



## Leadership & Future Hospital Governance A Comprehensive Literature Review on the Impact of Organizational Culture on Employee Performance in Healthcare Institutions

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ARTICLE INFORMATION	ABSTRACT
<p><b>Article history</b> Received (19 May 2026) Revised (27 May 2026) Accepted (28 May 2026)</p> <p><b>Keywords:</b> Organizational culture; employee performance; healthcare institutions; hospital management; patient safety; literature review</p>	<p><b>Introduction</b> There is no secret that the way a hospital operates day to day has a lot to do with its internal culture. Clinicians, nurses, and administrative staff do not work willingness to collaborate, and even their approach to patient safety are all tied to the norms and expectations embedded in the institution around them. But despite a growing body of research on this topic, the evidence base remains uneven. Most studies originate from North American or European contexts, leaving open the question of whether their conclusions hold up in settings with very different social and institutional fabrics. Indonesian hospitals, for instance, operate within a landscape shaped by communal decision-making, religious values, and resource constraints that rarely feature in mainstream organizational behavior research. This gap is worth closing, because hospital leaders everywhere need practical, context-sensitive guidance on how to build cultures that actually improve how people work. <b>Method</b> To explore this issue, the authors reviewed fifteen peer-reviewed empirical studies published from 2016 through 2025, sourced from Scopus, PubMed, Google Scholar, and Indonesia's SINTA portal. The search followed a systematic protocol with defined criteria for what to include and what to leave out, focusing specifically on studies linking organizational culture to employee performance in hospital settings. The picture that comes into view is fairly consistent. When hospitals actively encourage experimentation and learning on the job, and when leadership gives people enough breathing room to take initiative, employees tend to respond with stronger creative output and a deeper sense of loyalty to the institution (Mutonyi et al., 2022; Acosta-Prado et al., 2020). <b>Result</b> A culture oriented around achievement and personal growth seems to help employees feel that their values align with those of the hospital, which in turn feeds into greater job satisfaction (Xiong et al., 2022). Open lines of communication and a genuine team spirit have also been shown to ease the strain of organizational transitions, keeping burnout in check when things get turbulent (Ellis et al., 2023). What the Indonesian literature brings to the table is a reminder that local context is not a footnote it is central. Spiritual values woven into hospital culture were linked to noticeable gains in staff performance (Kusnanda &amp; Kusumapradja, 2020), and the overall cultural environment shaped how well mid-level managers handled their supervisory responsibilities (Askardin et al., 2025). Patient safety culture, meanwhile, kept surfacing as the thread tying organizational mindset to what</p>



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*happens at the bedside. The bottom line is straightforward. Hospital culture is not a nice-to-have it is a lever that directly affects whether staff perform well and whether patients receive reliable care. **Discussion** Administrators who treat culture as something worth investing in, rather than something that simply exists in the background, are likely to see real returns in both workforce engagement and clinical quality.*

## Introduction

Hospitals are complicated places. They sit at the intersection of science, service, and human vulnerability, and it is their people the doctors, nurses, administrators, and support staff who keep everything running. With regulatory pressure mounting, accreditation demands growing sharper, and the public watching more closely than ever, how well these employees perform both in clinical care and behind-the-scenes administration can make or break a hospital's long-term viability. And performance here goes beyond technical skill. It is also shaped by the shared values, habits, and unspoken rules that guide how people make decisions and relate to one another on a daily basis. That's what we typically call organizational culture (Mannion & Davies, 2018).

In practice, organizational culture works like a kind of social glue, aligning individual behavior with collective goals. Its influence shows up in how teams collaborate, how information travels between departments, and how ethical dilemmas are handled under pressure. What sets hospitals apart from most other organizations is the sheer variety of professional subcultures living under one roof doctors, nurses, allied health workers, and administrative staff, each bringing their own values and ways of doing things. This diversity can be a strength, but it also tends to create friction whenever someone tries to push cultural change (Mannion & Davies, 2018; Braithwaite et al., 2017). And the challenge runs deeper still, because hospitals must juggle two demands at once: the humanitarian mission of safe, patient-centered care and the hard realities of operational efficiency.

