

The Relationship Between Organizational Climate and Psychological Well-Being of Hospital Employees

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Abstract: Organizational climate is an important work environment factor which can affect different aspects of work. This study was aimed to evaluate the relationship between organizational climate and personnel's psychological well-being. In an analytical and cross-sectional study we used Sussman and Deep's organizational climate questionnaire and CL-90R psychological well-being questionnaire in 3 educational hospitals of Yazd, Iran. A total of 120 personnel contributed in the study. Data analysis was done through SPSS₁₆. We used Chi square test and Pearson's correlation coefficient in data analysis. The statistical negative correlations between organizational climate and 5 dimensions of psychological well-being including obsessive-compulsive ($p=0.04$, $r=-0.12$), depression ($p=0.03$, $r=-0.19$), anxiety ($p=0.01$, $r=-0.26$), phobic anxiety ($p=0.04$, $r=-0.23$) and psychoticism ($p=0.01$, $r=-0.14$) were confirmed. Also, psychological well-being had a negative relationship with organizational climate ($p=0.04$, $r=-0.26$). Conclusion: The results of this study indicated that organizational climate improvement can be considered as a policy for promotion of personnel's psychological well-being.

Key words: Psychological Well-Being • Organizational Climate • Hospital

INTRODUCTION

The concept of well-being is used as a general mental health in the literature of psychology [1]. In accordance to the term well-being, authors have made a conceptual distinction between subjective or hedonic well-being (SWB) and psychological or eudemonic well-being (PWB). SWB encompasses emotional functioning and an individual's subjective evaluation of their life. SWB is operationalized as involving high positive affect, low negative affect and high satisfaction with life. In contrast, PWB focuses on more existential concerns and the way in which an individual interacts with the world. PWB can be operationalized in various ways, depending on which aspects of life are the focus of theoretical interest [2-4]. The main difference between the theses two traditions is that the hedonic approach focuses on happiness, while the eudemonic approach defines well-being in terms of the

degree to which a person is fully functioning, which may or may not be accompanied by feeling good [3]. Psychological well-being started from the conviction that positive health is more than the absence of illness [5]. On the other hand, psychological well-being is composed of general positive affect and emotional ties [6]. Ryff (1989) suggested that psychological well-being comprises what one needs to be psychologically well in contrast of the notion of subjective well-being, which refers to feeling well [5]. On the other hand, a psychological well-being is not merely lack of psychological damages but rather it depends on the presence of positive aspects such as positive emotion, a target in life and a social cooperation [4]. Ryff (1989) defines well-being in terms of psychological functioning and personal growth and has distinguished six dimensions including autonomy, environmental mastery, personal growth, positive relations with others,

purpose in life and self-acceptance [2, 3, 7]. Thus, one who exhibits strength in each of the dimension would reflect good psychological well-being and vice-versa [6]. Positive relations with others is developing and maintaining close relationships with different people, empathizing and caring about their happiness. Environmental control is shaping the environment and taking the opportunities to meet personal needs. Autonomy is the efforts to have individuality in the social environment and developing thoughts and codes of behavior according to personal standards in spite of social pressure. Life purposes is having aims in life and seeing a meaning in it. Personal development is being aware of your capacity, making efforts to improve your skills and being open to new experiences [7].

In recent decades, health-related research and health care have focused on negative mental processes such as psychological distress and dysfunction, while positive mental processes such as psychological well-being have been much less studied [3]. Hence, the effort to understand psychological well-being and its cause is not new [6], but, it has only recently attracted sustained empirical attention and has become the focus of clinical treatments [2]. So, recently more studies have done about psychological well-being. These studies often have focused on determinants and outcomes of psychological well-being among them, several have shown that psychologically well-being can affect different aspect of individual and work life variables such as depression [2], time management ability [1], life satisfaction [8], sexual satisfaction [9], successful and active ageing [10], organizational citizenship behavior [11, 12], job burnout (9), work performance [13] and organizational trust [14]. Also, the great amount of researches have confirmed that psychological well-being is influenced by different individual and organizational causes such as value systems, socioeconomic conditions, social support, worldview, age, gender and life purposes, academic performance and progression towards the achievement of personal aims, social skills level and relationships with friends and family, spouse and family support, personal satisfaction about home, neighborhood and place of residence, wealthy family [1, 4, 7], higher disability [3], personality traits [15, 16], identity issues [5], parenting style in childhood [4], more favorable environment [10], father's education level [1], some dimensions of lifestyle [17], psychological capital [12], metacognition ability [18],

quality of life and work life [19], organizational creativity, innovation and leadership [20], ethical leadership [14] and organizational climate [21-25].

