INTEGRATIVE REVIEW OF THE LITERATURE

Influence of organizational culture on participatory management in health organizations

Alessandra Bassalobore Garcia 1, Vanessa Gomes Maziero 2, Fernanda Ludmilla Rossi Rocha 3, Andrea Bernardes 4, Carmen Silvia Gabriel 5

Objective: To analyze scientific literature about organizational culture's influence on facilitating participatory management in health organizations. Method: Integrative review of literature; Databases: Scopus, Web of Science, SciELO, LILACS, PubMed e Medline. Inclusion criteria: original and review papers, available in Portuguese, English or Spanish; the papers' year of publication was unlimited. Results: It was found 450 papers and, after selection, six of them were analyzed. Among the papers analyzed, three of them were publications in health management field, one in management area, one in nursing and one in medicine area, there was variation between 1992 and 2009 in the papers publication year. The studies showed that organizational culture influences the kind of management of the institution. Conclusion: The organizational culture will direct the management style adopted, and thus, will influence organizational change. Descriptors: Organizational culture, Organizational models, Hospital administration, Health management.


1 BSN, MSc. Specialist in Nursing Services Management (Residency). Member of the Health Services Management and Leadership Research Center. 2 BSN, MSc. Specialist in Nursing Services Management (Residency). Member of the Health Services Management and Leadership Research Center. 3 BSN, MSc, PhD. Professor at the department of General and Specialized Nursing, University of Sao Paulo at Ribeirao Preto College of Nursing. Member of the Health Services Management and Leadership Research Center. 4 BSN, MSc, PhD. Postdoc. Professor at the department of General and Specialized Nursing, University of Sao Paulo at Ribeirao Preto College of Nursing. 5 BSN, MSc, PhD. Postdoctoral in progress. Professor at the department of General and Specialized Nursing, University of Sao Paulo at Ribeirao Preto College of Nursing. Vice-coordinator of the Health Services Management and Leadership Research Center and Coordinator of the Brazilian Network for Nursing and Patient Safety.

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Cultural formation, in general, is posed as a cumulative, historical and socially constructed process. Likewise, organizational culture has been the object of studies with different theoretical approaches. In the course of a few decades, authors have developed definitions that resemble or complement each other, seeking to find commonalities or differences. The end results are definitions and models that interpret or describe the same trains of thought with different emphases or greater exploitation of some part of the subject.

Organizational culture depicts a cultural, symbolic and imaginary system, composed by a structure of values and norms that influence the behavior of its members. The values and norms are implemented by its founders and inherited and shared among the workers in the organization.

The culture of an organization is also used by workers to guide the meaning of the work developed in the institution. It is an informal element of the organization, similar to power, but it has a large influence on formal elements, such as flow diagrams and manuals. Nevertheless, it can be understood as a reinterpretation of this formal system by an informal system.

Organizational culture depicts the practices and values of an organization, which are acquired when a new member, already an adult with his/her personal values firmly consolidated, is part of a labor organization. Symbols represent the more superficial manifestations of the culture of an organization, whereas values are the strongest and deepest.

The fact that organizational culture is fully present in an institution requires that its managers have the ability to identify it and recognize it, even in its deepest dimensions, in order to understand its impact on the organization’s practices and in variables related to workers.

It is possible to understand that some organizational structures imply certain management models, thereby configuring power distribution, authority, communication and decision. The complexity of the hospital and conflicting interests have led to new ways to manage, and the need to seek theoretical frameworks concerning micropolitics in the hospital.

In the classical management approach, employees do not participate in the decision process; they receive orders after decisions are made by the administrative leadership. In current management models, called participatory, democratic, decentralized or shared management models, the decision must be a multidisciplinary process, integrating the whole team and distributing authority and power. Given the possibility of reconstruction of management models, new managerial issues are emerging, such as participatory
management, which implies a greater integration of the staff in health institutions and decentralization of the decisions. That breaks with the classical approach to management, and employees of health institutions actively participate in the decision making process.

