# Organizational culture of public health services from the perspective of nursing professionals

Ana Cláudia Souza Pereira[1], Luiz Almeida da Silva[2], Ludmila Grego Maia[1], Sérgio Valverde Marques dos Santos[3], Glilciane Morceli[3], Alexandre de Assis Bueno[2], Renata Alessandra Evangelista[2], Maria Alves Barbosa[4]

[1]Universidade Federal de Jataí (UFJ) – Jataí (GO), Brazil
[2]Universidade Federal de Catalão (UFCat) – Catalão (GO), Brazil
[3]Universidade do Estado de Minas Gerais (UEMG) – Passos (MG), Brazil
[4]Universidade Federal de Goiás (UFG) – Goiânia (GO), Brazil

## ABSTRACT

**Introduction:** Culture is present in all environments, representing, in general, the ways of thinking, acting, feeling, learning, and sharing by a plurality of people. **Objective:** Analyze the values and practices that characterize the organizational culture of health services of the public network from the perspective of nursing workers. **Methods:** A cross-sectional, descriptive-analytical, quantitative study was conducted with 156 nursing workers from the public health services of a city in the State of Goias, Brazil. The Brazilian Instrument for Assessment of Organizational Culture and a sociodemographic and labor characterization questionnaire were used. The data were analyzed in the STATA program. **Results:** It was identified that the female sex was significant with the reward and training practices (p=0.050). The professional nurse category was related to the values of competitive, individualistic, satisfaction, and well-being professionalism (p=0.036 and p=0.041). Income was correlated with cooperative professionalism (p=0.010). **Conclusion:** Managers of health institutions must promote an adequate work environment, with the use of tools capable of assessing the needs and abilities of subjects.

**Keywords:** Public Health; nursing; organizational culture; occupational health.

## INTRODUCTION

Culture is present in many different social environments, it is part of the customs, beliefs, and values that culturally distinguish an organization based on national culture and work, school, leisure, and family environments[1]. Culture can influence learning, behavior, and organizational knowledge sharing. It translates into habits, values, and social representations that are reproduced over time by members of a given group[2,3]. It is also related to the mode of social production at work. It is a component that becomes visible in the way people communicate, dress, and organize themselves at work. It is invisible when it presents itself in subjective processes, such as non-verbal communication, interaction, conflict, and competition[4].

In the context of organizations, understood as micro-societies that are embedded in a social environment, culture is achieved through organizational values, constituting

different dimensions, guiding life in the company, guiding the behavior of workers, exerting influence on the work environment, and directing behaviors. In this sense, recent studies show that organizational values have an influence on the quality of care and work safety culture[5,6].

The concept of organizational culture becomes essential when discussing the structures of institutions. Thus, the culture of an organization will be a set of characteristics that differentiate it from other institutions, as well as the meanings that are shared by the members of an organization, and may give them a collective identity[2,3].

Organizational culture, besides being a set of social representations, is also an instrument of power within organizations. It influences the performance of professionals, shapes opinion, encourages or does not the commitment of workers, and conditions the desired effect of the organization. It is understood, therefore, that the management model, the human resources policy, and other values of the institution are shaped by the culture[7]. Knowledge of the organizational environment in the health area allows the identification and analysis of the interference of organizational dynamics in the care process[8,9].

In healthcare organizations, organizational culture can have a complex character, due to the multiplicity of professional categories that engage in healthcare assistance to users. Each professional of a different category has its own specific historical and cultural process[10].

In this context, the nursing workers, who constitute the majority of professionals working in health organizations, whether public or private and also experience the implications of the work process with greater representation, because they are constantly in direct and continuous contact with users of health services. These professionals, in addition to working in health care, are often responsible for the management services of health care organizations. Therefore, they are always exposed to the difficulties and implications of the organizational culture of public health services.

Given the difficulties that organizational culture can bring to the work process of health professionals and the lack of studies on the organizational culture theme in public health services, this study is justified to promote greater knowledge about these services and provide information for the promotion of organizational public policies for public health services.

Based on these assumptions, this research aims to analyze the values and practices that characterize the organizational culture of public health services from the perspective of nursing workers.

## METHODS

This is a cross-sectional, descriptive, analytical study, with a quantitative approach, conducted in a city in the state of Goiás, Brazil.

