relationship between positive culture and decreased mortality among acute-care patients. These findings should give nursing administrators and their staff the impetus to foster a positive culture.

An organization may have various subcultures that shape the values, beliefs, and perceptions of its departments, specialized groups, and professional disciplines (Jones, DeBaca, & Yarbrough, 1997). In a study where patient-focused care was implemented throughout a large health-care organization, Jones et al. found significant identification with and assessment of subcultures. Therefore, although the hospital as a whole has a specific organizational culture, so does each of its nursing units. Also, the various health-care professionals who practise in a hospital have their own culture. Suominen, Kovasin, and Ketola (1997) point out that nursing culture is characterized by a common language, common rules and rituals, and common dress. Webb et al. (1996) examined subcultures within a large organizational culture to study nurses' views of authority and responsibility. They concluded that how nurses value authority and responsibility affects how they accept responsibility for decision-making, a concept deemed central to professional nursing practice. Their findings suggest that nurses value direct communication and authority. However, work-group cultures differed according to their patterns of practice. The authors concluded that organizational changes must be planned with individual work-group cultures in mind, and that conflict can arise when the values of an individual are not congruent with those of management or the work group. Thus it would seem that both individual work-group culture and organizational culture can affect professional practice. Their relative impact represents an interesting area for future research.

In contrast, Adams, Bond, and Hale (1998) studied the effects of organizational structure on nursing practice and found no difference between organizational structure and nurses' perceptions of profes-

sional practice. These findings were independent of different authority and responsibility relationships. It may be impossible to infer reasons for the differences in these findings because of the vast dissimilarities in the instruments used to measure the constructs. Thus organizational culture may affect nursing professionalism at many levels. While the literature shows that nursing professionalism may be supported in a variety of cultures, a firm understanding of and personal congruence with each particular culture is essential (del Bueno & Vincent, 1986).

Personal Sense of Accomplishment

The link between accomplishment and nursing professionalism has not been investigated. However, Braskamp and Maehr (1985) found that employees who perceive their organization as supporting them by placing an emphasis on excellence in its products and services have a greater sense of accomplishment. According to Braskamp and Mehr, accomplishment is one of the four core personal incentives for motivation. Personal incentives form the bedrock of personal investment theory, the conceptual framework for this study. A theme running through personal investment theory is that the degree to which one invests time and energy in a task or occupation is determined by one's motivation. Individuals who pursue excellence in the workplace may be described as motivated and devoted to their work. Devotion to work is a professional value that the Hall/Snizek Professionalism Scale calls "sense of calling to the field" (Snizek, 1972, p. 110). Therefore, conceptually at least, a connection appears to exist between professionalism and personal sense of accomplishment.

Nursing Professionalism

Professionalism in nursing is instilled through a process of socialization initiated in formal nursing education (Hinshaw, 1976). The values and beliefs associated with what it means to be a nurse are either further developed or abandoned after the commencement of employment (Kramer, 1974). New nurses face many stressors on the job. Hinshaw et al. (1987) found that job stresses encountered by hospital nurses included "continual attempts to resolve conflicting values between professional and bureaucratic demands" (p. 10).

Autonomy is one of five theoretical dimensions of professionalism identified by Snizek (1972) and widely held by many occupations, nursing among them, as central to professionalism. Alexander, Weisman, and Chase (1982) studied the determinants of staff nurses'

perceptions of autonomy across multiple clinical units. They found that autonomy was influenced by the personal characteristics of the nurse as well as the structural characteristics of the unit. Other researchers have also found empirical evidence of links among professionalism, autonomy, and practice environment (Melhuish, Maguire, Nolan, & Grant, 1993; Schutzenhofer & Bridgman Musser, 1994).

