# How and to What Extent Does Organisational Culture Influence Organisational Performance: Case Study of a Healthcare Organisation

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**ABSTRACT—** *This article reports the results of the exploratory research into the influence of organisational culture on organisational performance. Much of the interest in the concept of organisational culture and organisational performance in the literature are based on explicit and implicit claims that organisational culture influences organisational performance. Although intuitively reasonable, however, the studies that have examined the relationship, often resulted in inconclusive findings, provided little or no explanations on how organisational culture influences organisational performance, and evidently there has been little attempt to explore the dynamics of these two concepts in the healthcare organisation. The use of a mixed methodology in this study meant that the main objectives of this study are being achieved. The effect of the 'strength' and 'congruence' of organisational culture and organisational values on organisational performance were recognised in this study. Simple influences such as 'strong' and 'congruence' culture and values leads to high performance are cautiously supported by this study. Another finding from this study suggests that the 'primary task' may provide insight to understanding the influence of organisational culture on organisational performance. This study therefore encourages healthcare leaders to consider the strength and congruence of the organisational culture, the strength and congruence of the organisational values, and the nature of the primary tasks in order to put together the right strategy and effort for performance improvement in their organisation. This present study cautiously concludes and presents supportive evidence which suggests that organisational performance is attributable to organisation culture. Whilst these findings in this present study remain valid, they cannot be used for universal generalisations.*

**Keywords—** Organisational Culture; Organisational Preformance and Healthcare Culture

## 1. INTRODUCTION

One of the reasons for the interest in the influence of organisational culture (OC) on organisational performance (OP) in the literature, is the assumption that OC lead to an increase in OP (Ogbonna & Harris, 2008). Furthermore, Peters and Waterman (1982) claimed that successful organisations possess certain cultural traits of excellence; Ouchi (1981) found a positive relationship between OC and productivity; Deal and Kennedy (1982:15) claimed that "successful organisations distinguish themselves from less successful ones through their clearly articulated and shared norms and values regarding organisational functioning". They also hold the view that "people are the organisation's greatest resource, and the way to manage them is not directly by computer reports, but by the subtle cues of a culture" (p.15). Deal and Kennedy (1982) concluded in their work that OC has an effect on the performance of the organisation. However, Brewer and Venaik (2014:3) forcefully concluded in their studies that the intellectual justification for the research on the influence of organisational culture on organisational performance, despite its widespread acceptance and incorporation into organisational theory, is difficult to find in the literature. For example, many of the 'excellent' organisations identified by Peters and Waterman (1982), failed to sustain their success throughout the 1980s and 1990s.

Furthermore, on a closer scrutiny, it can be seen that the fundamental criticism of the influence of OC on OP in the existing studies has been linked to their overemphasis on positivistic overtones. The logic of this argument is that, since organisational life includes the values, beliefs, and assumptions of people and encompasses consistencies, inconsistencies, ambiguities, ironies, and contradictions at the same time, the positivistic approach is capable of portraying only part of the OC phenomenon, and by adopting a purely positivistic approach, many existing studies have fail to depict a comprehensive picture of organisational life (see for example, Mannion *et al*., 2009). Given that the

existing literature documents ample proof of the multi dimensionality of the constructs of OC (Alvesson, 2005; Mallack *et al*., 2003) and OP (Rodriquez, 2006; Neely, 2005) and their problematic and complex nature (Mannion *et al*., 2009), such a positivistic approach has often failed to illuminate insights into the dynamic nature of OC and OP relationship.

Another critical drawback of the studies on the influence of OC on OP has been the focus on managerial and especially top management views of organisational life (Fey & Dennison, 2004). Given the evidences uncovered in the OC studies which delineate the incongruence between espoused content themes (mostly advanced by top management) and actual practices as well as the differences in cultural values across the organisation (Brewer & Venaik, 2014), the generalisation of the top management perceptions to the entire organisation is clearly flawed.

Therefore the view that OC can influence OP has not been clearly explained. In view of this, this study explored and investigated if there is evidence to support the claim that OC influences OP. The limited or inconclusive research findings in this area suggests the need to investigate further the nature and dynamics of the influence of OC on OP, and this study attempts to address the above concerns and explain the nature of the influence through a mixed-methodology using case study approach in a healthcare organisation. This study was guided by the following objectives and research questions;

## 2. RESEARCH OBJECTIVES

The objectives of the study are as follow:

1. To explore and analyse for evidence of the influence of OC on OP, and to uncover the nature and extent of this influence.
2. To develop a conceptual model of the influence of OC on OP.