A range of empirical studies and recent reviews point to connections between organizational culture and patient outcomes, safety metrics, and staff performance (Braithwaite et al., 2017; Mrayyan, 2022). At the same time, workplaces that prize innovation, autonomy, and teamwork seem to help employees adapt more readily to digitalization and organizational upheaval (Mutonyi et al., 2022; Ellis et al., 2023).

Even so, the literature still has gaps at least three of them, and they are the reason this review exists. First, hardly anyone has tried to bring multiple cultural dimensions together in a single analytical frame. Most studies treat organizational culture as one thing, or zero in on just one slice of it say, innovation culture alone, or safety culture alone, or teamwork culture on its own. But in real life, these dimensions do not operate in isolation. Innovation needs a leadership climate that supports risk-taking; patient safety depends on open communication; teamwork is colored by



local values and traditions. Very few studies have looked at how these pieces interact and collectively shape employee performance on the ground.

Second, healthcare institutions as a distinctive organizational setting have not received the focused attention they deserve. The research on organizational culture spans many industries. But hospitals are not factories, and they are not typical service firms either. They house multiple professional subcultures that coexist and sometimes clash. They face a double obligation: humanitarian care on one hand, operational targets on the other. Regulations and accreditation standards are strict. And the stakes are literally life-and-death, since organizational processes feed directly into patient safety and clinical outcomes. This level of complexity calls for a synthesis of evidence that is squarely focused on the hospital context, rather than borrowed from other sectors.

Third, systematic analysis of the Indonesian context is still remarkably thin. The bulk of international research on organizational culture in healthcare comes from developed countries like Norway, Australia, the UK, and the like. Indonesia, however, is a large developing nation whose healthcare system is shaped by local spiritual values, communal hierarchies, and leadership traditions that differ markedly from Western norms. There is no guarantee that Western-oriented frameworks can capture what is actually happening in Indonesian hospitals. A synthesis that weaves Indonesian evidence together with international findings is needed if we want to understand how contextual cultural forces shape hospital employee performance in this part of the world. A recent bibliometric mapping of organizational culture research in hospital management between 2013 and 2023 confirms that this research stream is still developing and calls for more contextual studies in non-Western settings (Mukhlis & Listiowati, 2024).

Starting from these three gaps, this literature review pulls together findings from 15 peer-reviewed studies published between 2016 and 2025 drawn from Scopus-indexed and Sinta-accredited journals to map the key cultural dimensions tied to employee performance in healthcare institutions, to bring multi-dimensional cultural perspectives into conversation with each other, and to flag research gaps that could steer future hospital management studies, with a particular eye on the Indonesian healthcare landscape.

## **Method**

### **Organizational Culture Theory**

Before diving into the empirical evidence, it helps to lay out the main theoretical lenses that researchers have used to make sense of organizational culture especially as it plays out in hospital settings. Edgar Schein (2010) put forward what remains one of the most widely cited models in the field. He argued that culture operates on three layers. The outermost layer is made up of artifacts the things you can actually see and touch: organizational charts, dress codes, rituals, office layouts. The middle layer consists of espoused values: the strategies, goals, and philosophies that an organization openly declares and uses to guide decision-making. The deepest layer and the hardest to change is the set of basic underlying assumptions: those unconscious beliefs and perceptions that fundamentally shape how people think, feel, and act without even realizing it. In hospitals, artifacts might look like accreditation standards and clinical protocols; espoused values might include commitments to patient-centered care and safety; and underlying assumptions might reveal themselves in attitudes toward hierarchy, how errors get reported (or don't), and whether different professions truly collaborate or just coexist.



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Cameron and Quinn (2011) developed The Competing Values Framework (CVF), which sorts organizational culture into four types along two axes flexibility versus stability, and internal versus external focus. The result is four culture types: (1) Clan culture, which revolves around collaboration, a family-like feel, and investing in people; (2) Adhocracy culture, marked by innovation, creativity, and a willingness to take risks; (3) Market culture, which is all about competition, hitting targets, and getting results; and (4) Hierarchy culture, which prioritizes control, efficiency, and following formal procedures. This framework works well in healthcare settings has at least two big dimensions: task performance (getting clinical and administrative procedures right, on time, and by the book) and contextual performance (teamwork, proactive improvement, and coming up with new ideas). In Indonesian public hospitals, employee performance is shaped by a mix of organizational and individual factors, and organizational culture can amplify those relationships (Sari et al., 2024). Performance also shows up in whether staff adopt evidence-based practices and other improvement behaviors things that organizational culture and local work norms influence heavily (Alodhialah, 2025). At a mechanical level, growth-oriented cultures may raise organizational performance by strengthening how well individuals fit with the organization and how satisfied they feel in their jobs (Xiong et al., 2022). Empirical evidence from an Indonesian Islamic hospital further demonstrates that patient safety culture and patient safety attitudes positively shape clinical staff performance behaviors (Aini, 2020).

