Using Transformational Change to Improve Organizational Culture and Climate in a School of Nursing

Pamela J. Springer, PhD, RN; Cynthia M. Clark, PhD, RN, ANEF, FAAN; Pamela Strohfus, DNP, RN; and Marcia Belcheir, PhD

ABSTRACT
A positive organizational culture and climate is closely associated with an affirming workplace and job satisfaction. Especially during a time of faculty shortages, academic leaders need to be cognizant of the culture and climate in schools of nursing. The culture of an organization affects employees, systems, and processes, and if the culture becomes problematic, transformational leadership is essential to create change. The purpose of this article is to describe an 8-year journey to change the culture and climate of a school of nursing from one of dissatisfaction and distrust to one of high employee satisfaction and trust. Kotter’s model for transformational change was used to frame a longitudinal study using the Cultural and Climate Assessment Scale to transform the organizational culture and climate of a school of nursing.

The organizational culture and climate of Boise State University School of Nursing is vastly different than it was 8 years ago. Beginning in 2003, the School of Nursing (formerly known as the Department of Nursing) experienced numerous and powerful changes that occurred in rapid succession. The most significant changes included hiring a new chairperson, developing and implementing a new curriculum that integrated nursing faculty from three distinct programs into one cohesive nursing program, designing and launching a new graduate program, and designing and implementing a new shared governance structure. These changes led to widespread dissatisfaction among faculty and staff, which resulted in a diminished focus on student success, lack of energy among faculty and staff, increased stress and criticism, decreased NCLEX® pass rates, and high levels of faculty and staff turnover. To address these problems, an assessment was conducted to evaluate the organizational culture and climate of the School of Nursing and to design interventions to improve organizational conditions. This article describes the vast and multifaceted changes experienced by the School of Nursing, the transformative changes that occurred over an 8-year period, and how interventions were made to redesign the organizational culture and climate from one of employee dissatisfaction and distrust to a healthy work environment characterized by satisfaction, trust, and success.

LITERATURE REVIEW
Workplace effectiveness is related to a positive organizational culture and climate (Shim, 2010). For example, Magnet recognition in health care organizations by the American Nurses Credentialing Center conveys that an agency is an exceptional place to work as evidenced by the delivery of excellent patient care, high levels of job satisfaction, low turnover rates, and collective decision making among members of the health care team. Magnet facilities reflect positive, dynamic, and responsive organizational cultures guided by leaders who support participation, feedback, and communication (American Nurses Credentialing Center, 2011; Dumpel, 2010). Schools of nursing, unlike practice facilities, do not have programs such as Magnet recognition to acknowledge a quality workplace culture. However, Magnet...
recognition literature can advise academic workplaces on ways to create a positive organizational culture and to heighten employee satisfaction (Cash, Daines, Doyle, & von Tettenborn, 2009) given that a positive organizational culture in academic settings improves faculty job satisfaction and deters intentions to quit (Callister, 2006).

ORGANIZATIONAL CULTURE AND CLIMATE

The culture and climate of an organization are closely linked to employee satisfaction (Callister, 2006). Although the concepts of culture and climate are related, some authors use the terms interchangeably, others see overlap, and others argue climate and culture are distinct concepts (James et al., 2008). The authors of this article consider culture and climate to be related, but distinct concepts. A useful metaphor to demonstrate this distinction is to consider culture and climate as the invisible and visible portions of an iceberg, respectively. Momeni (2009) described organizational culture as being invisible and the reflection of employee attitudes and perceptions at any point in time, whereas climate represents the visible portions of the organization, such as working conditions, supervision, and interpersonal relationships. Further, the culture of an organization is manifested in the way the organization conducts its business (Cooke & Szumal, 1993; Verbeke, Vlogering, & Hessels, 1998), whereas organizational climate reflects the employees’ perceptions of their work environment (Jones & James, 1979; Joyce & Slocum, 1984; Verbeke et al., 1998). Ayers (2005) noted that the phrase “the way we do things around here” describes the values and beliefs, or the culture, of the organization that frequently drive how employees act within an organization.

Climate is often viewed as changing quickly, within months, if not weeks, in response to dynamic events and frequent decision making that occur every day in organizations. Ashkanasy, Broadfoot, and Ealkus (2000) described climate changes as the most obvious or immediate indicators of the organizational culture. Although climate factors may change quickly, culture is ingrained in an organization and takes much longer to change. Incremental changes are generally inadequate to renovate the culture; instead, transformational action is required for significant and sustainable cultural change. Transformational change involves completely redesigning how the organization is structured and managed; redefining its vision and goals; and establishing new norms, systems, and practices (Bigelow & Arndt, 2005).