McCloskey (1990) studied the opinions of newly employed nurses at two points in time to determine which job concepts were central to their job satisfaction. At both 6 and 12 months, autonomy and social integration were found to be significant factors. Nurses with high degrees of both autonomy and social integration were more likely to exhibit greater work motivation and greater commitment to the organization. Blegen and Mueller (1987) report similar findings from their longitudinal study of nurses' job satisfaction with a much larger sample (n = 370). Therefore, the results of both studies hint at a connection between the socialization process necessary to achieve social integration and the dimensions of motivation and autonomy

Theoretical Framework

The theoretical framework for this study was Maehr and Braskamp's (1986) personal investment theory. This theory has not been used previously in nursing research, although some of its constructs have been linked to fitness-related behaviour (Gray-Lee & Granzin, 1997). Personal investment consists of the behavioural patterns associated with motivation (Maehr & Braskamp). People who are motivated invest more of themselves in a job, task, or activity. Personal investment theory is founded on the personal incentives of accomplishment, recognition, power, and affiliation — "the values and personal goals which guide and direct what people choose to do and the degree to which they will invest themselves in any activity" (Braskamp & Maehr, 1985, p. 3).

Organizational culture is one of the environmental factors crucial to motivation and personal investment. Maehr and Braskamp (1986) suggest that a strong organizational culture influences personal investment. They found that organizational values matched the personal incentives of individuals. All personal incentives are determined by past experiences as well as the current living and working situation (Braskamp & Maehr, 1985). While past experiences cannot be altered, the current work situation can be manipulated to improve motivation and inspire greater personal investment.

At the core of personal investment theory, however, is the concept of personal context. Two people in an identical situation can have very different perceptions of it. Although personal investment is affected by myriad external factors, every single one of these is filtered through the perceptions of the individual. All factors are "mediated by the meanings these events hold for the individual involved" (Maehr & Braskamp, 1986, p. 47); therefore, "people exhibit different patterns of personal investment because they understand the investment situation differently" (p. 48). The wide variety of expressions of personal investment has implications for every manager who has ever wondered how to motivate a poorly performing employee. According to personal investment theory, it is not enough to make organizational changes in order to improve motivation. Unless they have meaning for the people involved, organizational changes will not be effective.

In summary, personal investment theory was developed from the finding that motivation emerges from a combination of internal and external factors, both of which are crucial to its expression. Also, personal investment has identifiable outcomes that have implications for nursing. Achievement is conceptually defined as an active outcome involving the accomplishment of something deemed valuable to society but whose results are not known ahead of time (Maehr & Braskamp, 1986). It could be argued, based on the literature, that professional nursing behaviours such as engaging in client education and advocacy or those associated with the nursing process are more valuable to society than non-professional nursing behaviours such as inserting catheters or administering medications. Personal investment theory may provide further support for this point of view. Although the concept of professionalism is not part of Maehr and Braskamp's theory, achievement as an outcome of personal investment may be one indicator of nursing professionalism. In addition, the personal sense of accomplishment one derives from one's chosen field is part of the "sense of calling to the field" described by Snizek (1972) as a theoretical dimension of professionalism.

Thus personal investment theory provides the conceptual basis for linking key concepts of interest in this study. Personal sense of accomplishment, which is necessary to motivation and achievement, is influenced by the organizational culture (one facet of the environment) that is the setting for the behaviour. The hospital itself features the same four incentives of accomplishment, recognition, power, and affiliation. Nursing behaviour may therefore be affected by the practice environment, and a nurse's personal sense of accomplishment may be an indicator of the degree to which personal values are congruent with

institutional values. "If an institution is not clear about what it values, then decisions are likely to be guided by individual values and may result in incongruencies between the employees and the institution's leaders" (Rushton, 1995, p. 391). Further, since one infuses the action with greater or lesser personal investment, depending on the meaning of that action, it is in the nurse's and the hospital's best interest to invest as much meaning as possible into activities. The greater the personal investment, the better the outcome, for nurses, hospitals, and the people they serve.

