Alternative Organizational Climate, Changing Scenarios in Catholic Hospitals

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Abstract: *Changing scenario of organizational climate in the catholic hospitals of Kerala and Karnataka were studied in the context of job satisfaction. The methodology used was qualitative in approach and narrative in design. The paper focused on the subjective experiences of selected nurses and ancillary staff. The objective of the part of the doctoral study was focused on the variables such as; 1) Communication flow, organizational structure and methodology of change in the administration, 2) Management policies in decision making, professional and personal growth 3) Personnel treatment in terms of organizational warmth and recognition and free from exploitation and stress and 4) Job Satisfaction, work group, leadership and communication. The result showed positive and favourable experience from the part of nursing and ancillary staff in both the states deriving an innovative model in the area of organizational climate that could be replicated in service-oriented health institutions.*

Key Words: *Organisational Climate, Job Satisfaction, Catholic Hospitals.*

1. Introduction

Organizational climate is a relatively enduring quality of the internal environment of an organization that (a) is experienced by its members, (b) influences their behaviour, and (c) can be described in terms of the values of a particular set of characteristics (or attributes) of the organization (Tagiuri, R et al, 1968). Campbell, Dunnette, Lawler, and Weick focused on the properties of climate and offered a definition based upon a review of the factors that might contribute to climate in an organization: ... we might define climate as a set of attributes specific to a particular organization that may be induced from the way that organization deals with its members and its environment. For the individual

member within the organization, climate takes the form of a set of attributes and expectancies which describe the organization in terms of both static characteristics (such as degree of autonomy) and behaviour-outcome and outcome-outcome contingencies (Campbell et al., 1970).

These definitions have some common elements. Organizational climate is usually considered to be a molar concept in the same sense that personality is a molar concept. The climate of a particular organization, while certainly not unchanging, nevertheless has an air of permanence or at least some continuity over time. Phenomenologically, climate is external to the individual, yet cognitively the climate is internal to the extent that it is affected by individual perceptions. Climate is reality-based and thus is capable of being shared in the sense that observers or participants may agree upon the climate of an organization or group, although this consensus may be constrained by individual differences in perceptions. This "commonality of perceptions" is considered by some to differentiate climate from other organizational variables such as satisfaction. The climate of an organization potentially impacts the behaviour of people in the system.

Many researchers (certainly not all) consider that organizational climate is an indirect determinant of behaviour in an interactive sense rather than a direct determinant of behaviour in a main effect sense. Other researchers now appear to be uncomfortable with any suggestion of causality, although they might consider organizational climate as a predictor in the correlational sense.

Conceptualizations of organizational climate usually include aspects of shared history, expectations, unwritten rules, and social mores that affect the behaviour of everyone in an organization and the underlying beliefs that shape the actions of staff (Frederickson, 1966; Glisson, 2000). Organizational climate is theorized to influence treatment outcomes through its relationship with staff behaviour (Muldrow, Buckley and Schay, 2002). This relationship has been confirmed across a variety of settings.

This paper is based on the doctoral study done by the author upon the job satisfaction derived in the context of organizational climate in the Catholic Hospitals in the states of Kerala and Karnataka. It focuses on the change making in the very behaviour of the staff in such hospitals due to the conducive organizational climate in such hospitals.