Studies specific to organizational culture and climate in higher education revealed that the level of employee satisfaction is a key component in a faculty member’s intent to leave (Callister, 2006; Matier, 1990; Smart, 1990) and that the way employees perceive the quality of their workplace has a significant effect on work satisfaction (Johnsrud & Rosser, 2002). Callister (2006) also found gender differences regarding job satisfaction and intention to quit. When female faculty members experienced negative organizational climates, they were more likely than male faculty to experience lower job satisfaction and consider going elsewhere. Similarly, Cross and Madsen (1997) found that women were more likely than men to want relationships and connectedness with others, suggesting that female faculty members may be more aware of and place more value on the quality of interactions (the climate) that take place within organizations. One study used a survey over time to assess culture. Drapeau (2004) described the use of a survey that measured commitment, satisfaction, and understanding of changes to lead transformational change at a community college. This survey was used two times during a 4-year period to guide the changes required with a new strategic plan. For instance, when most employees stated they understood and agreed with the strategic plan, they felt the change was effectively managed. Review of the literature shows the importance of culture and climate to an organization. Transformational action over time is required for significant and sustainable cultural change (Bigelow & Arndt, 2005).

CONCEPTUAL FRAMEWORK

Organizational change takes courage, leadership, a commitment to the long term, and time (Bigelow & Arndt, 2005). Broad-based change and bold leadership were clearly needed to transform the culture and climate of the School of Nursing described in this article. Kotter’s (1996) eight-stage process for transformational change provided a framework to guide the change process and to provide strategies to redefine the future of the School. Kotter’s process includes the following stages:

● Establishing a sense of urgency.
● Creating a guiding coalition.
● Developing a vision and strategy.
● Communicating the change vision.
● Empowering broad-based action.
● Generating short-term wins.
● Consolidating gains and producing more change.
● Anchoring new approaches in culture.

Kotter contended that all eight stages are essential, that change is dynamic and messy, and that effective leadership is critical to successful change.

PURPOSE

The purpose of this article is to describe an 8-year journey to change and improve the culture and climate of a school of nursing using periodic measurement to guide the process. The efforts described here are the result of focus and direction of all faculty, staff, and administrators at the Boise State University School of Nursing. This work was approved by the Institutional Review Board at Boise State University.

METHOD AND INSTRUMENT

The School of Nursing faculty-led Organizational Culture and Design Team’s (OCT) primary purpose was to monitor the culture and climate of the School and to make suggestions for change. In 2003, rapid and significant changes occurred, including hiring a new chairperson, developing and implementing a new curriculum, combining three distinctive nursing programs (Practical Nursing, Associate of Science degree in Nursing, Bachelor of Science degree in Nursing), initiating a new graduate program, and implementing a shared governance structure.
In 2003, the OCT wanted to assess the climate of the school because they sensed a decline in morale. Subsequently, the OCT made a formal request to faculty and staff to measure the culture and climate of the School of Nursing, but the proposal was rejected due a lack of trust. Later, in 2005 the OCT continued their efforts to measure the culture and climate of the School of Nursing by developing the Culture/Climate Assessment Scale (CCAS) to gather empirical evidence about the cultural and climate problems within the School. The CCAS was developed from a review of the literature and included items to measure communication; support for decision making; conflict among faculty, staff, and students; teamwork; and satisfaction with the work environment. Additional items measured perceived levels of personal stress, amount of change within the School of Nursing, and an overall rating of morale. The survey contained both closed-choice items and open-ended items that encouraged faculty and staff to provide additional feedback. Additional details on the instrument development and the reliability and validity can be found in a companion article (Clark, Belcheir, Strohhus, & Springer, 2012). During the process of development, the OCT involved formal and informal leaders in the development of the CCAS. Formal leaders hold a position of authority and an assigned role within the organization that involves a span of influence. Informal leaders are individuals without a formal title or authority who serve as advocates for the organization and heighten productivity through their influence, relationship building, knowledge, and expertise (Smart, 2010). When the faculty and staff were again approached to measure climate and culture, the request was approved.

