

# The Role of Organizational Culture in Shaping Healthcare Service Quality: A Theoretical Perspective

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## Abstract

This study examines the critical role of organizational culture in shaping healthcare service quality, employing a mixed-methods approach to capture both quantitative and qualitative insights. The research utilizes a descriptive cross-sectional design, targeting healthcare professionals, including doctors, nurses, and administrators, across public, private, and teaching hospitals. Data were collected through structured surveys distributed to 500 participants and semi-structured interviews with 30 individuals. The surveys focused on cultural dimensions such as adaptability, mission, and involvement, alongside healthcare quality indicators like patient satisfaction and staff performance. Interviews provided deeper insights into teamwork, communication, and leadership dynamics. Findings reveal that organizational culture significantly influences service quality, with cultural attributes like adaptability, mission alignment, and inclusivity correlating with improved patient satisfaction and operational efficiency. Strong leadership and a collaborative work environment were identified as pivotal in fostering positive cultural practices. Qualitative analysis highlighted how cohesive teamwork and effective communication are mediated by shared organizational values.

The study concludes that optimizing organizational culture through continuous assessments, leadership development, and training programs can drive sustainable improvements in healthcare outcomes. By fostering inclusive, innovation-driven environments, healthcare organizations can address systemic challenges, enhance staff well-being, and deliver high-quality, patient-centered care. These findings underscore the need for integrating cultural strategies into healthcare policy and management frameworks to achieve long-term operational excellence and patient trust.

**Keywords:** Organizational Culture, Healthcare Service Quality, Leadership, Patient-Centered Care, Teamwork, Adaptability.

## المخلص

يستكشف هذا البحث الدور الحاسم للثقافة التنظيمية في تشكيل جودة خدمات الرعاية الصحية من خلال استخدام منهجية شاملة تعتمد على أسلوب البحث المزدوج (الكمي والنوعي). اعتمدت الدراسة تصميماً وصفيًا مقطعيًا مستهدفًا للعاملين في مجال الرعاية الصحية، بما في ذلك الأطباء والمرضى والإداريين، في مستشفيات عامة وخاصة وتعليمية. تم جمع البيانات باستخدام استبيانات منظمة وزعت على 500 مشارك، بالإضافة إلى مقابلات شبه منظمة أجريت مع 30 شخصًا. ركزت الاستبيانات على أبعاد الثقافة التنظيمية مثل التكيف والرسالة والمشاركة، بالإضافة إلى مؤشرات جودة الرعاية الصحية مثل رضا المرضى وأداء الموظفين. أما المقابلات فقد وفرت رؤى أعمق حول ديناميكيات العمل الجماعي والتواصل والقيادة. أظهرت النتائج أن الثقافة التنظيمية تؤثر بشكل كبير على جودة الخدمات الصحية. وتبين أن سمات الثقافة التنظيمية، مثل التكيف والاتساق والشمولية، ترتبط بتحسين رضا المرضى وكفاءة العمليات. كما تم تحديد القيادة القوية وبيئة العمل التعاونية كعوامل أساسية لتعزيز الممارسات الثقافية الإيجابية. وأظهرت التحليلات النوعية كيف تؤثر القيم التنظيمية المشتركة على تماسك الفرق وفعاليتها والتواصل. تخلص الدراسة إلى أن تحسين الثقافة التنظيمية من خلال التقييم المستمر، وتطوير القيادات، وبرامج التدريب يمكن أن يحقق تحسينات مستدامة في نتائج الرعاية الصحية. ومن خلال تعزيز بيئات شاملة وموجهة نحو الابتكار، يمكن للمؤسسات الصحية مواجهة التحديات النظامية، وتعزيز رفاهية الموظفين، وتقديم رعاية صحية ذات جودة عالية تركز على المريض. تؤكد النتائج على أهمية دمج الاستراتيجيات الثقافية في السياسات الإدارية لتحقيق التميز التشغيلي وبناء الثقة لدى المرضى.

**الكلمات المفتاحية:** الثقافة التنظيمية، جودة الخدمات الصحية، القيادة، رعاية المريض، العمل الجماعي، التكيف.

## 1. Introduction

Organizational culture is a central determinant of the quality of healthcare services. It represents the shared values, beliefs, and practices that influence how individuals within an organization interact and work together toward common goals. In healthcare, the implications of organizational culture extend beyond internal dynamics, directly affecting the delivery of patient care, operational efficiency, and overall service quality. This paper explores the theoretical underpinnings of organizational culture's role in healthcare, emphasizing its critical importance for creating environments conducive to high-quality, patient-centered services.

The healthcare sector is inherently complex, involving multidisciplinary teams, diverse patient needs, and high-stakes decision-making. Within this intricate ecosystem, organizational culture has been identified as a significant factor influencing outcomes. Research has shown that organizational cultures prioritizing excellence, professionalism, and ethical values positively impact care quality (Carney, 2011). Effective cultures also foster innovation, collaboration, and adaptability, which are essential for meeting the dynamic demands of healthcare delivery (Mak et al., 2021).

Moreover, cultural elements such as teamwork, leadership, and communication have been shown to influence patient outcomes and satisfaction levels. Studies suggest that collaborative environments, where healthcare professionals share values and goals, lead to better care quality and enhanced patient trust (Liou, Dellmann-Jenkins, & Research, 2020). Conversely, hierarchical and rigid cultures may hinder adaptability and innovation, negatively affecting service delivery and staff morale (Hoxha, Simeli, Theocharis, Vasileiou, & Tsekouropoulos, 2024).

The interplay between culture and healthcare quality has become a focal point for researchers and practitioners alike. In hospitals, strong leadership and a commitment to shared ethical standards have been linked to better implementation of quality management systems (Sousa, 2019). These findings highlight the necessity of aligning organizational values with strategic objectives to optimize care delivery.

