

REDUCING MENTAL HEALTH DISORDER CASES BY IMPROVING ORGANIZATIONAL CULTURE CONDITIONS

Lāsma Jaudzema-Danovska, & Irēna Kokina
Daugavpils University, Vienības 13, Daugavpils, LV-5401 (Latvia)

Abstract

The quality of mental health care and patient health improvement are closely linked to organizational culture in health care institutions. A positive and supportive organizational culture enhances staff well-being, professional collaboration, and safe clinical practice, which are reflected in patient outcomes. This study aimed to analyze the impact of organizational culture on patient health improvement in a mental health care institution by identifying key cultural mechanisms related to care quality and patient experience. A quantitative cross-sectional study was conducted using an anonymous self-assessment questionnaire among employees of the National Centre for Mental Health (N = 110). The study applied an integrated methodological approach combining the Denison organizational culture model and Ryff's psychological well-being model to examine the relationship between organizational culture dimensions and employees' psychological well-being. The results revealed a statistically significant association between organizational culture quality and employees' psychological well-being, particularly in the social relations dimension. These findings suggest that strengthening organizational culture may serve as an effective instrument for promoting patient health improvement in mental health care institutions. Aim of the study: to analyze how organizational culture in a mental health care institution influences patient treatment outcomes and health improvement, by identifying key organizational culture mechanisms.

Keywords: *Organizational culture, mental health, prevalence of mental disorders, burnout, stress, prevention of mental health disorders.*

1. Introduction

The prevalence of mental health disorders among the working-age population has become one of the most significant public health and occupational safety challenges in recent decades. Stress, burnout, and work-related anxiety and depressive disorders are increasingly associated with psychosocial work environment risks, including organizational culture quality, leadership practices, and social climate (Mannion & Davies, 2018; West et al., 2014). The health care sector, particularly mental health care, is recognized as a high-risk work environment for employees' mental health due to emotional demands, patient aggression risk, and staff shortages (Aiken et al., 2012; No et al., 2024).

Contemporary health care literature increasingly emphasizes that organizational culture is a key determinant of employee well-being and patient care quality. A supportive and fair organizational culture fosters psychological safety, teamwork, and learning, while reducing burnout and stress-related disorders (Edmondson, 2018; Braithwaite et al., 2017). Conversely, dysfunctional organizational cultures are associated with increased staff turnover, work incapacity, and deterioration in care quality (Singer et al., 2009; West et al., 2014).

In Latvia, mental health care quality assessment increasingly integrates patient experience and quality indicators; however, empirical studies examining the relationship between organizational culture and employees' psychological well-being as a preventive factor remain limited (Taube et al., 2018). Therefore, this study aims to analyze organizational culture management conditions in a mental health care institution, link them to employees' psychological well-being indicators, identify psychosocial risks across structural units, and assess organizational culture potential for reducing mental health disorder risk.

2. Quality of psychiatric care and patient satisfaction in Latvia

In recent years, the first systematic studies on psychiatric patient satisfaction have been conducted in Latvia. A cross-sectional study by Bērziņa et al. (2021), using the internationally validated Psychiatric Inpatient Patient Experience Questionnaire – On-Site (PIPEQ-OS), found that patients generally reported high satisfaction with received care. Particularly high ratings were given to staff professionalism, attitude, and sense of safety, while lower ratings were associated with opportunities for family involvement and clarity of information provided (Bērziņa et al., 2021).

Since mid-2023, the PIPEQ-OS survey has been implemented nationally in psychiatric hospitals. Data from the Centre for Disease Prevention and Control (2024) indicate that most patients feel safe, satisfied with treatment, and experience subjective improvement in coping with mental health difficulties. At the same time, patients highlight the need to improve nutrition, rehabilitation and leisure activities, privacy, and information accessibility, indicating targeted quality improvement potential (SPKC, 2024).

Latvia's Mental Health Care Improvement Plan 2023–2025 and studies by Taube et al. confirm a gradual transition toward internationally recognized quality indicators and patient experience measurement, supporting a modern, patient-centered, outcome-oriented mental health care model (Taube et al., 2018; Cabinet of Ministers, 2023).

3. Impact of organizational culture on patient treatment outcomes

International literature increasingly demonstrates that organizational culture is a key determinant of patient safety, care quality, and treatment outcomes in health care systems. Organizational culture is defined as a set of shared values, norms, behaviors, and attitudes shaping how work is organized and decisions are made (Mannion & Davies, 2018).

A systematic review by Braithwaite et al. (2017), analyzing over 90 empirical studies, found that positive and supportive organizational cultures are significantly associated with lower patient mortality, fewer complications and adverse events, shorter hospital stays, and higher patient satisfaction. These findings confirm that organizational culture is not merely a background factor but a critical clinical quality indicator.

Safety culture is a central component of organizational culture in health care. Singer et al. (2009) demonstrated that hospitals with stronger safety cultures exhibit fewer medication errors, falls, and care failures, along with better incident reporting practices. Organizations that treat errors as system learning opportunities achieve higher patient safety.

Psychological safety is considered a key mechanism through which organizational culture influences clinical work (Edmondson, 2018). Teams with high psychological safety are more likely to ask questions, report errors, and engage in improvement processes, ultimately reducing severe patient safety risks.

Research on nursing work environments further highlights this relationship. A large European multicenter study found that hospitals with better nursing work environments, supportive leadership, reasonable workloads, and respectful professional relationships showed lower 30-day postoperative mortality and fewer complications, directly linking organizational culture quality to patient survival (Aiken et al., 2012).