Research Questions

The overall question for this study was: What is the relationship of organizational culture and one's personal sense of accomplishment to nursing professionalism? The specific research questions addressed by this study were: *Is there a significant relationship between the organizational culture of a hospital and nursing professionalism? Is there a significant relationship between a nurse's personal sense of accomplishment and nursing professionalism? Do organizational culture and sense of accomplishment together predict greater variance in nursing professionalism?*

Method

Design and Sample

This study involved secondary analysis of data collected for a larger study, the Michigan Nursing Role Professionalization (MNRP) project, which investigated organizational changes at a major university-affiliated hospital in the midwestern United States. The MNRP project used a longitudinal research design and generated a total of three waves of data, collected in 1991, 1994, and 1996. Only the third data set was used in this study, as the organizational changes were not complete until 1996, the year the data in this set were collected. The organizational changes, introduced sequentially, involved work redesign (including the introduction of unlicensed assistive personnel) and the institution of professional practice models. Nursing units were encouraged to implement their own professional practice models rather than subscribe to a hospital-wide model.

Approval from the institution's Human Subjects Review Committee was obtained by the original investigators. Permission was obtained from the appropriate authorities to access nurses from all 23 units of the hospital. A packet was sent to eligible nurses through the internal mailing system. It contained the study instruments; a letter

informing the nurses that participation was voluntary, that data were to be reported in group form, and that individuals would not be identified at any point; and consent forms to be signed and returned by each nurse separately, again ensuring confidentiality of all responses. A follow-up letter was sent 4 to 6 weeks later to improve the response rate.

A convenience sample representing a cross-section of registered nurses, including nurse managers and clinical nurse specialists, from all 23 units was recruited: 52.8% of respondents had a baccalaureate degree, 23.4% either an associate degree or a diploma, and 17.9% a master's degree or higher; mean age was 41.09 years with a range of 24–61 years; years of professional experience ranged from 0.5 to 40 with a mean of 16.19. All nurses had been employed at the hospital for at least 6 months. Full-time (58.7%) and regular part-time (36.3%) nurses across all three shifts were included in the study. Nurses reporting to multiple units and temporary employees were excluded.

Because the original study involved comparison at three points in time, nurses were asked to provide their social security numbers (known only to themselves), so that individual responses could be matched across data sets (only nurses who had participated in the first wave were invited to participate in the second and third waves). Of the 1,748 packets distributed in 1996, 424 useable packets were returned, for a response rate of 24.3%.

Instruments

Nurse Assessment Survey. The Nurse Assessment Survey (NAS) was used to measure both organizational culture and personal sense of accomplishment. The NAS was developed by Maehr and Braskamp (1986) using personal investment theory as its foundation. The instrument consists of 91 items and 11 scales presented in a five-point Likert design. The scales were designed to collect meaningful information on nurses' perceptions, attitudes, and culture within a hospital setting. These items and scales are contained in three measures: organizational culture, job satisfaction, and retention scale. The first measure, organizational culture, consists of five subscales: accomplishment, affiliation, power, recognition, and strength of culture. These subscales focus on the underlying values of the organization as perceived by its employees. They do not assess structural elements or group behaviour (Braskamp & Maehr, 1985). The second measure, job satisfaction, consists of subscales for accomplishment, recognition, power, and affiliation. These subscales do not assess job satisfaction directly, although

Table 1 *Examples of Items in Each of the NAS Subscales Used in the Study*

NAS Subscale	Representative Items
Organizational culture: accomplishment	This hospital stresses excellence and "doing it right." Employees are afraid to make a mistake. Around here, we're encouraged to try new things.
Organizational culture: affiliation	I do my best work here because my co-workers urge me to do so. In this hospital, there is respect for each individual worker. Employees here don't really trust one another.
Organizational culture: power	Power and influence count a lot around here. Competition among different work groups in this hospital is actively encouraged.
Organizational culture: recognition	Employees here receive a lot of attention. This hospital makes me feel like I'm an important, productive person. I regularly receive information about the quality of my work.
Organizational culture: strength of culture	Everybody in this hospital knows what it stands for. This hospital is clear about what it expects from me as an employee. Everyone in this hospital knows what is valued most.
Job satisfaction: accomplishment	I have opportunities to work on challenging tasks. I have opportunities to feel proud about my work. I have opportunities to improve my skills and talents.

employees have been found to express a higher degree of job satisfaction when perceived opportunities match the importance they place on them (Maehr & Braskamp). The third measure, retention, is a personal-incentive index and consists of subscales for job satisfaction and organizational commitment (Tzeng, 1997). For this study, data collected from all five subscales of the first measure were used to measure organizational culture. The accomplishment subscale of the second measure was used to measure job satisfaction, because this subscale measures the degree to which personal sense of accomplishment can be fulfilled by options or opportunities in the individual's present job (Braskamp & Maehr). Representative items from each subscale of the first and second measures are presented in Table 1.