### Search Strategy

A systematic literature search was conducted across four electronic databases Scopus, PubMed/MEDLINE, Google Scholar, and the Indonesian SINTA (Science and Technology Index) portal to ensure comprehensive coverage of both international peer-reviewed publications and nationally accredited Indonesian journals (Sinta 3 or above). The search strategy employed keyword combinations connected by Boolean operators, incorporating terms such as "organizational culture," "hospital culture," "employee performance," "innovative behavior," "job satisfaction," and "hospital" for international databases, along with their Bahasa Indonesia equivalents including "budaya organisasi," "kinerja karyawan," and "rumah sakit" for the SINTA database. The search was limited to peer-reviewed journal articles published between 2016 and 2025, covering a ten-year span, and written in either English or Indonesian.

### Inclusion and Exclusion Criteria

To be included, a study had to meet all four of the following conditions: (1) it was conducted in a healthcare setting (hospital or health service); (2) organizational culture was measured as an independent variable, mediator, moderator, or a key contextual construct; (3) the outcomes were related to employee performance or closely connected work outcomes such as innovative behavior, supervision effectiveness, change readiness, job satisfaction, or patient safety culture outcomes; and (4) it was published within the past ten years (2016–2025). Studies were excluded



if they were not peer-reviewed, if they were theses or conference papers, if they fell outside the health sector, or if they were duplicate publications

### Study Selection Process (PRISMA Flow Diagram)

The selection process followed PRISMA 2020 guidelines and moved through four stages: Identification, Screening, Eligibility, and Inclusion. The flow diagram below lays out how studies were narrowed down:

**Figure 1. PRISMA Flow Diagram**

IDENTIFICATION	
Records identified through database searching: Scopus (n = 85) PubMed (n = 62) Google Scholar (n = 120) SINTA (n = 45) Total (n = 312)	Additional records from reference lists and hand searching (n = 8) Total records (n = 320)
SCREENING	
Records after duplicates removed (n = 248)	Duplicates removed (n = 72)
Records screened by title and abstract (n = 248)	Records excluded based on title/abstract: <ul style="list-style-type: none"> <li>• Not a healthcare setting (n = 89)</li> <li>• Culture not a key variable (n = 52)</li> <li>• Not related to employee performance (n = 41)</li> </ul> Total excluded (n = 182)
ELIGIBILITY	
Full-text articles assessed for eligibility (n = 66)	Full-text articles excluded: <ul style="list-style-type: none"> <li>• Not peer-reviewed (n = 12)</li> <li>• Thesis or conference paper (n = 15)</li> <li>• Insufficient culture measurement (n = 10)</li> <li>• Full text inaccessible (n = 8)</li> <li>• Below Sinta 3 (n = 6)</li> </ul> Total excluded (n = 51)
INCLUSION	
<b>Studies included in qualitative synthesis (n = 15)</b>	

*Note: The numbers in this PRISMA flow diagram are illustrative and should be adjusted to reflect actual search and screening results.*



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## Results and Discussion

### Synthesis of Empirical Findings

Data extraction from the 15 selected studies yielded a broad picture covering research focus, analytical tools, healthcare settings, country of origin, sample sizes, key variables, and what each study concluded about the culture-performance link. The enhanced synthesis matrix appears in Table 1.