Research questions
The focus of the study was to understand the influence of OC on OP. On this basis, the following questions were explored;
1. What is the perceived current and preferred culture of the researched organisation?
2. What is the perceived current and preferred value of the researched organisation?
3. In what way/s does OC influence OP in the researched healthcare organisation?

Objective **1** was addressed by research questions **1** and **2**, while objective 2 was addressed by research question **3**.

**Brief review of the concept of organisational culture**

There are a number of what the term OC represents. Ogbonna and Harris (2008) claimed that the concept of OC is very complex, widely accepted, but not universally interpreted. Dauber *et al*., (2012) asserted that "OC has been recognised as an essential influential factor in analysing organisations in various contexts". Dauber *et al*., (2012) stressed that OC is a highly imprecise term, with a multitude of different definitions and interpretations. Parker (2009) defines OC as symbols, ceremonies, and myths that communicate the underlying values and beliefs of that organisation to its employees. Parker (2009) argues how OC is best seen as people's customary behaviour and their taken-for-granted ways of seeing the world. Brewer and Venaik (2014:6) follow up on this and say that the OC "refers to the taken-for-granted values, underlying assumptions, expectations, collective memories, and definitions present in an organisation". Hassard's (2012:16) view OC as the "informal understanding of the way we do things around here or what keeps the herd moving roughly west", while Martin (2002: 59) argues that "culture is an expression of people's deepest needs, a means of endowing their experiences with meaning". The most widely cited OC definitions and relatively comprehensive frame of reference of OC suited for this present study was by Schein (2011) "The pattern of shared basic assumptions – invented, discovered or developed by a given group as it learns to cope with its problems of external adaptation and internal integration – that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems (p. 17)."

Schein's definition of OC captures one of the basic challenges faced by any organisation to reconcile the often divergent behavioural logics of employees. Its emphasis on the role of shared values, beliefs and basic assumptions influencing behaviour, suggests that OC denotes much more than just *"the way things are done around here"* (Schein, 2011:23). This definition includes aspects referred to by other scholars, such as Harrison (2012), Lund (2003) and

O'Reilly *et al*., (2008). There are some similarities in the definitions of OC by Harrison (2012) and Schein (2011), claiming that culture is an organisational variable, and that OC emerges from that which is shared between colleagues in an organisation, including shared values, beliefs, assumptions, attitudes, and norms of behaviour. Thus, Schein (2011) emphasised that OC is reflected by a common way of making sense of the organisation that allows people to see situations and events in similar and distinctive ways. Deal and Kennedy (2002:13) frame OC as "the way things are understood, judged, and valued". Therefore, to talk of an OC is to assess the assumptions and that which is shared, belief and valued by employees within the organisation.

The most critical cleavage amongst contemporary conceptualisations of OC is that identified by Alvesson and Willmott (2012) and Schein (2011), claiming that culture may be treated as a property of an organisation (something it 'has') or as something that the organisation 'is'. The former approach variously defines OC as the beliefs and/or values that organisation members have in common, 'the way things get done around here' (Deal & Kennedy, 1999) or the patterns of shared assumptions that have been reinforced by their apparent success in solving organisational problems (Schein, 2011). Thus, this approach treats OC as a variable or attribute, alongside others such as the organisation's technology, business and strategy. An implication of this approach is that OC can in principle be treated instrumentally, as something to be taught, and perhaps otherwise manipulated or 're-engineered' for management purposes, particularly in order to 'fit' the organisation's external environment.