Participatory management seeks to update and transmit knowledge, mobilizing the potential and creativity of workers in order to change the existing reality, in order to bring an innovative and transforming environment to everyday work. This type of management must be collectively constructed, and demands that strategies able to manage the conflicts and competitiveness are created, enabling the learning that will lead to co-management.10

This way, healthcare organizations begin to attribute importance to participatory management as a way of learning, with the ability to make a difference in worker qualification.10 When managed appropriately, this type of management makes the organizational and team development stronger, valuing individual skills.11

This management model establishes the organization both of the leader and of the team, able to develop areas of group growth, valuing the worker’s potential, motivating him/her to dialogue, and making him/her increasingly committed to the collective work.11

Even with the understanding of participatory management, its importance to the quality of health care organizations, and the success of professional and personal relationships, it cannot be stated that this is the reality of institutions in Brazil.12

The organization is comprised of people whose behavior is affected by the organizational cultural itself, especially with regard to the type of management that is practiced, because it results in an impact on people’s behavior and, consequently, the performance of the organization itself, which makes it relevant to understand this relationship.7

Also, when the factors that influence the leadership styles are studied, individual manager characteristics are mainly emphasized, and some organizational issues that can affect management are not well explored.8 It is therefore necessary to determine which cultural characteristics influence each management style, because both must be compatible.7,13

From this context, the aim of this integrative literature review is to identify and analyze the existing scientific literature on the influence of organizational culture on the viability of participatory management in healthcare organizations.

**METHOD**

This was an integrative literature review, which aimed to systematically synthesize the knowledge of a subject in order to better understand a phenomenon, and to incorporate significant results into practice. Furthermore, it enables the inclusion of studies with different designs, experimental and non-experimental, expanding the number of studies on the theme.14
An integrative review consists of the following steps: construction of the research question, literature search (sample selection), data collection, assessment and critical analysis of selected studies, discussion of results and presentation of the integrative review. Because identifying the problem and constructing the study question are among the most important steps to provide guidance for every subsequent step of this method, the following question was constructed, in order to consider the variables of interest: how does organizational culture influence the viability of participatory management in health institutions?

The study was performed during October and November of 2012. The article search was conducted in the following databases: SciVerseScopus, ISI Web of Science, Scientific Electronic Library Online (SciELO); Latin America and Caribbean Health Sciences Literature (LILACS), and the National Library of Medicine (Medline).

The Descriptors in Health Sciences (DeCs) were used for the controlled descriptor query for SciELO and LILACS databases, namely: Cultura Organizacional (Organizational Culture); Administração Hospitalar (Hospital Administration); Gestão em Saúde (Health Management); Organizational models; Organization and Administration; Management. Uncontrolled descriptors (keywords) were also used, in order to broaden the search for the desired topic, since it used vocabulary not registered as descriptors in health sciences, which were: Gestão Compartilhada (Shared Management); Gestão Participativa (Participative management); Gestão Democrática (Democratic management); Gestão Colegiada (Collegiate Management); Gestão Descentralizada (Decentralized management).

For Scopus, ISI Web of Science and Medline databases, we adopted the Medical Subject Headings controlled descriptors (MeSH), which included: Organizational Culture; Health Services Administration; Hospital Administration; Models, Organizational; Management; Hospital Personnel Management. The uncontrolled descriptors were: Participatory Management; Democratic Management; Decentralized Management.

In the databases using the descriptors in Portuguese, ten searches were conducted by using the descriptors as follows: Cultura Organizacional AND Administração Hospitalar (Organizational Culture AND Hospital Administration); Cultura Organizacional AND Gestão em Saúde (Organizational culture AND Health Management); Cultura Organizacional AND Modelos Organizacionais (Organizational Culture AND Organizational Models); Cultura Organizacional AND Organização e Administração (Organizational culture AND Organization and Administration); Cultura Organizacional AND Gestão (Organizational culture AND Management); Cultura Organizacional AND Gestão Compartilhada (Organizational Culture AND Shared Management); Cultura Organizacional AND Gestão Participativa (Organizational Culture AND Participative Management); Cultura Organizacional AND Gestão Democrática (Organizational Culture AND Democratic Management); Cultura Organizacional AND Gestão Colegiada (Organizational Culture AND Collegiate Management); Cultura Organizacional AND Gestão Descentralizada (Organizational culture AND Decentralized Management).