The municipality under study is the headquarters of a regional health region, with nine other municipalities under its jurisdiction. It has a healthcare network composed of 159 healthcare facilities, 25% of which are public. Of the total number of facilities, 4 are general hospitals, 1 specialized hospital, 105 isolated practices, 21 specialized clinics, and 199 beds distributed among different specialties, 130 of which are provided by the Unified Health System (SUS). Primary care consists of 15 basic health units, reaching coverage of 62.72% of the population[11].

After consulting the Brazilian national registry of health establishments (CNES), 195 professionals were registered at the time of data collection, among whom 56 were nurses, 139 nursing technicians, and nursing assistants[11]. All were invited to participate in the study.

The selection criteria were: nursing workers (nurses, nursing assistants, and technicians) who worked in public health facilities in the city of study, a minimum of 180 days of work in the service, and no leave of absence at the time of data collection, due to vacations, medical leaves, and maternity leaves. After applying the criteria, 156 nursing professionals participated in the study.

Data were collected from April to June 2016 with the application of two instruments. Therefore, the data collection was performed during the working hours of nursing professionals in their workplaces through two instruments, which were self-completed by the workers, because they were easy to understand and clear.

The participants were oriented about the data collection procedures, signed the Informed Consent Form (ICF), and received the collection instrument. The questionnaires were answered by the research participants in the presence of the researcher, who collected them at the end of the data collection.

The first instrument referred to the sociodemographic and labor characterization of the study population, with variables on sex, age, level of education, family income, number of income dependents, professional category, function performed, sector in which they work, working hours, time off work in the institution, the existence of another employment relationship, and occurrence of a work accident.

The second allowed the evaluation of organizational culture from the perspective of the workers and is known as the Brazilian Instrument for Evaluation of Organizational Culture (IBACO), a reduced version. The IBACO was developed and validated by Brazilian researchers based on the theoretical model of Hofstede in 1990, to identify the values and practices that characterize the culture of an organization from the perspective of the professionals. This instrument presents 94 items, of which 55 are related to organizational values, such as cooperative professionalism, rigidity in the hierarchical power structure, competitive and individualistic professionalism values, and well-being and satisfaction. It also presents 39 items related to organizational practices[12].

However, for research situations in which a more succinct data collection instrument is required, the reduced version of the IBACO was prepared, from the items that presented higher factorial loadings in the original version, still maintaining its psychometric qualities. This instrument presents 30 questions distributed among three factors of values: cooperative professionalism, competitive professionalism, and employee satisfaction and well-being. It also presents three factors related to practices: external integration, reward, training, and promotion of interpersonal relationships[13].

Statements are rated according to the degree to which each statement effectively applies to their organization, on 5-point Likert format scales ranging from "not at all applicable to my company" (1) to "totally applicable to my company" (5). In all scores, the values can range from 1 to 5, so the higher the value, the greater the degree to which the values or practices are present in the organization studied[13].

The collected data were coded and inserted into a database in spreadsheets in the "Excel for Windows" program. After validation, the database was transferred to the STATA program, version 12.0, to process the data analysis.

Initially, the Kolmogorov-Smirnov normality test was performed to verify the normality of the quantitative variables. Next, statistical analysis was performed. Continuous variables were presented as means and standard deviation and categorical variables as absolute and relative frequencies. For data related to the scales used, 95% confidence intervals (95% CI) were calculated for the mean.

The calculation of the average score for each factor of the IBACO, for each participant, was obtained by adding the values corresponding to the respective factors and dividing the value by the number of components. To verify the factors associated with organizational culture by the IBACO, linear regression was also performed, and bivariate analysis was initially performed. Student's t-test for independent samples was used to compare means for each dimension of the IBACO between categorical variables. Pearson's correlation was used to verify the association between IBACO and continuous variables. In all analyses, p-values<0.05 were considered significant. For the analysis of the scale's internal consistency, Cronbach's alpha coefficient was used, with an acceptable value above 0.7.

To conduct the research, we followed the provisions of the Brazilian National Health Council Resolution No. 466/2012, which regulates the guidelines and standards for research involving humans. The research project was approved by the research ethics committee of the Federal University of Goiás, opinion no. 1.468.179/2016.

## RESULTS

Among the participants, 44 were nurses (28.2%) and 112 were nursing technicians or assistants (71.8%). There was a predominance of women: 141 (90.4%), a mean age of 38.45 (±9.46) years, a mean monthly income of R$ 3,637.96 (±R$2,758.00), a mean number of dependents from the income of 2.51 (±1.47) dependents, mean time of work, in months, of 69.29 (±75.37).