### Procedure and Application to Kotter’s Model for Transformational Change

The CCAS was administered to all members of the School of Nursing in 2-year intervals from 2005 to 2009. Completion of the survey was voluntary during all survey administrations. The survey was repeated in 2011 to gauge additional progress toward improving the culture and climate of the School of Nursing. The data are currently being analyzed, and they will be presented to the faculty and staff in January 2012. For each survey administration, the scales for communication, decision support, conflict, teamwork, and general work satisfaction were measured. The following sections describe each CCAS administration, application to Kotter’s model for change, and results of the CCAS. Table 1 provides

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Kotter’s Stage</th>
<th>Strategies Implemented</th>
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<tbody>
<tr>
<td>2005-2007</td>
<td>Stage 1: Create a sense of urgency</td>
<td>Used the Culture/Climate Assessment Scale (CCAS) to empirically measure the culture and climate of the School of Nursing.</td>
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<td>Stage 2: Create a guiding coalition</td>
<td>Developed and implemented a guiding coalition of formal and informal leaders, instituted a governance coordination council, and redesigned the shared governance model.</td>
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<td>Stage 3: Develop a shared vision</td>
<td>Assigned responsibility for addressing areas of low scores derived from the CCAS to governance teams.</td>
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<td>Stage 4: Communicate the vision</td>
<td>Developed and implemented a strategic plan.</td>
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<td>Stage 5: Empower broad-based action</td>
<td>Developed and affirmed behavioral norms.</td>
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<td>Stage 6: Generate short-term wins</td>
<td>Chairperson “progress notes” included in School of Nursing meeting agendas.</td>
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<td>2007-2009</td>
<td>Stage 7: Consolidate gains to produce more change</td>
<td>Increased frequency of School of Nursing meetings and improved communication.</td>
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<td>Stage 8: Anchor the change</td>
<td>Governance teams used detailed action plans to chart their progress and to ensure that all faculty and staff were consistently updated and informed about the work of each team.</td>
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<td>2009-present</td>
<td></td>
<td>Strengthened the shared governance model and increased accountability by reviewing and monitoring team action plans.</td>
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<td>Increased faculty and staff involvement in the School of Nursing, as evidenced by informal polling.</td>
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<td>Increased NCLEX scores.</td>
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<td>Reassessed the climate and culture of the School of Nursing using the CCAS.</td>
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<tr>
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<td>Celebrated progress and achievements.</td>
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<td></td>
<td>Revised and implemented new action plans.</td>
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<tr>
<td></td>
<td></td>
<td>Reassessed the climate and culture of the School of Nursing using the CCAS.</td>
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<tr>
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<td>Continued to review, revise, and affirm the School of Nursing behavioral norms.</td>
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Improving Organizational Culture and Climate

an overview of Kotter’s model and strategies implemented in each stage.

In the Beginning (2005 to 2007)

The first stage of Kotter’s model (1996) for mobilizing change is to establish a sense of urgency. Kotter contended that complacency and unchallenged acceptance of the status quo are significant impediments to change. The OCT assessed the School of Nursing culture as being highly stressed, with low trust levels, exhibited by complaints of faculty incivility directed toward students, one another, and members of the administrative team. In 2005, the CCAS was administered by a consultant from outside the School of Nursing to maintain confidentiality through all phases of the projects. The survey was completed by School of Nursing faculty, staff, and administrators (47 of 48, 97.9%) during a School of Nursing meeting. Quantitative data from the CCAS were scored and statistically analyzed by the consultant. The qualitative items were analyzed in closed-door sessions by a subset of the OCT to look for emerging issues in the data. Because the authors are members of the School of Nursing, it was highly important to protect the data—and perhaps more importantly, to protect the individuals named in the narrative comments of the survey. The data were cleaned by removing any information where the respondent explicitly asked that his or her comments not be included, where the respondent could likely be identified, and where specific names were identified as the subject of the comments. Basic qualitative analysis was used to extract major issues emerging from the narrative comments. Results of the quantitative analysis are presented below, followed by the qualitative findings. As suspected, the results created a sense of urgency for the faculty and staff in the school.

Only 32.6% of the respondents rated the overall effectiveness of communication within the School of Nursing as “excellent” or “good.” Face-to-face communication was poorer (32.6% excellent or good) than either e-mail communication (46.8%) or voicemail or telephone (36.9%). When faculty and staff were asked if they had the authority to make decisions, 23.9% responded they “always” or “usually” felt they had the authority. A quarter of the faculty and staff (25.5%) felt “well supported” in making decisions in their specific area of expertise; 17.8% felt well supported to make decisions in their committees or teams, and only 4.5% felt well supported for making decisions that affected the entire School of Nursing. When asked who supported them when they made decisions, 55.3% chose faculty, 61.7% chose the School of Nursing staff, 36.2% chose committee or team members, 53.2% chose School of Nursing leadership, and 6.4% indicated that none of these groups supported them. Only 10.6% felt they were supported by all four groups.