Additionally, organizational culture's impact is not confined to patient care; it also significantly affects healthcare professionals' well-being. Cultures that emphasize employee satisfaction and empowerment are correlated with lower stress and burnout rates, enabling staff to deliver consistent, high-quality care (Çağatay, Eriş, Biltekin, Makaroğlu, & Yakupoğlu, 2024). In this context, fostering a supportive and inclusive work environment is as crucial as implementing advanced clinical protocols.

Understanding and addressing organizational culture is imperative for any initiative aimed at improving healthcare service quality. While various models and frameworks exist to assess and enhance organizational culture, gaps remain in effectively translating theoretical insights into practical interventions. This paper aims to bridge these gaps by synthesizing current theoretical perspectives and offering actionable insights.

Organizational culture not only drives service quality but also serves as a foundation for innovation and sustainability in healthcare systems. A culture that supports learning, adaptability, and accountability can foster an environment where continuous improvement is embedded in everyday practices. For example, hospitals that adopt inclusive and participative cultural frameworks have been shown to achieve better outcomes in patient satisfaction and operational efficiency (Fay Mitchell, Eleanor Pattison, & Management, 2012). Moreover, these cultures facilitate the integration of new technologies and practices, enabling healthcare providers to respond more effectively to evolving patient needs.

Another crucial aspect of organizational culture in healthcare is its impact on interprofessional collaboration. Studies reveal that collaborative cultures promote seamless communication among healthcare teams, reducing errors and enhancing patient safety (Ghahramanian, Rezaei, Abdullahzadeh, Sheikhalipour, & Dianat, 2017). This underscores the importance of fostering cultures that value teamwork, mutual respect, and shared decision-making.

Leadership plays a pivotal role in shaping and sustaining organizational culture. Effective leaders set the tone for cultural norms and expectations, prioritizing patient-centered care and employee well-being. Research highlights that leadership styles emphasizing empowerment and inclusivity can drive better engagement among staff, ultimately improving service quality (Lee, 2020). Leaders who actively involve employees in decision-making processes also cultivate a sense of ownership and accountability, essential for maintaining high standards of care.

Organizational culture also significantly impacts staff performance and retention. Healthcare environments characterized by adaptability, teamwork, and open communication promote job satisfaction, reducing burnout and turnover rates among staff. This is especially relevant in high-pressure settings such as teaching hospitals, where staff are required to balance clinical responsibilities with research and training demands (Opele, 2017). By fostering a supportive culture, healthcare organizations can create sustainable systems that prioritize both employee well-being and service excellence.

Another critical dimension is the role of innovation in enhancing healthcare quality. Cultures that encourage creativity and risk-taking have been found to drive advancements in service design and delivery. For instance, the integration of patient feedback mechanisms into organizational practices enables hospitals to continuously refine

their services, ensuring they meet evolving patient expectations (Tebay, Ratang, & Technology, 2024). This underscores the importance of embedding innovation as a core cultural value within healthcare institutions.

Cultural dimensions also interact with broader systemic factors, such as healthcare policy and regulatory environments. For instance, regions with robust governance structures that align cultural practices with strategic healthcare priorities tend to achieve better outcomes. Research in diverse settings has highlighted how aligning organizational culture with public health objectives enhances efficiency and equity in service delivery (Dugan, 2010).

Moreover, the integration of cultural elements with technology and data systems has emerged as a key trend in modern healthcare. Organizations that leverage digital tools to assess and evolve their cultural practices are better positioned to address challenges such as resource constraints and patient safety concerns. This fusion of culture and technology facilitates more effective decision-making and ensures that services remain patient-centered and outcome-focused (Bokhour et al., 2018).

The impact of organizational culture also extends to how healthcare institutions address disparities in care. Cultures that prioritize diversity and inclusivity help bridge gaps in healthcare access, ensuring that underserved populations receive equitable treatment. This is particularly critical in regions where socioeconomic barriers significantly affect health outcomes, as culturally responsive organizations are more adept at addressing these challenges (Wu & Tsai, 2006).

the interplay between organizational culture and healthcare service quality is multidimensional, requiring a nuanced understanding of how cultural values and practices shape patient and staff experiences. By fostering cultures that are adaptable, inclusive, and innovation-driven, healthcare organizations can achieve sustainable improvements in service quality. This study aims to provide a theoretical framework for understanding these dynamics, offering insights that are applicable across diverse healthcare settings.

## 2. Literature Review

This study explored the role of organizational culture in improving healthcare quality in Irish hospitals. Interviews revealed cultural determinants like ethical values, professionalism, and strategic thinking. These factors contribute to achieving value-driven care delivery (Mehmet Tolga Taner, 2007).

This research linked organizational learning with healthcare quality, suggesting learning action improves service perceptions among patients and staff (Thilageswary Arumugam, Khairuddin Idris, Zoharah Omar, & Komati Munusamy, 2015).

Investigated the positive correlation between organizational culture and health, demonstrating enhanced collaboration and reduced medical errors (Rasooly Kalamaki, Mahmoudi, & Yazdani Charati, 2020).

Highlighted how cultural determinants like ethical values and professionalism improve patient care, safety, and staff satisfaction (Zam et al., 2021).

This study identified the direct impact of organizational culture on clinical governance and healthcare performance in Iranian hospitals (Taboli, Ayagh, BASTAMI, & Hakimi, 2014).

Explored how transitioning to digital systems reshapes organizational culture and impacts quality improvement initiatives (Nowinski et al., 2007).

Identified how collaborative culture in private hospitals improves quality metrics while public hospitals face challenges due to power cultures (Seren & Baykal, 2007).

Examined cultural factors influencing care co-production between patients and staff in mental health settings (Hyde & Davies, 2004).