Although, there is not a widely shared definition of organizational climate but generally it is defined as employees shared perception of the psychologically important aspect of work environment [26-31]. In the other hand, organizational climate captures qualities of work environments that explain how those environments are experienced by the people who work in them [32]. This definition is based on the assumption that individuals within a given subsystem or organization and at a given hierarchical level should have similar perceptions about their climate [26]. Organizational climate is a temporal and subjective concept which is generally subjected to direct manipulation by people with power [33]. Therefore, it cannot be seen or touched but it is real and it is like air in the room that surrounds and affects everything within the organization [34].

Empirical findings suggest that organizational climate is the significant affecting factor of different individuals and organizational outcomes such as intention to leave (burnout), effectiveness of individual practice, job satisfaction, work attitude and organizational productivity [27-29, 35-37], team innovativeness [33], organizational commitment [38], individual motivation to achieve work outcomes [30], job exhausting [39], profitability, sustainability and growth of company, productivity and employee engagement [40], customers' perceptions of employee service quality and withdrawal behaviors [29, 36] and employees' psychological well-being [36].

It is notable that in research on the organizational climate, a distinction between organizational climate and organizational culture must be made as they are related but two distinct concepts and may not be used interchangeably [36]. These 2 terms have some differences besides the similarities between them. First, climate is more related to individuals' motivation and behavior, whereas culture is entirely placed at the organizational level [41]. Schein, (1997) indicates that organizational culture is the ways of effecting organizational members but organizational climate is the shared values, beliefs, norms and understanding of the group members [42].

Also, organizational culture is often studied with qualitative research methods but climate is conventionally studied through application of quantitative research designs [26, 41]. According to Denison (1996) culture research aims at achieving a deep understanding of the underlying mechanisms whereas climate research deals

with organizational members' perception of organizational practices and how these practices and perceptions are categorized into the analytical dimensions defined by the researchers [43].

Given the abovementioned importance of psychological well-being and probable effect of organizational climate this research was done to investigate the relationship between organizational climate and psychological well-being in 3 Iranian educational hospitals.

MATERIALS AND METHODS

This analytical study was done through a cross-sectional method in 3 educational hospitals of Yazd, Iran (ShahidSadoughi hospital, ShahidRahmehoon hospital and Afshar hospital) in 2012. A total of 120 employees from different hospitals contributed in the study. We used stratified-random sampling method. Required data was gathered by a 2 valid questionnaires including:

Organizational climate questionnaire (Sussman and Deep, 1989) [44]: This questionnaire has 20 items in relates to 5 dimensions of organizational climate including Objectives' Clarity, Reward Mechanism, Procedures, Roles' Clarity and Communications Effectiveness. The respondents of this questionnaire are questioned to indicate their agreement or disagreement with the questionnaire statements about their organization in Likert's 5-points scale (never to always) which obtains the scores of 0 to 4. The more scores indicate that the organizational climate is more comfortable in its employees' viewpoints.

Psychological health questionnaire (CL-90R) [45]: This questionnaire contains 90 questions in 9 dimensions of psychological health including Somatization, Obsessive-Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation and Psychoticism. The respondents of this questionnaire are questioned to indicate their agreement or disagreement with the questionnaire statements about their organization in Likert's 5-points scale (never to always) which obtains the scores of 0 to 4. Obtaining of the more scores relates to the more psychological disorders of respondent.

In this study, data analysis was done through SPSS software English version 16. We used descriptive statistics (percent, mean and standard deviation), T-Test and Pearson's correlation coefficient for data analyzing. It is notable that all samples were informed from study objectives and their personal data were kept confidentially.

Table 1: Demographic characteristics of sample

Variable		N (percent)
Gender	Male	46 (39)
	Female	74 (61)
	Total	120 (100)
Age (years)	20-30	35 (29)
	31-50	69 (58)
	>50	16 (13)
	Total	120 (100)
Professional experience (years)	1-10	34 (28)
	11-20	76 (63)
	>20	10 (9)
	Total	120 (100)
Education	Diploma	36 (27)
	Bs _c	57 (48)
	Ms _c	16 (13)
	Ph.D.	15 (12)
	Total	124 (100)
Marital status	Single	33 (27)
	Married	87 (73)
	Total	120 (100)
Income (Rials)	<8000000	45 (37)
	8000000-15000000	55(46)
	>15000000	20 (17)
	Total	120 (100)

RESULTS

The demographic characteristics of sample are presented in the Table 1.