Significant as this cleavage in conceptions of OC has been, the distinction between the two polarised approaches often cannot be maintained, and many authors employ elements of both (Alvesson, 2005; Rodrriques, 2006; Brown, 1998). It is possible to envisage some elements of OC as 'deeper' and therefore more resistant to change than others. An important work in this vein is that of Schein (2011), who distinguishes between artefacts, values and basic assumptions. Artefacts form the most visible 'surface' level of an OC, including the physical environment, products, technology, overt behaviour and the use of language and other symbolic forms. Values underlie and influence behaviour; they signify espoused normative positions, 'what ought to be' rather than 'what is', and therefore include ethical and ideological positions. There is therefore little agreement in the literature as to how OC should be conceptualised. Indeed, the concepts has been described as "a riddle wrapped in a mystery wrapped in an enigma" (Mannion *et al*., 2009:23). The literature identified various dimensions that are associated with OC, and these range from observable phenomena such as 'rituals' and 'structures' to abstract ideas such as 'warmth', 'satisfaction' and 'espirit de corps'.

## Brief review of the concept of organisational performance (OP)

Defining OP presents further problems, as there exists, for any organisation, a range of possible measures (Denison *et al.*, 2004; Fey & Denison, 2003; Denison & Mishra, 1995). This is true especially of healthcare organisation, with measures of clinical process, health outcomes, access, efficiency, productivity and employee variables all offering some potential (Mannion *et al.,* 2009; Scot *et al.,* 2006).

The essential ambiguity of performance arises from three main senses of the nature of 'performance', performance as *enacted behaviour*, relating to socio-technical processes of care, performance measured in terms of *end-points* or *outcomes*, and performance as a *dramatic event*. Each of these meanings tends to invoke the other two, as befits the nature of signification in general. A surgical procedure, for instance, implies both technical performance and a desired outcome, as well as entailing aspects of dramatic production and presentation.

## 3.  METHODOLOGY

The limitations of the existing OC-OP studies serve as the foundation for this research objectives and the research design that was adopted in this study. An exploratory-descriptive case study approach was adopted for this study because of the essentially exploratory and interpretive nature of this study. Creswell (2009) claimed that case studies are the preferred strategy when 'how' or 'when' questions are being posed and when the focus is on a contemporary phenomenon with some real-life context. As a design, it lends itself well to both quantitative and qualitative approaches (Yin, 2009).

This research is a case study in the sense that it is mixed methodology, holistic and thick; concerned with context. Using Stake's (2000:28) research design typology, this research could be typified as a synchronic (single site), single-case study where the researched healthcare organisation for this present study acts as the one case and the employees act as the within case investigations. A diachronic aspect does not exist (for example, the study contains no significant

temporal variation; it is not intentionally longitudinal in nature). Stake (2000) believes that it is the descriptive and exploratory nature of case study research that is one of its main strengths.

Case study, like all other social science research methods, has both supporters and critics. The aims, capabilities and conclusions of case study research are sources of controversy. Case study research is often charged with causal determinism, non-replicability, subjective conclusions, absence of generalisable conclusions, biased case selection and lack of empirical clout (for example, too many variables and too few cases). It should be noted that the majority of the criticisms of case study research could be (to some degree) explained by the markedly dissimilar methodological approaches adopted by those social science researchers who prefer quantitative social surveys, for example. However, that is not to say that criticisms of a research method which are based on methodological and philosophical discrepancies are null and void. Instead, such critiques can be used beneficially to continually question the research method as it has therefore been conceptualized and utilized and to prompt continual critical development, method complacency must be avoided.

## Field work - Data collection

Two main research instruments were used to collect and collate data from the field – Competing Value Framework (CVF) developed by Cameron and Quinn (2006) questionnaires and semi-structured interviews developed by the researcher. The purpose of the CVF questionnaires was to produce a comprehensive description of the prevailing/dominant culture and value in the researched organisation. The interview serves different purpose in the research process. It was used to obtain employees assumptions, values and other views on the influencing roles of OC on OP. The semi-structured interview guide were adopted from a previous research studies by the researcher and because they have shown a high degree of reliability and validity (Bryman, 2004). An important validity procedures used by the researcher, which is integral to case study design, was triangulation. Bromley (1986:14) defines triangulation as "using multiple investigators, multiple sources of data, or multiple methods to confirm the emerging findings". The methodological triangulation was employed, since there were two sources of data collection for this present study. The process of triangulation was used to seek convergence in the data (Creswell, 2009).