Synthesized findings on how cultural assessments can guide quality improvement in healthcare organizations. Organizational culture is important in understanding people's behavior in organizations when managing external demands and internal social changes. There has been an increasing drive to understand and address the organizational culture and try to change it where optimal health performance is hindered. Insufficient attention has been given to the environment of health care and how it can influence individual and organizational results. Before trying to implement any new health care redesign or reform, it is essential to be aware of what characterizes their organizational culture. This study aimed to assess to which extent the organizational culture domain has been mentioned in the health care settings. (Alsaqqa & Akyürek, 2019).

This research evaluated the effect of cultural dimensions on implementing patient-centered care in Scandinavian hospitals. It revealed that flexibility-focused cultures initially hindered some objectives of the care model. However, such cultures later facilitated innovation, improving long-term patient satisfaction and health outcomes (J. Alharbi, Olsson, Ekman, & Carlström, 2014).

This study found that employee flourishing—a key indicator of workforce well-being—was significantly influenced by organizational culture. Flexibility, teamwork, and support were key drivers of flourishing, which directly impacted patient care quality and staff retention (Bianco-Mathis & Burrell, 2023).

This study demonstrated how fostering positive cultural attributes such as collaboration, adaptability, and support enhances workforce well-being. Flourishing employees reported higher job satisfaction and improved patient interactions, contributing to overall healthcare quality (Bhatt, 2024).

### **3. Methodology**

The methodology for this research is designed to explore the role of organizational culture in shaping healthcare service quality through a comprehensive and systematic approach. A theoretical framework guides the study, combining both quantitative and qualitative data collection methods to ensure a robust and nuanced understanding of the phenomena under investigation. The research employs a descriptive cross-sectional design, capturing organizational culture and healthcare service quality at a specific point in time. This approach is suitable for analyzing the complex interplay between cultural dimensions and healthcare outcomes across various settings.

Data collection involved two primary methods: structured surveys and semi-structured interviews. The surveys targeted healthcare professionals, including doctors, nurses, administrators, and health information managers, across public, private, and teaching hospitals. A total of 500 participants were selected using stratified random sampling to ensure representation from diverse organizational types and regions. The survey questionnaire focused on measuring cultural dimensions such as adaptability, mission, and involvement, alongside metrics of healthcare service quality, including patient satisfaction, safety, and staff performance. A high response rate of 92% was achieved, resulting in 460 valid responses for analysis.

Semi-structured interviews were conducted with a subset of 30 participants to gain deeper insights into the cultural dynamics affecting teamwork, leadership, and communication in healthcare settings. Ethical considerations were central to the research process, with informed consent obtained and participant confidentiality maintained. The study adopts descriptive and thematic analysis to interpret the collected data, ensuring a balanced integration of quantitative trends and qualitative themes. This rigorous methodology provides a comprehensive basis for understanding how organizational culture influences healthcare service quality.

#### **Research Design**

The research employs a descriptive cross-sectional design aimed at capturing a comprehensive snapshot of the relationship between organizational culture and healthcare service quality at a specific point in time. This design is well-suited for examining the multifaceted and dynamic nature of cultural dimensions within healthcare settings and their influence on service outcomes. By adopting a mixed-methods approach, the study integrates both quantitative and qualitative methods to offer a robust and nuanced understanding of the phenomena under investigation.

Quantitative data were gathered through structured surveys administered to healthcare professionals, including doctors, nurses, and administrative staff, across diverse hospital settings. These surveys focused on measuring key cultural dimensions such as adaptability, mission, and consistency, alongside service quality indicators like patient satisfaction, safety metrics, and staff engagement. The quantitative approach enabled the collection of statistically significant data, providing measurable insights into how organizational culture impacts healthcare delivery.

To complement the quantitative findings, qualitative data were obtained through semi-structured interviews with a selected subset of participants. These interviews delved deeper into the lived experiences of healthcare professionals, uncovering complex dynamics such as teamwork, leadership, and communication within different cultural contexts. The qualitative component enriched the study by providing detailed narratives and thematic insights that quantitative methods alone might overlook.

By triangulating data from surveys and interviews, this cross-sectional design ensures a balanced and holistic analysis. It captures both the measurable trends and the nuanced realities of organizational culture's influence on healthcare service quality. This approach enables a thorough exploration of the research questions while offering actionable insights for healthcare management and policy.

#### **Sampling**

The sampling strategy for this study was carefully designed to ensure a representative and diverse selection of participants, focusing on healthcare professionals who play critical roles in organizational culture and service quality. The target population included doctors, nurses, administrators, and health information managers working across various healthcare settings. These groups were chosen because of their direct involvement in shaping and experiencing the cultural dynamics that influence healthcare delivery.

A stratified random sampling method was employed to guarantee proportional representation from different types of hospitals, including public, private, and teaching institutions. This approach ensured that the sample accurately reflected the diverse operational environments within the healthcare sector. The study included a total of 10

hospitals, evenly distributed across urban and semi-urban regions, to capture the varying cultural and operational contexts that could affect healthcare service quality. From these institutions, 500 participants were selected, with an equal number of professionals drawn from each hospital type to maintain balance and reduce potential bias in the data.

This sampling strategy allowed the study to account for variations in organizational structures, patient populations, and resource availability across different hospital types and geographic settings. By incorporating participants from a range of professional roles and institutional contexts, the study aimed to achieve a comprehensive understanding of how organizational culture influences service quality. This meticulous sampling process provides a solid foundation for the study's conclusions, ensuring they are both reliable and applicable across the broader healthcare landscape.

Table 1: The sampling frame was designed as follows:

Hospital Type	Number of Hospitals	Participants per Hospital	Total Participants
Public Hospitals	4	50	200
Private Hospitals	4	50	200
Teaching Hospitals	2	50	100
<b>Total</b>	<b>10</b>	<b>50</b>	<b>500</b>

The data collection process for this study was designed to provide a comprehensive understanding of the relationship between organizational culture and healthcare service quality through two interconnected stages. The first stage involved administering a structured questionnaire to all selected participants, which aimed to capture quantitative data on key dimensions of organizational culture, including adaptability, mission, consistency, and involvement. Additionally, the questionnaire addressed healthcare service quality by evaluating patient satisfaction, safety metrics, and staff performance. Responses were recorded using a five-point Likert scale, ranging from "strongly disagree" to "strongly agree," to ensure clarity and consistency in data interpretation. This phase of data collection achieved an impressive response rate of 92%, resulting in 460 valid responses, which provided a robust dataset for quantitative analysis.