2. Review of Literature

2.1. Organisational Climate

Organizational climate has been found to influence productivity levels and the level of predictability in employee behaviour (Kaczka and Kirk, 1968; Schneider and Hall, 1972). More recently, Glisson (1989; Glisson and Durick, 1988) has successfully applied the concept of organizational climate to the study of human service organizations. The identification of a link between organizational climate, job performance, and treatment outcomes for children served within the child welfare system (Glisson and Hemmelgarn, 1997; Yoo and Brooks, 2005) has particular relevance since the clients demonstrated improved psychosocial functioning, an outcome also sought for clients served by Community Mental Health Associations (Chambers, 1986; Levin and Petrila, 1996). Organizations and their climates are dynamic, evolving entities that naturally change over time. Such change is often incremental, and it may be unintentional and unplanned, or planned and intentional. The very fact of organizational change suggests that directed, intentional efforts at change have the potential to succeed in effecting substantive changes in organizational climate (Trice and Beyer, 1993). The idea of organizational change that is directed and substantive is well established in the management literature (Deal and Kennedy, 2000; Kotter, 1990; Schein, 1990; Trice and Beyer, 1993; Cameron and Quinn, 1999; Pratt and Foreman, 2000). Glisson and colleagues (Glisson and James, 2002; Glisson, Duke and Green, 2006) rightly point out that, although organizational research in mental health is at the beginning of the knowledge-building process, research on the diffusion of innovation, technology transfer, and organizational and community development has much to contribute to understanding organizational change in agencies providing mental health services. Community development literature as far back as Lerner (1958) has examined how the introduction of new information changes social norms and behaviours. Glisson (Glisson and James 2002; Glisson and Schoenwald, 2005) has found that organizational-level change can be instituted using methods similar to those used for community change, such as social planning by outside experts, participatory or grassroots engagement with individuals directly impacted by changes, and advocacy by both outside experts and community residents (i.e., agency staff and clients). These methods have been successfully applied

in other settings (Larrison, 2001; Larrison and Hadley-Ives, 2004). Given the apparent existence of ethnic disparities in mental health treatment (USDHHS, 2001) and the relationship between organizational climate and client outcomes (Glisson and Hemmelgarn, 1997; Yoo and Brooks, 2005), it is reasonable to question whether the climate in which services are provided plays a role in creating disparate outcomes (Beckett and Dungee-Anderson, 1998). Further, the ability to direct organizational change indicates that interventions aimed at the organizational level may have a significant impact on disparities at agencies where they exist.

Campbell et al. found four common factors in organizational climate. These dimensions include: (1) individual autonomy, (2) degree of structure imposed upon the position (managerial structure), (3) reward orientation (rewards, general satisfaction, and achievement orientation), and (4) consideration, warmth and support (managerial support and nurturance of subordinate). These authors felt that this list of factors was too small and much more investigation should be done to be complete.

Continuing in the same vein of perceptual importance and aggregate consensus, Pritchard and Karasick (1973) gave their conceptual synthesis from definitions in other studies. They gave a comprehensive definition of the organizational climate as "a relatively enduring quality of an organization's internal environment distinguishing it from other organizations; (a) which results from the behaviour and policies of members of organization, especially top management; (b) which is perceived by members of the organization; (c) which serves as a basis for interpreting the situation; and (d) acts as a source of pressure for directing activity". The leader's behaviour includes the aspects of: aloofness, production emphasis, thrust, and consideration (Duxbury et al.,1982). Aloofness is behaviour of the leader that "goes by the book", is formal and impersonal. Production emphasis is behaviour by the leader which is highly directive and is characterized by close supervision. Humanistic thrust is behaviour by the leader which motivates the subordinates, especially by the example one sets. Consideration is behaviour by the leader which includes warmth and the inclination to try to do a little something extra for subordinates. The subordinate's behaviour includes the aspects of disengagement, hindrance, esprit and intimacy (Duxbury et al., 1982). Disengagement is a subordinate's tendency of "going through the motions" or to be "not in

gear" with respect to the given task. Esprit or morale is the subordinate's sense of their social needs being satisfied and a sense of work accomplishment. Hindrance is a subordinate's feelings that the leader encumbers them with routine duties, committees or other "busy work". Intimacy is a subordinate's enjoyment of a satisfying social-needs relationships.