Regarding the work sector, 52 (33.3%) worked in the family health strategy (FHS), and 104 (66.7%) in a specialized center or hospital. As for the work shift, 120 (76.9%) worked during the day and 137 (87.8%) worked 40 hours. Of the total sample, 34 (21.9%) had another employment relationship and 59 (37.8%) said they had suffered some kind of work accident during their professional life.

As for the perception of nursing workers about the organizational values and practices that characterize the organizational culture of the public health service of the municipality studied, it showed that the values of cooperative professionalism showed a mean score of 3.35 (±0.94), competitive professionalism 2.28 (±0.89) and employee satisfaction and well-being 2.38 (±0.88). External integration practices presented a mean score of 3.49 (±0.91), reward and training 1.79 (±0.79), and promotion of interpersonal relationships 2.55 (±0.93) (Table 1).

Regarding the correlation of categorical variables, Table 2 shows that the female gender obtained a higher mean when compared to the male in the practices of reward and training, and proved to be significant (p=0.050). The professional category nurse presented higher means when compared to the technician and nursing assistant, in the values of competitive and individualistic professionalism and workers' satisfaction and well-being (p=0.036 and p=0.041).

The categorical variable 40-hour work week showed a higher mean when compared to 30-36 hours a week, showing a marginal association with reward and training practices (p=0.051). The qualitative variable working time correlated marginally with reward and training practices (p=0.057).

For the other values and practices on the instrument, the analysis showed no significant bivariate correlations between the variables.

The bivariate analysis of the potential factors associated with the organizational culture of nursing professionals showed that, among the quantitative variables, only income correlated positively, weakly, and significantly with cooperative professionalism values (p=0.010).

Table 3 presents the comparison of the IBACO factors according to the work sector. It was found that the mean scores of FHS professionals were higher than workers from hospitals or specialized centers for the factors: competitive and individualistic professionalism (2.51 versus 2.16; p=0.022), external integration (3.92 versus 3.27; p<0.001), and promotion of interpersonal relationships (2.96 versus 2.50; p=0.002).

**Table 1:** Descriptive analysis of the IBACO (Brazilian Instrument for Evaluation of Organizational Culture) factors in nursing professionals (n=156). Jataí, Brazil, 2016.