In the databases using the descriptors in English, eight searches were conducted by using the descriptors as follows: Organizational Culture AND Health Services Administration; Organizational Culture AND Hospital Administration; Organizational Culture AND Models, Organizational; Organizational Culture AND Management; Organizational Culture AND Management.
Hospital Personnel Management; Organizational Culture AND Participatory Management; Organizational Culture AND Democratic Management; Organizational Culture AND Decentralized Management.

The search was performed in the field of free search, to achieve greater coverage of studies involving the theme.

The following inclusion criteria for article selection were used: original and review articles, available in Portuguese, English or Spanish, no limits for year of publication.

Initially, 450 articles were retrieved (Figure 1). For sample selection, titles and abstracts were read by two master’s students. Studies were excluded from the sample when they were inadequate. The excluded studies had the themes: management in business and industry, evidence-based management, total quality management programs, research with faculty, or studies that showed no relationship to health.

The selected articles were read in their entirety; some of them were also excluded because they did not answer the question proposed in this research study. Thus, the final sample consisted of six articles, and each one was read at least three times by the researchers.

Figure 1: Flowchart of data analysis and study selection. Ribeirão Preto, 2012.

Information was collected from the final sample by using an instrument validated by Ursi, which includes the step of study assessment using the reference for levels of evidence.

This reference has seven levels of evidence, according to the study design: level I - systematic reviews or meta-analysis of randomized controlled trials (RCT); Level II - at least one RCT; Level III - well-designed non-randomized clinical trials; Level IV - case-control or cohort; Level V - systematic review of qualitative or descriptive studies; Level VI - a single descriptive or qualitative study; Level VII - opinion of authorities and/or reports of specialist committees. Levels I and II are considered strong evidence, III and IV are moderate and V to VII have weak scientific evidence.
RESULTS AND DISCUSSION

Only six articles fulfilled the criteria established in this study. Studies were excluded after full text reading because they were inadequate, which highlighted the lack of studies on the topic of organizational culture related to participatory management.

Among the articles analyzed, three were published in the health management field, one in the management field, one in nursing, and one in the medical field. The publication years varied between 1992 and 2009, with a higher concentration of articles between 2007 and 2009, although the study did not limit the publication years. Three studies were published in Brazilian journals, among which two were in the Portuguese language and one was in English, and three studies were published in international journals in English.

Regarding the study design, two studies had a qualitative approach, one had a quantitative approach with a non-experimental design, one study used a mixed method, one was descriptive, and one was a literature review. One study had a Level of Evidence IV, which is moderate, and five had an Level of Evidence VI, which is weak.

Figure 2 summarizes the selected studies and their content.

<table>
<thead>
<tr>
<th>Title</th>
<th>Authors/Year</th>
<th>Design/sample</th>
<th>Objectives</th>
<th>Main results</th>
<th>Conclusions/Recommendations</th>
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<tbody>
<tr>
<td>Critical pedagogy in a health service management development programme: can “critically thinking” managers change the NHS management culture?</td>
<td>Sambrook S 17 2009</td>
<td>Mixed approach</td>
<td>To assess the new master’s (Master in Health and Social Care Leadership) with respect to these characteristics, examining the curriculum and the processes of teaching and learning. To examine the new attitudes and behaviors of managers, the impact of their new managerial skills in practices and local culture and</td>
<td>The culture and the type of graduate teaching using critical pedagogy can influence the managers to use the participatory management model also at work, bringing change to the local culture. The program had a positive impact on workplace culture and practices of the students.</td>
<td>Subsidies are needed in order to argue about local culture and understand it critically and apply new skills in practice to manage and tolerate diversity, conflicting visions, promoting space for everyone and decreasing hierarchical methods. A new culture of empowerment and critical thinking is emphasized.</td>
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<tr>
<td>The exploration of relationship between organizational culture and style of leadership</td>
<td>Tsai Y, Wu A-W, Chung H-J</td>
<td>Quantitative approach</td>
<td>To explore the relationship between different types of organizational culture and the different types of leadership/management</td>
<td>The results support the following hypotheses: The organizational culture influences the leadership style adopted. There is correlation between ideological culture and transformational leadership; culture of coordination and team leadership; rational culture and transactional leadership; hierarchical culture and charismatic leadership</td>
<td>Administrators must shape the culture of the organization to ensure that the members of the institution complete the same mission. Managers must also adopt the most appropriate leadership style to manage workers in this direction.</td>
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<tr>
<td>[Systematization of a management methodology for primary health care units of National unit system in the context of an organizational culture research]</td>
<td>Raupp B</td>
<td>Qualitative approach</td>
<td>To discuss, based on the results a study, about the organizational culture in a primary care unit of the Single System Health Service (SUS) Research</td>
<td>The results indicated the co-existence of cultural traits reported in different paradigms and models of health care, and singularities related to the history of the health facility and service.</td>
<td>There is the need to incorporate communicative dimensions in management methods and planning with strategic situational focus, but also to realize how difficult it is to do this in a culture where conflicting cultural traits coexist and where there is an excessive improvisation and practice often without reflection.</td>
</tr>
<tr>
<td>[Conflict as a reality and a cultural challenge in the practice of nurses' management ]</td>
<td>Prochnow AG, Leite JL, Erdmann AL, Trevizan MA</td>
<td>Qualitative approach</td>
<td>To denote cultural specificities, analyzed according to Geertz’s Interpretive Theory of Culture, which are expressed as conflicts</td>
<td>The results denote the incorporation of ideological elements and mechanisms of control and power, which manifest its origin in the form of work organization.</td>
<td>The importance of organizational culture in the practice of nursing management in the face of labor uncertainty, the complexity of the hospital environment is pointed out.</td>
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### Current hospital management challenges