The Relationship of Organizational Climate to Nurses' Job Satisfaction-In their study of 16 magnet hospitals, Kramer and Schmalenberg (1988, 1991) focused on the eight attributes of excellence described by Peters and Waterman in their book, 'In Search of Excellence' (1982). Data were collected from 16 magnet hospitals in order to compare the characteristics of the work environment to the attributes of some of the nation's best run corporations. The results show that the nurses perceived real differences in the culture and the work environment of the magnet and nonmagnet hospitals as perceived by nurses. Duxbury et al. (1982) looked at relationships between dimensions of organizational climate and nurses' job satisfaction level. They gathered data from the NICU nurses in 18 Midwest hospitals (n=682). The OCDQ scale (Halpin and Croft 1962) was modified by Duxbury et al. into the revised NOCDQ-B form (the Nursing Organizational Climate Descriptive (Questionnaire) which include 6 of the 8 original dimensions. (Production Emphasis was dropped, and Consideration and Thrust were merged into a single scale.) Analysis of variance showed that each of the six NOCIXQ-B dimensions served to differentiate the NICLTs in the study. Significant relationships were found at the unit mean level between three of the six NOCDQ-B scales and nurse satisfaction, as measured by the Minnesota Satisfaction Questionnaire. The considerable (r=.7l) relationship between Esprit and Satisfaction was not unexpected, since both are measures of group morale, although from different perspectives. The relationship between Humanistic Thrust of a leader and nurse satisfaction is also an expected trend in the literature. The generalizability of the original OCDQ items of Halpin and Croft (1962) across various organizations may make this an instrument which, according to Duxbury et al. (1982), should be applied in future studies. Significant differences between high-satisfaction and low-satisfaction nurses on the six dimensions of job satisfaction at two South-eastern metropolitan hospitals (0=159) were identified by Tumulty, Jemigan and

Kohut (1994). In this study, nurse job satisfaction was measured by the Index of Wotic Satisfaction (IWS) developed by Stamps and Piedmont (1986), and an abridged version of the WES (Moos, 1986) measured aggregate assessments of the work environment. The relationship factors of the work environment contributed significantly to the job satisfaction of the nurses. No significant differences were found between the personal growth dimension of the work environment and job satisfaction. In general, staff nurses who perceived the work environment to be relatively positive also were more satisfied with their jobs than those who perceived the work environment less positively. Baylor plan nurses were the least satisfied in all cases. Nurses working in the maternal/child specialty area were significantly more satisfied than the medical/surgical or critical care nurses, and they perceived the environment more positively on the relationship dimension. A cohesive peer group may mediate other problems in the work environment, with a supportive manager may enhance the strengths of a unit. This stuff gave more specific evidence to the connection between work environment and job satisfaction for nurses.

Nakata and Saylor (1994) replicated studies done by Lucas (1988,1991) which investigated nurses' perceptions of current and desired management styles in hospital units as well as the relationship of management style to staff nurse job satisfaction. In this nonexperimental, cross-sectional survey (n=102) of one Catholic hospital in northern California, the perceived and desired management styles and job satisfaction were measured. The study was based on the theory of Likert's management styles, which consists of four types; exploitive-authoritative, benevolent-authoritative, consultative, and participative groups. Results were similar to those found by Lucas. Staff nurses perceived an overall benevolent-authoritative style of management on their units. Conversely, the staff nurses desired more of a participative management style, denoting a desire to be more involved in decision-making processes. The overall job satisfaction mean score was 4.7 on a scale of 1 to 7. The Pearson product-moment correlation statistic between the overall perceived management style and the overall job satisfaction of hospital staff nurses (r=.48, p=.0001) reinforced the need to investigate the implementation of management style that is closer to a participative group style of management. Findings of a pilot study by Gillies et al. (1990) suggested that deliberate modification of organizational

climate may increase nurses' job satisfaction and job tenure. A convenience sample of 34 registered nurses from four patient units in an urban teaching hospital was studied in this descriptive survey design. The Work Satisfaction (Questionnaire (Stamps, 1978) with its seven sub scores (pay, professional status, physician-nurse relationship, administration, autonomy, task requirements, and interaction) was used to calculate nurses' satisfaction Litwin and Stringer's (1968).

