

# **Organizational Sub-Culture Types and Their Effects on Unit-Level Performance “Work Unit Study in Hospital Context”**



*Thesis Submitted to Superior College, Lahore.*

*In Partial fulfillment of the requirement for the Degree of*

*“Master of Philosophy in Business Administration”*

*By:*

*Aasim Saleem*

*MSBA-S16-014*

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- b. I am satisfied with quality of the student's research work, and
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*“Dedicated to my beloved  
parents & family”*

*For their love, endless  
support, encouragement  
& sacrifices”.*

*I am also grateful to my Supervisor, Dr.  
Basharat Naeem, who add value for my  
education and intelligent development”.*

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## **List of Abbreviations used in this Study**

<b>Organization</b>	<b>ORG</b>
<b>Organizational</b>	<b>ORGZAL</b>
<b>Organizational Culture</b>	<b>ORGZAL CUL</b>
<b>Culture</b>	<b>CUL</b>
<b>Clan</b>	<b>CLAN</b>
<b>Adhocracy</b>	<b>ADHC</b>
<b>Market</b>	<b>MKT</b>
<b>Hierarchy</b>	<b>HIERCY</b>
<b>Hospital</b>	<b>HOSPL</b>
<b>Sub-Culture</b>	<b>SUB-CUL</b>
<b>Public</b>	<b>PUBL</b>
<b>Private</b>	<b>PRIV</b>
<b>Non-Governmental Organization</b>	<b>NGO</b>

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## **Abstracts**

### **Purpose:**

Lack of effective organizational culture and poor cultural integration in the corporate group affect organizational performance and decrease shareholders return. The idea for writing this piece of study is to analyze the overall impact of organizational sub-culture directly or indirectly on unit-level performance. The purpose of this research was to explore successful strategies that one corporate group used to establish an effective organizational sub-culture to improve group performance.

### **Design/Methodology/Approach:**

This study took place in 3 public hospitals and 04 private hospitals, randomly selected in city of Lahore. This is survey based research study. We apply the Competing Value Framework (CVF) culture model served as the conceptual framework for this research. This research based on Double Source Data. A purposive/convenience sample of 50 Heads of Departments and sample of 157 Physicians from a Private and Public Health-care institutes in Lahore participated through structured questionnaire to gauge the Unit-level Performance/group service performance.

### **Findings:**

The CVF model was used in this study as this model used as a yardstick for exploring the Organizational Culture, it is most appropriate model to gauge Organizational Culture in service sector. Organizational Sub-Culture types has strong effect on unit-level service performance except the Market Culture. This study also reveals that there is a significance difference between Organizational Sub-Culture types of Public and Private sector Hospitals.

**Practical Implications:**

Developing a culture, which fosters group performance, is a prerequisite when trying to achieve maximum patient satisfaction. It is a prerequisite, however, that organizational representatives hold a clear view of subcultures inherent in the main culture, in order to effectively manage employees and achieve long-term organizational survival and success.

**Originality/Value:**

This study will contribute to fill the gap in the area of organizational culture, sub-culture and group performance in Lahore's Public and Private hospitals.

**Key Words:**

Organizational Culture, Sub-Culture, Unit Level Performance, Group Performance, Hospitals, Public, Private.

**Type:**

This is a thesis, requirement to get the degree of M.Phil.

## **Introduction**

Organizational Culture (ORGZAL CUL) is very emerging topic for researcher, as over and above 4,600 different studies are available to investigate about ORGZAL CUL since 1980. According to the (Ostroff, Kinicki et al. 2003) the motivational point for these investigations is the assessment that ORGZAL CUL is a basic social trademark that influences the conduct of the entire Organization (ORG), group within the organization and individual. In spite of the fact, literature has a series of implications and undertones relate ORGZAL CUL. ORGZAL CUL that demonstrates such regularly explained features. ORGZAL CUL can also be described as "the arrangement of shared, underestimated understood presumptions that a group holds and that decides how it assumes, deliberates and responds to its different setting" (Schein 1996). According to the theory of researchers ORGZAL CUL as being shared among individuals (Glisson and James 2002), exist at different stages e.g., groups along with different stages of ORGZAL (Detert, Schroeder et al. 2000), affecting workers' attitude and conduct (Smircich 1983), and comprising of shared "values", "beliefs", and "assumptions" (Schein 2006).

The definition of Schein's (1996) about the CUL of the organization needs more explanation with respect to its levels of investigation. CUL is the science of collectivism or CUL is the name of "shared", so CUL is the characteristic of the department unit (Glisson and James 2002, Ostroff, Kinicki et al. 2003), that is extensively hypothesized to incorporate departmental groups, members, and overall within the ORG in general (Schein 2006). According to this theory, CUL is properly estimated with the sense of general opinion (Chan 1998). This is unexpected common behavior of the CUL as it has similar essence and significance at the work unit level or at department level e.g. SUB-CUL within the ORG and also at ORGZAL levels (Ostroff, Kinicki et al. 2003). That is, respondents survey the values, beliefs, standards, and assumptions that influence individuals from a work group. ORGZAL CUL scholars likewise have presumed that CUL is compositional (Kozlowski and Klein 2000, Glisson and James 2002).

In spite of the fact that this hypothesis remains an observational question, ORGZAL CULs and SUB-CULS are hypothetically isomorphic in light of the fact both of them influence

conduct through shared, social controlling indicators (O'Reilly, Chatman et al. 1991). Because of the hypothetical similarity and meaning as a group level concept (Schein 1996, Schein 2006), we equally mention to the both levels of CUL as ORGZAL CUL. Now this study will concisely evaluate ORGZAL CUL's background.

Various literature illustrate that ORGZAL CUL demonstration from anthropological (Geertz 1973), sociological (Durkheim 1976), Early work, be that as it may, gave little consideration regarding observationally examining the connection between ORGZAL CUL and ORGZAL efficiency. Rather, scholars were worried about creating ORGZAL CUL's hypothetical limits. Therefore, a lot of CUL's hypothetical improvement was gotten from solo ORG subjective investigations.

One noticeable point of view that rose up out of ORGZAL CUL's calculated advancement (Wilderom, Ashkanasy et al. 2000) vis inquire about on CUL categories. ORGZAL efficiency measures by CUL relationship and CULs content from this research (Kimberly and Quinn 1984, Denison and Mishra 1995) Subsequently, it tends to the declaration that ORGZAL CUL is an important element of ORGZAL value (Wilkins and Ouchi 1983, Heskett and Kotter 1992, Denison and Mishra 1995) and can be a cause of viable economical advantage (Barney 1986). Despite the fact that the nature of CUL produced much pragmatic research, the CUL effectiveness connection stays unclear. Qualitative criticisms, for instance, recommend that there is an absence of hypothetical advancement and exact help to lend confidence to the recommendation that ORGZAL CUL is related with ORGZAL efficiency (Wilderom, Ashkanasy et al. 2000, Ostroff, Kinicki et al. 2003).

According to (Walker 2009), The impacts of worldwide integration, advancements in knowledge and connective innovations, and verity of items and services with reference to the expectations of clients are the main components in this world of new economy.

Each ORG try to adopt different procedures either stable or not, during the war of competition ORGs try to take edge, and in the war of competition every item/market of services, several ORGs are effective keeping realizing struggle of competition similarly, others are not act like this. Competitive struggle reflected in healthier monetary performance thought about than rivals are. In this way, a standout amongst the significant in the domain of strategic management is the reason a few firms in a similar industry have

efficiently performed superior to others described by, (Teece, Pisano et al. 1990, Crook, Bratton et al. 2006). In corporate world, it is assumed as a rule, that a well-organized strategy brings the ORG achievement. This thought drove numerous associations to copy the techniques of successful ORGs. In any case, time, innovation, MKT and rivalry rules are evolving. So along these things, the strategy of the company must proceed to encounter them (Walker 2009), the change after this must be never ending (Fleisher and Bensoussan 2003).

