

CHAPTER 1

INTRODUCTION

Background and Significance of Research Problem

Organizational effectiveness has become more prominent and changed from a construct to a concept since 1980's (Henry, 2011). Organizational effectiveness focuses on how well organizations compete with each other and how quickly they bring products to market (American Management Association, n.d.). In the health care environment, the effectiveness of organizations depend on how well they meet the needs of patients and provide high quality care in a responsive way (Chen, 2011). It means that the quality of care is an important outcome of organizational effectiveness. Moreover, focused production is viewed as one most promising solution for improving quality and efficiency of service in organizations, such as hospitals (Huckman & Zinner, 2008).

Nowadays health care systems in China are facing the inescapable challenges, such as aging of population, the growth of chronic diseases, and the increased aspiration of better quality of life (Chen, 2011). To deal with these challenges, the government pays more attention on the quality of nursing care and nurses involvement in providing healthcare services with higher quality. In 2010, the Demonstration Project of High Quality of Nursing Care was performed in all the tertiary hospitals in China to improve the quality of nursing care (Ministry of Health of China, 2010b). In 2011, the Expanding Project of High Quality of Nursing Care

was introduced by the Ministry of Health of China (Ministry of Health of China, 2011a). These two projects emphasized the importance of quality of nursing care.

Some problems in quality of basic nursing care were found by Chen and Huang (2006), including implementing nursing care without using nursing process, not implementing basic nursing care well, and nursing skills are not up to the required standard. According to Xu and Lin (2011), unsatisfactory service attitude, unsatisfactory service efficiency, low level of service skill and unsatisfactory hospital environment are major causes of inpatients' dissatisfaction of health services in a hospital. Gao (2011) analyzed the reasons caused the decreasing of quality of basic nursing care in one hospital, which included low payment, high workload, lack of work enthusiasm, and high job stress. Another problem of health care is providing services without efficiency. Time spend on waiting for health services in hospital is very long (personal communication, July, 2012).

The proportion of nurses less than 34 years old is 56.88%, and more than 45 years old is 15.51% in 2002 (Ministry of Health of China, 2006), showing that the nurse of China are young and inexperienced. Young nurses have vitality, easy to accept fresh things, but they lack adequate knowledge, skills and experience (Zhang, Chen, & Zheng, 2008). Wu (2009) reported that the emergency response capacity of nurses was on a low level among most tertiary hospitals in China. Nowadays many studies have been conducted to explore the ways to improve the emergency response capacity of nurses, especially junior nurses (Ma, Ma, & Liu, 2010; Tan & Jiang, 2008; Zeng, Wei, & Liao, 2010), in order to improve the quality of nursing care to meet patients' need.

Some barriers were found for nurses to enhance the effectiveness of health care in hospitals. Work overload and undertake too many tasks, especially writing care record affects the work efficiency of nurses (Wang, 2009). There are seven university hospitals in Kunming, and all these university hospitals are tertiary hospitals. Nurses who work in university hospitals take double even three times workload than other types of hospitals (personal communication, July, 2012). The education level of nurses has an influence on quality of nursing care; the lower education level, the lower quality of nursing care (Chen, Cheng, & Qiu, 2010). However, nursing education development in Yunnan Province has reduced. There were 48.7% had secondary nursing school degree, 43.3% nurses hold college degree, 7.1% hold bachelor degree and graduate degree was less than 1% (Health Bureau of Yunnan Province, 2010). All of these problems will influence organizational effectiveness.

Organizational effectiveness refers to the ability of an organization to mobilize its centers of power for action, production and adaptation to achieve organizational goals (Mott, 1972). The dimensions of organizational effectiveness consist of productivity, adaptability, and flexibility. Productivity is the organizing centers of power for routine production; it includes the quality and quantity of the services that are important for the relative survival capacities of an organization and the efficiency with which those services produced; the achievement of the greatest output for the least input. In terms of health care setting, quality of the services can be seen as quality of nursing care. Patients' satisfaction of nursing care also represents quality of the services, since consumer's perception is the main indicator of quality in health care service (Cronin & Taylor, 1992). Quantity of the services is the quantity of

the outcomes of the nurse's performance such as patients' length of stay in the hospital and appropriate skill levels of nurses. Efficiency is delivering nursing care with a minimum amount or quantity of waste, expense, or unnecessary effort to meet patients' satisfaction.