Another method of credibility employed, throughout the research process and write-up, was researcher reflexivity (Creswell, 2009). The researcher incorporated this, by constantly questioning his assumptions about what he thought was happening. He sought to maintain a heightened sense of awareness of the biases that he may have brought to the study and maintained this awareness when drafting notes, interview transcriptions and interpretations of findings. Since his perception of the research process played a major part in the findings of this study, it was important that he attended to the idea of subjectivity. Easterby-Smith *et al*., (2011:17), defines subjectivity as "the quality of the investigator that affects the results of observational investigation". Easterby-Smith *et al*., (2011) points out that an individual's subjectivity is not something that can be removed, and it is therefore something researchers need to be aware of throughout the research process. Bromley (1986:18) identified the various facets of his subjectivities through a series of I's, for example, the "*justice-seeking I*". Though Bromley does not view subjectivity as necessarily negative, he does feel it is something that researchers need to realise and acknowledge. It was important to examine my own subjectivities throughout the research process, so that I was aware of how these subjectivities could influence my interpretations and portrayal of events. As Creswell (2009:91) point out "the researcher's values, experiences, and personal points of view are as much a part of the research process as those of the people studied, and they should be discussed and acknowledged."

The research was a senior clinical leader in the researched organisation (worked as the Director of Clinical Informatics and Change Management), many of the subjectivities that he brought to this study included his past experiences as an healthcare administrator and senior clinician, he held the perception that it does not matter the nature or type of the OC, organisations are established to be successful and it is the role of leaders to ensure that 'it *must* happen'. He also thought that this perception at times clouded his view of the influence of OC on OP. In order to minimise the impact of his subjectivities, he closely monitored his perceptions as he carried out this research.

Questionnaire distribution techniques

An official letter approving the research was received from the Medical Research Centre of the healthcare organisation and a letter and participant information explaining the study and participant information was mailed to all employees. The questionnaire was designed as a web page and allocated on a host site on 'survey monkey'.

There are two advantages to this web page. First, the design can take advantage of all the usual web page features that people find attractive. Respondent can submit the completed questionnaire at one keystroke. Second, the responses can

be read automatically into a spreadsheet or database, which has the twin benefits of speed and accuracy in terms of data collection. The disadvantages of this approach are that it requires access to web hosting and it relies on people visiting the website. This later problem can be addressed by sending email to people telling them about the survey and including in the email a hypertext link to the website so that all the respondents need to do is double click on the link in order to go to the website and open the questionnaire. The web link to the questionnaires was mailed to all the employees through their hospital emails that were readily available on the hospital email group. A follow up letter was email to all employees to thank those who have submitted their questionnaire and to remind those that have not completes their questionnaire. Part **1** of the questionnaire collected demographic data, while Part **2**, **3** and **4** of the survey have utilised the instrument developed by Cameron and Quinn (2006).

Following short but concise instructions, the respondents had to go through the six elements of the Competing Value Framework (CVF) twice (dominant characteristics, organisational leadership, management of employees, organisational glue, strategic emphases, and criteria of success). Each of these questions had four alternatives and a total of **100 points (or percentage)** should be divided among alternatives **A**, **B**, **C**, and **D**. The CVF is constructed in a way that the respondent gives his or her answers to how they perceive the current situation as well as the preferred future situation by answering the same set of questions twice. These six items ask for responses based on the current OC. The ratings for each dimension are summed and the results determine the strength of each competing culture within the organisation. Additionally, the respondent is asked to complete the same six items based on how they desire their organisation to be five years in the future for maximum OP.

Cameron and Quinn (2006) claim that the CVF has been found to predict OP, which was of importance to this research. Asking organisational members to respond to culture assessment instruments with regards to what behaviours they believe are critical in achieving organisational goals as well as preferred future strategies, is what Ogbonna and Harris (2008), consider to be a way of facilitating the identification of behaviour desired and needed from all organisational members. This fits with the researcher's study, as it aims to identify the views of staff members in general about OC and OP, and to what degree does OC influence OP.

In the final part of the survey questionnaire, respondents had to choose eight values (in no particular order) from a list of **24**. This allowed the researcher to create a picture of which values are present in the organisation today versus those values that are considered important for the future. Any values currently present but less emphasises for the future could therefore be deemed less important for the organisation.

