

EVALUATING THE EFFECT OF ORGANIZATIONAL MINDFULNESS IN HEALTH ORGANIZATIONS IN COLOMBIA

ABSTRACT

A study of the state of organizational mindfulness in the Colombian health sector has been carried out. Using an evaluation framework based on the analytical hierarchical process (AHP) and surveys of 117 leaders of the sector, the situation of the sector has been analyzed with respect to each of the dimensions of organizational mindfulness: Reluctance to simplify interpretations, preoccupation for failures, sensitivity to operations and commitment to resilience / respect for knowledge (RSI, PF, SO and CRRC). The results show that there is a significant positive effect of at least 3 of these dimensions on the rationality of health decisions and that it is possible and useful to assess the extent of organizational mindfulness through the AHP-based framework proposed by Mu and Butler (2009).

Keywords: organizational mindfulness, AHP, Colombia Health Sector, Rational Decision

1. Introduction

It has been described that the presence of organizational mindfulness increases the possibilities that an organization makes decisions taking into account its specific organizational context (Mu, Kirsch et al 2015). Likewise, it has been suggested that mindfulness can help determine when a decision should or could be made, increase awareness of objectives, improve the coherence of the decision with fundamental values, facilitate the generation of options and promote the consideration of the entire information relevant to a decision (Ruedy & Schweitzer, 2010). This study aims to determine the impact of organizational mindfulness on the rationality of the strategic decision-making process and evaluate its level of presence in highly complex health institutions.

2. Literature Review

Organizational research has now recognized the importance of cognitive processes for highly reliable organizations (Weick, Sutcliffe, & Obstfeld, 1999). Within this framework, a set of five processes have been identified: concern for failure (PF), reluctance to simplify interpretations (RSI), sensitivity to operations (SO), commitment to resilience (CR) and respect for knowledge (CR) that acting together create a state of organizational mindfulness (Weick & Sutcliffe, 2001; Mu, 2009).

Different studies have related the presence of mindfulness in organizations with greater commitment and job performance (Dane & Brummel, 2014) and greater customer satisfaction (Ndubisi, 2012); more effective resource allocation (Wilson, Talsma, & Martyn, 2011); greater innovation (Vogus and Welbourne 2003); and better quality, safety, and reliability (Vogus and Sutcliffe 2007). However, to date no links have been empirically established between organizational mindfulness and the rationality of decisions. The present study aims to fill this gap in the literature.

On the other hand, given the importance of mindfulness in organizations, it is necessary to be able to measure the level of mindfulness present in organizations. Although the original work by Weick and Sutcliffe (2001) proposed some questions for this purpose, these had not been statistically validated. Later, Mu and Butler (2009) proposed a practical evaluation framework based on the hierarchical analytical process (AHP) which also allows to establish the relative importance, specific for the organization, of the different dimensions of organizational mindfulness. This study proposes that said AHP-based evaluation framework is also useful to measure the level of organizational mindfulness in the health sector of a country such as Colombia.

3. Hypotheses/Objectives

The objectives of this study are:

1. Determine the impact of organizational mindfulness on the rationality of the strategic decision-making process.
2. Evaluate the level of organizational full awareness presence in highly complex health institutions in Colombia.

4. Research Design/Methodology

- To measure mindfulness in institutions, the instrument established by Mu & Butler (2009) was used.
- The sample consisted of 117 managers of highly complex health institutions involved in strategic decision-making processes of 20 health institutions.
- In order to fulfill the first objective, a regression analysis is carried out to establish the relationship of each and every one of the dimensions of organizational full consciousness with the rationality of the strategic decision-making process.
- To evaluate the processes of organizational mindfulness in health institutions, the Hierarchical Analytical Process (AHP) is used.

5. Data/Model Analysis

See Appendix

6. Limitations

N/A

7. Conclusions

The data collection for this study is already completed and is currently being analyzed. With respect to the first objective, a significant relationship of mindfulness in the rationality of the decision-making process has been evidenced. For the second objective, the data analysis process will continue in order to evaluate, using AHP, the level of mindfulness in the organizations of the Colombian health sector. The findings of this analysis will be ready to be presented in the upcoming symposium.

8. Key References

Dane, E., & Brummel, B. J. (2014). Examining workplace mindfulness and its relations to job performance and turnover intention. *Human relations*, 67(1), 105-128.

Mu, E., & Butler, B. (2009). The assessment of organizational mindfulness processes for the effective assimilation of IT innovations. *Journal of Decision Systems*, 18(1), 27-51.

