



ORIGINALES

The Organizational Climate of an Intensive Care Unit: perceptions from the nursing team

Clima Organizacional em uma Unidade de Terapia Intensiva: percepções da equipe de enfermagem

Clima organizativo en una Unidad de Cuidados Intensivos: percepción del equipo de enfermería

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ABSTRACT:

Objective: To measure the organizational climate of the nursing team in the intensive care unit.

Method: this is a cross-sectional study, with a quantitative approach, developed in the intensive care unit of a university hospital in the Northeast of Brazil. Data collection was carried out in 2016, with the participation of 30 nursing professionals. Data analysis was carried out using descriptive statistics and a bivariate analysis of data.

Results: It was found that nursing professionals perceive a low organizational climate score in the sector they work. The professional Development and the benefits were considered the lowest factor by the workers. The bivariate analysis significantly infers that the professionals who have children have a low perception of the organizational climate.

Conclusion: The nursing team investigated is perceives the score of the organizational climate to be low.

Key words: Organizational Culture; Organizational Culture; Intesive Care Units; Nursing, Team.

RESUMO:

Objetivo: Mensurar o clima organizacional da equipe enfermagem na unidade de terapia intensiva.

Método: trata-se de um estudo transversal, de abordagem quantitativa, desenvolvida em uma unidade de terapia intensiva em um hospital universitário no nordeste do Brasil. A coleta de dados foi realizada em 2016, com a participação de 30 profissionais de enfermagem. A análise dos dados se deu por estatística descritiva e análise bivariada dos dados.

Resultados: Verificou-se que os profissionais de enfermagem percebem um baixo clima organizacional no setor que atuam e o Desenvolvimento profissional e benefícios foi o fator considerado mais baixo entre os trabalhadores. A análise bivariada infere de maneira significativa que os profissionais que possuem filhos têm uma baixa percepção do clima organizacional.

Conclusão: A percepção do clima organizacional da equipe de enfermagem investigada é baixa.

Palavras-chave: Cultura Organizacional; Unidades de Terapia Intensiva; Equipe de Enfermagem.

RESUMEN:

Objetivo: Medir el clima organizacional del equipo de enfermería en la unidad de cuidados intensivos.

Método: Este es un estudio transversal, con enfoque cuantitativo, desarrollado en una unidad de cuidados intensivos de un hospital universitario en el noreste de Brasil. La recolección de datos se realizó en 2016, con la participación de 30 profesionales de enfermería. Se realizó el análisis de datos a partir de estadística descriptiva y análisis de datos bivariados.

Resultados: Se encontró que los profesionales de enfermería perciben un clima organizacional bajo en el sector en que trabajan y el desarrollo profesional y los beneficios fueron el factor considerado más bajo entre los trabajadores. El análisis bivariado infiere significativamente que los profesionales que tienen hijos tienen una baja percepción del clima organizacional.

Conclusión: La percepción del clima organizacional del equipo de enfermería investigado es baja.

Palabras clave: Cultura Organizacional; Unidades de cuidados intensivos; Equipo de enfermería.

INTRODUCTION

The organizational climate and the organizational culture are strong indicators of the quality of a work environment. The first seeks to measure how workers evaluate their work environment, considering structural aspects, interpersonal relations (with other workers or with the institution), benefits offered, and the organizational culture^(1,2).

The second is causally related to the organizational climate, since it involves the set of directives, standards, and values of the institution, thus directing its functioning^(1,2).

Therefore, an analysis of the organizational climate is the result of the interaction between professionals and their workplace. It can be shown by the satisfaction and motivation of professionals during the performance of their work activities⁽¹⁾.

Therefore, understanding the perception of the worker about the organizational climate becomes relevant, since this diagnostic can clarify the risks and difficulties of the work environment that can prejudice the working process⁽³⁾.

When considering the relations between the work environment and the worker, it becomes important to investigate the complex work environments that offer risks of

different etiologies, which demand from workers activities related to the competences of distinct scopes, which can generate work overload, as in the case of hospitals⁽³⁾.

In general, hospitals are portrayed as places of pain and suffering. However, the main objective of this environment is to provide an integral health assistance, free from mistakes and of high quality, aiming to recover the health state of the individual⁽⁴⁾.