According to Mott's model, adaptability was defined as involving changes in organizational routine in response to environmental change. Adaptability was considered as both symbolic and behavioral, the plan to change and the change itself.

Symbolic adaptation refers to anticipating problems in advance, developing satisfactory and timely solutions to them, and staying abreast of new technologies and methods applicable to the activities of the organization. Behavioral adaptation refers to prompt acceptance of solutions and prevalent acceptance of solutions (Mott, 1972).

In term of health care setting, symbolic adaptation is how well nurses predict and solve problems, the level of knowledge and skills of nurses to keep up with newer equipment and techniques. Behavioral adaptation is how well nurses accept and adjust to changes about routines, equipment and techniques.

Flexibility, similar to adaptation, involves changes in routinized organizational processes. However, flexibility, in contrast to adaptation, involves temporary responses to unpredictable changes in the environment. Flexible actions are coping strategies rather than lasting changes in organizational processes (Mott, 1972). In term of health care setting, flexibility is how well nurses deal with unpredictable changes under emergency situations, and it is the emergency response capacity of nurses.

There are only two studies that can be found about organizational effectiveness in hospitals in China. These studies showed moderate levels of organizational effectiveness in hospitals. Zhao (2011) reported that organizational

effectiveness in a public hospital is at a moderate level ($\bar{X}=3.64$, $SD=0.83$). Cheng, Zhou, Ma, and Han (2010) conducted a study to explore the organizational effectiveness among nurses. The results showed that the mean score of satisfaction of organizational effectiveness was 3.33 (from 1 to 5, $SD=0.72$).

One of the key factors in attaining high levels of organizational effectiveness is sound communication (Md Nordin, Halib, & Ghazali, 2011). Arnold and Feldman (1986) suggest that effective communication is critical to an organization's success. An organization receives its physical and energetic inputs, accomplishes its work goals and interfaces with the environment all through communicative acts (Katz & Kahn, 1966), and communication is critical in organizations in which people have assigned roles and objectives to accomplish. Roberts and O'Reilly (1973) have suggested that if communication was good, an organization's performance and effectiveness would also be good. The role of communication was also discussed by Crino and White (1981), who pointed out that the life and the existence of every organization was greatly dependent on its communication.

Communication satisfaction refers to an individual's satisfaction with various aspects such as task, feedback, and work-group relations of communication in an organization (Crino & White, 1981; Downs, Hazen, & Quiggins, 1973). According to Downs and Hazen (1977), communication satisfaction consists of eight dimensions.

- 1) Communication climate reflects communication on both the organizational and personal level;
- 2) Supervisory communication includes both upward and downward aspects of communicating with supervisors;
- 3) Organizational integration revolves around the degree to which individuals receive information about the immediate work

environment; 4) Media quality deals with the extent to which meetings are well organized, written directives are short and clear, and the degree to which the amount of communication is about right; 5) Co-worker communication concerns the extent to which horizontal and informal communication is accurate and free flowing; 6) Corporate information deals with broadest kind of information about the organization as a whole; 7) Personal feedback is concerned with the workers' need to know how they are being judged and how their performance is being appraised; 8) Subordinate communication focuses on upward and downward communication with subordinates.

Communication was rarely recognized as an important managerial function despite empirical evidence that organizations were generally ineffective in downward, upward, and horizontal communications (Tompkins, 1967). As Greenbaum (1974) has pointed out that most organizations failed to specify their communication policies, let alone designate executive positions to administer overall communication systems. In health care systems, each nurse is an agent of communication, holding the power to understand and be understood. Nurses were given a huge responsibility to communicate effectively and relay all important information accurately and efficiently. When communication breaks down, so does the performance (Ellis, Gates, & Kenworthy, 1995).

Some studies findings showed that communication in health care system need to be improved in China. Zhao (2011) conducted a research to examine the relationship between organizational communication and organizational effectiveness in a public hospital. The results showed that organizational communication of the public hospital is at a moderate level ($\bar{X}=3.57$, $SD=0.65$). Wu, Chen, and Jin (2004) investigated the interpersonal communication and cohesion in Guangdong Provincial

Traditional Chinese Medicine Hospital. The results showed that the score of interpersonal communication of male group and female group are both lower than the average score.