Consequently, it has just developed that; to mimic competitions' procedures/strategies is not the best way to contend and to get competitive advantage. As per (Porter 1996) point of view, the strategy of the ORG depends on one of a unique actions. To achieve success level of business against their competitors, each ORG needs to choose distinctive activities and ought to give a one of an exceptional worth. The supportability of this advantage against their competitors relies upon acquiring the financial boost which was made by according to the abilities of the competitors (Fleisher and Bensoussan 2003).

The health-care business has been making over the span of the latest 20 years from a "cottage" industry, free from traditional laws of free MKT action, into a destructive and MKT complex (Newman 1991). Health-care suppliers across the world are along these lines confronting a few difficulties, for example, expanded rivalry for survival, ways to find methods of cost effectiveness, demands driven by buyer inclinations and broad open investigation (Rider and Perrin 2002, Frings and Grant 2005). Under this situation, the capability of the health-care provider to attend their customers is very serious as this supports and confirm patient retention and in turn maximization of ORGZAL success and business (Grönroos 1990, Narver and Slater 1990, Deshpandé, Farley et al. 1993).

Thus, HOSPLs throughout the globe introduced a few change activities, counting merchandise offering administration, cost book keeping frameworks, add up the new ways of quality, business cycle re-building and patient oriented care (Huq and Martin 2001). Now the question is that, what elements be able to really enhance the practice of medical care perceived by its patients is not updating or rebuilding inward procedures and techniques yet molding the behavior of workers at front-line legitimately (Johnson and Omachonu 1995). In view of (Darby and Daniel 1999):

“Customer services staff remain responsible for transmission of good services to their customers according to their need and expectations and hence they cannot be disengaged from the purpose of delivery of the absolute services”.

Accordingly, health-care units that want to attempt the needs of its patients services of expanded excellence in term of budget effectiveness, there is a requirement to frame workers' ethics, needs, required attitudes and practices. Change in the CUL already prevailing in the ORG may be beneficial in the direction of right way. ORGZAL CUL states to the more profound level of contemporary norms and beliefs that are shared by ORGZAL individuals, which, working unwittingly, define a typical general perspective of the association and its setting (Schein 1996). A few specialists (Pettigrew, Ferlie et al. 1992, Louise 1996, Davies, Nutley et al. 2000) have thus identified ORGZAL CUL as an imperative component of effective ORGZAL activities, including expanding nature of facilities (Franko et al., 2002; Peccei and Rosenthal, 2000; Wilkins and Dyer, 1988).

Reforms in Health-care systems have a tendency and focus on ORGZAL and structural change. The Prime Minister's National Health Programme in Pakistan (Ministry 2017), The outline of accomplished care in the America (Miller and Luft 1997), are the models of this attitude. In any case, recent investigations demonstrate that without advancement in quality and performance in HOSPL care through structural changes. (Le Grand, Mays et al. 1998). For providing change in quality and performance, we should keep in mind structural change and cultural transformation. America has keep in mind in any call (Briere 2001).

Organization CUL in health-care environment has been appealing and trying to get attention of researchers from all over the world. In any case, since nationwide fitness frameworks are highly exceptional, the main point of this research is to fundamentally perceive the working CUL in Lahore HOSPLs, as knowledgeable by their workers.

Another purpose of this research is that measure the influencing SUB-CULs in whole HOSPLCUL. As far as anyone is concerned, except for (Brooks and Brown 2002), scholars looking at ORGZAL CUL inside health care unit have a tendency to accept that relevant opinion are common to every single within the ORG. Anyhow, CUL as same between all workers is over oversimplified (Hofstede 1998, Detert, Schroeder et al. 2000, Palthe and

Ernst Kossek 2003, Brunetto and Farr-Wharton 2006). Thus, this study expects to disclose SUB-CULs inside Lahore health-care centers, in light of some doctor's characteristics, for example, gender, Age, foundation years of this department, tenure as department head of this HOSPL, job experience, and job position etc.

It is very easy to say that each ORG has its own CUL as HOSPL has its own. Also, all ORG, individuals influence a HOSPL to work and its CULs bonds workers together, giving importance and reason to their everyday exercises and lives (Arnold, Capella et al. 1987). The need to analyze and oversee company CUL is developing in significance, incompletely in light of an expanding necessity to join and shape distinctive corporate CULs as mechanical variations have happened, for example, union, PRIV enterprise, and merger of HOSPLs (Cameron and Quinn 2011).

Due to these motives, this study assumes to reveals the SUB-CUL of the ORG, in PUBL and PRIV sector HOSPLs of Lahore, Pakistan. This study also reveals the existing SUB-CUL of PUBL and PRIV HOSPLs and asses comparison between them. The purpose of this study to gauge the factors influence the level of performance within the department. In these circumstances, ORGZAL SUB-CUL idea disclosed by the literature. At that moment, hypotheses established regarding impacts of existing levels of health establishments inside the structure of these ideas on performance of the department.

## **Health-care Provision in Pakistan**

The health-care industry in Pakistan, and additionally in different countries of South Asia, is threatening by expanding patient admission and discharge and lessening the amount of patients' beds in PUBL HOSPLs. The technique achieved this, up until now, to create normal functional techniques, as opposed to execute customer care structure, this is by all accounts the simplest method to take care of an expanding demand (Street and Blackford 2001, Scott, Mannion et al. 2003). Analysis, practices, procedures and old-fashioned hierarchical structure are the beginning stage for institutionalizing handling, presentation and interval of stay. One way to deal with deliver this trouble is to display new inspiring thought models as elective choices to old fashion clinical practices and firm. The inspiration driving such care models is achieve a craving of better supportive illness administration as a central objective of care and treatment (Palmquist and Lindell 2000). Anyhow, change in HOSPL SUB-CUL has conflict in management by innovative models (Oates, Weston et al. 2000, Coyle and Williams 2001).

Health-care of Pakistan under controlled mostly in the PRIV division, which share the load of more than 80% of all outpatient calls (Ahmad 2018). In recent years the PUBL health-care sector run by Federal Ministry of Health, but in the response of 18<sup>th</sup> Amendment of Constitution of Pakistan, all health related matters (includes planning and fund distribution) were health department of provincials of Pakistan. Now the provincial health departments had all the responsibilities of PUBL sector. Same like other 3<sup>rd</sup> world countries, the health-care framework is acceptable in urban areas, however is very unsatisfactory in rural regions.

The structure of health-care segment of Pakistan incorporates both national and private, NPOs and revenue-based arrangements. Health-care institutions covered by provincial and localized district health divisions, parastatal associations, companies under social security ordinance, NGOs and monetary division of private sector and give benefits for the most part through vertically oversaw infection particular mechanism. The nation's health sector is additionally set apart by differences in between urban and rural setting and an

awkwardness of employees in the health division, with inadequate health administrators, nurses, paramedics and talented midwife staff in the peripheral regions (WHO).

Pakistan per capita income is Rs. 162,230/- (\$ 1641) based on provisional figures of Population census 2017 held in March, 2017 (Bank 2016) and the total expenditure on health per capita (intl \$, 2014) is 129 which is only 2.6% of GDP (WHO).