With this in mind, this work environment shows its complexity, thus exposing the professional to several risks (chemical, physical, biological, psychological, among others). This makes the investigation of the organizational climate important, since studies developed in the hospital environment have been produced since the 90's^(3,4).

Furthermore, this is a heterogeneous environment, made up by different sectors that present distinct features and characteristics. However, the sectors considered to be closed, such as the Intensive Care Unit (ICU), receive attention⁽⁴⁾.

This happens due to specific elements in these sectors, both with regard to their structural and organizational features, and with regard to the type of patient who receives attention there. The ICUs are characterized, mainly, for being a closed environment, with restricted access, which leads to the exclusion of the team that works in this sector from the other workers in the hospital^(5,6).

In addition, due to the type of assistance offered in this environment, the use of technological equipment becomes inevitable. When one considers the constant modernization of the technologies that aim at providing health improvements, these materials are frequently updated, which implies in a constant process of professional training^(5,6).

With regard to the type of patient, since these are units that offer intensive health care and high-complexity care, the clients in there are more hemodynamically instable and are more likely to die. Therefore, the team must be prepared to deal with urgent demands^(5,6).

However, the adequate training of professionals and the sizing of the team are not in accordance with the reality of most Brazilian hospitals. These factors may reflect on the performance of the professionals due to work overload and frustration, especially with regard to the nursing team, which is the main responsible for the direct assistance to the patient, and for the organization and administration of the sector⁽⁷⁾.

These professionals dedicate their entire work day to the sector in which they are located, and are the main responsible for carrying out essential activities. That includes both activities specific to nursing or related to aiding other professionals from the multidisciplinary team in their practices, meaning that these professionals have other responsibilities in addition to nursing care^(5,8).

Consequently, it is significant to analyze the perception of the nursing team about the organizational climate in the ICU, since these professionals work in all aspects of the sector, which means that they can reproduce a more coherent vision of its reality. Therefore, their notes about the organizational risks and difficulties that interfere in the promotion of a qualified health care are relevant, especially with regard to high-complexity patients.

This leads to the following guiding question: How does the nursing team notice the organizational climate in the ICU? Therefore, the objective of this work is to measure the organizational climate of the nursing team in the ICU.

METHOD

This is a cross-sectional, quantitative approach study, developed in the ICU of a University Hospital in the Northeast of Brazil.

Data collection took place in January 2016, through the application of two questionnaires, a sociodemographic one to characterize the participants of the study, and the scale of evaluation of the Organizational Climate (CLIMOR)⁽²⁾, whose objective is evaluating the elements of the work environment, which are: Communication, integration and satisfaction; Professional progression and benefits; Ergonomics; Working conditions; and Decision-making process.

This questionnaire is structured by a Likert scale, and is made up of 32 items. Each item has statements to be marked by the professionals, indicating their opinion about them. The options are: strongly disagree, partially disagree, do not agree nor disagree, partially agree, strongly agree. Each option is scored from 1 to 5.

After determining the value of each assertion, they are categorized according to the elements of the work environment, and the sum of the items for each element generates scores that are classified as low, medium low, medium high, and high.

The population of the ICU analyzed here is formed by 52 nursing professionals (nurses and nursing technicians). The sampling process was by convenience, that is, the composition of the sample included all professionals available that were available and accepted to participate in the study at the moment of data collection. That resulted in a final sample of 30 members of the nursing team, from the three shifts of work (morning, afternoon, and night).

Data analysis was carried out in two stages. The descriptive analysis was calculated using central tendency measures and dispersion measures, as well as absolute (n) and relative (%) frequencies of the classification variables.

The bivariate analysis, on the other hand, was carried out using Pearson's chi-squared, to verify the significance of the statistical relations ($p < 0.05$) between the sociodemographic variables and the factors related to the organizational climate.

It should be highlighted that this research followed all recommendations of researches involving human beings, according to Resolution No. 466/2012. The study was assessed and approved by the Research Ethics Committee under the Substantiated Opinion No. 565.434 from 02/28/2014, CAAE n°: 27393514.6.0000.5537.