The overall level of conflict within the School of Nursing was perceived by 27.7% of the respondents to be minimal or “no conflict.” Most respondents (68.1%) perceived the level of personal conflict between themselves and other members of the School of Nursing as minimal or nonexistent, and 59.6% of respondents perceived the level of conflict between students and faculty or staff as minimal or nonexistent. One third (31.1%) of the faculty and staff perceived teamwork within the School of Nursing to be “good” or “excellent.” More than half (59.1%) of the respondents “always” or “usually” had a clear sense of what was required of them to accomplish their job, and 42.2% perceived their workload as “always” or “usually” reasonable. The effectiveness of the current governance model was rated as “excellent” or “good” by only 24.4% of respondents.

General satisfaction with the work environment was also measured; 14.9% were “very satisfied” and 38.3% were “satisfied” with working in the School of Nursing. Less than half (48.9%) would recommend the School of Nursing as a place to work, 31% of faculty and staff rated their personal stress levels as “high,” and 58.7% rated the amount of change in the School of Nursing as “high.” The overall level of morale was rated as positive by only 17% of the respondents.

Qualitative items including faculty and staff to share their general concerns about the School of Nursing, to comment on the perceived level of trust within the School of Nursing, to comment on the positive aspects of the School of Nursing, and to make suggestions to resolve problems within the School of Nursing. Major areas of general concern included poor communication, ineffectual leadership, and a lack of shared decision making among the faculty. These concerns were related to the perceived level of trust within the School of Nursing, including an overall lack of trust and a specific lack of trust in the chairperson. Respondents complained of being overworked and feeling unsupported, worried about the significant level of faculty turnover, and were dissatisfied with the current shared governance model. They had little to say about the positive aspects of the School of Nursing and most felt overworked, stressed out, underpaid, and disrespected. Given these results, it was clear that change was needed.

Following administration of the CCAS, stages 2 through 6 of Kotter’s model (1996) were implemented to create change and transform the culture of the School of Nursing before conducting a subsequent assessment in 2007. The second stage of Kotter’s model includes creating a guiding coalition of formal and informal leaders who are trusted and empowered to develop a compelling vision of the organization’s future. The guiding coalition included the School of Nursing leadership, members of the current shared governance coordinating council, and informal faculty leaders. This group was charged with redesigning and leading the transition to an improved shared governance model focused on student success and achievement. A new shared governance model was developed that has evolved over time. The guiding coalition also needed to identify allies and dissenters. Kotter cautioned organizations to avoid certain types of individuals as members of the guiding coalition: individuals with large egos, people who create mistrust and impede teamwork, and people who undermine the cultural change. Personnel problems that can be ignored during easy times can cause serious trouble in a faster moving transformation. There was significant resistance from some faculty members, and several resigned or retired during this stage of the change process. Finally, based on the CCAS results, areas of low scores were assigned to governance teams to address.

The third stage of Kotter’s model (1996) includes developing a shared vision for creating meaningful change. The School of Nursing spent a great deal of time and effort establishing a compelling and challenging vision of the future—to be recognized
as a leading center for nursing education in the northwestern United States. This vision statement led to the development of a strategic plan to help the school attain that vision. In addition to creating a new vision, mission, and strategic plan for the School of Nursing, behavioral norms were developed and agreed on, and ways of addressing and behaving with one another within the School were established. These norms have proven over and over to be the touchstone for success and the bedrock of the positive cultural change.

Once the School of Nursing established a new vision statement, the fourth stage of Kotter’s model (1996) included communicating the vision internally and externally. For the change to be successful, members of the School of Nursing and key community leaders needed to support the new vision. A shared sense of a desired future can have a powerful effect on moving an organization forward, but gaining a commitment to a new direction is never an easy task. Vision is communicated most effectively when myriad forums are used, including formal and informal meetings, memos, Web pages, posters, and personal conversations. The chairperson included a progress report from each governance team with all School of Nursing meeting agendas, and meeting attendance increased. Most importantly, the school implemented the use of action plans for all governance teams. The action plans consisted of the strategic or operational goal, the objectives and steps, responsible person, and resources needed. The action plans and reports were shared among teams and used to maintain focus and to communicate direction and progress. The School of Nursing used all of these methods in Kotter’s fourth stage to communicate a vision for change.