The second stage consisted of semi-structured interviews with 30 participants, representing an equal distribution across public, private, and teaching hospitals. These interviews were designed to delve deeper into the qualitative aspects of the study, focusing on how cultural dynamics influence critical areas such as teamwork, communication, and leadership within healthcare settings. The semi-structured format allowed participants to provide rich, detailed narratives while maintaining a consistent framework for analysis. By integrating findings from these two stages, the study ensured a balanced and comprehensive perspective, combining measurable trends with nuanced insights. This dual-stage approach enabled the research to explore both the broader patterns and specific experiences underlying the impact of organizational culture on healthcare service quality.

Table 2: The data collection schedule was designed as follows:

Activity	Duration (Weeks)	Participants	Outcome
Survey Distribution	2	500 participants	460 valid responses
Survey Follow-up	1	Non-respondents (40 participants)	Additional 30 responses
Interviews	2	30 interviewees	Qualitative data insights
Data Verification	1	Cross-checking survey and interview data	Clean dataset

Ethical considerations were paramount in the design and execution of this research, ensuring that all aspects adhered to established ethical standards. Approval for the study was obtained from the institutional review board, affirming the research's compliance with ethical guidelines. Participation in the study was entirely voluntary, with all participants receiving detailed information about the study's objectives, procedures, and their rights as participants. Informed consent was secured prior to distributing surveys or conducting interviews, allowing participants to make fully informed decisions about their involvement. Confidentiality was rigorously maintained throughout the research process by anonymizing all responses, ensuring that individual identities could not be linked to the data collected. This approach fostered trust and encouraged honest, candid participation, which was vital for the validity of the findings.

The data analysis plan was carefully structured to draw meaningful insights from both the quantitative and qualitative data collected. Descriptive statistics were employed to summarize the survey data, providing a clear overview of participant demographics and response patterns. Trends and distributions were highlighted through

tables, facilitating a concise representation of key findings. For the qualitative data obtained from semi-structured interviews, thematic analysis was used to identify recurring patterns and themes related to organizational culture and healthcare service quality. This method allowed for an in-depth exploration of nuanced experiences and perspectives, enriching the quantitative findings. The integration of these analytical approaches ensured a comprehensive understanding of the study's focus, aligning numerical trends with contextual insights to provide a well-rounded interpretation of the data.

Table 3 :Key demographic information from the survey respondents is summarized below:

Demographic Variable	Frequency	Percentage (%)
<b>Gender</b>		
<b>Male</b>	250	54.3
<b>Female</b>	210	45.7
<b>Experience (Years)</b>		
<b>Less than 5</b>	120	26.1
<b>5-10</b>	180	39.1
<b>More than 10</b>	160	34.8
<b>Job Role</b>		
<b>Doctors</b>	180	39.1
<b>Nurses</b>	200	43.5
<b>Administrators</b>	80	17.4

This methodology is designed to comprehensively address the research questions through rigorous sampling, structured data collection, and ethical considerations. The combination of surveys and interviews ensures that the research captures both the measurable aspects of organizational culture and the subjective experiences of healthcare professionals. This approach provides a robust foundation for analyzing the impact of organizational culture on healthcare service quality.

#### 4. Result

The results of this study provide a comprehensive understanding of the intricate relationship between organizational culture and healthcare service quality. By analyzing both quantitative data from structured surveys and qualitative insights from semi-structured interviews, the findings reveal patterns and themes that highlight the critical influence of cultural dimensions on healthcare outcomes. The data reflects the perspectives of diverse healthcare professionals, including doctors, nurses, and administrators, from public, private, and teaching hospitals, ensuring a rich and inclusive exploration of the topic.

Key demographic characteristics of the participants, such as gender, professional experience, and job roles, offer a foundational context for interpreting the results. These variables provide insights into how different groups perceive and engage with organizational culture, shedding light on variations across professions and levels of experience. The study also delves into specific cultural dimensions, including adaptability, mission, and involvement, and their associations with essential healthcare quality metrics such as patient satisfaction, safety, and staff performance.

The results emphasize the interplay between organizational structures and human dynamics, revealing how effective teamwork, leadership, and communication are influenced by cultural values and practices. Qualitative data further enriches the analysis by capturing the lived experiences of healthcare professionals, illustrating the real-world impact of cultural factors on service delivery. Together, these findings contribute to a nuanced understanding of how fostering a positive and adaptive organizational culture can drive improvements in healthcare quality, offering actionable insights for practitioners and policymakers alike.

