

# Organizational Culture at the Minnesota Department of Health: Executive Summary



*Minnesota Public Health Research to Action Network*

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A department-wide survey relating to quality improvement (QI) capacity and organizational culture was fielded to all employees at the Minnesota Department of Health (MDH) in June 2011. This survey asked questions related to: QI culture and capacity; employee empowerment; cultural competency; and readiness for national, voluntary accreditation. The survey was designed to serve as a baseline for maturity of QI within the department, as well as identify specific areas in which MDH could strengthen its activities around QI. In addition, questions related to organizational culture and employee empowerment provide opportunities to examine the work culture at MDH and how employees might be supported in their work.

## Methods

All MDH employees received a link to an online survey, which was fielded over three weeks in June 2011. Of 1,537 employees surveyed, 1,111 (73 percent) completed the survey. Division-specific response rates ranged from 64 to 92 percent. Overall, 92 percent of surveys were complete. The MDH survey used questions from a modified tool developed by the University of Southern Maine for use in state and local health departments (Multi-State Learning Collaboration Version 3). Respondents were asked to indicate their level of agreement to questions (strongly agree, agree, neutral, disagree, strongly disagree, I don't know).

## Organizational Culture and Employee Empowerment

Most respondents seem to experience a spirit of collegiality within MDH and indicated that it was not a punitive environment when things go wrong. Yet that experience was not universal and improvement in this aspect of MDH culture is critical to the success of QI initiatives. Eighty-four percent of respondents understood how their work contributed to the agency's overall goals and strategies. Respondents were less likely to agree that staff were routinely asked to contribute to decisions at MDH or that staff members at all levels participate in QI efforts. Respondents were given the opportunity to identify barriers to empowerment (check all that apply question format) with the top three being: lack of time (51 percent), individual decision-making not encouraged at MDH (30 percent) and lack of necessary training (29 percent).

## Quality Culture

An overwhelming percent of respondents felt that spending time and resources on QI is important and worth the effort. Additionally, almost 70 percent of respondents felt that QI efforts would lead to improvements in population health. Yet there was a lack of knowledge among respondents as to whether key decision-makers at MDH were

### At A Glance

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Yet, most respondents were unaware of formal QI activities underway within MDH or whether leaders or staff were trained in basic QI methods. There appears to be a general lack of awareness among respondents as to how QI is integrated into the work of the agency. In addition, the use of data to improve quality does not appear to be widespread.

Finally, while 84 percent of respondents understood how their work contributed to the agency's overall goals and strategy, several barriers to employee empowerment were identified.

supportive of QI activities. Similarly, responses to questions dealing with how much QI activities are aligned with agency goals and priorities, as well as the extent to which QI activities are integrated into the work of the agency, reflect a general lack of awareness among respondents. “I don’t know” was a common survey response to those questions. These results suggest that respondents are enthusiastic about increasing QI activities within MDH. Thus an opportunity exists to publicize QI successes and work to build on those across the agency.

## QI Capacity

Almost half of respondents were unsure as to whether leaders or staff in their divisions were trained in basic methods for evaluating and improving quality. In addition, only 37 percent of respondents agreed that staff have the authority to work within and across program boundaries to facilitate change. Also striking is that over 40 percent of respondents agreed that implementing methods for assessing and improving the quality of services can be quite challenging for individuals responsible for programs and services. Yet, only 16 percent of respondents agreed that staff are given adequate time and support to use QI approaches before implementing them. On a positive note, 60 percent of respondents agreed that staff in their divisions had the skills needed to assess quality of their programs and services.

In addition to training needs, data quality appears lacking for QI efforts. Forty percent of respondents agreed that their divisions had objective measures and that programs were continuously monitored for quality. Yet only 25 percent of respondents agreed that accurate and timely data were available to evaluate those programs and services. A large percent of respondents (36 percent) did not know if such data were available. Thus, while divisions may prioritize monitoring their programs and services, it is not clear that they have the necessary data to do so effectively.

## About the Research to Action Network

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