The fifth and sixth stages of Kotter’s model (1996) include empowering broad-based action, removing obstacles, and generating short-term wins. Obstacles must be removed to achieve desired change and all members of the organization must be empowered and encouraged to participate. The School of Nursing needed to resist doing things “the way we’d always done them” and needed to redesign systems to accomplish the new vision, to generate short-term win, and to improve the School of Nursing’s chances of implementing long-term successful change. The cultural norms kept faculty and staff on track and provided a framework for candid and meaningful conversation. At times, the quest for change resulted in faculty and staff expressing stress and apprehension. New ways of doing things were established, communication systems were revised, and action plans were monitored. Short-term wins provided evidence that efforts were paying off and gave members of the School of Nursing an opportunity to relax and celebrate. Two obvious short-term wins included the implementation of a functional, student-centered, shared governance model and an increase in NCLEX pass rates. The School of Nursing joyfully celebrated hard-won successes and, after every win, considered what went right and used this momentum to set new, achievable goals. Celebrations created excitement, energy, and enthusiasm—the School of Nursing was clearly on its way to achieving its new vision! It was 2007 and time to conduct the next CCAS to measure our progress.

Consolidating Successes (2007 to 2009)

Kotter’s (1996) seventh stage in the change process includes consolidating gains to produce more change. However, celebrating wins can be lethal if urgency is lost. Complacency and relying on the way things have always been done can “sweep back in with remarkable force and speed” (Kotter, 1996, p. 132). To maintain a sense of urgency, a reassessment of the School of Nursing culture was needed. In 2007, two years after the initial assessment, the same consultant readministered the CCAS and reported the results. Forty-five of 48 faculty and staff (93.8%) completed the scale. The CCAS remained essentially the same as the 2005 version except for the addition of two items that asked respondents whether they felt the workload was equitably distributed and whether others in the School of Nursing understood their role.

Compared with the 2005 CCAS results, the change was incredible; progress was made in every area. Communication within the School of Nursing improved from 32.6% to 57.1% in the categories of “good” or “excellent.” The respondents who felt they “usually” or “always” had the authority to make decisions improved from 23.9% to 35.5%. Those who thought that there was “minimal” or “no conflict” in the School of Nursing increased from 27.7% to 56.8%. When asked how well the School of Nursing works as a team, the respondents who answered “excellent” or “good” increased from 31.1% to 51.2%, and those who rated the shared governance model as “excellent” or “good” improved from 24.4% to 55.8%. General satisfaction with the work environment also improved. In 2005, less than half (48.9%) would recommend the School of Nursing as a place to work; in 2007, 71.1% would do so. High levels of personal stress decreased from 31.1% to 13.3%, and positive ratings of overall morale moved upward from 17% to 52.2%.

The results of the second cultural assessment survey were remarkable, revealing growth and progress in every domain. The School of Nursing celebrated. This achievement produced more change, including hiring excellent faculty and launching two new nursing programs (baccalaureate and master’s).

Anchoring the Change (2009 to Present)

In 2009, the CCAS survey was administered again to 39 of 54 School of Nursing members (72.2%) by the same outside researcher. Results indicated that progress on all items was either maintained or increased when compared with the 2007 ratings. Perceived authority to make decisions continued to improve from 35.5% in 2007 to 43.6% in 2009. Reports of high stress levels increased from 13.3% in 2007 to 23.1% in 2009 but were better than the 31.1% reported in 2005. Morale ratings remained stable, and faculty and staff who would recommend the School of Nursing as a place to work increased from 71.1% in 2007 to 75.7% in 2009.

The best overall picture of organizational change is illustrated by combining the CCAS items into scales that address communication, decision support, conflict, teamwork, and general work satisfaction (Clark et al., 2012). Table 2 provides an overview of the statistics for the scales by survey years and provides comparative analysis for each scale and the items on personal stress levels, ratings of overall morale, and the amount of change in School of Nursing. The items are coded so higher numbers are more positive (i.e., less personal stress, less unit level change, and higher morale ratings). Statistically significant improvement was present in every area,
but the level of stress and perceived level of change remained relatively unchanged.

The eighth stage of Kotter’s model (1996) includes anchoring new approaches in the organizational culture. Kotter stated that the biggest impediment to creating change is a failure to reengineer the culture. This impediment was avoided by creating and living the School of Nursing cultural norms and values. Members of the School of Nursing have crafted a shared vision, adopted a statement of shared values and guiding principles, agreed on cultural norms, and implemented effective policies and procedures to support the new vision.