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<tr>
<th>Participatory management at Boston’s Beth Israel Hospital</th>
<th>Rabkin MT, Avakian L</th>
<th>Descriptive study</th>
<th>To describe and discuss the design, implementation and evaluation of a process of management change based on ScanlonPlan and participatory management in a hospital in Boston, USA.</th>
<th>An educational activity was conducted with all hospital employees, demonstrating the principles of ScanlonPlan and participatory management. The staff decided on the appropriateness of the implementation of the program, which took the name of PREPARE/21. There was a reduction of 1-2 million dollars in the first year and great employee engagement. In the first year, 510 ideas were submitted, of which 46% were implemented.</th>
<th>In order to enhance the program, it is intended to drive towards the reason for this change being to improve the quality of the service and not merely cost cutting. It was highlighted that for employees to have this vision of quality, it would be necessary to further improve the issue of mission, vision and organizational goals compatible with the culture of the organization.</th>
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**Figure 2** - Synthesis of articles included in the integrative review on organizational culture and its influence in facilitating participatory management, Ribeirão Preto, 2012.

Although we found articles on topics that related to the theme, such as leadership, empowerment, organizational climate, and organizational values, the study of organizational culture and the type of management involves more comprehensive and profound concepts with respect to the organization, which reduced the number of publications in the databases searched.
The discussion about changing organizations to allow for more flexible management structures is relatively recent, which is demonstrated in the results of this research. However, one of the articles found raised this concern in a study performed at the end of the 1980s.

There was also a wide variation in the methods of the selected studies, however most research designs had a weak level of evidence. This shows that most of the organizational and managerial studies did not use experimental research, which requires intervention and strict control of variables. There was also variation with respect to the type of publication, because the theme involved several areas of knowledge in health.

With regard to the influence of culture on the viability of participatory management, two articles emphasized that the management style would always be a consequence of organizational culture, and changes initially must occur based on the culture.

One study proved the relationship between the type of organizational culture and management style adopted by the administrator in three hospitals. The hypotheses of the study related four types of organizational culture to four leadership and management styles; it was proven that managers adopted a management style called “team leadership” in which they were facilitators and coordinators of collective actions in hospitals whose culture was the “culture of coordination”, i.e. aimed at the harmonization of the teams and at the participation in the planning of organizational goals and objectives.

Another study with graduate students at an English university emphasized that theoretical support and understanding of the culture of an organization, as well as specific expertise in the management area, could enable changes aimed at a more participative management. Training of managers to adopt a more open and less hierarchical attitude may influence a change of culture to this management style. Thus, this study demonstrated a strand in the opposite direction to those cited above, suggesting that the management style can bring change to the organizational culture.