To accomplish universal health coverage, a National Health Program has been started under the direction of the Prime Minister by Ministry of National Health Services, Regulations and Coordination (MoNHSRC). This initiative helped a large number of poor people to get to quality health and health-care services.

The detail of the Programme is:

- Secondary Care: Rs.50,000/- per family annually.
- Priority Diseases: Rs.250,000/- per family annually.

National Government of Pakistan started National Health Programme in year 2015. This Programme was extended in the capital of AJK, Muzaffarabad and in the capital of Balochistan, Quetta in year 2016. This initiative of Federal Government bring change in social welfare. The purpose of this Programme is to provide quick health relief and facilitate the poor people in term of financial support. Initially this Programme was for the population of Islamabad, capital of Pakistan, later on, this Programme introduced across the province of Punjab, FATA and, province of Balochistan. This Programme accommodated 3.2 million poor families of Punjab, FATA and, Balochistan. Further, under this Programme, Federal Government enrolled to all deserving families, which was the second phase of this Programme. Under this Programme, management offered free of cost treatment for needy and ill patients. The beneficiary of this Programme were patients with heart diseases, Blood Sugar, diseases due to sickness of renal, Hepatitis, any organ failure and, cancer patients. Patients under this Programme issued Insurance Cards to get free of cost treatment of above-mentioned seven diseases. Approximately, in first phase 1.2 million cardholders availed this facility. After establishing the offices in Islamabad and Lahore, 63000 patients issued health cards under this Programme. More than 300

representatives recruited for this purpose. Beneficiary of this Insurance Policy have the capacity to avail benefit of worth Rs. 30 Lac every year (0.3 Million). In case of any surplus bill of treatment, the patient gave help through Bait ul Mal of Pakistan.

<b>Table 1 :Health-Care Facilities</b>				<b>(Numbers)</b>		
<b>Health Manpower</b>	<b>2011-12</b>	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>
<b>Reg. Doctors</b>	152,368	160,880	167,759	175,223	184,711	<b>195,896</b>
<b>Reg. Dentists</b>	11,649	12,692	13,716	15,106	16,652	<b>18,333</b>
<b>Reg. Nurses</b>	77,683	82,119	86,183	90,276	94,766	<b>99,228</b>
<b>Pop. per Doctor</b>	1,162	1,123	1,099	1,073	1,038	<b>997</b>
<b>Pop. Per Dentist</b>	15,203	14,238	13,441	12,447	11,513	<b>10,658</b>
<b>Pop. Per Bed</b>	1,647	1,616	1,557	1,591	1,604	<b>1,584</b>

**Table 1 Health-Care Facilities**

*Source: Pakistan Bureau of Statistics*

## **2. Literature Review**

### **2.1 Culture**

It is difficult to set the Culture (CUL) as it has variety of definitions and implications (Martin 2001, Hyde, Pope et al. 2010). According to the methodologies of social sciences CUL have an ability to describe as a collection of approaches, convictions, behaviors, standards and norms which are shared by a group of people (Wilderom, Ashkanasy et al. 2000, Alvesson and Willmott 2002). The group might be characterized as far as legislation, geography, civilization, faith, or some other relationship. The qualities which characterize the group might be showed as signs, images, languages, ancient rarities, oral and composed convention and different means (Brown 1995). One of the basic elements of these manifestations of a group's CUL is to build up an distinctive personality and in this manner give a methods by which individuals from the group can separate themselves from different groups (Throsby 2003).

CUL, in this view, capacities as a planning device (Schein 2006). Cultural differences can be translated regarding contrasts in the convictions individuals hold about the way the world works and around each other, prompting the decision of one set of practices instead of another and in this way, supporting one arrangement of foundations and innovation as opposed to another (Greif 1994). ORGs are along these lines shaped and held together by the beliefs individuals hold around each other and the world.

Sociologists and anthropologists (Richerson, Bettinger et al. 2005) have collected an abundance of confirmation on the effect of CUL on financial behavior. Most of the institutional business analysts underscore both the connections from CUL to beliefs and values, and from beliefs and values to financial results (Guiso, Sapienza et al. 2006). CUL has been found to impact both financial preferences (Fernandez and Fogli 2005) and political favoritism, and influence monetary results through both these channels.

Inside ORGZAL financial matters there has been expanding emphasizing role of the ORGZAL social factors in outlining monetary choices, forming referencing and managing conduct of people (Hermalin 1999, Jackson 2009). The focal points of study are the behaviors of “use” and “institutions” that taken together frame the examples of an

ORGZAL CUL. Here, foundations cover the principles of the game in a social community or the “humanly devised constraints that shape human interaction and structure incentives in human exchange” (North 1990). Financial ORGs can serve to reduce the inherent vulnerability related with complex financial procedures so coordination between various performing elements will probably happen.

Institutional monetary hypothesis proposes that an ORGZAL’s fundamental values help outline its participants' preferences arrangements and in doing as such may influence financial decision and execution in many ways (Hodgson 1996, Carrillo and Gromb 1999, Smith, Mannion et al. 2003).

Very first, CUL may affect upon efficiency, through embedding mutual values, convictions and standards inside the ORG, which thusly help shape the manners by which hierarchical members of the ORG interface and participate with each other. Particular cultural social esteems might be much or a lesser amount of favorable (for example): successful decision-making; detailing, reacting to and gaining from errors; group based working; and within departmental collaborations and inspiration (Jacobs, Mannion et al. 2013).

Second, CUL may affect the significance allowed to fair consideration according to the strategy of ORG, for instance by indorsing shared moral standards of securing powerless buyers, and building up courses of action that right for simply productivity looking for conduct (Jacobs, Mannion et al. 2013).

Third, CUL may impact the general financial and social goals that an ORG seeks after. Consequently, the corporate CUL might be one of fear for representatives of ORG and the nature of their working lives and such reflections may moderate the significance of growth of income or other financial objectives in the ORG's main objectives (Jacobs, Mannion et al. 2013).

At last, where collaboration and trade between parties is mind boggling and hard to screen, corporate CUL may empower co-activity and relationship working among specialists “intra-and between inter ORGZAL partnership working” (Jacobs, Mannion et al. 2013).

## 2.2 Organizational Culture

Motivation behind the standards, is ORGZAL CUL in any workplace, where a worker experience different standards and define the scope of their work (Schneider, Ehrhart et al. 2013). These kinds of standards form how individuals behave and adjust to acquire consequences about the ORG. Workers from a ORG collaborate with each other and other stakeholders, this is all done due to CUL of the ORG (Simoneaux and Stroud 2014).

ORGZAL CUL is the name of an arrangement of principles, opinions, and conduct patterns that separate any ORG from all other ORGs (Ortega-Parra and Ángel Sastre-Castillo 2013). According to (King 2012) characterized ORGZAL CULs as an arrangement of values that intuitively and mutely motivations individuals to settle on every decision and choice in the ORG. Business supervisors utilize ORGZAL CUL and corporate CUL reciprocally on the grounds because these two terms mention to the similar fundamental phenomenon (Childress 2013).

ORGZAL CUL is the only tool for business manager by which they can differentiate their ORG from other ORG of the same industry (Weber and Yedidia Tarba 2012). There are some examples are available like Apple Inc, IBM and HP exist on similar business line and similar working condition, yet these ORGs have altered ORGZAL CULs (Schein 2010). Principal CUL prevailing in Apple is to create basic, sophisticated, and innovative items (Toma and Marinescu 2013). As far as H.P.CUL are workers' independence and creativeness (Childress 2013) and if we talk about the CUL of IBM, they emphasizes on long term vision with reliable and extremely inspired workers (Heskett and Kotter 1992, Flamholtz and Randle 2011).