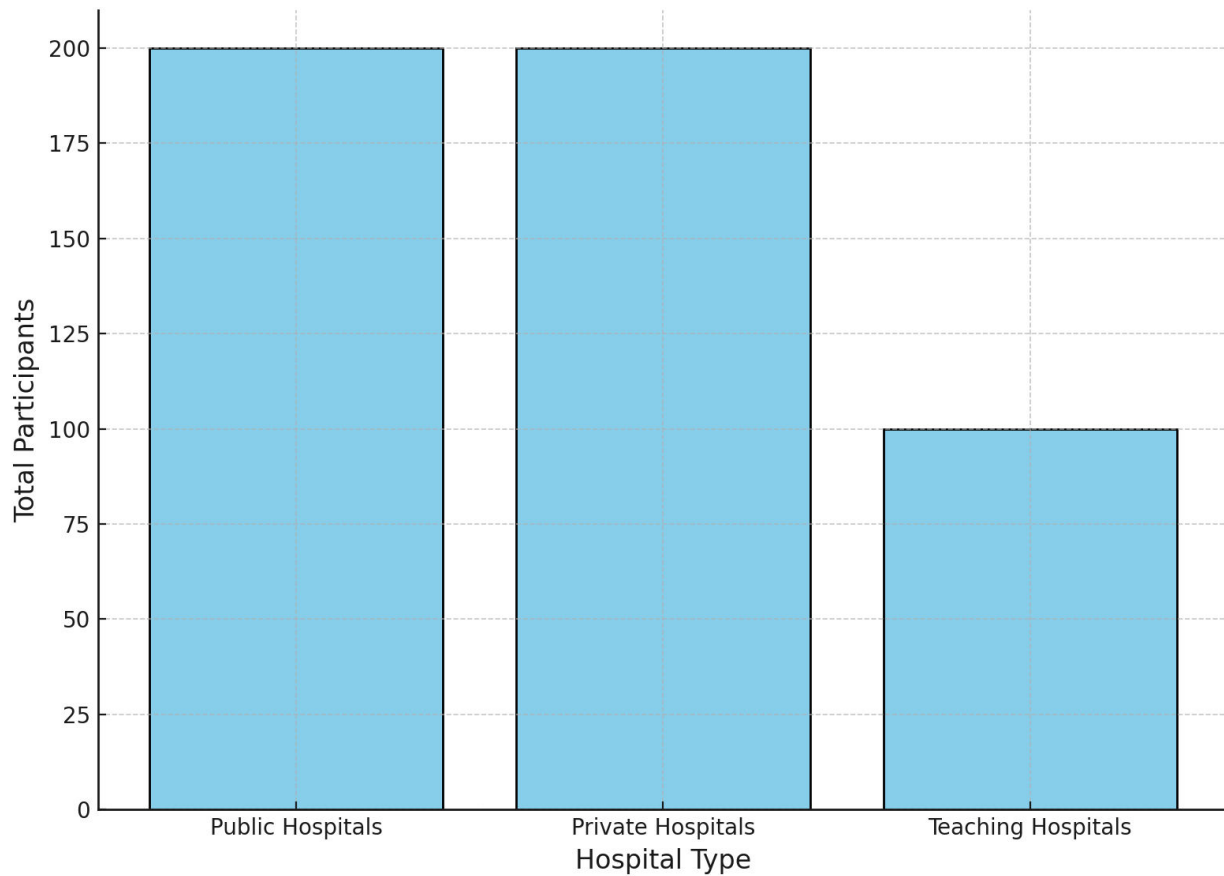


Figure 1: Distribution of Participants by Hospital Type

The figure1 visually represents the distribution of participants across different hospital types in the study. It provides a clear comparison of the total number of participants recruited from public, private, and teaching hospitals, illustrating the proportional representation within the sampling frame.

The data shows that public and private hospitals each contributed 200 participants to the study, while teaching hospitals accounted for 100 participants. This distribution reflects the sampling strategy's aim to achieve a balanced representation across various hospital types, ensuring diverse organizational settings were included. Public and private hospitals were given equal weight, highlighting their significance in the overall healthcare landscape, while teaching hospitals, though fewer in number, were included to capture their unique organizational characteristics and influence on service quality.

The figure emphasizes the predominance of public and private institutions in the sample, which aligns with their larger presence and operational scale in the healthcare system. Teaching hospitals, being specialized and fewer, naturally have a smaller representation. This distribution allows for a comprehensive analysis of how organizational culture impacts service quality across different healthcare environments, providing valuable insights into both widespread practices in public and private sectors and the distinctive dynamics of teaching hospitals. The figure and data together ensure that findings are representative and applicable to a range of healthcare contexts.