2.2 Social Support

Social support is an important factor promoting mental health both in the workplace (Digman and West, 1988) and in life outside of work (e.g., Rook, 1987). Social interaction at work (in terms of the relationships between co-workers as well as between employees and their supervisors) is becoming increasingly important to most organizations. Higher social support in a work setting is related to lower levels of psychiatric disturbance and absenteeism (Stansfield, Rael, Head, Shipley, and Marmot, 1997). Moreover, Landy (1992) notes that there is a substantial research base indicating that the quality of supervision can have a significant effect on employee well-being. Genuine social support from management and colleagues can engender feelings of trust and belongingness within the organization. Conversely, poor social support at work can potentially become a significant source of stress for employees and can, consequently, generate feelings of isolation and loneliness. Because of the importance of social support to well-being, it would be reasonable to expect that social support at work would potentially play a role in the prediction of loneliness at work.

Organizational Climate Description (Questionnaire, which contains nine subscores (structure, responsibility, reward, risk, warmth, support, standards, conflict, and identity), was used to evaluate the work environment. Four of the nine subscores which had the highest reported interitem correlation (identity .49, reward .42, support .37, and warmth .33) were selected to be specifically studied in this report. The majority of satisfied nurses described their organizational climate as being high in responsibility, warmth, support, and identity. The study demonstrated that nurses' job satisfaction was; mildly correlated with a climate of responsibility; moderately correlated with a climate of warmth; strongly correlated with a climate of support; and strongly correlated with a climate of identity. These

findings were similar to other studies (Huey and Hartley, 1988) that showed that support from administration is an important factor influencing nurses' job retention. This study could be replicated using a larger sample size and in various other types of hospitals.

The close observation of the review shows the relationship between staff behaviour and supportive behaviour of the management in setting better organizational climate leading to high job satisfaction.

3. Methodology and Research Design

This is a qualitative study, narrative in approach with brief content analysis done based on the interview scripts collected from the nurses and ancillary staff working in the catholic hospitals in Kerala and Karnataka.

Although the topic of organizational climate and job satisfaction is exhaustive, this paper takes up only a few variables such as;

3.1. Communication flow, organizational structure and methodology of change in the administration;

3.2. Management policies in decision making, professional and personal growth;

3.3. Personnel treatment in terms of organizational warmth and recognition and free from exploitation and stress;

3.4. Job Satisfaction, work group, leadership and communication.

The subjective opinions of nurses and ancillary staff are taken in content analysis and discussed to get an objective outcome of change making in the organizational climate that can lead to job satisfaction.

4. Analysis

4.1 Organizational Climate

4.1.1. Administration

4.1.1.1. The Communication flow and Information flow between management and staff in the hospital one is working is analysed in the beginning.

Stephy, the staff nurse in a catholic hospital in Kerala says, *'the communication flow and information flow between management and staff is effective and is essential for success in delivering safe and*

quality care. The management provides timely accurate and consistent information that satisfy the needs of staff and others'.

According to Leena an ancillary staff in a Catholic Hospital in Kerala, *'the management communication is good and open. Everyone is very supportive and helpful. We can give opinion and suggestions on certain matters concerning the work we do'.*

Then, Jalaja a nurse in a Catholic Hospital in Karnataka says, '*communication flow and information flow between management and staff is good. All staffs follow the orders and do the needful without any hurdles. The staffs are hardworking and committed in doing their job to their best'.*

Malu an ancillary staff in a catholic Hospital in Karnataka expressed her opinion that, '*I am very pleased with the atmosphere of the hospital and all my co-workers are really helpful. It makes me happy to work with them'.*

All of them had positive opinion about the communication and information flow in the catholic hospitals where they work. It made them feel good and work hard.