The challenging point about leadership is the treatment of workforce within the ORGZAL CUL (Peters, Waterman et al. 1982). According to (Yirdaw 2014) ORGZAL CUL is just like stick which joins the “Hardware”(non H.R. assets) to the “Software” (H.R.) in any company to create coordination among workers and incredible performance. ORGZAL CUL directly identifies with corporate authority and control (O'Connor and Byrne 2015).

## **2.3 Sources of Organizational Culture**

ORGZAL CUL may start up from many origins, for the most part from the beliefs of the creators (Schein 2010, Ruiz-Palomino and Martínez-Cañas 2014). In the opinion of (Uddin, Luva et al. 2012) the cause of ORGZAL CUL also contains the learning skill of group fellows, and also the new beliefs and suspicions of new individuals and supervisors. Organizers avail the chance to create a comprehensive plan and future road map of the ORG at the beginning of the ORG. This is very critical, that how organizers are working inside the ORG (Andish, Yousefipour et al. 2013).

Business managers of the ORG are the essential source in setting up CUL according to their preferences for the newly start ORG (Flamholtz and Randle 2012). The effect of CUL happens when the business managers execute their business procedure and operational presumptions. In the view of (Toma and Marinescu 2013) the pioneers' presumptions may create due to their own involvement and CUL experience.

Business managers may force their own knowledge and CUL on their workers and business clusters inside the ORG (O'Reilly III, Caldwell et al. 2014). For instance, the owner of Apple, Steve Jobs forced his own knowledge and norms on their Human Resource. Steve Jobs' knowledge and norms backed up to making a successful and gainful CUL at the Apple Corporation (Kaliannan and Ponnusamy 2014).

(Toma and Marinescu 2013) affirmed that Steve Jobs effectively forced expectations and individual CULs on the Apple ORGCUL. Therefore, Jobs built a tough and positive ORGZAL CUL. Apple's corporate CUL is the good example that how staff transform the ideas of leaders into reality. (Schein 2010) considered Apple as a very good case to demonstrate how the originator's close to personal CUL and assumptions significantly impact the ORGZAL CUL.

Learning of staff is additional source of ORGZAL CUL. The knowledge gets from the social patterns of the professional condition (Nguyen and Aoyama 2014). The point of view of (Uddin, Luva et al. 2012) is that supervisors in the ORG adjust a few properties from the group and the corporate atmosphere. Representatives of the ORG remain in the form

of group, and they can force their CUL on the ORGZAL CUL. Group of workers can force own CUL on the ORG through workers from the ORG on the grounds that these individuals from the ORG are a component of the group (Gibbs 2012).

## **2.4 History of Organizational Culture**

The Year 1951, Jaques explained that the ORGZAL CUL within any corporate setting that controlled cultural matters in the domain of industrial related businesses as mentioned by (Childress 2013). (Peters, Waterman et al. 1982) mentioned as the qualities of star performing ORGZAL CUL. Peters and Waterman additionally highlighted 46 top ranked ORGs in the USA, in view of their ORGZAL CUL. In recent times, various researchers issued different books in the sector of ORGZAL CUL that makes ORGZAL CUL a well-known subject in the field of business and management.

According to the (Schein 1996)the significance of ORGZAL CUL in ORGZAL performance by separating ORGZAL CUL into three sections: “norms”, “beliefs”, and “values”. Presumptions reflect informal, however vital standards in the ORG. Artifacts speak to the obvious components of ORGZAL CUL counting work procedure, so the working environment setting, and ORGZAL arrangements. The standards speak to the beliefs of the ORGZAL individuals and its business technique (Childress 2013).There are three components add to keeping up a compelling CUL in the ORG. This clarification recognizes that ORGZAL CUL involves constructive theories that are by and large accepted as a way of achieving tasks and are spread to new workers of the ORG (Schein 1996). For new worker, this energizes a versatile response within the ORG, setting another belief system (Hofstede 2011).

More than 200 companies examined by (Heskett and Kotter 1992)in the United States of America, and their results disclosed that the presence of solid connection between ORGZAL CUL and performance of ORG. (Schein 2010) vetted the Kotter and Heskett's study as a benchmark in the domain of ORGZAL CUL. Anyhow there was three fundamental journals, along with comparative books and articles add to the improvement of ORGZAL CUL hypothesis (Childress 2013). Flamholtz and Randle gave broad data in

the domain of ORGZAL CUL and execution with reasonable cases from different ORG in the United States, Europe, China, and different nations.

## **2.5 Strong and Weak Organization Culture**

The ORG, which have strong ORGZAL CUL, workers have similar perspectives in regards to the company, and they perform reliably with ORGZAL value (Flamholtz and Randle 2011). Professional executives show a strong ORGZAL CUL to influence workers' work attitude of mind and execution since CUL involves in and encourages employees (Simoneaux and Stroud 2014). ORG with strong CUL, the individuals from the ORG contribute the values and objectives of the ORG, and the new induction rapidly hold these values (Heskett and Kotter 1992).

There are two types of CULs prevails in any ORG either weak or strong. According to (Martins and Terblanche 2003) "in a strong CUL, the ORGs' core values are held firmly and shared widely". This recommends when ORGZAL individuals acknowledge the common values; they turn out to be more dedicated to them. The ORG with strong CUL thusly alludes to ORG in which convictions what's more, values are shared moderately reliably all throughout an ORG (Deal and Kennedy 1982).

(Denison 1990) clarified in his study that the effects of ORGZAL CUL on business execution. The results of quantitative research point out about a positive connection between ORGZAL CUL and performance of business (Hartnell, Ou et al. 2011, Han 2012). The results of case study research look into comes about additionally demonstrate a powerful CUL as a driving performer for ORGZAL performance (Carlos Pinho, Paula Rodrigues et al. 2014, Simoneaux and Stroud 2014).

Modern and factual base studies indicated, there is a positive connection between ORGZAL CUL and Performance of the ORGZAL. For instance, (Flamholtz and Randle 2012) affirmed that the ORGZAL CUL affects ORGZAL process, workers efficiency, and overall efficiency of the ORG. (Sharma and Good 2013) proposed that strong ORGZAL CUL is a critical facet to enhance and expand the ORG's productivity and financial attainment. (Nwibere 2013) similarly showed that a healthy and strong ORGZAL CUL are sure components to boost ORGZAL conduct.

Strong ORGZAL CUL incorporates an essential part in adjusting the ORG's present and forthcoming path (Anjum, Zia et al. 2013). On the other hand, administration of any ORG with weak or ineffectual ORGZAL CUL can possibly influence growth and profitability (Shahzad, Luqman et al. 2012). In ORGs with weak CUL, representatives have an issue to characterize the ORG's qualities and to decide the correct procedure of leading business in the ORG (Childress 2013).

In view of, (Schein 2010) the administration with weak ORGZAL CUL needs straightforward and stable transmission of information and data in the ORG. In a weak ORGZAL CUL, workers act in a way conflicting with the ORG needs as a result of poor transmission of data & information and in the absence of uniform directions from the top management (Flamholtz and Randle 2011). At the point when the ORGZAL CUL remain weak, the ORG presence is in critical zone since ORGZAL individuals have distinctive standards and perspectives, where they may conflict with the administration's need (Eaton and Kilby 2015).

The ORGs, which have strong CUL, their senior managers may create and keep up a active cultural establishment in the ORG (Simoneaux and Stroud 2014). The establishment work incorporates setting up the corporate individuals' working CUL and building up an arrangement of guidelines and patterns of working together in the ORG (Flamholtz and Randle 2011). Clients and different stakeholders utilize the ORGZAL individuals' CUL and their work patterns to distinguish their ORG from different ORGs CUL(Cian and Cervai 2014). Clients and different partners may see and utilize the ORGZAL CUL as a recognizing components in distinguishing a valuable ORG from a lousy ORG (Childress 2013).