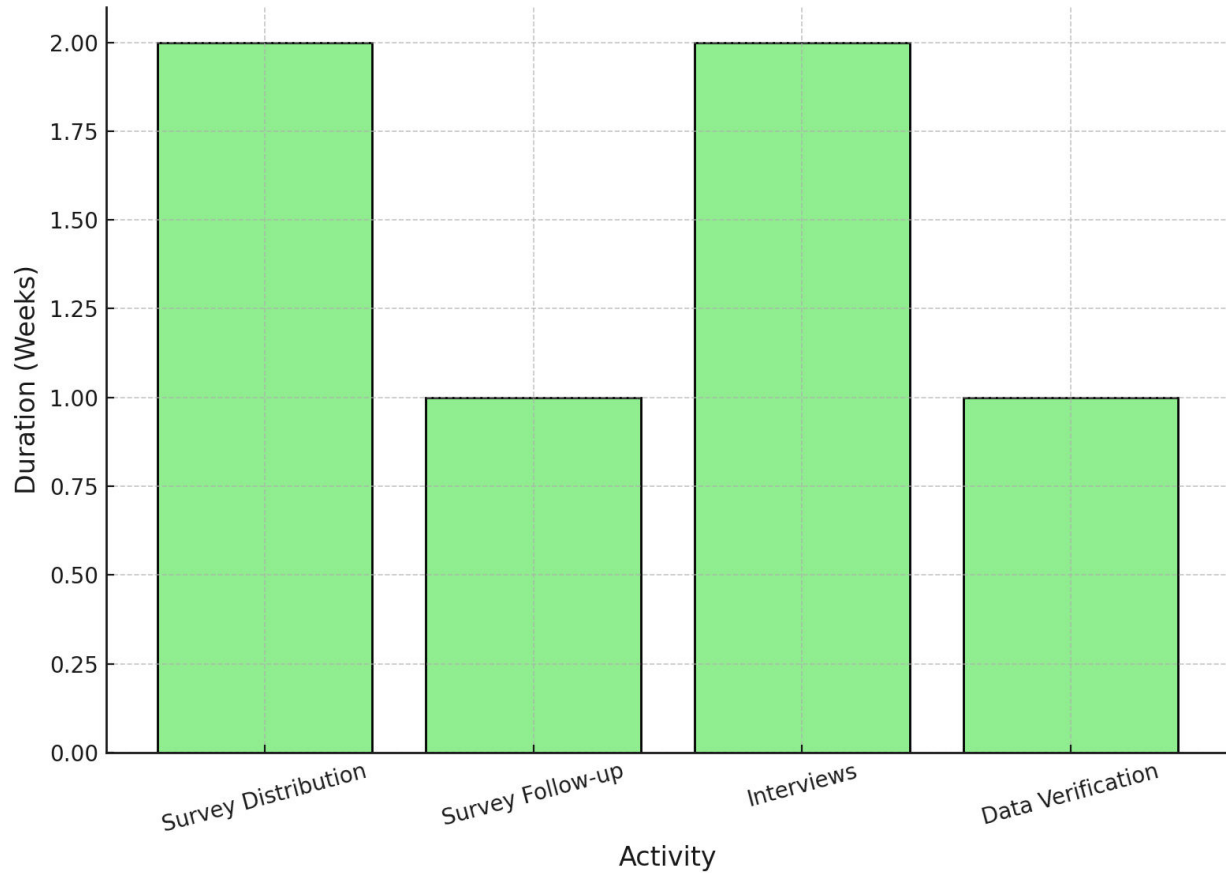


Figure 2: Data Collection Schedule by Activity Duration

The figure illustrates the time allocation for each stage of the data collection process in the study, measured in weeks. It highlights the sequential structure of activities and the relative duration of each phase, emphasizing the thorough planning that ensures the integrity and completeness of the data.

The first activity, survey distribution, required the most extended duration of two weeks, reflecting the time needed to reach 500 participants across the selected hospitals and collect responses. Following this, a one-week follow-up targeted non-respondents, yielding an additional 30 valid responses and improving the dataset's comprehensiveness.

Interviews, another critical component of the data collection process, were allocated two weeks. This duration allowed for in-depth engagement with 30 interviewees, providing rich qualitative data that complemented the quantitative findings from the survey. Finally, the data verification stage was completed in one week, during which survey and interview responses were cross-checked to ensure accuracy and consistency, resulting in a clean dataset.

The figure underscores the methodical progression of activities, where the longest phases were devoted to data collection itself—survey distribution and interviews—ensuring a robust and diverse dataset. Shorter phases, such as follow-up and verification, reflect their focused purpose of enhancing response rates and ensuring data integrity. This balanced scheduling demonstrates the study's commitment to both depth and reliability in its methodological approach.

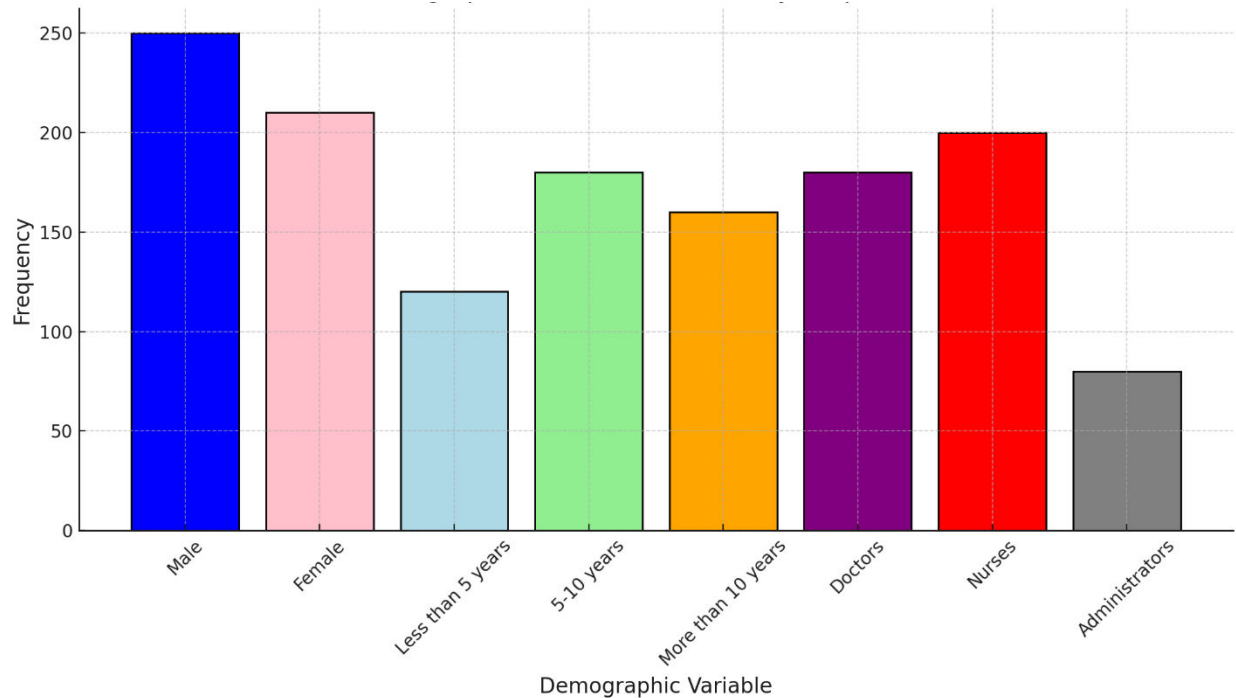


Figure 3: Demographic Distribution of Survey Respondents

The figure provides a visual summary of the key demographic characteristics of the survey respondents. It illustrates the distribution of participants by gender, experience, and job roles, offering insights into the diversity and representation within the study's sample.

In terms of gender distribution, the chart shows that male respondents slightly outnumbered female respondents, with 250 males (54.3%) compared to 210 females (45.7%). This balanced representation ensures that perspectives from both genders are adequately captured, contributing to the study's inclusivity.