## The interview

Phenomenological approach shaped the interview phase of this research. Creswell (2009:57) described such approach as "the meaning for several individuals of their lived experiences of a concept or a phenomenon." He clarified it further and stated that "phenomenology is not only a description, but it is also seen as an interpretive process in which the researcher makes an interpretation of the meaning of the lived experiences." Furthermore, he pointed to the basic purpose of phenomenology as the reducing of individual experiences of a phenomenon to a description of the universal essence. This purpose met with the objectives of this study.

The interviews were conducted with a semi-structured interview guide. The typical interviews lasted around 40 minutes and were conducted in a private space. Interviewees varied between experienced and relatively new staff. Quotes gathered from the interviews have been used to give meaning and understanding of the influence of OC on OP. Twelve semi-structured interviews were conducted across a range of staff. Participants are representative of the organisational sphere, clinician and non-clinician. Though, the participants cannot be considered as being representative of the entire population of the researched organisation, which aligns with Stake (2000) views on the extrapolation of data to wider population using case study methodology. Case studies are not to be considered as generalisable to populations (Yin, 2009) but to theory.

## Semi-structured interview techniques

The semi-structured interview situation allows for a personal touch that permits greater depth than other methods of collecting data, some of which is sensitive. The primary advantages of this method are flexibility and an opportunity for follow-up questions (Lincoln & Guba, 2000). This method ensures coverage of all the salient points and dimensions. And, as it also provides an opportunity for free and open discussion, it allows for spontaneity by the participants as they share their experiences, knowledge, and beliefs about the interview topics, thereby ensuring both adequate data collection and focus on the factors and dimensions related to the study objectives.

The participants' confidentiality was maintained through the use of pseudonyms. For example, the first interviewee was given pseudonym **interviewee 1** to represent the interviewee. Interview content was determined through a literature review on OC and OP. The researcher allowed the interviewees to deliberate freely on each question by asking for perceptions, interpretations, and personal views in order to try and get an idea of how OC influences OP. Had closed questions been asked this could have limited the way interviewees were able to express their perceptions. The interviewees were from the same set of employees who have also completed the online questionnaire. Schein (2011) OC framework guided the analysis of the interview data.

## 4. ANALYSIS

The data gathered from the questionnaires were subjected to quantitative analysis. Only simple calculations were needed to get the average culture types for the organisation as well as to determine each value's relative importance. Microsoft Excel was used to create the tables that became the result of all the questionnaire data. The interviews from the qualitative part of the research were recorded and transcribed verbatim in order to facilitate analysis of the interview contents. Yin's (2009) suggestions was adopted in the analysis of the interview data. The analysis in this present study does not seek to make grand claims concerning the influence of OC on OP, rather it seeks to understand the dynamics and extent of the influence of OC on OP. The combination of multiple methods and sources of information in this present study is consistent with suggestions in the literature concerning use of multiple research techniques to enhance social science findings (Creswell, 2009).

The interviews transcripts resulted in over **100** pages of transcribed data. Data were organised into what Yin (2009) call a 'case study base'. This is based on a chronological order that could allow researcher to move through the data from the beginning to the end of the process. Special attention was paid to the artefacts, values, beliefs and assumptions undertones in the data and the ways in which OC influences OP. Data analysis was an ongoing process throughout the field work, analysis and written of this present study. Periodically the researcher composed analytic memos to begin to formulate ideas around particular findings. As the study progressed, the researcher looked for statements with common patterns within the data that had "*issue-relevant meaning*" (Creswell, 2009:154) or significance for the present study. As concepts/ideas within the data began to emerge, the researcher began to look for characteristics that connected these concepts. The analytical/conceptual framework used is composed of OC, OP, Artefacts, Values and Beliefs, and Assumptions.

A fortuitous meeting with a colleague who was currently using Interpretative Phenomenological Analysis (IPA) for his research, underlined how flexible the approach was for a complex area of study. Flexible in the sense that pre-ordained lists of participant's perception of what is important in relation to the issue under study may be explored and applied to the data (Creswell, 2009:68). Smith and Osborn (2003:53) describes IPA as "especially useful when one is concerned with complexity, process or novelty." The current study can be argued as a complex research to explore, hence IPA was chosen. The interview data were analysed with the aims of understanding how staff in the researched organisation managed to accomplish their everyday work and how it translate into the dominant culture and eventually influences the OP. This helped to illuminate insights into how and to what extent does OC influences OP. Silverman (2006:89) describes the aim of IPA "…is to explore in detail the processes through which participants make sense of their experiences, by looking at the participant's account of the processes they have been through…" IPA was therefore chosen because it imposed nothing else on the data analysis process, and thus addressed the concern identified. A distinctive feature of IPA is its commitment to a detailed interpretative account of the cases included and scholars are recognising that this can only realistically be done on a very small sample (Smith & Osborn, 2003).