Administrators in any business try to implement a strong ORGZAL CUL to substitute formal principles furthermore, guidelines in the ORG (Denison 1990). According to (Schein 2010) that setting up an arrangement of standards and patterns in the ORG mostly incorporates making a very much characterized mediums of correspondence among workers and their superiors. Business supervisors may utilize the communication channel to create cellophane correspondence and to energize a CUL of sharing and collaboration in the midst of individuals from the ORG (Cao, Huo et al. 2015).

ORGZAL CUL play as a role of motivational tool in supporting advance performance in the ORG (Jofreh and Masoumi 2013). To create a positive working environment a strong coordination should be in between managers and employee of the ORG (Cauchick Miguel 2015). The performance of the employee can be improved, if an employee is working in positive working environment. Further, employees might inspire in positive working environment (Schein 2010). Previous studies disclosed that the loyalty and dedicated employees of the ORG help to promote effective ORGZAL CUL; in this regard, ORG can enhance its performance and efficiency (Fiordelisi and Ricci 2014).

The ORGs have strong ORGZAL CUL; their managers adopt open and transparent correspondence to rouse the employees to enhance performance and profitability in the ORG (Senaji, Metwally et al. 2014, Kohtamäki, Thorgren et al. 2016). The participation of employees and their contribution in the activities of the ORG create the environment of transparent communication. At the point when ORGZAL employees take part in open communication, they may effectively share important data all through the ORG (Simoneaux and Stroud 2014).

Involvement of employees in the ORGZAL decision-making feel them possessive and dignified (Engelen, Flatten et al. 2014). The ORG having strong ORGZAL CUL, their corporate leaders urge its workers to take part in a ORGZALs' crucial decision-making process. The involvement of employees in the ORGZAL decision-making process is serious to enhance its business performance and efficiency (Cauchick Miguel 2015).

Professional quality have the following (i) regard and self-respect amongst employees and line managers, (ii) high sense of duty regarding client administrations, and (iii) inspiration and good commitment to accomplish ORGZAL main concern and needs (Busse 2014). Whenever employees and line managers create regard and nobility between them, they can provide help to one another and may coordinate their insight and familiarity to make enhance performance in the ORG (Cauchick Miguel 2015). In the ORGs, have active ORGZAL CUL, their employees and line organizers have a brilliant professional skills that adds to performance change in the ORG (Carlos Pinho, Paula Rodrigues et al. 2014).

Strong ORGZAL CUL is critical to inspire employees in the ORG. Inspired workers are key player to enhance execution in ORGs (Simoneaux and Stroud 2014). In the view of

(Schein 2010) exceptionally inspired employees may perform in the ORG even better than to unmotivated employees. Highly motivated employees utilize their time management at very best during their day to day business activities (Flamholtz and Randle 2011). Found highly motivated employees as a part of the ORG could improve the ORGZAL Performance and accomplish ORGZAL objectives. (Fiordelisi and Ricci 2014)

## **2.6 Organizational Culture Effectiveness**

The ORGZAL CUL covers and contains data on how business managers utilize ORGZAL CUL to enhance performance and efficiency (Flamholtz and Randle 2012, O'Reilly III, Caldwell et al. 2014). According to (Flamholtz and Randle 2011) business managers trust that effective ORGZAL CUL is an advantage, and ineffectual CUL is an obligation for ORGZAL achievement. (Eaton and Kilby 2015) showed that business organizers utilize ORGZAL CUL to supervise and direct the workplace overall within the ORG.

Business administrators utilize a potent ORGZAL CUL (a) to form representative attitude, (b) to enhance functional viability, and (c) to enhance monetary performance in the ORG. Operational efficiency contains data on utilization of a successful ORGZAL CUL to present and develop new items and to enhance process and level of services by management. Monetary performance incorporates data in regards to the achievement of benefit, efficiency, and development in the ORG (Hartnell, Ou et al. 2011).

Operative ORGZAL CUL is a mix of active and productive CUL. In a strong CUL, the ORG individuals carry on in a path steady with ORGZAL values (Flamholtz and Randle 2011). In a positive ORGZAL CUL, workers share the objectives and goals of the ORG (Flamholtz and Randle 2012). Business administrators may set up a viable ORGZAL CUL to enhance performance and efficiency in the ORG (CITP and Ballaro 2014). According to (Givens 2012) the level of customer services can enhance and create innovative business techniques, if business managers implement effective ORGZAL CUL. In an effective ORGZAL CUL, business supervisors demonstrate employees centralized initiative, sound relationship, and proper decision-making (Engelen, Flatten et al. 2014).

## **2.7 Organizational Culture & Its Types**

Various studies has been developed to accept and recognize different kinds of ORGZAL CUL within any ORG, A very few peoples realize that each ORG joins a blend of four different types of CUL within the ORG under one driving CUL. Researchers on ORGZAL CULs have additionally proposed form and types of CULs. ORGZAL CUL can be divided in four dimensions (A) CLAN CULTURE (CLAN CUL) (B) ADHOCRACY CULTURE (ADHC CUL) (C) MARKET CULTURE (MKT CUL) (D) HIERARCHY CULTURE (HIERCY CUL) (Tharp 2009, Fiordelisi and Ricci 2014, Sok, Blomme et al. 2014, Wiewiora, Murphy et al. 2014). Supportive CUL, which is another name of CLAN, represents a leadership of employee, proper communication among team, contribution and cooperation of team (Han 2012). Entrepreneurial CUL, which is another name of ADHC incorporates inventive, imaginative, and versatile attributes (Veiseh, Mohammadi et al. 2014). According to the (Sok, Blomme et al. 2014) HIERCYCUL as a mixture of rules and directions to control actions within the ORG. MKT CUL incorporates rivalry and the accomplishment of ORGZAL objective (Carlos Pinho, Paula Rodrigues et al. 2014).

### **2.7.1 Clan Culture**

The norms and estimations of CLAN CUL incorporate human attachment, coordinated effort, connection, belief, devotion, and support (Fiordelisi and Ricci 2014). according to (Cauchick Miguel 2015) in a CLAN CUL, administrators stand in need to act in a just way to move and inspire workers to build up a CUL of brilliance in the ORG. An interpersonal relationship is dynamic in the operative ORGZAL CUL. Behavior of members within the ORG carry on properly and build up a feeling of possession when they have confidence in, trustworthiness to & feel the right of possession within the ORG (Nongo and Ikyanyon 2012). CLAN CUL is the combination of teamwork, interest, participation of employees and open communication (Carlos Pinho, Paula Rodrigues et al. 2014). CLAN CUL allows business managers to boost environment of teamwork and empowered to employee of the ORG (Yirdaw 2014). A definitive objective of CLAN CUL is enhancing representative

execution through duty, feeling of possession, and obligation (Han 2012, Murphy, Cooke et al. 2013)

CLAN CUL directly relates with ORGZAL performance, this assumption proven by previous literature in the domain of ORGZAL CUL (Han 2012, Murphy, Cooke et al. 2013). On the other hand, (Givens 2012) explained that CLAN CUL is the area of CUL which tell us about the issues of employee relations rather than development in the field of efficiency and effectiveness in any ORG. In view of, (Kotrba, Gillespie et al. 2012) the both areas, indirect positive role of CLAN CUL during the improvement of performance, the CLAN CUL has a direct link in improving the effectiveness and efficiency of the ORG. Business managers appreciate the seriousness and commitment of the employee for their ORG, this is only prevails in CLAN CUL, because the commitment of an employee make them to work efficiently and feel them comfortable during the delivery of their responsibilities (Nongo and Ikyanyon 2012).