RESULTS

Among the sociodemographic characteristics of the sample studied, there was a predominance of female workers (86.7%), up to 30 years old (56.7%), workers who

have partners (60%), have been graduated from 5 to 9 years), and have worked in the sector for up to 12 months (90%), all of which is indicated in Table 1.

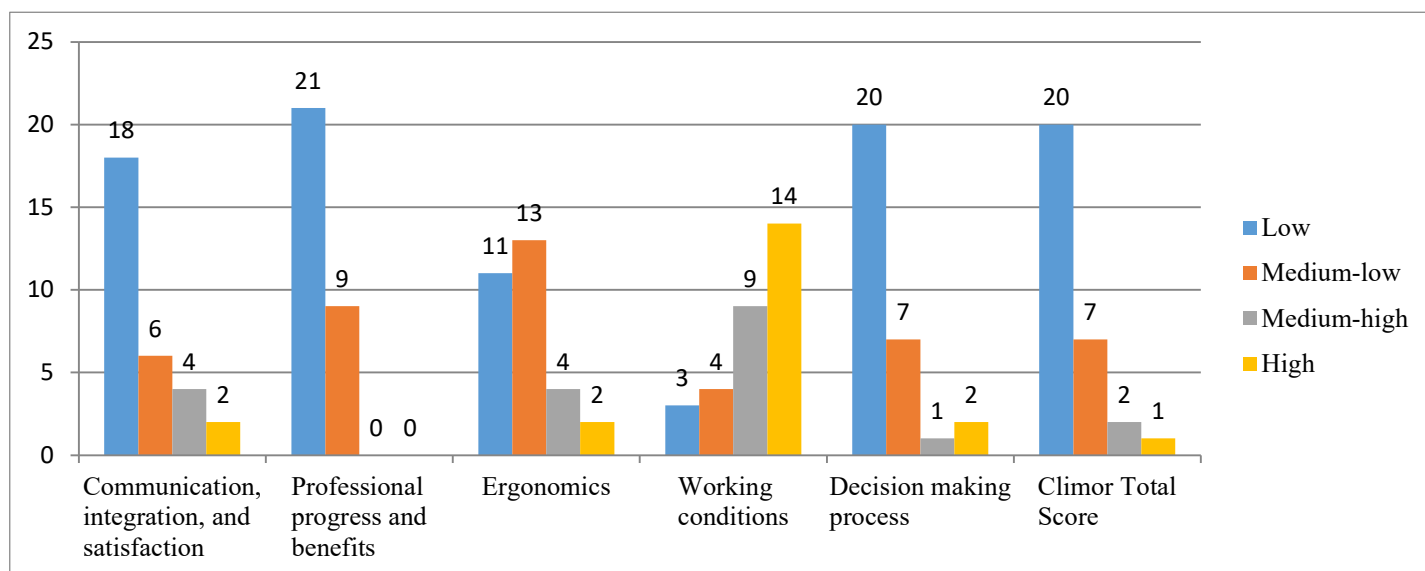
Table 1: Characterization of the ICU nursing team, Natal/RN, 2019.

Variable	N	%
Sex		
Female	26	86.7%
Male	4	13.3%
Age		
Up to 30 years	17	56.7%
From 30 to 40 years	10	33.3%
More than 40 years	3	10%
Marital Status		
Does not have a partner	18	60%
Has a partner	12	40%
More than one employment bond		
Yes	15	50%
No	15	50%
Children		
Yes	15	50%
No	15	50%
Time since graduation		
From 1 to 4 years	3	10%
From 5 to 9 years	15	50%
More than 10 years	12	40%
Time working in the sector		
Up to 12 months	27	90%
More than 12 months	3	10%

Source: Research Data

With regard to the analysis of the satisfaction of the nursing team, according to the organizational climate scale used, it stands out that the professional development factors and the working conditions had higher scores, while the decision-making process was the factor that received the lowest score by most professionals, as indicated in Graph 1.

Graph 1: Distribution of the perception of nursing professionals with regard to the factors of the organizational climate, Natal/RN, 2019.