## 5. DISCUSSION

Both questionnaire and interview techniques were used to examine the key research issues. The data were examined and analysed in order to understand OC influence on OP. Each type of data provided important information. Schein's (2011) Framework of OC was used as the primary basis for organising the analysis and describing the researched organisation, using CVF and semi-structured interview guide. The ultimate goal of this study was to identify 'how and to what extent does OC influence's OP'.

Discussion of the questionnaire and interviews outcomes

Cameron and Quinn (2006:23) argued the benefit of knowing the dominant culture in an organisation, they claimed "unless there is a way to assess and identify the culture dominant in an organisation, it is very difficult to identify the relevant needs of the organisational culture in order to improve effectiveness". Clan and Hierarchy were the two dominant OC in the researched organisation as determined by overall mean scores of **55%** and **35%** respectively, while Market and Hierarchy culture scores **7%** and **3%** respectively. Cameron and Quinn (2006) claimed that a result of **50%** and above in any of the cultural type is an indication of a strong culture. Deal and Kennedy (2002) asserted that the culture of an organisation is considered 'strong', when the greater part of the employees holds the same type of beliefs and values. Brewer and Venaik (2014) in their studies claimed that 'strong' culture is a force for performance improvement in the organisation. Scholars have also argued that 'strong' culture and values enables an organisation to achieve excellent performance (Alvesson, 2005). Deal and Kennedy (2002:15) stressed that "The impact of a strong culture on performance is amazing".

Precisely how a 'strong' culture and values leads to exceptional performance has not been explained comprehensively in the literature, however two explanations may be offered from this present study. Firstly, when all employees share the same values, they can agree not just on what goals to pursue but also on the means by which they should be achieved. As a result employee initiative, energy and enthusiasm are all co-ordinated. As a result, there are few problems of co-ordination and control, and communication is quick and effective. Thus OP may be likely and 'healthy'. Secondly, Alvesson (2005) claimed that organisation with 'strong' culture and values tend to incorporate practices which make working for them rewarding, leading to high levels of performance. It is therefore the assertion of the researcher that the strength of the dominant OC, the intensity of the core values and the commitment (widely shared) to the core values by the employee may translate into high performance.

The implications of these findings are that change effort aimed at 'strengthening' an OC without the ability to assess the 'strength' of the culture and values leaves the leaders without an adequate understanding of the means or the benefits to be expected. Secondly, knowing the cultural types and strengths of an organisation allows leaders to understand and manage the current organisational practices. These results reasonably suggest that the strength of the culture and values of any organisation goes a long way in explaining and perhaps determining its performance. On the basis of these findings, the researcher will support the notion that the strength of an OC and the strength of the dominant values present in the organisation may influence the performance of the organisation.

This finding has significant implications for discussions by hospital administrators. Hospital leaders should be aware of the cultural types and strength present in their organisation. In most healthcare organisations, attributes of several cultures are present, some of which may have opposing values and emphases (Mannion *et al*., 2009). Understanding which cultural types becomes dominant due to the emphasis placed on certain values to which employees are exposed, may help leaders start performance strategy initiatives that are consistent with their dominant culture. Brewer and Venaik, (2014) claimed that, failing to understand and manage the cultural type and the cultural strength can lead to much time being wasted on irrelevant activities and even to conflict between different levels in the organisation.