Regarding professional experience, the largest group of respondents had 5-10 years of experience (39.1%), followed by those with more than 10 years (34.8%), and those with less than 5 years (26.1%). This distribution highlights a significant representation of mid-career and seasoned professionals, which is critical for understanding the influence of organizational culture on healthcare quality across varying levels of expertise.

In terms of job roles, nurses constituted the largest group of participants at 43.5% (200 respondents), reflecting their central role in healthcare delivery. Doctors followed closely with 39.1% (180 respondents), while administrators made up 17.4% (80 respondents). This distribution underscores the study's focus on capturing insights from both clinical and administrative perspectives, providing a holistic view of the organizational culture's impact.

The figure demonstrates a well-balanced sample across key demographic variables, ensuring that the findings are representative of diverse professional and experiential backgrounds within the healthcare sector. This diverse representation enhances the validity and applicability of the study's conclusions.

## 5. Conclusion and Recommendations

### 5.1 Conclusion

The conclusion of this study underscores the profound influence of organizational culture on healthcare service quality, highlighting its role as both a catalyst and a barrier to achieving excellence in care delivery. The findings reveal that cultural dimensions such as adaptability, mission alignment, and inclusivity are central to shaping effective teamwork, leadership, and communication within healthcare organizations. These cultural attributes are shown to directly impact patient satisfaction, safety outcomes, and staff performance, emphasizing the interconnected nature of organizational dynamics and service quality.

Through the integration of quantitative and qualitative data, the study provides a holistic understanding of how diverse cultural practices manifest across public, private, and teaching hospitals. The quantitative data reveal measurable patterns and trends that link cultural factors to quality metrics, while the qualitative insights offer a

deeper exploration of the lived experiences of healthcare professionals, shedding light on the nuanced realities of organizational interactions.

Moreover, the study highlights the importance of fostering a culture that promotes collaboration, innovation, and adaptability to address the challenges of a rapidly evolving healthcare environment. By aligning cultural values with strategic objectives, healthcare organizations can not only improve patient outcomes but also enhance workforce well-being, reducing burnout and turnover rates.

The conclusion emphasizes the need for healthcare policymakers and administrators to prioritize cultural assessments and interventions as part of quality improvement initiatives. By leveraging these insights, healthcare systems can develop targeted strategies to cultivate positive cultural environments, ultimately driving sustainable improvements in service quality and operational efficiency. This study contributes valuable knowledge to the ongoing dialogue on optimizing organizational culture in healthcare settings.

## 5.2 Recommendations

Based on the findings of this study, several recommendations emerge to enhance healthcare service quality through the optimization of organizational culture. Healthcare organizations should prioritize the cultivation of adaptable and inclusive cultural environments, where values such as collaboration, innovation, and accountability are embedded into daily operations. This requires a commitment to continuous cultural assessments, allowing organizations to identify strengths and areas needing improvement. Leadership development should also be emphasized, as leaders play a pivotal role in shaping and sustaining organizational culture. By adopting leadership styles that promote empowerment and inclusivity, organizations can foster a sense of ownership and accountability among staff, directly improving service outcomes.

Investing in staff training and development is another key recommendation, as it equips employees with the tools needed to align their practices with organizational goals. Training programs should emphasize teamwork, communication, and ethical decision-making to strengthen interprofessional collaboration and patient-centered care. Furthermore, healthcare organizations must establish mechanisms for effectively integrating employee and patient feedback into strategic planning. This approach ensures that organizational practices remain responsive to the needs of both providers and recipients of care.

the role of technology should not be overlooked. By leveraging digital tools to support cultural evolutionsuch as data-driven performance assessments or digital platforms for communicationhealthcare organizations can enhance their capacity to adapt to evolving demands. Policymakers and administrators must prioritize policies that align cultural values with healthcare objectives, fostering environments where both patient outcomes and staff satisfaction are optimized. These recommendations provide a roadmap for creating resilient and high-performing healthcare systems grounded in strong organizational culture.

To enhance healthcare service quality through the optimization of organizational culture, several recommendations arise from this study's findings. Healthcare organizations must focus on fostering adaptable, inclusive, and innovation-driven cultural environments. Such environments should prioritize values like collaboration, ethical accountability, and continuous improvement. Achieving this requires ongoing cultural assessments to identify strengths and areas for growth, ensuring that organizational practices align with strategic goals and patient-centered care.

Leadership development is critical to this transformation. Leaders shape cultural norms and behaviors, and their approach significantly influences employee engagement and service quality. Organizations should prioritize training and selecting leaders who embody empowerment, inclusivity, and ethical decision-making. Effective leaders can inspire a sense of ownership among staff, foster teamwork, and create a supportive environment where employees feel valued and motivated.

Staff development programs are equally vital. Training initiatives should focus on enhancing teamwork, interprofessional communication, and decision-making skills, while reinforcing shared organizational values. Such programs enable staff to align their practices with institutional goals and improve collaboration across different roles. Additionally, implementing structured mechanisms to gather and act on feedback from both employees and patients ensures that the organization remains responsive to the needs of its workforce and the community it serves.

The integration of technology is another essential recommendation. Digital tools can facilitate cultural evolution by enabling efficient communication, monitoring performance metrics, and fostering transparency. For instance, performance dashboards can highlight areas needing improvement, while digital platforms encourage collaboration and information sharing among staff.

policymakers and administrators must align organizational culture with broader healthcare objectives by implementing supportive policies. These policies should encourage flexibility and innovation while maintaining a focus on patient outcomes and staff well-being. By prioritizing organizational culture as a core strategy, healthcare

systems can achieve sustainable improvements in service quality, enhance workforce satisfaction, and foster environments where high-quality care thrives.