There were some barriers for nurses to communicate with nurses in a higher level because of bureaucratic structures in hospitals. Bureaucratic structures lead to communication flow downward through a long and rigid chain. Organizational communication is heavily influenced by bureaucratic organizational design (Lewis, 2011). Creation of organizational boundaries within a rigid organizational structure impedes the horizontal communication abilities of people within the organization, which lead to communication failure (Johnston, Reed, Lawrence, & Onken, 2007).

In Kunming, most hospitals organize a weekly meeting to report the information about hospitals' financial standing, the changes in the hospitals, government action affecting the hospitals, and departmental policies and goals among hospital directors, department directors, and head nurses. The head nurses usually transmit to their subordinates all the information during the morning shift meeting in each department. However, nurses who are not on duty that day cannot know the information (personal communication, October, 2012).

Ma (1992) reported that Chinese people not frankly show their emotions during communication. Chinese people mostly avoid saying "no" directly when talking with others because of the influence of culture. In hospital, the channel of communication between nurse managers and nurses is face to face. Nurses always are good listeners however they do not report all aspects of the problems in daily work, which means nurses do not tell the whole story (personal communication, October, 2012).

The communication climate of hospitals is not harmonious in China. Tang and Zhu (2006) demonstrated that there were strained relationship between physicians and nurses. There were some communication problems between physicians and nurses, due to lack of communication and understanding (Qi, 2011). Xu, Sun, Wang, Song, and Chang (2009) reported that 60%-70% of medical dispute was caused by inappropriate communication between physicians and nurses. This problem may affect organizational outcomes.

The relationship between communication satisfaction and organizational effectiveness can be found in some studies but it was not focused on these two variables in nursing field. Wippich (1983) constructed a study to identify that communication satisfaction was a predictor of organizational effectiveness, but it was in education setting in western context twenty years ago. One study was conducted to test the relationship between organizational communication and organizational effectiveness in Hebei Province the north of China (Zhao, 2011) while Kunming is located in south-west of China. There is no research conducted to explore organizational effectiveness in nursing in Kunming. However, it is important for nurse managers and the higher administrators to know about the level of satisfaction of communication and organizational effectiveness. It is also critical that nurse managers must know how to overcome problems and to improve organizational effectiveness. Therefore, this study was carried out to identify the relationship between communication satisfaction and organizational effectiveness among nurses working in university hospitals in Kunming.

Research Objectives

1. To examine communication satisfaction as perceived by nurses in university hospitals, Kunming, the People's Republic of China.
2. To examine organizational effectiveness as perceived by nurses in university hospitals, Kunming, the People's Republic of China.
3. To examine the relationship between communication satisfaction and organizational effectiveness among nurses in university hospitals, Kunming, the People's Republic of China.

Research Questions

1. What is the level of communication satisfaction as perceived by nurses in university hospitals, Kunming, the People's Republic of China?
2. What is the level of organizational effectiveness as perceived by nurses in university hospitals, Kunming, the People's Republic of China?
3. Is there any relationship between communication satisfaction and organizational effectiveness among nurses in university hospitals in Kunming, the People's Republic of China?

Definition of Terms

The operational definitions for this study include:

Communication satisfaction. It refers to a nurse's satisfaction with various aspects such as task, feedback, and work-group relations of communication in a hospital (Crino & White, 1981). According to Downs and Hazen (1977), communication

satisfaction consists of eight dimensions, including communication climate, supervisory communication, organizational integration, media quality, co-worker communication, corporate information, personal feedback, and subordinate communication. It was measured by Communication Satisfaction Questionnaire (CSQ) developed by Downs and Hazen (1977).

Organizational effectiveness. It refers to the ability of a hospital to mobilize its centers of power for action, production and adaptation to achieve organizational goals. It consists of three dimensions, including productivity, adaptability and flexibility (Mott, 1972). It was measured by the organizational effectiveness questionnaire named Index of Perceived Organizational Effectiveness (IPOE) developed by Mott (1972).

Nurse. It refers to a person who graduated with a certificate from an approved nursing education institution and holds the registered nurse license granted by the Ministry of Health, the People's Republic of China.

University hospital. It refers to an institution which is affiliated to Kunming Medical University in Kunming, the People's Republic of China. They provide integrated medical treatment, education, clinical practice, and scientific research.