**DISCUSSION**

Organizational culture is a determining factor in the efficacy of organizations. Academic leaders must assess the culture and climate of the organization and if necessary engage in activities to transform both (Haggard & LaPoint, 2005). The School of Nursing suffered from a negative organizational culture after a series of rapid changes that led to mistrust, poor communication, increased conflict, and a lack of teamwork. Creating and sustaining a healthy organizational culture in academic institutions requires leadership and faculty involvement in developing professional values such as trust, fairness, consistency, shared decision making, and autonomy. For an organization to thrive, the administration and faculty must have a shared purpose (Haggard & LaPoint, 2005) and a compelling vision of a positive future (Kotter, 1996).

Several factors can affect the culture and climate of any organization, including job satisfaction, employee commitment, and turnover rates, which are directly related to the interaction between faculty and staff and their ability to do the job, their loyalty to the organization, and the level of support they experience from the organization (Mathis & Jackson, 2008).

Tourangeau and Cranley (2006) identified intrinsic characteristics of clear communication, decision making, recognition, and establishing a shared vision strengthens job satisfaction and organizational commitment. Similarly, findings from this study revealed that increased communication, shared decision making, and establishing a shared vision strengthened job satisfaction and organization commitment in the School of Nursing. If emphasis is placed on these intrinsic factors, as well as the extrinsic factors such as environment, leadership and workload, faculty are likely to be more satisfied. In the School of Nursing, faculty support mechanisms, such as shared governance, readjustments of workloads, and productive teaching teams, created an environment conducive for greater job satisfaction. Focusing on faculty as a core competency changes the organizational culture, resulting in greater student success (White, 2006).

The School of Nursing redefined the culture using Kotter’s (1996) eight stages of transformational change by creating a
shared vision, establishing behavioral norms, clarifying roles and responsibilities, expecting and supporting higher quality of teaching, and establishing a strong, student-centered, shared leadership model. Communication processes improved, NCLEX scores increased to 96%, and gains were consolidated to produce more change. The School of Nursing has anchored new approaches in the culture by hiring more faculty, enrolling more students, and successfully graduating highly educated students to enter the workforce. The School of Nursing continually seeks innovative ways to improve delivery of course content, increase student success, and prepare and support nurse educators. By creating and implementing new strategies, the School of Nursing has encouraged new partnerships with community stakeholders to continue the focus on the vision.

This broad-based organizational change required hard work, commitment, and leadership. Academic leaders must remain vigilant to factors that contribute to organizational demise, such as impaired communication, low morale, negative attitudes, and poor performance and take action to effect change. Strong leadership is key to promoting innovation, challenging existing practices, and valuing nurses and nursing practice to reach a new level of excellence (Bamford-Wade & Moss, 2010). The end result is a changed organization transformed through effective leadership, faculty and staff commitment, and participation in all facets of the process. Each new accomplishment in the School of Nursing increased confidence, reinforced competence, and convinced members that we were on the right course.

**STRENGTHS AND LIMITATIONS**

The findings of this study are limited to the convenience sample of one school of nursing and may not be representative of other schools or departments of nursing in the United States. Because this is the first known longitudinal study to assess organizational culture in a school of nursing, further investigation using the CCAS is needed to replicate this study in other nursing programs. Nevertheless, these findings suggest a relationship between organizational effectiveness and culture and the need for nurse leaders and faculty to be attentive to organizational culture and climate.
CONCLUSION

Bally (2007) stressed the importance of a healthy work culture, which includes shared decision making, being valued, a commitment to continued learning, and supportive relationships. Cultural change requires bold leadership to redesign, redefine, and transform the culture and climate of the organization. The substance of the change in the School of Nursing was redefining, and transforming the culture and climate of the organization, committing to a set of behavioral norms, and using a framework to guide our progress. Organizations redefine themselves during transformational change and, as a result of this change, new norms and practices are developed (Bigelow & Arndt, 2005). According to Burritt (2005), “Putting an organization on a positive, healthier course is about leadership that focuses on re-energizing and empowering a workforce” (p. 482) and “restoring people’s confidence in themselves and inspiring them to embrace and initiate change” (p. 482). Conducting periodic and consistent cultural assessments and using a framework for organizational change has transformed the culture in profound ways, and the School of Nursing faculty, staff, and students look forward to the myriad challenges and opportunities that await us as we continue to prosper, build on our successes, and enjoy a bright future.

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