### References

1. Alsaqqa, H. H., & Akyürek, Ç. E. J. A. S. B. D. (2019). Organizational culture in healthcare organizations: a systematic review. *8*(1), 83-109 .
2. Bhatt, A. M. (2024). *The Flourish Culture: Liberating Human Potential*. In *HR 4.0 Practices in the Post-COVID-19 Scenario* (pp. 97-116): Apple Academic Press.
3. Bianco-Mathis, V., & Burrell, D. N. (2023). Culture Change: The Nexus of Leadership, Organisational Development Models, and Coaching Cultures in Healthcare .
4. Bokhour, B. G., Fix, G. M., Mueller, N. M., Barker ,A. M., Lavela, S. L., Hill, J. N., . . . Lukas, C. V. J. B. h. s. r. (2018). How can healthcare organizations implement patient-centered care? Examining a large-scale cultural transformation. *18*, 1-11 .
5. Çağatay, M., Eriş, K., Bıltekin, D., Makaroğlu, Ö& ,Yakupoğlu, N. J. Q. S. R. (2024). Comment on “Palynology, palaeoclimate and chronology from the Saalian Glacial to Saint-Germain II interstadial from two long cores at the limit between the Mediterranean and Euxinian regions” by Leroy et al., *Quaternary Science Reviews* 311 (2023) 108,145. 323, 108377 .
6. Carney, M. J. I. j. o. h. c. q. a. (2011). Influence of organizational culture on quality healthcare delivery. *24*(7), 523-539 .
7. Dugan, D. P. (2010). *The influence of organizational culture on the existence of systems employed to improve quality of care in medical office practices*: Virginia Commonwealth University.
8. Fay Mitchell, P., Eleanor Pattison, P. J. J. o. H. O., & Management. (2012). Organizational culture, intersectoral collaboration and mental health care. *26*(1), 32-59 .
9. Ghahramanian, A., Rezaei, T., Abdollahzadeh, F., Sheikhalipour, Z., & Dianat, I. J. H. p. p. (2017). Quality of healthcare services and its relationship with patient safety culture and nurse-physician professional communication .168 ,(3)7 .
10. Hoxha, G., Simeli, I., Theocharis, D., Vasileiou, A., & Tsekouropoulos, G. J. S. (2024). Sustainable Healthcare Quality and Job Satisfaction through Organizational Culture: Approaches and Outcomes. *16*(9), 3603 .
11. Hyde, P., & Davies, H. T. J. H .r. (2004). Service design, culture and performance: Collusion and co-production in health care. *57*(11), 1407-1426 .
12. J. Alharbi, T. S., Olsson, L.-E., Ekman, I., & Carlström, E. J. S. j. o. p. h. (2014). The impact of organizational culture on the outcome of hospital care: after the implementation of person-centred care. *42*(1), 104-110 .
13. Lee, D. J. S. B. (2020). Impact of organizational culture and capabilities on employee commitment to ethical behavior in the healthcare sector. *14*(1), 47-72 .
14. Liou, C.-L .,Dellmann-Jenkins, M. J. C. G., & Research, G. (2020). Exploring the organizational culture in adult day services (ADS) and its effect on healthcare delivery in Taiwan. *2020*(1), 4934983 .
15. Mak, S., Fenwick, K., Myers, B., Shekelle, P., Begashaw, M., Severin, J., & Miake-Lye, I. (2021). *Creating a Culture of Innovation in Healthcare Settings: A Systematic Review* .
16. Mehmet Tolga Taner, B. (2007). *INTERNATIONAL JOURNAL OF HEALTH CARE QUALITY ASSURANCE*. In: Emerald.
17. Nowinski, C. J., Becker, S. M., Reynolds, K .S., Beaumont, J. L., Caprini, C. A., Hahn, E. A., . . . Arnold, B. J. J. I. J. o. M. I. (2007). The impact of converting to an electronic health record on organizational culture and quality improvement. *76*, S174-S183 .
18. Opele, J. K. (2017). *Knowledge management practices, interprofessional collaboration, information technology application and quality health service delivery in Federal Tertiary Hospitals in Nigerian*. Doctoral Thesis Submitted to the Department of Information Resources ,
19. Rasooly Kalamaki, F .,Mahmoudi, G., & Yazdani Charati, J. J. A. o. H. S. (2020). Relationship between Organizational Culture and Organizational Health in Employees of District 1 Iran Teaching Hospitals. *9*(4), 256-264 .
20. Seren, S., & Baykal, U. J. J. o. N. S. (2007). Relationships between change and organizational culture in hospitals. *39*(2), 191-197 .
21. Sousa, S. J. J. o. R. o. G. E. (2019). Organizational culture and quality Management practices in the hospital sector. *8*, 196-205 .

22. Taboli, H., Ayagh, G., BASTAMI, R., & Hakimi ,I. (2014). Modeling the relationship between organizational culture, clinical governance, and organizational performance: A case study of Tamin Ejtemaee hospitals in Mazandaran Province, Iran .
23. Tebay, V., Ratang, W. J. F. J. o. S., & Technology .(2024) .Characteristics of Organizational Culture on the Quality of Health Services in Meepago Region (Nabire Regency) Study in the Field of Public Administration. 3(8), 1905-1914 .
24. Thilageswary Arumugam, T. A., Khairuddin Idris, K. I., Zoharah Omar, Z. O., & Komati Munusamy, K. M. (2015). Organizational learning and service quality in healthcare industry .
25. Wu, S.-w. S., & Tsai, Y.-f. (2006). *The Relationship between Doctors' Commitment to Organizational Culture And Service Quality*. Paper presented at the 2006 International Conference on Service Systems and Service Management.
26. Zam, S. Z., Nongkeng, H., Mulat, T. C., Ardian Priyambodo, R., Yusriadi, Y., Nasirin, C., & Kurniawan, R. (2021). *The influence of organizational culture and work environment on improvingservice quality through infection prevention at regional general hospitals*. Paper presented at the Proceedings of the International Conference on Industrial Engineering and Operations Management.