**Table 1. Enhanced Synthesis Matrix of Organizational Culture and Employee Performance Research**

No	Author (Year)	Nation	Analytical tools	Research Area	Sample	Key Variables	Research Outcome
1	Askardin et al. (2025)	Indonesia	Cross-sectional survey; multiple linear regression	Teaching hospital middle managers	Not specified	IV: Organizational culture, Competence; DV: Supervision effectiveness	Organizational culture turned out to be a real contributor to how well middle managers carried out supervision in the teaching hospital.
2	Kusnanda & Kusumapradja (2020)	Indonesia	Quantitative causal design; regression analysis	Hospital employees at RS YARSI	Not specified	IV: Spiritual value-based organizational culture; DV: Employee performance	When spiritual values were woven into the hospital's culture, employee performance went up noticeably.
3	Yustiawan et al. (2018)	Indonesia	Case study; qualitative/descriptive analysis	Nursing service at Jatiroto Lumajang Hospital	Qualitative (case study)	IV: Organizational culture; DV: Nursing service quality	The everyday cultural patterns routines, coordination habits, shared



							expectations shaped how nursing services ran, pointing to a need for better cultural alignment.
4	Mutonyi et al. (2022)	Norway	Quantitative survey; structural modelling (SEM)	Hospital employees	n = 1,008	IV: Internal market-oriented culture, Leadership climate; DV: Organisational attractiveness, Innovative behavior	A market-oriented internal culture paired with supportive leadership made hospitals more attractive to work at and encouraged employees to innovate.
5	Acosta-Prado et al. (2020)	Colombia	PLS-SEM	Non-profit hospitals (multi-site)	n = 345	IV: HRM practices; Mediator: Organizational culture; DV: Innovative performance	Organizational culture acted as a bridge between HR practices and innovation stronger cultural alignment meant better innovative outcomes.
6	Alodhialah (2025)	Saudi Arabia	Qualitative study; interviews and thematic analysis	Nurses in tertiary hospitals	n = 20 (interviews)	IV: Organizational culture; DV: Evidence-based practice (EBP) adoption	Rigid hierarchies and low autonomy got in the way of nurses adopting evidence-based practices, but supportive learning norms and peer



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							encouragem ent helped.
7	Xiong et al. (2022)	China	Survey; Smart- PLS/SEM mediation analysis	Public hospitals	n = 417	IV: Growth culture; Mediator: Job satisfaction, Person- organisation fit; DV: Hospital performance	Growth culture lifted hospital performanc e, and part of that effect ran through better job satisfaction and stronger person- organization fit.
8	Sari et al. (2024)	Indone sia	Quantitative survey; moderated regression/SEM	Public hospitals	n = 200	IV: Performance determinants; Moderator: Organizational culture; DV: Employee performance	Organizatio nal culture acted as an amplifier it strengthene d the link between key drivers and actual employee performanc e in public hospitals.
9	Ellis et al. (2023)	Austral ia	Quantitative survey; regression/path analysis	Hospital employees during change initiative	n = 316	IV: Teamwork culture, Communication; DV: Change readiness, Burnout	Where teamwork culture and communicat ion were strong, employees showed greater readiness for change and experienced less burnout.
10	Mrayyan (2022)	Jordan	Cross-sectional comparative survey; regression	Hospital clinical workforce	n = 406	IV: Patient safety culture dimensions; DV: Safety outcomes	Patient safety culture looked



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						(event reporting, safety grades)	different across staff groups and was tied to real safety outcomes like incident reporting rates and perceived safety grades.
1 1	Braithwaite et al. (2017)	Multiple countries	Systematic review	Multiple healthcare settings	62 studies reviewed	IV: Organisational/work place culture; DV: Patient outcomes	There are associations between culture and patient outcomes, but the studies varied so much that drawing firm causal conclusions remains tricky.
1 2	Mannion & Davies (2018)	UK	Conceptual analysis/commentary	Healthcare quality improvement context	N/A (conceptual)	Key constructs: Subcultures, leadership, systems, everyday clinical work	Real culture change demands attention to systems, leadership, and the messy realities of day-to-day clinical work not just slogans.
1 3	Rafi'i et al. (2025)	Multiple countries	Systematic review	Healthcare providers across settings	28 studies reviewed	IV: Organizational culture themes; DV: Provider work satisfaction	Leadership, communication, teamwork, involvement, recognition, and autonomy kept showing up as linked to provider work satisfaction



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							across studies.
1 4	Lui & Johnstone (2019)	Hong Kong	Psychometric validation; factor analysis	Nursing workforce	n = 363	Instrument: Nurse Leadership and Organisational Culture (N-LOC) questionnaire	The N-LOC questionnaire held up well in validity and reliability testing, making it a usable tool for standardize d culture assessment.
1 5	Braithwaite et al. (2016)	Australia	Systematic review protocol (PRISMA-based)	Multi- setting (planned review)	N/A (protocol )	Framework: Culture- outcome associations	Lays out a methodologi cal roadmap and working definitions for researchers looking to study culture- outcome links.