| Factors | Items | Mean ± SD* | 95% CI† | Alfa-Cronbach |
|---|---|---|---|---|
| **Cooperative professionalism** | 1. The employee's concern with the quality of his service is well regarded | 3.48 ± 1.11 | 3.30-3.66 | **0.835** |
| | 2. Effort and dedication to work are highly appreciated qualities. | 3.48 ± 1.22 | 3.29-3.67 | |
| | 3. The professionalism of the employees is seen as a great virtue | 3.14 ± 1.12 | 2.96-3.32 | |
| | 4. The concern with overcoming day-to-day difficulties is seen as of excellent value. | 3.28 ± 1.31 | 3.07-3.48 | |
| | 5. Employees who show dedication and a spirit of collaboration are the best role models. | 3.38 ± 1.32 | 3.17-3.59 | |
| | **Factor score** | **3.35 ± 0.94** | **3.20-3.50** | |
| **Competitive and individualistic professionalism** | 06. Only good employees receive benefits that guarantee them better welfare. | 1.99 ± 1.27 | 1.79-2.20 | **0.727** |
| | 07. Creativity is one of the basic requirements for the occupation of managerial positions. | 2.44 ± 1.41 | 2.21-2.66 | |
| | 08. Professional growth is considered indispensable to the employee's permanence in the house. | 2.49 ± 1.35 | 2.28-2.71 | |
| | 09. Competition is valued, even if in an unhealthy way because the organization's main objective is productivity. | 2.29 ± 1.33 | 2.08-2.51 | |
| | 10. Competition is seen as indispensable to obtaining satisfactory results. | 2.20 ± 1.08 | 2.03-2.37 | |
| | **Factor score** | **2.28 ± 0.89** | **2.11-2.42** | |
| **Employee satisfaction and well-being** | 11. The personal needs and well-being of employees are a constant concern in the organization. | 2.34 ± 1.26 | 2.14-2.54 | **0.803** |
| | 12. We invest in the professional growth of our employees. | 2.35 ± 1.21 | 2.16-2.54 | |
| | 13. Employees receive training so that they can develop their creativity. | 3.28 ± 1.24 | 3.09-3.48 | |
| | 14. Programs to increase employee satisfaction are continually developed. | 2.06 ± 1.10 | 1.88-2.23 | |
| | 15. Programs designed to improve employee well-being are implemented and evaluated. | 1.91 ± 1.06 | 1.74-2.08 | |
| | **Factor score** | **2.38 ± 0.88** | **2.24-2.52** | |
| **External Integration** | 16. Meeting customer needs is one of the most important goals. | 3.87 ± 1.07 | 3.69-4.04 | **0.844** |
| | 17. We pursue product and service excellence as a way to satisfy users. | 3.19 ± 1.20 | 3.00-3.38 | |
| | 18. The monitoring and meeting of users' needs are done constantly. | 3.43 ± 1.20 | 3.24-3.62 | |
| | 19. Friendly relations are maintained with users. | 3.67 ± 1.14 | 3.49-3.85 | |
| | 20. Innovations are introduced to meet the needs of the user. | 3.31 ± 1.21 | 3.12-3.50 | |
| | **Factor score** | **3.49 ± 0.91** | **3.34-3.63** | |
| **Reward and training** | 21. Employees who produce innovative ideas are often rewarded. | 1.46 ± 0.83 | 1.33-1.59 | **0.821** |
| | 22. Employees are rewarded when they perform in a way that stands out from the rest. | 1.51 ± 0.91 | 1.26-1.65 | |
| | 23. Social events with the distribution of gifts are commonly held for employees. | 2.08 ± 1.13 | 1.90-2.26 | |
| | 24. Innovations are usually introduced through quality programs. | 2.30 ± 1.18 | 2.11-2.49 | |
| | 25. Employees are usually rewarded when they achieve pre-set goals. | 1.62 ± 1.06 | 1.45-1.79 | |
| | **Factor score** | **1.79 ± 0.79** | **1.67-1.92** | |
| **Promotion of interpersonal relationships** | 26. Employees have broad freedom of access to directors. | 3.49 ± 1.37 | 3.27-3.70 | **0.774** |
| | 27. Immediate bosses are like parents to subordinates. | 2.13 ± 1.22 | 1.94-2.33 | |
| | 28. It is widespread practice for the employee to celebrate birthdays. | 2.17 ± 1.40 | 1.95-2.40 | |
| | 29. The relations between employees and members of the top management are cordial and friendly. | 2.86 ± 1.23 | 2.66-3.05 | |
| | 30. the employees relate to each other as if they were one big family. | 2.65 ± 1.21 | 2.46-2.84 | |
| | **Factor score** | **2.55 ± 0.93** | **2.51-2.80** | |

**Table 2:** Bivariate analysis of potential factors associated with organizational culture in nursing professionals (n=156). Jataí, Brazil, 2016.