CLAN CUL also known as cooperative formed between the magnitudes of ORG emphasis and adaptability/dynamism. The CLAN CUL has high connection and concern with teamwork and cooperation (Quinn and Spreitzer 1991). Commitment with the ORG is a CUL, which has found in ORGs, atmosphere of family and environment of trust, solidarity and harmony. Behind the success of Japanese ORGs with effective group structure are ordinary cases of this CUL (Berrio 2003).

### **2.7.2 Adhocracy Culture**

In ADHC, that is also known as creative CUL, the members of the ORG required clear job descriptions to perform their duties that includes the importance and impact of the duty may perform to achieve overall goal of the ORG (Veiseh, Mohammadi et al. 2014). ADHC CUL based on the following standards assumptions (a) growth, (b) risk management, (c) creativeness, (d) variety, (e) freedom, and (f) flexibility (Hartnell, Ou et al. 2011). Business managers usually in ADHC CUL allocate more and more resources in the field of development and research, business managers create the environment of initiative for research activities and appreciate for innovative activities (Sok, Blomme et al. 2014).

The ORG can enhance its productivity and can improve the level of their services through environment of creativity and invention, are essential and basic elements of ADHC CUL. Change management and innovation in the ORG is the final outcome of ADHC CUL (Fiordelisi and Ricci 2014). Past studies which contains the literature of ORGZAL CUL indicate the presence of strong connection between ADHC CUL and entrepreneurial CUL through innovation (Engelen, Flatten et al. 2014). Finding through more studies highlighted the room of strong relationship between the financial success of the ORG in long-term basis and ADHC CUL (Hartnell, Ou et al. 2011).

ADHC is the CUL where ORGs remain in developmental phase, it promote risk initiative, innovation and change (Quinn and Spreitzer 1991). ADHC CUL promote the environment of innovativeness and creativeness due to its nature of dynamic and external oriented formation. That is the CUL where business managers encourage new inventions, independence feel happy in the ORGZAL environment (Berrio 2003). E-Commerce business based on internet, which is emerging concept in new economy based on technology, is real example of ADHC CUL.

### **2.7.3 Hierarchy Culture**

HIERCY type of CUL compel the employees to follow the rules and regulations framed by ORG. Business managers try to define each activity through procedures and rules to their employees it enhance the control of business managers. Business managers can control systems in the ORG, if they prioritize HIERCY CUL (Hartnell, Ou et al. 2011). The features of HIERCY CUL includes defined and transparent communication systems, stability, uniformity and reinforcement (Fiordelisi and Ricci 2014). Efficiency and effectiveness is the ultimate aim of HIERCY CUL. Literature reveals the negative connection in between financial health and HIERCY CUL (Han 2012).

#### **2.7.4 Market Culture**

The features of MKT CUL contain freedom of communication, environment of competition, ability of competence and achievement (Cauchick Miguel 2015). Business managers control MKT through effective external policies and control the environment of competition showing success in the MKT. Business managers must know about their customers and situation of external MKT for their survival in the world of competition among the companies (Cauchick Miguel 2015). Customer is key element in this corporate world that's why business managers always try to meet the customer's satisfaction through leadership driven by customer (Han 2012).

The ultimate goal of business managers is to fulfil the needs of owners of the ORG; this is the theme of MKT or competition CUL. Maximum MKT share, upwards trend of profit, growth of the ORG, positive trend of productivity and expansion are the key indicators of competition CUL (Hartnell, Ou et al. 2011). Effective ORGZAL CUL allows business managers to run the business of the ORG more easily and make more competitive in industry, provided, they follow priorities and behaviours of the members of the company (Eaton and Kilby 2015).

Past empirical literature in the field of ORGZAL CUL discovered that acceptance of CUL is variable in different geographical clusters (Engelen, Flatten et al. 2014). E.g. according to (Shim and Steers 2012) South Korean companies have more CLAN and hierarchical CULs than ORGZAL CUL in America and Japan. Finding of another study showed presence of more collaborative CUL than in America and Japan. On the other hand, business managers in American companies accept risk, like innovative CUL, confident and foresee future that lacks in Korean Companies.

**Table 3**

Culture Type	Assumptions	Beliefs	Values	Artifacts (behaviors)	Effectiveness Criteria
CLAN	Human affiliation	People behave appropriately when they have trust in, loyalty to, and membership in the organization.	Attachment, affiliation, collaboration, trust, and support	Teamwork, participation, employee involvement, and open communication	Employee satisfaction and commitment
ADHC	Change	People behave appropriately when they understand the importance and impact of the task.	Growth, stimulation, variety, autonomy, and attention to detail	Risk-taking, creativity, and adaptability	Innovation
MKT	Achievement	People behave appropriately when they have clear objectives and are rewarded based on their achievements.	Communication, competition, competence, and achievement	Gathering customer and competitor information, goal-setting, planning, task focus, competitiveness, and aggressiveness	Increased MKT share, profit, product quality, and productivity
HIERY	Stability	People behave appropriately when they have clear roles and procedures are formally defined by rules and regulations.	Communication, routinization, formalization, and consistency	Conformity and predictability	Efficiency, timeliness, and smooth functioning

**Table 2 Market Culture**

*The competing values framework's four CUL types. Adapted from Table 13-1 (1984), in Robert E. Quinn and John R. Kimberly, "Paradox, planning, and perseverance: Guidelines for managerial practice," in New futures: The challenge of managing corporate transitions (pp. 295-313), edited by J. R. Kimberly and R. E. Quinn, 1984, Homewood, IL: Dow Jones-Irwin. Copyright 1984 by Dow Jones-Irwin. Adapted with permission from The McGraw-Hill Companies*

## 2.8 Culture in Health-Care

Researchers characterized ORGZAL CUL in various ways. According to (Schein 1993) CUL can be characterizes as shared essential assumptions, View of (Deal and Kennedy 1983) CUL as "the way things get done around here" and (Morgan 2011) as the similitude's of an ORG. It has here been characterized as the suspicions reflecting the mutual values inside a particular health-care CUL. Such presumptions are made by joining the presumptions held by the members in the organisation (Hartmann, Meterko et al. 2009). Assumptions inside the ORG and desire from business partners are, in any case, not generally correlated and cultural features of various divisions can influence the care procedure (Saame, Reino et al. 2011). The distinctions can make frustrations, inefficiency and hurdle in change. Profound attached presumptions have turned out to be obstructions to the execution of new human models in service (Broström and Siverbo 2004).

Professional CUL and ORGZAL CULs have different assumptions. Values and attitudes established by an independent professional members may effect the productivity of health-care unit, these dimensions are defined in Professional CULs (Van Maanen and Barley 1984). ORGZAL CUL is framed by a combination of various professional CULs. There is, on the other hand, a tightness amongst professional and ORGZAL CUL (Saame, Reino et al. 2011). Professional CUL and ORGZAL CULs systems are directly correlated the working condition of an ORG proposed as a factor that encourages and makes the tendency for professional CULs. In the meantime, the ORGZAL CUL controlled by the professional CUL, which frequently speaks to development amongst times of change. Besides, multiple groups inside an ORG look to separate themselves by their cultural ancient rarities and values. This has been enrolled as contention and rivalry between groups (Davies, Nutley et al. 2000).