4.1.1.2. The Organization structure in the hospital - authoritarian, authoritative (partially hierarchical and democratic) or fully democratic and team approach - an explanation…

Stephy says, '*my work place is very democratic and it helps me to grow intellectually, and to express myself freely'.*

Leena has the opinion that, '*the employees work as a team and are very cooperative. The management motivates us and helps to do the work effectively'.*

Jalaja says, '*the organization structure in my hospital is team approach. We work in teams for support and encouragement of one another. The management is friendly and supportive of all our endeavours'.*

Malu has to say, '*the organisational structure of the hospital is authoritative. Being an institution under Catholic church it has a hierarchical structure and at the same time they try to introduce little bit of professionalism and so there is democratic approach and it is more in clinical side'.*

Most of them opined that the hospital administration is democratic with a team spirit. But Malu feels it is authoritative although democratic approach is adhered to professional field and only in clinical realm.

4.1.1.3. The management methodology for change and their feelings…
Stephy has to say, '*in certain aspects I do find instances of change. Very often due to the suggestions of the medical team to compete with other hospitals management is ready to change its rigid policies*'.

Leena says, '*the management adopts newer policies to keep up with the changing circumstances. To support better administration, changes become a necessity. The management adapts to a new environment rather quickly understanding its need*'.

Malu also says that, '*The management have a methodology for change and is very adaptable to emerging technologies. They have very good policies that are in line with the new technologies*.

Jalaja says, '*yes, I feel the management has a methodology for change. They are ready to adapt to changing situations. Although they focus on charitable and service way of functioning, they need to face the challenges from the professional and commercial style of functioning seen around modern hospitals'*.

All of them agree that the hospitals are adopting a method of change due to changing scenario in the hospital particularly due to the competition in health care sector irrespective of the service attitude to match with professional interests in the service sector.

4.1.2. Management Policies

4.1.2.1. Consultation with the personnel staff in decision making by the higher management

Stephy says, '*in my hospital regular meetings and brainstorming are done. There is always a give and take policy. It helps in better co-operation of the staff and the staffs are in a better position to accept the suggestions and guidance of the management*'.

Leena is of the opinion that, '*at this hospital, everyone values originality and promotes teamwork. Each staff represents themselves although they work as a team. So, their opinions have value and are considered by the management for decision making*'.

Malu says, '*we are not consulted in decision making. Only the in-charge from each department is consulted for decision making for a particular department. Other staffs are consulted only when necessary*'.

Jalaja expressed her feelings that, '*it is satisfactory. Not always do we get a chance to make decisions. Most of the time, the management makes the decisions with little help from superintendent and sometimes assistant superintended or head nurse gets a chance to give their suggestions*'.

The staff from Kerala are of the opinion that they have a role in the decision making. But those who are from the Catholic hospitals in Karnataka expressed their feelings that only the department heads are consulted in decision making.

4.1.2.2. The satisfaction of employees with the management policies.

Leena says that, '*the management policies are good. It is easy to follow and flexible. But sometimes, it is strict as well to make the administration smooth and efficient. It helps the hospital to function in full capacity*'.

Stephy has the opinion that, '*I am 85% satisfied with management policies. It is flexible and adaptable to change. It is changed whenever required according to the needs of the hospital and the management*'.

Malu says, '*it's very good, I feel. The management policies are flexible to a certain extent and ready to introduce whatever is needed for the welfare of the staff, of course from the limitations they have*'.

Jalaja has to say, '*the policies are very good and easy to follow. They are made for betterment of the staff and fits in really well. The management pays attention to every small detail and uses them in the policies*'.

All of them agree with the policies of the hospital and are satisfied. They also observed that the policies were in tune with the welfare of the employees.

4.1.2.3. The opportunities provided for the personal and professional growth and development of the staff.

Stephy says, '*weekly programmes are held to discuss the growth of the hospital and the organization. It is the platform for training the employees for better prospects which can be implemented to the functioning of the hospital*'.