| Variables | PC | | PCI | | SBF | | IE | | RT | | PRI | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Mean ± SD[a] | P[b] | Mean ± SD[a] | P[b] | Mean ± SD[a] | P[b] | Mean ± SD[a] | P[b] | Mean ± SD[a] | P[b] | Mean ± SD[a] | P[b] |
| **Sex** | | | | | | | | | | | | |
| Male | 3.12 ± 1.03 | 0.323 | 2.34 ± 0.73 | 0.774 | 2.17 ± 0.75 | 0.322 | 3.24 ± 0.85 | 0.264 | 1.41 ± 0.48 | **0.050** | 2.46 ± 0.89 | 0.402 |
| Female | 3.37 ± 0.94 | | 2.27 ± 0.91 | | 2.41 ± 0.89 | | 3.51 ± 0.92 | | 1.84 ± 0.80 | | 2.68 ± 0.94 | |
| **Professional Category** | | | | | | | | | | | | |
| Technical or auxiliary | 3.27 ± 0.92 | 0.127 | 2.18 ± 0.92 | **0.036** | 2.29 ± 0.91 | **0.041** | 3.42 ± 0.95 | 0.167 | 1.77 ± 0.79 | 0.588 | 2.60 ± 0.95 | 0.229 |
| Nurse | 3.53 ± 1.00 | | 2.52 ± 0.76 | | 2.61 ± 0.76 | | 3.65 ± 0.80 | | 1.85 ± 0.78 | | 2.80 ± 0.88 | |
| **Education** | | | | | | | | | | | | |
| High School | 3.30 ± 0.92 | 0.362 | 2.22 ± 0.91 | 0.258 | 2.37 ± 0.88 | 0.760 | 3.46 ± 0.95 | 0.645 | 1.79 ± 0.79 | 0.955 | 2.61 ± 0.97 | 0.433 |
| Higher Education | 3.45 ± 0.99 | | 2.40 ± 0.85 | | 2.42 ± 0.87 | | 3.54 ± 0.85 | | 1.80 ± 0.80 | | 2.74 ± 0.85 | |
| **Sector** | | | | | | | | | | | | |
| FHS | 3.52 ± 1.01 | 0.362 | 2.51 ± 0.88 | 0.258 | 2.50 ± 1.03 | 0.760 | 3.92 ± 0.71 | 0.645 | 1.80 ± 0.98 | 0.955 | 2.96 ± 1.01 | 0.433 |
| Hospital or center | 3.26 ± 0.90 | | 2.16 ± 0.88 | | 2.33 ± 0.79 | | 3.27 ± 0.93 | | 1.79 ± 0.68 | | 2.50 ± 0.86 | |
| **Shift** | | | | | | | | | | | | |
| Daytime | 3.38 ± 0.97 | 0.397 | 2.27 ± 0.90 | 0.899 | 2.39 ± 0.90 | 0.866 | 3.55 ± 0.93 | 0.120 | 1.73 ± 0.83 | 0.104 | 2.68 ± 0.94 | 0.633 |
| Night | 3.23 ± 0.85 | | 2.30 ± 0.89 | | 2.36 ± 0.80 | | 3.28 ± 0.84 | | 1.98 ± 0.60 | | 2.59 ± 0.93 | |
| **Other employment** | | | | | | | | | | | | |
| Yes | 3.30 ± 1.01 | 0.732 | 2.18 ± 0.81 | 0.484 | 2.21 ± 0.84 | 0.178 | 3.49 ± 0.97 | 0.992 | 1.78 ± 0.87 | 0.892 | 2.80 ± 1.03 | 0.325 |
| No | 3.36 ± 0.93 | | 2.31 ± 0.92 | | 2.44 ± 0.88 | | 3.49 ± 0.91 | | 1.80 ± 0.77 | | 2.62 ± 0.91 | |
| **Journey** | | | | | | | | | | | | |
| 40 | 3.32 ± 0.95 | 0.338 | 2.26 ± 0.88 | 0.443 | 2.35 ± 0.88 | 0.201 | 3.51 ± 0.93 | 0.433 | 1.74 ± 0.76 | 0.051 | 2.65 ± 0.93 | 0.947 |
| 30-36 | 3.54 ± 0.90 | | 2.43 ± 0.98 | | 2.63 ± 0.87 | | 3.33 ± 0.79 | | 1.12 ± 0.94 | | 2.67 ± 0.96 | |
| **Qualitative** | | | | | | | | | | | | |
| Age (years) | 0.058[c] | 0.469 | -0.086[c] | 0.286 | -0.044[c] | 0.585 | 0.029[c] | 0.721 | 0,071[c] | 0.378 | -0.063[c] | 0.436 |
| Income (reais) | 0.206[c] | **0.010** | 0.051[c] | 0.524 | 0.075[c] | 0.354 | 0.113[c] | 0.159 | 0,023[c] | 0.774 | 0.142[c] | 0.078 |
| Working time (months) | 0.042[c] | 0.605 | 0.023[c] | 0.778 | -0.018[c] | 0.826 | -0.024[c] | 0.766 | 0,153[c] | 0.057 | -0.086[c] | 0.285 |

Abbreviations: PC - Cooperative Professionalism; PCI - Competitive and Individualistic Professionalism; SBF - Employee satisfaction and well-being; IE - External Integration; RT - Reward and Training; PRI - Promotion of Interpersonal Relationships; FHS - Family Health Strategy;
a. Standard deviation; b. Student's t-test for independent samples; c. Pearson's correlation coefficient.

**Table 3:** Comparison of IBACO (Brazilian Instrument for Evaluation of Organizational Culture) factors by work sector (n=156). Jataí, Brazil, 2016.

| Factors | Sector | | p[a] |
|---|---|---|---|
| | FHS (n = 52) | Hospital (n = 104) | |
| | Mean ± SD | Mean ± SD | |
| Cooperative professionalism | 3.52 ± 1.01 | 3.26 ± 0.90 | 0.103 |
| Competitive and individualistic professionalism | 2.51 ± 0.88 | 2.16 ± 0.88 | **0.022** |
| Employee satisfaction and well-being | 2.50 ± 1.03 | 2.33 ± 0.79 | 0.249 |
| External Integration | 3.92 ± 0.71 | 3.27 ± 0.93 | **< 0.001** |
| Reward and training | 1.80 ± 0.98 | 1.79 ± 0.68 | 0.955 |
| Promotion of interpersonal relationships | 2.96 ± 1.01 | 2.50 ± 0.86 | **0.003** |

FHS - Family Health Strategy
a. Student's t-test for independent samples.