The idea of work group SUB-CULs in health-care industry, as a part of the ORGZAL CUL, is vibrant for this thesis. (Scapens 2006) underscores that an ORG is fully dependent on their local setting in which it is rooted. (Lok, Westwood et al. 2005) infer that the SUB-CUL of ward, as a reflection of the ORGZAL CUL, may hit the level of service quality of health-care unit more than the general HOSPL CUL does.

In this study, SUB-CUL will be evaluated that how SUB-CUL effect the employees of the ORG who work together and interact with each other in groups (Van Maanen and Barley 1983). One hypothesis is that SUB-CUL is not essentially equal to a professional CUL of an ORG because every department have its own SUB-CUL among working groups, whether all these departments have their homogenous professional setting (Bellou 2008). According to (Harris and Ogbonna 1998) the SUB-CULs of any ORG may differ and stronger from CUL of the ORG, and it has impact on attitude , perception and behaviours in isolated parts of the ORG such as in HOSPL wards. Big hurdle in the way of change management is conflicts between SUB-CULs of ORGs (Martin and Siehl 1983).

Higher management of an ORG is the main focus and integral part, in the studies of SUB-CULs and their effect on the performance of HOSPLs (Davies, Mannion et al. 2007). SUB-CUL within the HOSPLs hit the style of leadership. The SUB-CUL is proposed to affect the dedication of the staff (Egan 2008). A study conducted in Australia “Stress on HOSPL

Wards” showed that cooperative SUB-CUL have clear positive relationship with commitment, while authoritative SUB-CULs have adverse relationship (Lok, Westwood et al. 2005). As an impact, SUB-CULs are considered to be lightly coupled inside a similar ORG (Davies, Nutley et al. 2000).

Other than the incorporated perspective of the ORGZAL CUL, that highlights an ORG-wide consensus, consistency and clearness (Trice and Beyer 1993), there is the separation approach which focuses upon the existence of various SUB-CULs in an ORG (Ott 1989, Trice and Beyer 1993). As indicated by (Martin 1992), the later approach recommends that behavioural standards and practices are probably going to shift crosswise over ORGZAL sub-units and are not necessarily to all people involved.

According to the (Van Maanen and Barley 1983) the term SUB-CULs to represent subsets of ORGZAL individuals who associate consistently with each other, distinguish themselves as an distinctive group inside that ORG, share the similar complications, and make a move based on a common method of thinking that is one of a kind to the group. As apparent, the most critical contrast amongst CULs and SUB-CULs is that the previous refers to the whole ORG while the last to different multiple small CULs existing inside this ORG (Hatch and Cunliffe 1997). SUB-CULs contain components of the central CUL, for example, core qualities, practices and actions, however, have additionally unique attributes, reflecting the specific particular of sub-unit.

What is dangerous, in any case, is the way that in spite of the fact that SUB-CULs are intelligent, predictable and stable as a whole they are not really reliable with the core ORGZAL CUL (Hofstede 1998). SUB-CULs might be adjusted to the main CUL of the ORG or contradicted to it (Brown 1995). Since SUB-CULs are often more grounded than the main CUL, they can affect perceptions, approaches, and practices of employees to a more noteworthy degree than the main CUL (Harris and Ogbonna 1998). In reality, conflicts between the CUL and SUB-CULs or between SUB-CULs may cause issues in implementation of the ORGZAL strategy (Martin and Siehl 1983) and in addition in viable Human Resource administration (Palthe and Ernst Kossek 2003).

(Detert, Schroeder et al. 2000) recommended that future researchers should investigate the role of ORGZAL SUB-CULs, with a specific end goal to pick up a clear comprehension

of why a few change initiatives succeed while others come fail. Overlooking SUB-CULs is comparable to overlooking particularities of groups of people utilized (Legge 1994). Thusly, the present investigation looks to reveal potential SUB-CULs that exist together in Lahore health-care centers in PUBL and PRIV sector, trying to suggest proposals that are tuned with employees' values and needs towards service quality improvement.

### **3. Competing Value Framework**

The Competing Value Framework (CVF) appear from practical and theoretical work completed by using Robert Quinn and others (Cameron and Quinn 2011), who have been worried with screening the ambiguity and obvious inconsistencies of control, in place of the fashion to describe directors and organizers as analytical controlling issues and troubles (Quinn 1988). ORGZAL CUL is considered as a set of normally everyday context that shape the beliefs, standards and measures that assist in dealing with issues in the positions of uneasiness (Pettigrew 1979, Trice and Beyer 1993). According to (Quinn 1988) the significance of values in ORGs and also claimed that the contending requirements and explanations in ORGs cast back the distinctive standards of each and regularly numerous CULs, that had turn out to be embedded in components of, and across ORGs. For this reason, (Quinn 1988) supposed to construct an integrating model, which could seize the standard and standards of those levels, with their consolidation of paradoxes and ambiguities, and to reveal the evaluation of their scenarios by employees and businesses.

According to (Quinn 1988) model the basic requirement from the CVF is to build greater consciousness among people and ORG approximately their standard adaptation, to make higher feel of the drivers of rigidity and rivalry, and to put the inspiration for an extra positive important talk. Therefore, this model can be used as a primary step in making ready corporations to judge serious cost rigidity and ambiguity by way of assisting them to recognize their ongoing situation. The life changing rulers address paradox, inconsistency or obvious cost change-offs and, employed with coordinators, enfold entanglement and uneasiness to expand advanced techniques (Quinn 2004, Martin 2007).

The CVF as a model illustrating various contending concepts of ORGZAL CUL. This framework is primarily based on two components. These involve how we can stable an ORG and how we can design it in term of, internal and external environment. The internal and external elements show if the ORG is responsive to its outside atmosphere or to internal elements (Cameron and Quinn 2011). The flexibility-control features of this version tell that how can we manufacture, manipulate and make flexible our company to the ORGZAL trend. Cameron and Quinn, (2006) claim that by devolution and collaboration, we can done flexibility.

The CVF outcomes in four parts those are similar with primary ORGZAL structure that might be form in the basis of ORGZAL CUL. Name of those four types of CUL are CLAN, HIERCY, ADHC and MKT. CLAN CUL express that to focus on internal makeover with flexibility and take care of people and customers. HIERCY CUL defines that how we can maintain our company internally, manipulate and keep it stable. The ADHC CUL represents that where the external position of our company in MKT is valuable, combined with a splendid degree of individuality and versatility. In the end, the MKT CUL limits the companies that are already occupied due to their outward position relative to opponents, as well as starring control and balance (Cameron and Quinn 2011).

All the components of CUL in the CVF, keep different impact on ORGZAL performance. In the view of (Cameron and Quinn 2011) with HIERCY CULs, it is difficult for a company to perform best if they are effective, well timed, smooth functioning and predictable. On the other hand, the suitable values for a company to perform its best are, to get its goals and beat their competitors, shares of MKT and financial returns in MKT CUL (Cameron and Quinn 2011). With a CLAN CUL, the overall performance of company consists of unity, human resource improvement, collaboration and excessive level of workers ethical values. At last, the ADHC CUL is related to the creative thinking and ideas to derive new opportunities, MKTs and clients (Cameron and Quinn 2011).

The CVF model turned into used because the diagnostic tool for this study specifically due to its importance to this business at hand. In addition, it is widely used and knew as most

reliable framework to point out ORGZAL achievements and ORGZAL CUL (Cameron and Quinn 2011). Finally, the validity for this model is stated by (Yu and Wu 2009). Many authors have used it earlier than to assess quality ORGZAL CUL and success. For example, (Shepstone and Currie 2006) used the CVF to show that CUL has a vital position to play in ORGZAL overall performance and impression via analysis that the CVF results in a intricate and complicated know-how of ORGZAL accomplishment. If all ORGZAL leaders knew, their common CUL then performance became enriched. This normally brings approximately governmental order, a collective integrity, as well as a unified imaginative and prescient. More so, it weaken ORGZAL indecisiveness, and thereby ends in better overall performance of the organisation (Cameron and Quinn 2011).