Source: Research Data

Table 2 shows the bivariate analysis between the categorical variables from the study and the scores of the total organizational climate, defined using Peterson's chi-squared test, which presented only one significant relation ($p < 0.05$), which was with the variable that analyzes the presence of children ($p = 0.011$).

Table 2: Bivariate analysis between total organizational climate scores and the sociodemographic variables from the sample, Natal/RN, 2019.

Variables	TOTAL CLIMOR								P-value*
	Low		Medium-low		Medium-high		High		
	N	%	N	%	N	%	N	%	
Sex									
Female	18	69.2%	6	23.2%	1	3.8%	1	3.8%	0,444*
Male	2	50%	1	25%	1	25%	0	0%	
Age									
Up to 30 years	9	53%	6	35.2%	1	5.9%	1	5.9%	0,429*
From 30 to 40 years	9	90%	0	0%	1	10%	0	0%	
> 40 years	2	66.6%	1	33.4%	0	0%	0	0%	
Marital Status									
Does not have a partner	8	66.6%	3	25%	0	0%	1	8.4%	0,414*
Has a partner	12	66.6%	4	22.2%	2	11.2%	0	0%	

More than one employment bond									
Yes	9	60%	5	33.3%	0	0%	1	6.7%	0,214*
No	11	73.4%	2	13.3%	2	13.3%	0	%	
Children									
Yes	14	93.3%	0	0%	1	6.7%	0	0%	0,011*
No	6	40%	7	46.8%	1	6.6%	1	6.6%	
Time since graduation									
From 1 to 4 years	2	66.6%	1	33.4%	0	0%	0	0%	
From 5 to 9 years	8	53.3%	5	33.3%	1	6.7%	1	6.7%	0,666*
> than 10 years	10	83.4%	1	8.3%	1	8.3%	0	0%	
Time working in the sector									
Up to 12 months	17	63%	7	26%	2	7.4%	1	3.6%	0,644*
> than 12 months	3	100%	0	0%	0	0%	0	0%	

Source: research data

*Pearson's Chi-squared

Therefore, these results showed that the nursing team of the ICU perceive the organizational climate of the sector as having a low score. That denotes that the professionals are not satisfied in their work environment, which directly influences in the motivation of the professionals during their work.

DISCUSSION

The nursing team analyzed by this study is mostly made up by women, which corroborates the profile of nursing itself, since most workers in the profession are female. This is linked to the historic construction of the profession and to its origins as the profession of care, when it was believed that the abilities inherent to it were almost exclusively female⁽⁹⁾.

However, the structuring of nursing as a science made it possible to organize and systematize the working process, leading to a perception according to which this is not an exclusively female profession. This resulted in an increasing entrance of men in the field during the last years^(9,10).

Another characteristic analyzed was the age of the professionals, who are, in most cases, young, that is, up to 30 years of age. Professionals in this age group have less experience than those in later age groups, which may result in insecurities about how to execute certain procedures or even in the resolution of problems⁽¹¹⁾.

Furthermore, age also reflects in one's ability to deal with unexpected circumstances, due to lack of experience. These circumstances will be learning moments in which the risk of making an error is more pronounced. This can be worrisome when the ICU environment is considered, since patients hospitalized there face critical health situations⁽¹¹⁾.

However, younger professionals, due to the physiological aspects of their organism, are more capable of adapting to working environments and, as a result, the learning of routine processes and of procedures of the sector can be easier. This is a positive characteristic, since the work routine of the ICU demands fast and trained professionals to provide quality health care^(11,12).

Although being up to 30 years of age, most of the professionals researched have been graduated for more than five years and, as a result, are no longer in the stage of adapting to the job market, which lasts from 4 to 5 years after graduation. Therefore, they are workers who may have a higher practical experience in nursing^(11,13).

With regard to the time since they started working in the sector, most professionals had been working in the ICU analyzed for up to 12 months. This period may indicate that the workers are not entirely adapted to the routines and particularities of the ICU, such as the types of medication, the resources, and the technological equipment available, in addition to the nursing routines and other activities⁽¹³⁾.

Furthermore, double employment bonds were also evaluated, since these are common in nursing to the point of having become a cultural aspect of the profession throughout the years. However, among the professionals in this study, double working journeys are not the majority, since only half of the professionals have another job^(4,11).