## DISCUSSION

From the results of this research, it was possible to identify the values and practices that characterize the organizational culture of the health services of the municipal public network from the perspective of nursing workers, as well as to compare these values between two levels of health care and the potential factors associated with organizational culture in the municipality studied. The results of this research indicated that nursing workers perceive the prevalence of external integration practices, related to customer satisfaction, and recognize that professionals cooperate to get the job done.

Nursing is a profession characterized by the learning of knowledge that aims to develop professional skills and abilities to care for people throughout the vital process, until death[14]. In this sense, it is possible to understand that the focus on meeting the needs of the client, maintaining friendly relationships with users, introducing innovations for care, and client satisfaction, perceived by nursing professionals, in this study, may be related to the very process of caring, inherent in this profession, as well as the humanization of nursing care[15].

Regarding the practices researched in this study, equivalent results were found in an investigation conducted with nursing workers of a philanthropic hospital in the countryside of São Paulo[16], where there was a predominance of the practices of external integration and the values of cooperative professionalism. Furthermore, a study conducted in a private hospital in the countryside of São Paulo found that the workers perceive cooperation at work and that the organization is focused on customer satisfaction[17].

The values of cooperative professionalism and external integration practices verified in this study characterize organizations that are result-oriented in services and relationships among workers, aiming at the decrease in hierarchical levels, sharing of decisions, and satisfaction and well-being of workers[18].

It is believed that organizations that promote the relationship among the multi-professional team, favorable working conditions, and possibilities of professional growth are capable of offering greater satisfaction to the workers and, therefore, reduce work-related illness. Such actions promote the health of the workers and, consequently, the improvement of the quality of care and patient satisfaction with nursing care[16,19]. Organizational factors such as the possibility of professional growth, liking what one does, remuneration, autonomy, recognition, and appreciation of the professional also contribute to job satisfaction[19].

The interpersonal relationship among professionals becomes an important organizational practice since it reflects greater unity among the team in a process of mutual collaboration and can be highlighted as a source of pleasure at work[11,20]. However, this was a practice little perceived by the participants of this study, who believe that the promotion of interpersonal relationships is little considered in health organizations in the municipality. This perception of the workers resembles the results found in the research conducted in a public hospital in the interior of São Paulo[5] where it was found that interpersonal relationship is an undervalued practice.

The values of satisfaction and well-being investigated were little perceived by the professionals in the municipality. Well-being is related to broad experiences, such as satisfaction with salaries, interpersonal relationships, and physical and mental health, where negative experiences would influence health at work[21]. Thus, the satisfaction and motivation of professionals confer greater quality and productivity at work, reflecting even in the improvement of the quality of care provided, making the environment more human[22]. Other studies with nursing professionals also verified that these values were little considered in the work environments[5,11].

Still in this investigation, it was noticed that the participants, even with lower scores, compete at work and that the practices of reward and training are little emphasized. Such results are consistent with the research conducted in the interior of São Paulo with nursing workers[16], which found progressively less competition at work and the practices of team training and professional reward.

The division of labor in nursing favors the fragmentation of patient care, generating distancing, conflicts, difficulties with teamwork, and interdisciplinarity in the performance of care. These factors cause demotivation and dissatisfaction, because it no longer considers individual abilities, which contributes to work-related illnesses, and impedes professional growth, besides compromising the quality of care[5,23,24].

From another perspective, the adoption of practices of reward and training of professionals by the organizations enables greater satisfaction and motivation to work, since the recognition of the worker is of utmost importance, whether in a material or symbolic way, giving him/her mental health at work[23,24]. Research conducted with nursing technicians at a hospital in Paraná showed that recognition at work, whether from patients, society, or the participant himself, is an essential element for feelings of pleasure, and its valorization is of utmost importance[25].

The comparison between the perception of nursing professionals about the values and practices that characterize the organizational culture between workers of the family health strategy and those of the hospital indicates that the first level of care presented a higher mean in all factors of the instrument. Thus, the scores were significant for competitive and individualistic professionalism, external integration, and the promotion of interpersonal relationships.