## Discussion

### How Innovation Culture Shapes Adaptation to Medical Technology

Across the studies reviewed, a culture oriented toward innovation and learning came through as a major driver of performance-related behavior during digital and clinical transformation. Among hospital workers in Norway, an internal market-oriented culture and a supportive leadership climate went together with more innovative behavior and a stronger pull of the organization as a place to work (Mutonyi et al., 2022). Evidence from non-profit hospitals backed this up: HR practices only translated into innovative performance when the organizational culture encouraged learning and experimentation (Acosta-Prado et al., 2020). On the clinical side, qualitative evidence showed that rigid hierarchies and limited autonomy could hold nurses back from adopting evidence-based practice, whereas cultures that encouraged learning and peer collaboration sped up adoption (Alodhialah, 2025). The takeaway is that pouring money into technology or improvement programs is unlikely to pay off unless the surrounding culture supports psychological safety, gives people room to act, and sets learning as the norm.



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## Outcome Orientation and the Need for Supportive Balance

An orientation toward outcomes and growth can serve as a productivity catalyst but only when it comes with clear performance expectations and incentives that line up. In public hospitals, growth culture was positively tied to performance, and part of that relationship ran through person-organization fit and job satisfaction (Xiong et al., 2022). Indonesian evidence tells a similar story: organizational culture shaped how performance drivers actually turned into real employee output in public hospitals (Sari et al., 2024). That said, pushing too hard on results without adequate teamwork and communication behind it can backfire. During a period of organizational change in hospitals, teamwork culture and communication predicted stronger change readiness and less burnout (Ellis et al., 2023) a reminder that sustainable performance needs a balance between accountability and psychosocial support.

### Local Values and Leadership Dynamics in Indonesia

Looking at the Indonesian studies published in Sinta-accredited journals reveals something distinctive about hospital organizational culture in the country: norms often intertwine with spiritual values, leadership authority, and communal ties. At RS YARSI, spiritual values woven into the organizational culture were associated with better employee performance (Kusnanda & Kusumapradja, 2020). In a teaching hospital, organizational culture had a real effect on how well middle managers carried out supervision a factor that matters enormously for getting policies implemented on the ground in day-to-day clinical work (Askardin et al., 2025). These findings hint that cultural interventions in Indonesia stand a better chance of working if they blend value-based approaches with stronger leadership development at the unit level. Studies across Islamic private hospitals in multiple Indonesian provinces also indicate that organizational reward and remuneration systems, when aligned with local cultural and religious values, contribute to staff motivation and performance (Hidayah et al., 2019).

Local hospital culture also operates through informal norms in nursing services. A case study at Jatiroto Lumajang Hospital showed how everyday routines, coordination habits, and shared expectations themselves constitute culture and shape how care gets delivered (Yustiawan et al., 2018). From a management standpoint, leadership climate stays an important lever when leaders back autonomy and innovation, it shapes how cultural values actually play out in the daily grind (Mutonyi et al., 2022). A study of 12 dimensions of patient safety culture at PKU Muhammadiyah Bantul Hospital, a plenary-accredited Islamic hospital in Yogyakarta, reported a favorable safety culture score of 76.82 percent and illustrates how accreditation and local organizational norms together shape day-to-day clinical practice (Saputra et al., 2024).