Another finding from this study is that, all employees maintained pragmatic cooperation that allowed them to accomplish task together, for the benefit of their service users. It is this cooperation that supports the ongoing dominant culture and value. Having deeply embedded shared values contribute to OP. Congruence of values can results in higher levels of OP. High levels of certain values, like cooperation, adaptability, has been argued to strengthened the dominant culture, invariably enhancing OP (Cameron & Quinn, 2006). This study suggests also suggest that the primary task is significant in the understanding of the influence of OC on OP. The interviewees had a very clear sense of their primary task. The researcher would argue that the understanding of the primary task and employee commitment to the primary task is central in understanding the influence of OC on OP. This relationship is likely to be strengthened when the primary task is meaningful to organisation members and when the interpretation of the primary task is widely shared by organisation members. Furthermore, organisational primary task may have an influence on the behaviour of the employee and this may play out on how the tasks are performed. Finally, findings from this study support the propositions that organisational practices (for examples, management support, norms, values, behaviour) have significant influences on the level of staff satisfaction, commitment and engagement with the custom and values of the organisation, which invariably might have influence the performance of the organisation.

Some caution is due in interpretation of these findings. First, the organisation in this study is a single healthcare organisation. The generalisability of the findings in this study to other organisations, such as education and other healthcare organisations, needs to be tested empirically. Second, the researched organisation was assessed using CVF and semi-structured interviews, and this appears only from an overall perspectives. However, the objective was not to seek

generalisability. Instead, the aim was to embrace all the richness and complexity of the influence of OC on OP. It is anticipated that the insights provided from this present study, will form the foundation for additional research into these important issues of organisational functioning.

**Research questions reviewed**

1. <u>What is the perceived current and preferred culture of the researched organisation by the employees of the researched healthcare organisation?</u> The researched healthcare organisation exhibited a Clan culture type as dominant in both the 'Current' and 'Preferred' situation. The highest scores indicate the culture that tends to be emphasised most in the organisation. The strength of the culture is determined by the number of points conceded to a specific culture type. In the 'Current situation', the Clan culture type exhibited by the organisation is 'strong', while in the 'Preferred situation' the Clan culture type is also considered 'strong'. This finding is in agreement with what existing studies have revealed about organisations that possess 'strong' cultures; they are associated with having homogeneity of effort, clear focus, and higher performance in environments where unity and common vision are required. The main findings here is that the strength of the OC types present in an organisation may have an explanation for the performance of that organisation.

   Cameron and Quinn (2006:64) claimed that "One reason it is useful to know your organisation's culture strength is because organisation success depends on the extent to which your organisation's culture matches the demands of the competitive environment". The relatively close alignment between the 'Current' and 'Preferred' culture signifies that the researched healthcare organisation is in a good situation for significant improvement now and in the future. Simsek (2009) asserted that a 'strong' culture is synonymous with consistency because the values and beliefs of the organisation are shared relatively consistently throughout the organisation.

2. <u>What is the perceived current and preferred organisational value of the researched organisation?</u> The researched organisation, interestingly, exhibited the same set of dominant values in the 'Current' and 'Preferred' situation (Adaptability, Cooperation, Humour and Creativity). It has often be assumed in the literature that the commitment of an organisation's employees to the same set of values will have positive effect on the OP. Alvesson (2005) asserted that a common values in organisation makes it easier to agree upon goals as well as appropriate means for attaining them. Schein (2011) corroborated Alvesson's claimed by affirming that a shared value in organisation encourages the employee to identify with the organisation and feel belongingness. These values were reflected in the staff testimonies wanting to provide exceptional and high quality care to their patients. This finding from the researched organisation suggests that OP may be influenced by the dominant values of organisation.