Mu, E. (2009). El rol de la conciencia organizacional plena en la asimilación de las innovaciones in-formáticas. *Revista Latinoamericana de Estrategia*.

Mu, E., Kirsch, L. & Butler, B. (2015). The assimilation of enterprise information systems: An interpretation systems perspective. *Information & Management*, 52, 359-370.

Ndubisi, N. O. (2012). Mindfulness, reliability, pre-emptive conflict handling, customer orientation and outcomes in Malaysia's healthcare sector. *Journal of Business Research*, 65(4), 537-546.

Ruedy, N. E., & Schweitzer, M. E. (2010). In the moment: The effect of mindfulness on ethical decision making. *Journal of Business Ethics*, 95(1), 73-87.

Vogus, T. J., & Sutcliffe, K. M. (2007). The Safety Organizing Scale: development and validation of a behavioral measure of safety culture in hospital nursing units. *Medical care*, 46-54.

Vogus, T. J., & Welbourne, T. M. (2003). Structuring for high reliability: HR practices and mindful processes in reliability-seeking organizations. *Journal of Organizational Behavior: The International Journal of Industrial, Occupational and Organizational Psychology and Behavior*, 24(7), 877-903.

Weick, K., Sutcliffe, K., & Obstfeld, D. (1999). Organizing for high reliability: Processes of collective mindfulness. *Research in Organizational Behavior*, 21-81.

Weick KE, Sutcliffe KM. 2001. *Managing the Unexpected: Assuring High Performance in an Age of Complexity*. San Francisco: Jossey-Bass

Wilson, D. S., Talsma, A., & Martyn, K. (2011). Mindfulness: a qualitative description of the behaviors charge nurses enact to safely staff patient care units. *Western Journal of Nursing Research*, 33(6), 805-524.

9. Appendix

FIGURES

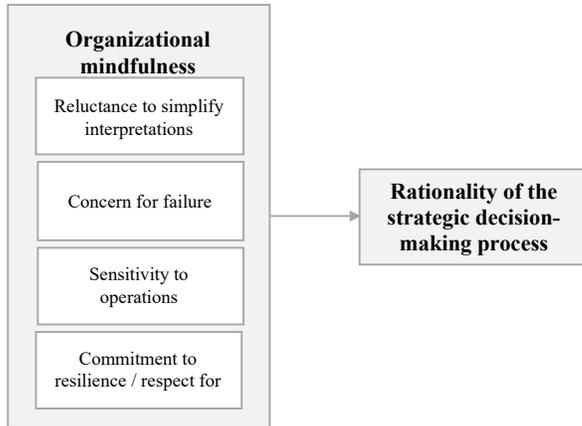


Figure 1 - Part 1: Impact of the dimensions of organizational mindfulness on the rationality of decisions.

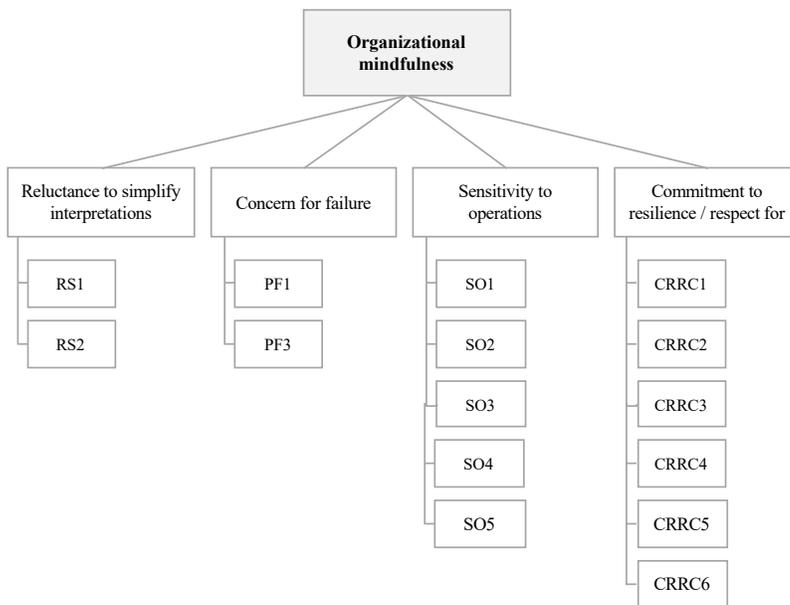


Figure 2 - Part 2: Organizational Mindfulness Assessment Using an AHP-Based Framework.