Leena has the opinion that, '*I have lots of opportunities to grow and develop. The management offers weekly seminars, workshops and staff training programs that helps me in work. I appreciate the efforts of management in the development of staff and employees of the hospital. It is very helpful to us*'.

Jalaja says, '*many opportunities are provided for the staff to improve their skills and enhance their performance. Training sessions, seminars, and workshops are held regularly to assist the staff and keep them informed and revisit basic foundations, which proves useful to increase productivity*'.

Malu has the opinion that, '*training programs are conducted for the staff. It focuses on the personal as well as professional growth of the staff. Ancillary staff also is given sufficient training on patient care, communication skills, and effective management of stress and strains*'.

4.1.3. Personnel Treatment

4.1.3.1. The organizational warmth and recognition in the hospital

Stephy says, '*the higher authorities are approachable and supportive and so is the management. The service of all staff is valued and given the importance required. Some prizes are also given for exceptional service in their work*'.

Leena has the opinion that, '*it is good. The management creates an ambient atmosphere in the campus focusing on positive relationship between the management and the staff.*

Jalaja says, '*I am well recognized in my hospital. There are sufficient warmth and cordial relationship between different personnel in the management. They recognize my service, efforts, and encourage very often and support at times of troubles and difficulties*'.

Malu has the feelings that, '*we have a committed team who helps each other. The contribution of every staff is recognized and appreciated. My team is warm and welcoming*'.

All of them equally agree about the warmth and recognition they receive from the hospital administration. They are satisfied with the way the approach of the hospital management.

4.1.3.2. The freedom from exploitation and job stress.

Stephy says, '*through effective communication, we avoid exploitation in our work arena. Fair payment is received by all employees of this hospital and not misused*'.

Leena has the opinion that, '*exploitation and job stress are nil in the hospital. A favourable work environment promotes effective performance among workers and encourages them to do their level best. They are also paid correctly according to the standards of the hospital*'.

Jalaja says, '*since we work as a team, no one feels stressed. The work is divided among the staff and every member is appreciated for their contribution. I don't have any stress. I am very happy to be part of the team*'.

Malu says, '*it is good. There are minor stressors but my colleagues help me to overcome the stress. My family members also support me a lot. I don't find any exploitation of my service in my organization. The remuneration is lower than in other private hospitals. But I don't think it is exploitation because the hospital is charity based and I think I am part of this service and it is my contribution to accept the lower end benefits*'.

All four of them feel that there is hardly any job stress. They expressed the fact that they are free from exploitation. As the Catholic hospitals are charity based, they consider the low payment as their contribution in the very charity done by the hospitals.

4.2. Job Satisfaction

4.2.1. Job satisfaction: The job satisfaction with regard to the positive behavioural fundamentals such as independence, task implication and feedback.

Stephy says, '*we are satisfied with the job. We are accountable for the patient's life during their stay at the hospital during the course of treatment. If something goes wrong the staffs are blamed not the doctors. We acknowledge that each member of the team is skilled in their profession and that by using our talents together, we can adequately assist the patients. The co-operative and supportive environment provides content in the collaboration. But if placed with the wrong team who has no team spirit, then it is difficult to work with*'.

Leena has the opinion that, *'I am satisfied with my job and do my work independently with guidance from management and assistance from my co-workers. Feedback can be given directly to management which they manage effectively*'.

Jalaja says, '*I have good job satisfaction about positive behavioural fundamentals such as independence, task implication, and feedback. They provide a situation of responsible freedom which gives us sufficient independence. The task implications and feedback are given at regular intervals*'.

Malu expressed her views that, '*yes. I have job satisfaction. The management supports my decisions and way of doing the work. The nuns always motivate the staff to do their best. They also solve the problems and issues we face. We also get a chance to give our opinions*'.