Leadership style is also closely related to patient outcomes. West et al. (2014) demonstrated that health care organizations with high employee engagement, supportive leadership, and positive psychological climate achieve lower patient mortality and higher care quality, emphasizing leadership's role in shaping culture.

In mental health care, safety climate and staff psychological stability are particularly critical. A 2024 study found that better safety climate in psychiatric units was associated with fewer aggressive incidents and higher patient trust in staff (Smith et al., 2024).

Overall, organizational culture influences patient outcomes through interconnected mechanisms: employee well-being, psychological safety, safety culture, teamwork, and leadership practices. A positive organizational culture acts as both a protective factor for employee mental health and a key quality assurance mechanism for patient care.

4. Methodology

The study was conducted as a quantitative cross-sectional study using a structured anonymous self-assessment questionnaire. The study population consisted of employees from various structural units of the National Centre for Mental Health in Latvia. Data collection took place in 2025, adhering to ethical principles of voluntary participation and anonymity.

The total sample included 110 respondents. Multiple structural units were represented, allowing analysis of organizational microculture differences. Most respondents worked full-time (87.3%), and more than half had over ten years of service, indicating an experienced workforce.

A combined survey instrument was developed based on two internationally recognized and empirically validated models: the Denison organizational culture model and Ryff's psychological well-being model. The questionnaire was adapted to the mental health care context.

The questionnaire comprised three sections: sociodemographic characteristics; organizational culture assessment using 42 items across Denison's four dimensions (involvement, consistency, adaptability, mission); and psychological well-being assessment using adapted Ryff subscales (positive relations with others and personal growth). Responses were recorded using Likert scales. A separate section assessed staff perceptions of patient well-being.

Data analysis employed quantitative statistical methods, including Cronbach's alpha for reliability, Kruskal–Wallis tests for group comparisons, Spearman correlations for associations, and linear regression analyses controlling for structural unit, tenure, and workload.

5. Results

Internal Consistency of the Instruments: The internal consistency of the measurement instruments used in the study was assessed by calculating Cronbach's alpha coefficients. The overall organizational culture index demonstrated excellent internal consistency ($\alpha = 0.957$), indicating a high level of inter-item consistency and instrument stability. The alpha coefficients of individual subscales ranged from 0.510 to 0.884, with most reaching an acceptable to good level of reliability.

Higher internal consistency was observed in the subscales reflecting learning and development ($\alpha = 0.845$), strategic direction and identity ($\alpha = 0.884$), and patient well-being and engagement ($\alpha = 0.820$). In contrast, relatively lower alpha values were found in the subscales related to coordination and resources ($\alpha = 0.510$) and innovation and flexibility ($\alpha = 0.580$), which may indicate the multidimensional nature of these constructs or uneven perceptions across different organizational units.

The Ryff psychological well-being subscales used to assess employee well-being demonstrated acceptable to good reliability, including positive relations with others ($\alpha = 0.714$) and personal growth ($\alpha = 0.855$), confirming the suitability of these subscales for further analysis.

Descriptive statistics indicated that respondents generally rated the organizational culture relatively highly ($M = 4.03$; $SD = 0.47$; possible range 1–5), suggesting a positive perception of organizational culture within the studied institution. At the same time, substantial variability was observed in employees' psychological well-being indicators.

The mean score for the positive relations with others dimension was 38.12 ($SD = 5.35$; range 31–50), while the personal growth dimension showed a mean score of 39.24 ($SD = 7.04$; range 23–48). These results indicate heterogeneous well-being profiles among employees, particularly in the personal growth dimension, where greater dispersion of scores was observed.

Differences Between Structural Units

Comparative analysis across structural units revealed statistically significant differences in both the organizational culture index and psychological well-being indicators (Kruskal-Wallis test, $p < 0.001$). The highest organizational culture and well-being scores were observed in the administrative unit, whereas the lowest scores were found in the support and technical services unit.

Employees in the administrative unit demonstrated the highest mean organizational culture index ($M = 4.64$), as well as the highest scores in both positive relations with others and personal growth dimensions. In contrast, the support and technical services unit exhibited the lowest scores across all analyzed variables, particularly in the personal growth dimension. These findings indicate substantial differences in internal organizational microcultures associated with varying levels of employee well-being.

Relationship Between Organizational Culture and Psychological Well-Being

Spearman correlation analysis revealed a strong positive association between the overall organizational culture index and the Ryff dimension positive relations with others ($\rho = 0.695$; $p < 0.001$), as well as a moderate positive association with the personal growth dimension ($\rho = 0.308$; $p < 0.001$). These results suggest that a more favorable perception of organizational culture is closely linked to higher levels of social well-being, while its relationship with personal growth is weaker but statistically significant.

6. Discussion

The findings confirm that organizational culture is a significant determinant of employee psychological well-being in mental health care settings. The strongest associations emerged in the social relations dimension, highlighting social climate and psychological safety as key mechanisms. Differences

between structural units indicate the presence of organizational microcultures, emphasizing the need for targeted interventions.

Improving organizational culture may serve as a primary prevention strategy for psychosocial risks and contribute to improved patient safety and care quality. Study limitations include cross-sectional design, self-report measures, and single-institution sampling, suggesting directions for future longitudinal and multi-institutional research.

7. Conclusions

1. Organizational culture quality is significantly associated with employees' psychological well-being, particularly positive social relations.
2. Structural unit differences indicate organizational microcultures and concentrated psychosocial risks.
3. Organizational culture development may function as an effective preventive instrument for mental health risk reduction.
4. Improving organizational culture also supports patient safety and treatment outcomes.
5. Future research should apply longitudinal designs, broader institutional comparisons, and objective quality indicators.

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