Also, the differences of organizational climate perception based on the demographic characteristics were presented in Table 2.

Table 3 shows the differences of psychological well-being based on the demographic characteristics.

Table 4 shows the statistics of relationship of organizational climate with psychological well-being and its 9 dimensions.

DISCUSSION

The results of study about the relationship between demographic characteristics and perception of organizational climate showed that income level of employees has a positive significant relationship whit their perception of organizational climate. This means that the higher income employees perceive organizational climate more supportive. Nevertheless, other demographic variables tested in the study including age, gender and professional experience don't have relationship with the perception of organizational climate. Fouladvand [21], in her study among the employees of public hospital of Ilam city showed the same results. Also, Pourvatan [24], in his

Table 2: The differences of organizational climate perception based on the demographic characteristics

Demographic variable	Age		Gender		Professional experience		Income	
	P _{value}	R	P _{value}	R	P _{value}	R	P _{value}	R
Organizational climate	0.56	NR*	0.60	NR*	0.65	NR*	0.01**	0.26

*Not Reported

**Significant at <0.05

Table 3: The differences of psychological well-being based on the demographic characteristics

Demographic variable	Age		Gender		Professional experience		Income	
	P _{value}	R	P _{value}	R	P _{value}	R	P _{value}	R
Organizational climate	0.77	NR*	0.65	NR*	0.63	NR*	0.34	NR*

*Not Reported

Table 4: The statistics of relationship of organizational climate with psychological well-being and its 9 dimensions

Psychological health dimensions		Obsessive-Compulsive		Depression	Sensitivity	Interpersonal Anxiety		Phobic Anxiety	Paranoid Ideation	Psychoticism	Psychological well-being
		Somatization				Hostility					
OC*	P _{value}	0.21	0.04**	0.03**	0.26	0.01**	0.12	0.04**	0.63	0.01**	0.04**
	R	0.31	-0.12	-0.19	-0.11	-0.26	-0.15	-0.23	-0.14	-0.14	-0.26

*Organizational Climate

**Significant at <0.05

study among the employees of Tabriz Islamic Azad university has showed that gender and income level have statistical relationship with organizational climate perception. Mahdavi *et al.* [25], in their research among the employees of Iranian sport organization have indicated that the age of employees don't have statistical relationship with their perception of organizational climate.

Other results of study about the relationship between demographic characteristics and psychological well-being showed that the psychological well-being of different groups of sample based on the tested demographic variables (age, gender, professional experience and income) don't have statistical differences. These findings are in agreement with the results of Fouladvand [21]. In the study of Pourvatan [24] and Mahdavi *et al.* [25], the psychological well-being of men and women had not statistical difference.

Also, based on the findings, 5 from 9 dimensions of psychological well-being including obsessive-compulsive, depression, anxiety, phobic anxiety and psychoticism had statistical negative relationship with organizational climate. This means that in studied population the more supportive and qualified climate of organization will lead to less above-mentioned psychological disorders. Fouladvand [21], in her study, has showed the same findings as ours. Nevertheless, in the study of Pourvatan [24], only 4 dimensions of psychological well-being including depression, anxiety, phobic anxiety and psychoticism had negative

relationship with organizational climate. In his study, obsessive-compulsive dimension didn't have relationship with the climate of organization.

Indeed, our results confirmed the negative statistical relationship between organizational climate and psychological well-being in term of the studied disorders. Mahdavi *et al.* [25], Pourvatan [24], Shirani *et al.* [22] and Fouladvand [21] in their researches have indicated that psychological well-being dimensions of CL-90R scale of employees are negatively affected by organizational climate. In accordance of this result, we can conclude that generally, hospital employees will be more psychologically healthy if they work in more qualified climate. In other hand, the clear objectives, reward mechanisms, procedures and roles and better human communication in the organizational will affect employees' psychology positively.

CONCLUSIONS

Briefly, our research approved the relationship between organizational climate and some aspects of psychological well-being which should be mentioned in hospitals human resource management strategies. It is notable that our study had some limitations. First of all, the results which were presented in this study are cross-sectional. Therefore, they failed to capture the effects of ongoing efforts. Also, the generalization of the findings should be done with caution due to the limitations of cross-sectional studies. Also, the

measurement of psychological well-being in this study was self-reported rather than clinical diagnosis which may have some criticism.

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