Public health organizations in Brazil represent examples of institutions that are processed and work-oriented, since the hierarchical structure is usually verticalized, and overvalued, decision-making power is centralized, excessive control over procedures, and there is an attachment to norms, routines, and power.

In this model, the needs of the workers are hardly taken into consideration[5].

However, the family health strategy represents a change in the pattern of health care for the population about the traditional model, as it focuses on preventive actions. It also enables the integration between the teams and the community, through interdisciplinary teams, with a strong bond between the workers and the population[26], therefore, such factors may be associated with the fact that the promotion of interpersonal relationships is more valued in the first group.

## Conclusion

The results of this research permeate the values of cooperation at work and a focus on patient satisfaction, although they perceive appreciation for individual effectiveness and little appreciation for the well-being and relationships among workers.

The professional category nurse presented higher averages compared to the nursing technician and nursing assistant, in the values of competitive and individualistic professionalism and workers' satisfaction and well-being.

It was found that the average scores of FHS professionals were higher than workers from hospitals or specialized centers for the factors: of competitive and individualistic professionalism, external integration, and promotion of interpersonal relationships.

The results point to the importance of managers of healthcare institutions knowing the factors related to organizational culture to promote a suitable work environment, with current technologies for the management and organization of nursing work. Such knowledge can assist in valuing the participants, recognizing their needs and abilities, and improving their relationships to ensure the satisfaction and well-being of workers and therefore the promotion of occupational health.

As a limitation of the study, it is pointed out that the instrument chosen considered the measure of organizational culture from the perspective of nursing workers, and another measure that considered the vision of managers about these same factors was not applied. It is suggested that studies be conducted that evaluate this other perspective, to compare and establish relationships between organizational culture from the perspective of both groups.

## REFERENCES

1. Dario VC, Lourenço ML. Cultura organizacional e vivências de prazer e sofrimento no trabalho: um estudo com professores de Instituições Federais de Ensino Superior. Rev Organiz Contexto. 2018;14(27):345-95.
https://doi.org/10.15603/1982-8756/roc.v14n27p345-395

2. Santos VCB, Damina IPM, Valentim MLP. A cultura organizacional como fator crítico de sucesso à implantação da gestão do conhecimento em organizações. Rev Inf Soc. 2019;29(1):51-66.
https://doi.org/10.22478/ufpb.1809-4783.2019v29n1.38590

3. Budó MLD, Schimith MD, Alves CN, Wilhelm LA, Ressel LB. Care and culture: an interface in the nursing knowledge production. J Res Fundam Care. 2016;8(1):3691-704.
http://dx.doi.org/10.9789/2175-5361.2016.v8i1.3691-3704

4. Chiavenato I. Recursos humanos: o capital humano nas organizações. Rio de Janeiro: Elsevier, 2009.

5. Fonseca PH, Lowen IMV, Lourenço ML, Peres AM. Cultura organizacional na área da saúde: um estudo bibliométrico. Saude Debate. 2018;42(116):318-30.

6. Tyagi RK, Cook L, Olson J, Belohlav J. Healthcare technologies, quality improvement programs and hospital organizational culture in Canadian hospitals. BMC Health Serv Res. 2013;13:413.
https://doi.org/10.1186/1472-6963-13-413

7. Vieira FFS, Pereira TF. A influência da cultura organizacional no sucesso dos projetos: uma revisão sistemática da literatura. Braz J Dev. 2021;7(6):62331-48.

8. Silva EC. Clima organizacional na Universidade Federal da Paraíba: a percepção dos servidores lotados no Departamento de Ciências Jurídicas. [master´s thesis]. [João Pessoa]: Universidade Federal da Paraíba, 2020.

9. Pinto AMS, Najar AL. Cultura e instituições de saúde: estudando a participação de traços culturais da sociedade brasileira no processo de trabalho de serviços de atenção básica. Cienc Saude Coletiva. 2011;16(11):4375-84.
https://doi.org/10.1590/S1413-81232011001200010

10. Alsaqqa HH. Avaliação dos perfis de cultura organizacional em hospitais da Faixa de Gaza. Saude Soc. 2020;29(4):e191016.
https://doi.org/10.1590/S0104-12902020191016

11. Brasil. Ministério da Saúde. Cadastro Nacional de Estabelecimentos de Saúde (CNES). Secretaria de Atenção à Saúde. Estabelecimentos de saúde do município Jataí. Available from: http://cnes2.datasus.gov.br/Lista_Es_Municipio.asp?VEstado=52&VCodMunicipio=521190&NomeEstado=GOIAS