This may represent a positive aspect with regard to the performance of these professionals in the ICU investigated, since professionals who work double shifts have a higher workload, which may have a negative impact both in the working process of this team and in their perception of the organizational climate⁽¹⁴⁾.

The negative consequences related to the working process are mainly associated to the failure of the professionals in adapting to the routines of the sector and to their unavailability for learning. This failure also reflected in the interpersonal relations and in the development of communication, which, in turn, affects the aspects related to leadership and the decision-making process, factors which also constitute the analysis of the organizational climate^(1,11,14).

Regarding the perception of the nursing team with regard to the organizational climate evaluation of the sector, most professionals found the score to be low. The elements which received the lowest scores are Communication, integration and satisfaction; Professional progression and benefits; and Decision-making process.

The low perception of these factors is a worrying issue with regard to the working process of the nursing team of the sector, since these are essential characteristics for the nursing process. Communication, for instance, is an essential technology to provide an adequate assistance for the patient, since it is present both within the nursing team and in the multidisciplinary team during the turn of shifts, multidisciplinary team meetings, in the register of records (progress, notes, prescriptions), etc. As a

result, problems related to communication may affect the quality development of patient assistance⁽¹⁵⁾.

Furthermore, it also became clear that the satisfaction of the professionals was low, showing that these professionals do not feel motivated to perform their activities, which has a negative impact on their practices^(1,2).

With regard to their professional progression and benefits, the low perception about this factor shows that the workers do not consider their demands to be attended correctly, and believe they do not receive the necessary support to carry out their work process.

The Decision-making Process was another factor whose score was low. This characteristic of the organizational climate is directly related to the perception of autonomy at work. Therefore, nursing professionals notice that, in their work environment, they cannot make independent decisions while carrying out their activities. This corroborates a historical profile of the profession, which, at first, was subordinated to medicine and, throughout the years, with the consolidation of its professional exercise and the theoretical construction of the profession itself, searches for autonomy within the health team⁽¹⁵⁾.

With regard to the evaluation of working conditions, this factor received a high score, in this study. It shows that the team investigated believes that their salary and planning are adequate, corroborating findings from another Brazilian hospital, in which the investigated professionals also seemed satisfied with regard to these factors⁽¹⁶⁾.

Concerning the bivariate analysis between the scores of the total organizational climate score and the sociodemographic characteristics of the team analyzed, only the variable that indicates the presence of children had a statistically significant relation. It showed that the professionals who have children perceive the organizational climate as being low, while those who do not evaluate it as being medium-low.

The presence of children may give to the individual feelings of personal realization, but there is another side to this aspect. Professionals who have children have more responsibilities, since they have to worry about the physical and psychological health of their children. Furthermore, they have to provide them with quality education, health assistance, and other needs^(17,18).

Therefore, seeking to respond to these needs, these workers may feel impelled to search for other jobs, as a form to increase their income. That leads to a physical and psychological overload, associated to double work shifts⁽¹⁸⁾.

This leads one to note that the perception these workers have of the organizational climate goes beyond their perceptions and experiences about the work itself and is related to personal aspects of each professional. This means that the analysis of the organizational climate indicates both organizational and structural aspects of the work environment and the perspectives related to the formation process, personal characteristics, and experiences.

CONCLUSION

It has been concluded that the nursing team investigated here perceive the score of the organizational climate to be low, which is represented by the low score of factors like: Communication, integration and satisfaction; Professional progression and benefits; and the Decision-making process.

This generates concerns about the working conditions of this team, since the low perception of these factors show that the conditions they are under are not satisfactory for them to provide an adequate working process. That has an effect over the quality of the health care offered.

Therefore, the importance of this theme becomes clear, both for nursing and for the health team, since the analysis of the organizational climate makes it possible to verify the quality of the work environment and, as a result, to determine whether this is the how a qualified health care can be offered, or whether any changes are necessary to provide this care.

However, it should be highlighted that this research portrays a single specific reality. Therefore, its results can corroborate others or disagree with them. As a result, it becomes relevant to investigate different environments, so the knowledge about this theme can be explored further.

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