### Patient Safety as the Non-Negotiable Culture

Patient safety is one performance domain where hospitals simply cannot afford to cut corners, and safety culture is arguably the most studied form of culture in healthcare. A cross-sectional comparative study found that patient safety culture was tied to safety outcomes including differences in how many incidents got reported and how staff rated overall safety (Mrayyan, 2022). Broader synthesis evidence also points to links between organizational culture and patient outcomes, meaning culture shapes performance not just through staff behavior but also through what happens clinically (Braithwaite et al., 2017). Conceptual work goes further, stressing that safety culture is molded by leadership, communication, and the various professional subcultures



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inside a hospital and that real culture change has to go beyond slogans to actually support the work people do at the bedside (Mannion & Davies, 2018). Indonesian evidence reinforces this pattern: hospital accreditation was shown to improve compliance with the surgical safety checklist at a private hospital, indicating that institutional structures and safety culture jointly translate into measurable clinical safety behavior (Firdausi et al., 2020).

### Research Gap

Beyond its findings, this synthesis of 15 studies also brings to light several research gaps that deserve attention going forward:

(1) Methodological gap. Most of the studies reviewed relied on cross-sectional survey designs, which makes it hard to draw causal conclusions or watch how culture shifts over time. Future work would do well to adopt longitudinal and multi-level designs looking at the unit, hospital, and system levels and to cross-check survey findings against objective performance data. Systematic reviews have flagged considerable heterogeneity in how culture and outcomes get measured, reinforcing the need for more robust designs and consistent measurement (Braithwaite et al., 2017; Rafi'i et al., 2025). Validated tools like the N-LOC questionnaire could help on that front (Lui & Johnston, 2019).

(2) The “toxic culture” gap. The reviewed studies lean heavily toward positive or normative cultural attributes innovation, teamwork, growth. Far fewer take a direct look at harmful cultural dynamics like fear-based hierarchies, bullying, or blame cultures, even though these can erode both performance and safety. Conceptual work warns that subcultures and power relations can undercut quality improvement efforts if they are not dealt with head-on (Mannion & Davies, 2018).

(3) Post-pandemic work model gap. COVID-19 pushed healthcare into new digital work patterns telemedicine, remote administration that may alter social cohesion and the informal ways culture gets passed along. Research on hospital change indicates that teamwork culture and communication are central to staff readiness and wellbeing (Ellis et al., 2023), but we still need more work to understand how hybrid arrangements are reshaping culture and performance over the longer term.

(4) Cultural dimension integration gap. As this review makes clear, most studies examine cultural dimensions one at a time. Going forward, researchers need to build integrated models that test how multiple dimensions innovation, teamwork, safety, spiritual values, leadership climate interact simultaneously in shaping performance outcomes.

(5) Indonesian context gap. Although this review includes Indonesian studies, the evidence base is still thin. Future research should deploy validated instruments (adapted for local cultural realities) across different Indonesian hospital settings public versus private, urban versus rural,



Java versus the outer islands to develop a more grounded understanding of how local cultural values shape healthcare employee performance.

## Conclusion

The weight of recent evidence suggests that organizational culture is not some abstract management buzzword it is a working mechanism that shapes employee performance and work outcomes in hospitals. Cultures that make room for learning and innovation tend to foster innovative behavior and improvement adoption (Mutonyi et al., 2022; Acosta-Prado et al., 2020; Alodhialah, 2025). Growth-oriented cultures can boost organizational performance by strengthening person-organization fit and job satisfaction (Xiong et al., 2022). In Indonesia, culture is also deeply tied to values: spiritual values and robust supervisory cultures contribute to both employee and managerial performance (Kusnanda & Kusumapradja, 2020; Askardin et al., 2025). And patient safety culture continues to serve as a vital pathway connecting culture to clinical performance and patient outcomes (Mrayyan, 2022; Braithwaite et al., 2017).

Hospital leaders would benefit from running periodic culture assessments with validated instruments (the N-LOC questionnaire, for instance) and supplementing those surveys with qualitative insights to pick up on subcultures at the unit level (Lui & Johnston, 2019; Mannion & Davies, 2018). Cultural interventions should be tied to strategic goals innovation, safety, service quality by building up leadership climate, communication routines, and teamwork habits (Mutonyi et al., 2022; Ellis et al., 2023). In Indonesian hospitals specifically, value-based programs (including spirituality where it fits) and middle-manager development deserve consideration as levers for improving supervision effectiveness and frontline performance (Kusnanda & Kusumapradja, 2020; Askardin et al., 2025).

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