12. Ferreira MC, Assmar EML, Estol KMF, Helena MCCC, Cisne MCF. Desenvolvimento de um instrumento brasileiro para avaliação da cultura organizacional. Estud Psicol. 2002;7(2):271-80.
https://doi.org/10.1590/S1413-294X2002000200008

13. Ferreira MC, Assmar EML. Cultura organizacional. In: Siqueira MMM, Tamayo A, Bastos AVB, Oliveira AF, Mendonça H, Porto JB, et al. Medidas do comportamento organizacional: ferramentas de diagnóstico e de gestão. Porto Alegre: Artmed, 2008; p. 125-38.

14. Pires D. A enfermagem enquanto disciplina, profissão e trabalho. Rev Bras Enferm. 2009;62(5):739-44.
https://doi.org/10.1590/S0034-71672009000500015

15. Martins JT, Galdino MJQ, Garanhani ML, Sammi KM, Trevisan GS. Humanização no processo de trabalho na percepção de enfermeiros de Unidade de Terapia Intensiva. Cogitare Enferm. 2015;20(3):589-95.
http://dx.doi.org/10.5380/ce.v20i3.41521

16. Duarte MLC, Glanzner CH, Bagatini MMC, Silva DG, Mattos LG. Pleasure and suffering in the work of nurses at the oncopediatric hospital unit: qualitative research. Rev Bras Enferm. 2021;74(suppl 3):e20200735.

17. Vegro TC, Rocha FLR, Camelo SHH, Garcia AB. Cultura organizacional de um hospital privado. Rev Gaucha Enferm. 2016;37(2):e49776.
https://doi.org/10.1590/1983-1447.2016.02.49776

18. Hofstede G, Hofstede GJ, Minkov M. Cultures, and organizations: software of the mind. Intercultural cooperation and its importance for survival. New York: McGraw Hill, 2010.

19. Siqueira TM, Bezerra CC, Santos IS, Fonseca JRF. Fatores de satisfação no trabalho: um indicador de recursos humanos em enfermagem. Res Soc Dev. 2020;9(11):e1939116510.
http://dx.doi.org/10.33448/rsd-v9i11.6510

20. Garcia AB. Cultura organizacional e vivências de prazer e sofrimento no trabalho de profissionais de enfermagem de um hospital filantrópico do interior do Estado de São Paulo. [master´s thesis]. [São Paulo]: Universidade de São Paulo, 2015.

21. Glanzner CH, Olschowsky A, Pai DD, Tavares JP, Hoffman DA. Avaliação de indicadores e vivências de prazer/sofrimento em equipes de saúde da família com o referencial da Psicodinâmica do Trabalho. Rev Gaucha Enferm. 2018;38(4):e2017-0098.
https://doi.org/10.1590/1983-1447.2017.04.2017-0098

22. Ozanam MAQ, Santos SVM, Silva LA, Dalri RCMB, Bardaquim VA, Robazzi MLCC. Satisfação e insatisfação no trabalho dos profissionais de enfermagem. Braz J Dev. 2019;5(6): 6156-78.
https://doi.org/10.34117/bjdv5n6-127

23. Marziale MHP, Rocha FLR, Robazzi MLCC, Cenzi CM, Santos HEC, Trovó MEM. Influência organizacional na ocorrência de acidentes de trabalho com exposição a material biológico. Rev Latino-Am Enfermagem. 2013;21(spe):199-206.
https://doi.org/10.1590/S0104-11692013000700025

24. Kolhs M, Olschowsky A, Ferraz L, Camatta M. Psicodinâmica do trabalho: labor, prazer e sofrimento. Rev Eletr Acervo Saude. 2018;10(3):1719-26.
https://doi.org/10.25248/REAS232_2018

25. Lamb FA, Beck CLC, Coelho APF, Vasconcelos RO. Trabalho de enfermagem em pronto socorro pediátrico: entre o prazer e o sofrimento. Cogitare Enferm. 2019;24:e59396.
http://dx.doi.org/10.5380/ce.v24i0.59396

26. Guimarães BEB, Castelo Branco ABA. Trabalho em equipe na atenção básica à saúde: pesquisa bibliográfica. Rev Psicol Saúde. 2020;12(1)143-55.
http://dx.doi.org/10.20435/pssa.v12i1.669