Although two of the subscales contain the word "accomplishment," they refer to different constructs. The accomplishment subscale of organizational culture measures the extent to which employees feel the organization focuses on excellence and quality (Braskamp & Maehr, 1985). The accomplishment subscale of job satisfaction measures the degree to which employees feel they have the time to pursue excellence in their work. Thus one subscale examines accomplishment at the organizational level, the other at the personal level.

According to the literature, the reliability of the five organizational culture subscales measured by Cronbach's alpha is as follows: accomplishment (0.80; 9 items), affiliation (0.85; 9 items), power (0.51; 5 items), recognition (0.87; 9 items), and strength of culture (0.82; 7 items); while reliability of the job satisfaction accomplishment subscale is 0.88 (10 items). Although factor analysis was used to determine the number of items in each of the personal-incentive subscales, no attempt was made to factor analyze items for the job opportunity or culture subscales (Braskamp & Maehr, 1985).

Hall/Snizek Professionalism Scale. Nursing professionalism was measured using a scale developed by Hall in 1968 and modified by Snizek (1972). It is an attitude scale consisting of 25 items designed to measure professionalism among members of various occupational groups. The five attitudes towards professionalism and their reliability coefficients are: use of a professional organization as a major referent (0.621), belief in public service (0.640), belief in self-regulation (0.699), sense of calling to the field (0.583), and feeling of autonomy (0.738). The reliability coefficient across all five dimensions of professionalism as reported by Snizek is 0.78. All reliability coefficients were computed using Kuder-Richardson Formula 20 (Snizek). Table 2 summarizes operational definitions for all variables of interest.

Table 2 *Summary of Operational Definitions*	
Variable of Interest	Measure
Independent variables	
Organizational culture	Entire organizational culture measure of Nurse Assessment Survey (NAS), consisting of five subscales: accomplishment, affiliation, power, recognition, strength of culture
Personal sense of accomplishment	One subscale of the job satisfaction measure of NAS: accomplishment
Dependent variable: nursing professionalism	
Professionalism	Hall/Snizek Professionalism Scale

Results

A correlation matrix was generated to reveal the strength of the relationship between each of the dependent and independent variables (Table 3). Simple bivariate and multiple linear regression procedures were used to test the research questions. Hierarchical regression was not performed, as theory did not inform the order of the variables. The five organizational culture subscales were independent variables in the first regression equation. The accomplishment subscale of the NAS job satisfaction scale was the only independent variable in the second equation. Both sets of independent variables were entered into the third and final regression equation. Results of these analyses are summarized in Table 4.

As can be seen, strength of organizational culture was the only significant predictor of nursing professionalism. Accomplishment was the only other subscale to approach significance. Since it was theorized that personal sense of accomplishment affects nursing professionalism, the power subscale was removed and the analysis rerun, in an effort to improve the significance of the remaining subscales, particularly accomplishment. However, no appreciable change in significance was obtained, so these results are not included in this discussion.

The overall R^2 of 0.163 indicated that slightly over 16% of the variance in nursing professionalism could be explained by organizational

Table 3 *Correlation Coefficients Between Study Variables, N = 403*[1]

	Variable	1	2	3	4	5	6	7
1	Nursing professionalism	—						
2	Organizational culture: recognition	0.339*	—					
3	Organizational culture: power	-0.021	-0.006	—				
4	Organizational culture: affiliation	0.351*	0.813*	-0.14**	—			
5	Organizational culture: accomplishment	0.347*	0.688*	-0.114	0.744*	—		
6	Strength of culture	0.358*	0.607*	-0.085	0.653*	0.582*	—	
7	Job satisfaction: accomplishment	0.245*	0.556*	-0.134**	0.539*	0.441*	0.447*	—

[1] *N* of 403 represents complete data only for variables entered into correlation matrix.
* = significant at 0.000 level
** = significant at 0.01 level