All of them have expressed similar opinion about job satisfaction with regard to the positive behavioural fundamentals such as independence, task implication and feedback. They get satisfactory response from the management and feel that they are adequately listened by the management.

4.2.2. Work group: The level of being active with the work groups and the nature of satisfaction they derive from the work groups.

Stephy says, '*I get confident, improve team spirit and work actively in groups. The management is supportive and encourage work groups to improve functioning of the hospital*'.

Leena tells, '*I am very co-operative with all work groups. All in my group are supportive and caring. I feel a sense of belonging here. The Management also motivates us to do our best work more often*'.

Jalaja says, '*I am happy to work together. The workload is divided, so working in a team reduces stress and makes the work less and manageable. It also encourages me and helps me to do my best. There is a good team spirit in the hospital and I like working as a team*'.

Malu has the opinion that, '*I am active and do very well in the workgroups. There is good team spirit and I enjoy a good amount of joy and satisfaction in working as a team*'.

All of them actively participate in the work groups and they get good support from the groups leading them to better levels of satisfaction.

4.2.3. Leadership styles: The type of leadership exercised by the Management-authoritarian or democratic and their response towards it.

Stephy says, '*we work as a team at all levels most often. There is no question of stress here and each staff is given a place in a team which they have to do responsible without fail*'.

Jalaja tells that, '*it is a combination of both authoritarian and democratic. It is helpful to raise our questions and response to Management. We can give suggestions which the management respond to*'.

Leena says, '*it is mostly authoritarian. But the Management does have a democratic spirit that very often they consult with the staff representatives informally before making any major decisions*'.

Malu tells, '*the place I work shows a democratic type of leadership where we can express our views to any situation that we face and this type of leadership helps us grow*'.

Although they agree that the leadership is mostly democratic in style, there is authoritative elements found in the Management attitude. However, the staff consider it positively.

4.2.4. Communication methods: The comfortable nature of the communication styles of hospital Management.

Stephy says, '*I am comfortable with the communication styles of our management. They are friendly and supportive of all our endeavours. They lay flexible, easy to follow rules which we follow without any hurdles*'.

Leena tells that, *'it is good; we can communicate everything to authority. They try to help if possible. The Management is capable to handle any situation regarding work or hospital anytime'*.

Malu has the opinion that, '*I am very comfortable with the communication style of the hospital. Every staff communicates with clarity and understanding*'.

Jalaja says, '*I am comfortable with the style of Management communication. Although it is hierarchical in nature, personal communication and care make me more committed to the service*'.

Regarding the communication style of the Management all of them were happy and comfortable. It creates a friendly work climate.

5. Discussion

In communication flow, organizational structure and methodology of change in the administration, the subjective experience of the staff was positive both for the nursing and ancillary staff. They feel a change in the attitude as well as the communication of the Management in the process of competition with the business focused institutions in health sector.

The Management policies in decision making, professional and personal growth was also favourable to the staff. It shows a changing scenario in the organizational climate leading to better job satisfaction for the staff.

The personnel treatment in terms of organizational warmth and recognition are highly accepted by the staff and they feel that they were free from exploitation and stress.

The job satisfaction, work group, leadership and communication were also considered positive by the staff.

The experience of the staff both from Kerala and Karnataka shows that they enjoy a favourable organizational climate in the Catholic hospitals where they work. They also felt that from authoritative to democratic approach a change was taking place that ultimately provide a conducive environment for the staff to continue to work in such Catholic hospitals.

6. Conclusion

Change is always painful. However, the end result may bring joy and satisfaction. The paper presented favourable environment for the nursing and ancillary staff in Catholic hospitals in Kerala and Karnataka. Irrespective of the financial constraints the staff prefer to continue to work in such hospitals due to the better warmth and cordial relationship they feel from the managerial staff. Hence the model could be further studied on how welfare of the employees in medical set up can contribute to the favourable organizational climate in a health institute and could be earmarked for the growth and development in the given segment.

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