3. <u>In what way/s does OC influences OP in the researched healthcare organisation?</u> The findings from this present study suggest that the strength and congruence of the dominant culture present in an organisation and the strength and congruence of the shared values present in an organisation may contribute to the performance of the organisation. Therefore the commitment of organisation employees to the same set of values, beliefs and assumptions, employee engagement and satisfaction may have impact on the strength of OC and invariably may have a direct influence on the OP.
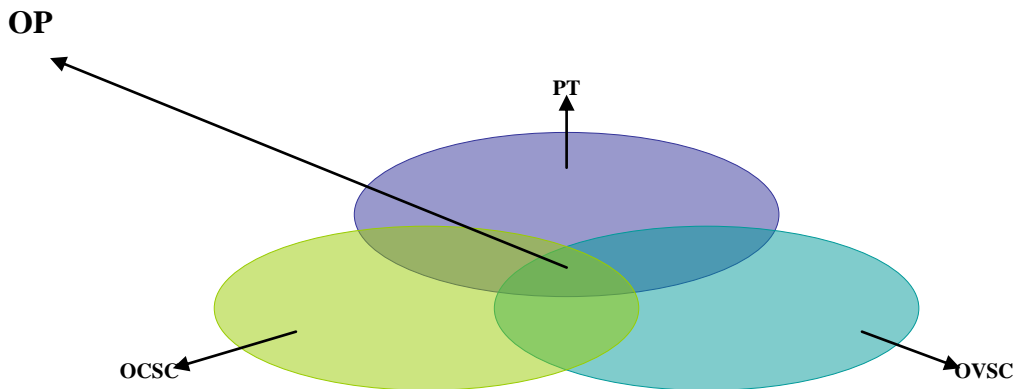
   OC supportive of organisational goals (organisational primary task) leads to high OP. Dooley and Van de Yen (1999:4) stressed that "to be successful, a company's culture needs to support the kind of business the organisation is in and its strategy for handling that business". This suggests that the primary tasks may have impact on the values that the employees displayed at work, which may have effect on the employees' activities, satisfaction and motivation, and invariably the organisation outcomes.

<u>Researcher's conceptual model of the influence of OC on OP.</u>
   The model stated below is the researcher's conceptual model of the influence that may exist between OC and OP, and it is not intended to be recognised as a universal model. The Primary Task (PT) – represents the nature of the organisational task being performed, Organisational Culture Strength and Congruence(OCSC) – represents the strength and congruence of the dominant culture present in the organisation, and Organisational Value Strength and Congruence (OVSC) – represents the dominant and widely shared values (including shared assumptions and beliefs) present in the organisation. The overlapped area – Organisational Performance (OP) – suggests the successes or failure of the organisation associated with the PT, OCSC and OVSC.

**Researcher's conceptual model of the influence of OC on OP**

**OP**



**OP**

This model points out two important considerations. First, the strength and congruence of an OC and the strength of the shared values present in the organisation are associated with OP. And secondly, a culture supportive of the organisational (primary) task leads to high performance. Cameron and Quinn (2006:71) asserted that "to be successful, a company's culture not only needs to support the kind of business the organisation is in and its strategy for handling that business but also its values."

**Limitations of research design**

Whilst the findings of this research provide insight and promising results that add to the existing understanding into the influence of OC on OP, there are four limitations to be acknowledged. First, not everyone who was invited to take part was able to do so. Second, the interviewee small sample size have implications for the generalising of findings, and accordingly the present study should be viewed as an exploratory one that lays ground for future research in this area. Third, it was also practically difficult for the researcher to conduct observations and review the organisational documents, in order to get a comprehensive examination of the researched organisation, due to the researcher's employment status in the organisation and ethical requirements. Fourth, this study was conducted in a 'single' healthcare organisation, so it cannot be accepted to represent realities in all healthcare organisations. Results might be different for healthcare organisations located in a different geographical area. The initial intention of the researcher was not to seek generalisability. Instead, the researcher sought to embrace all the richness and complexity of a real organisational setting to provide what Denzin and Lincoln (2000:359) refer to as "*vicarious experience*". Notwithstanding these limitations, the present study has illustrated that OP may be attributable to OC.

## 6. IMPLICATIONS

A better understanding of OC will allow healthcare managers to effectively and efficiently implement performance improvement measures. This present study would argue, that the model developed is relevant in the understanding of the influence of OC on OP in the healthcare settings at large. Second, the findings point to interplay between OC and OP, rather than a unidirectional causal relationship. OC can underpin practices which are successful in achieving the primary task. Equally, successful accomplishment of the primary task may promote the development of a particular kind of OC and reinforce particular practices/performances.

## 7. CONCLUSION

This study has both re-emphasises the complexity of the OC and OP concept and sought to establish and explain the influence of OC on OP. Using methods from both research paradigms enabled a greater understanding of OC and OP but more importantly of the underlying cultural values and assumptions. Thus, through the use of Case Study approach, the researcher has sought to contribute to the understanding of the influence of OC on OP in a healthcare organisation. The

researcher is cautiously suggesting that the model developed in the Figure above and the analysis of this study is a step in the right direction for understanding the influence of OC on OP.

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