Table 4 *Summary of Regression Analyses for Variables Predicting Nursing Professionalism*

Variable	Beta	R^2	F	*p*
Organizational culture		0.163	15.473	0.000
strength of culture	0.188			0.003
recognition	0.075			0.366
power	0.018			0.700
affiliation	0.07			0.454
accomplishment	0.133			0.065
Job satisfaction: accomplishment	0.245	0.06	25.555	0.000
Organizational culture and job satisaction: accomplishment		0.164	12.953	0.000
strength of culture	0.184			0.004
recognition	0.062			0.472
power	0.022			0.639
affiliation	0.064			0.494
accomplishment	0.133			0.066
job satisfaction: accomplishment	0.038			0.499

culture. When the third research question was tested using multiple regression analysis, personal sense of accomplishment did not even approach significance ($p = 0.499$). The R^2 of 0.164 did not increase appreciably from the first regression model. Thus the contribution of personal sense of accomplishment to nursing professionalism, small on its own, becomes insignificant when the strength of the organizational culture is entered into the equation, leaving only strength of culture as a significant predictor of nursing professionalism.

For the bulk of the analyses, all five dimensions were examined simultaneously in one professionalism scale. However, interesting results were obtained when individual subscales were entered separately into regression equations with organizational culture subscales. Belief in service, belief in self-regulation, and sense of calling were all significantly dependent on various organizational subscales ($p < 0.05$). In fact, 24.5% of the variance in sense of calling was explained by organizational culture. These results are summarized in Table 5.

Discussion

The most substantial finding of this study is that of organizational culture as a significant predictor of nursing professionalism. Although this finding is not surprising or novel, its re-emergence here serves to underscore its importance. Furthermore, the finding that a single variable explains a little over 16% of the variance in nursing professionalism is itself impressive. There is a powerful link between organizational culture and professional nursing practice. The fact that organizational culture affects nursing practice has been empirically shown elsewhere. Research has established positive links among culture, the morale and retention of employees, and decreased patient mortality (McDaniel & Stumpf, 1993). Environmental factors have also been shown to affect professional practice (Aiken & Patrician, 2000). Yet the ability to evaluate or understand the success or failure of organizational reforms remains largely unstudied (Aiken & Patrician). Thus more emphasis should be placed on the environment in which nursing is practised. This study makes a contribution in this regard and also makes a modest contribution to the empirical research in this area.

Organizational frameworks that support professionalism provide nurses with increased opportunities for autonomy and accountability, give nurses control over the patient-care environment, and foster nurse-physician collaboration (Aiken & Patrician, 2000). These are also characteristics of magnet hospitals. The American Nurses Credentialing Center, a major national certification organization, established the

Table 5 *Summary of Regression Analyses for Variables Predicting Belief in Service, Belief in Self-Regulation, and Sense of Calling*

Dependent Variable	Independent Variable	Beta	R^2	F	*p*
Belief in service	Organizational culture and job satisfaction: accomplishment		0.05	3.434	0.003
	strength of culture	0.164			0.016
	recognition	-0.202			0.028
	power	0.022			0.670
	affiliation	0.092			0.353
	accomplishment	0.132			0.087
Belief in self-regulation	Organizational culture and job satisfaction: accomplishment		0.16	12.408	0.000
	strength of culture	0.149			0.021
	recognition	-0.165			0.060
	power	-0.011			0.817
	affiliation	0.157			0.098
	accomplishment	0.192			0.008
Sense of calling	Organizational culture and job satisfaction: accomplishment		0.245	21.367	0.000
	strength of culture	0.295			0.000
	recognition	-0.150			0.068
	power	0.082			0.072
	affiliation	0.150			0.091
	accomplishment	0.162			0.019

magnet hospital program as a mechanism for recognizing nursing excellence (Bednash, 2000). The fact that hospitals aspire to magnet hospital status suggests that they recognize the importance of providing an environment in which professional nursing practice can thrive. By developing the characteristics of magnet hospitals, other hospitals may be able to reap the rewards of a more professional nursing staff.