However, it should be noted that the mentors of an institution are those that define the organizational mission and goals, which makes them the main trainers of the same culture. The managers are the closest people to the mentors, and usually adjust their leadership style to achieve the proposed organizational goals, according to the mission of the institution.

In a study performed in a hospital in the United States, the idea of management change came from the managers themselves. However, there was first a reflection on the organizational culture and whether it would be compatible with the new proposal, and then there was the approval by all the employees. In this hospital, there was a culture and tradition of openness, sharing, and fair and equitable treatment and the plan for change, called “ScanlonPlan” was compatible with what already existed, and with what it was intended to conquer in terms of work culture in the hospital.

As demonstrated above, in participatory management, decision making also involves the participation of non-management workers, able to directly and indirectly impact their institution. Thereby, it is considered that the person who actually performs the work usually has excellent ideas on how to do it better. Nevertheless, subjects in participative
management are active and able to sustain their experiences, and worker protagonists of their own reality. In this aspect, communication is greatly important, because in an organization, communication primarily aims at promoting changes in attitude, behavior and knowledge of the receptors. The role of leadership in effective communication streams that can facilitate positive interpersonal relationship in the team is highlighted.

When one thinks of a postmodern world, bureaucratic organizations are losing ground. Postmodern organizations are wanted in which the organizational structure is more flexible. Given this new configuration, the form of competition of the organizations can go from structures and systems for greater autonomy and decision-making at the unit level, eliminating the need for higher hierarchical levels, through horizontal communication, emphasizing the increase in autonomy to solve daily problems.

In this process, manager training must be rethought, with leaders who work within the cultural and organizational renewal being required. Resistance to change is also a problem that affects the quality of communication. This resistance may represent a gap in the communication process, either consciously or as a result of actions imposed. The change process requires that everyone knows what to change, what one wants to change and what the goal to be attained is. Thus, whatever the organizational change process is, it needs to be managed, however, without decreasing the autonomy of workers.

In another article selected, different traits of organizational culture were noted, which hindered the process of organizational renewal. In this process of organizational change, the researchers highlighted some positive aspects: increased values attributed by the participating subjects, dialogue between the members themselves and the community, construction of team knowledge valued, as well as decision making, bond formation, among others. The negative aspects were: conflict and difficulty in dealing with workers, reaching consensus, inadequate individual and collective time, difficulty in building global projects for the unity, and others.

Participatory actions and the process of decision making should come from learning from the ongoing construction of knowledge of the multidisciplinary team, which promotes the renewal of work and of “doing”, and also the cultural and organizational renewal.

It can be stated that organizational culture also influences on management of occupational classes. It is configured in a number of mechanisms that control and govern the behavior, such as the rules and instructions. Thereby the professionals depend on these cultural controls to command their own behavior.

In this regard, we note the symbolism that the one who decides is more competent than the one who executes. Often this is the understanding of the society and of the nursing professionals themselves.

There is the need for the exercise of management and leadership to be seen through the practice of participatory relations in the construction of new knowledge and shared actions, transforming social reality.

New paths are traversed to reach the renewal of hospital management, seeking a more communicative and dialogical aspect, through the mobilization of staff performing their work in the hospital, architecting care quality.
However, problems related to the weaknesses in the organizational culture of health institutions may arise from wishing the incorporation of participatory management, among which are the difficulties in the flow of information, in interpersonal relationships, in the desire to change and in the professional resistance.  

**CONCLUSION**

The studies evidenced that the culture of an organization influences the type of management of the institution, as it does direct the management style adopted, as well as the possibility of organizational change. When there is greater awareness and training of managers, they can reflectively identify weaknesses in their management process, which is a factor that can trigger the shift to more participatory management styles, but not before going through the ‘approval’, either formal or informal, of the organizational culture, historically constructed and by higher instances.

The shorter the distance between mentors and managers, the more open and less hierarchical rigidity culture of an organization, the greater the ease in implementing participatory management.

The production of knowledge on this issue, and even the theme of organizations in general, is restricted to methods that produce weak evidence. It is necessary to expand the types of studies in this knowledge area to designs that allow intervention. However, it is highlighted that interventions at the organizational level are very complex and require a lot of time and persistence by managers and researchers.
REFERENCES