The conceptual framework used for this study is not supported by the results. Personal sense of accomplishment was not found to be related in a meaningful way to nursing professionalism. Personal investment theory, so appealing in principle, did not gain empirical credence. Although it is interesting to speculate that personal incentives other than accomplishment may provide stronger links to nursing

professionalism, the data contained no clues to support this notion. For example, using the professional organization as a major referent is a theoretical dimension of professionalism, according to Snizek (1972). The attribute of affiliation would certainly tap into this dimension. Of the five professionalism subscales, however, it was sense of calling, which in not identified as a personal incentive by the theory, that related most significantly to the organizational culture subscales.

The lack of a proven relationship between organizational culture and personal sense of accomplishment may be due to organizational changes at the medical centre where the data were collected. Multiple organizational modifications had been made prior to data collection, and it may be that the instruments were not sufficiently sensitive to discern nuances in the changed environment. Furthermore, personal sense of accomplishment may have been overwhelmed or obscured by the massive organizational changes.

Implications for Nursing

While there is no simple prescription for achieving the "ideal" nursing culture, nursing administrators armed with valid and reliable assessments of the existing culture can identify key targets and strategies for organizational change (Thomas et al., 1990, p. 24). A thorough understanding of their organization's culture is a powerful addition to administrators' set of tools, because "an awareness of the underlying forces can help them understand personnel behaviour, identify organizational changes, and help the organization to function more efficiently" (Thomas et al., p. 24). McDaniel and Stumpf (1993) conclude that "the management of an organization or unit can influence, and thereby enhance, employees' culture" (p. 59). Although the present study did not examine cultural assessments, it did demonstrate that the only statistically significant measure of an organization's culture is its strength.

It may be that "the only way nurses can increase their power and influence is to increase their special expertise in the area of nursing intervention" (Kubsch, 1996, p. 199). Furthermore, it can be argued that this "special expertise," which is one attribute of professionalism, flourishes best in a specific organizational culture. Some organizational cultures may be more amenable to nursing professionalism than others. However, the culture of an environment, in this case a hospital environment, is only one part of an organization's framework. Hierarchy, rules and regulations, and interpersonal networks are some of the other factors that affect its outcomes and the behaviour of its employees. While studies such as the present one highlight the importance of

attending to organizational culture for its effects on nursing professionalism, and by extension patient outcomes, they only touch the tip of the proverbial iceberg as far as organizational research is concerned.

Because the arena of health care is an ever-changing one, those involved in health resource planning should not lose sight of the importance of patient outcomes. Despite cyclical nursing shortages and ongoing financial constraints, the basic question should always be: How will this affect patient care? A focus on organizational culture and professional nursing practice need not have an adverse effect on patient outcomes. More research is needed in this area, but the results of the present study indicate that two resources are essential to health care: professional nursing staff and a strong organizational culture.

Limitations

Use of the NAS instrument may have been a limitation of this study. Spectrum, from which NAS was adapted, was designed as a development tool for organizational assessment (Braskamp & Maehr, 1985). The organizational culture measure of NAS used in this study was applied as an indicator of the presence or absence of the five organizational culture variables. Inappropriate use of an indicator, as opposed to an assessment tool, may have adversely affected the outcomes. Instrumentation more congruent with the concepts under investigation might have revealed more promising results. Another limitation concerns the use of the job opportunity subscale to measure personal sense of accomplishment. Although the subscale was reliable (alpha 0.88), its validity was not assessed. Hence, the instrument used may not have measured the concept of interest.

Conclusions

This study, the first to examine the effects of organizational culture and personal sense of accomplishment on nursing professionalism, found organizational culture to be a significant and substantial predictor of nursing professionalism. It adds a small but essential piece to the puzzle of how to maintain professionalism in nursing practice.

Further examination of these constructs can have a significant theoretical impact on the discipline of nursing. Research to more clearly delineate the role of the work environment and elucidate its impact on practice is crucial to the future configuration of nursing. Resources for health care are not infinite, as evidenced by the dwindling supply of nurses. However, by striving for nursing professionalism and provid-

ing a strong organizational culture, we can use the resources that are available to promote positive health-care outcomes.

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