The strategic tool to excellent performance is a strong CUL (Kandula 2006). He continues that in a reaction of differences in ORGZAL CUL, the same plans will not cause the identical results in two one of a kind ORGs in the same enterprise and region. In addition of, (Trice and Beyer 1993) used the CVF of their study and emphasised that a strong, specific ORGZAL CUL is of critical significance for the conduct of a business. A powerful and productive CUL could make an ordinary character perform and obtain brightly, at the same time as a weak and negative CUL can also discourage an extremely good worker to fail and end up without a success.

### **3.1 Competing Value Framework in Health-care Industry**

Keeping in mind the end goal to recognize ORGZAL SUB-CULs, the perceptions in this investigation performed due to different cultural points of view, or sorts, with a specific end goal to show a cultural example. The theory behind this, is the efforts of (Quinn and Rohrbaugh 1981, Quinn and Rohrbaugh 1983), who showed the significance of an range of cultural attributes and meant the connections between these sorts by methods for a model named the Competing Values Framework (CVF). In the wake of studying on 1,700 records for significance with a specific end goal to recognize quantitative estimations of ORGZAL CUL in health-care (Scott, Mannion et al. 2003) found thirteen (13) valuable instruments. They recommend that the CVF is one of the two primary powerful instruments in endeavoring to look at the values and convictions beyond impression of the workplace.

According to (Bellou 2008) Competing Value Framework CVF as one of the three most broadly known instruments for estimating ORGZAL CUL. The model has been appeared to be founded on pertinent speculations, e.g. a Jungian system, as opposed to different instruments created fundamentally in light of motivation. According to the (Scott, Mannion et al. 2003) that the Competing Value Framework model is particularly proper while analyzing SUB-CULs inside a similar ORG since it gauges the distinctive CULs aspects. The questionnaire form of this model was later developed by (Reino, Kask et al. 2007), this model known as CVF was later used in HOSPL setting by researchers named as (Saame, Reino et al. 2011), (Carlström and Ekman 2012) and (Alharbi, Ekman et al. 2012). Studies from the country of Sweden and Estonia elaborated about SUB-CULs, and highlighted how SUB-CUL reflects within working groups in any HOSPL. Literature reveals there are three studies are available on this topic.

According to (Scott, Mannion et al. 2003) the Competing Value Framework by (Quinn and Rohrbaugh 1981, Quinn and Rohrbaugh 1983) was chosen from the others accessible due to the reason is that ORGZAL CUL in health-care sector is not standardized. CVF is the perfect model that had a capability of enlightening what (Pettigrew 1990) elaborates that how SUB-CULs inside different segments of the ORG considered. CVF show was sorted out arranged by recognizable proof of correct blend of various CUL qualities (Saame, Reino et al. 2011).

#### **4. The Impact of Organizational Culture on Performance**

A couple of studies have demonstrated that there is a connection between ORGZAL CUL and outcome of the ORG (Ogbonna and Harris 2000, Hartmann 2006). In the first phase of these studies, researcher selected 34 ORGs in USA. Conducted a cross sectional studies over the period of five years, and utilizing the performance in term of return and arrangements as methods of performance, (Denison 1984) demonstrated a connection amongst performance output and its CUL (Denison 1984). On the other hand (Lim 1995) was not agree with the finding of (Denison 1984) study, was condemning that it depended on the assessment of ORGZAL environment as opposed to estimating ORGZAL CUL. Despite such feedback, specialists have kept on analyzing this correlation. There was

strong association between CUL of the company and its performance in 1000 British ORGs registered under company ordinance, showed by (Ogbonna and Harris 2000). Indicators of performance involved satisfaction of client, increase in sales, increased MKT share, aggressive Marketing through selling of products. With a specific end goal to quantify, ORGZAL CUL, innovational, focused, bureaucratic, and group CULs were considered (Ogbonna and Harris 2000).

#### **4.1 Group Performance (Unit Level Performance)**

Two vital special cases considered team performance in military environment. A study related to combat teams of Singapore military, as (Bass, Avolio et al. 2003) established that “transformational leadership” role appraisals of squad pioneers and sergeants in the U.S. armed force anticipated unit performance in fighting units. On the other hand, (Lim and Ployhart 2004) highlighted the crew individuals' evaluations of their commanding constables' “transformational leadership” were absolutely identified with the idea of team performance.

According to these studies, we emphasis around the group level of investigation since we look to clarify the performance of "real" work teams, in which individuals are obviously recognized, stable after some time, and commonly subordinate in seeking after assignment targets (Hackman and Hackman 2002). In such teams, conduct and performance are strongly affected by group standards, values, and other phenomena that happen inside groups (Levine and Moreland 1991, Hackman 1992). The performance of work teams is by and large seen as a component of teams' individual performance in addition to group process increases short group process losses (Hackman 1987).

Previous literature in the field of group performance, suggest that powerful team may lead to greater group performance. Teams that have more positive summed up beliefs about their capacities remain available for work hard and carry on their duties even face any challenges and even in any adverse situation (Larson and LaFasto 1989), trusting that their endeavors will in the long run pay off as fruitful completion of assignment. With capacity held steady, more efforts are considered as to convert into greater performance (Nadler and Lawler III 1989). In the Support of this idea that team power may add to team performance,

a meta-analysis by (Gully, Incalcaterra et al. 2002) reveal that a significant affiliation between group strength and group performance found through 29 research. Moreover, (Campion, Medsker et al. 1993) found that group strength was the most strongest factor among 19 indicators of group efficiency surveyed by different sources.

#### **4.2 Service Quality (Unit Level Service Performance)**

Customer focused medical model has concentrated on the specialized idea of health-care actions; the emphasis has been on the preparation and updated aptitudes of the doctors and the idea of the real medical effects (Connor, Shewchuk et al. 1994). An events of services Marketing research, be that as it may, has taken a glimpse at the relationship between the services expected and the service really apparent as got by beneficiaries (Parasuraman, Zeithaml et al. 1988, Carman 1990). The services marketing approach puts an emphasis on quality assessment from the beneficiaries' points of view, yet overlooks the need for including an assessment of the specialized expertise of the supplier and the idea of the medical result. Particularly in the field of health-care service, the services Marketing approach appears to disregard the critical part of doctors in forming patients' service desires. An adjusted approach, in this way, using parts of service quality from both the services marketing and health-care methodologies might be required. In the meantime, the doctors' view toward the quality of their own services needs more research consideration.

For the achievement of health-care institutions, precise estimation of health-care service quality is as essential as understanding the idea of the service delivery framework. Without an authentic measure, it is hard to build up and execute proper strategies or systems for service quality control. The most broadly known and examined scale for estimating service quality is SERVQUAL (Parasuraman, Zeithaml et al. 1988). Since the scale was produced, different specialists have connected it across such different fields such as business related with securities, banks, service provider ORGs, retail level business, and repair and maintenance enterprises. This scale is now associated and connected to the health-care field in various studies (Brown and Swartz 1989, Carman 1990, Babakus and Mangold 1992, Headley and Miller 1993, Connor, Shewchuk et al. 1994). Besides, with a couple of special cases, they did not methodically inspect the psychometric properties of their scale, in light of the fact that these research managed practical and administrative issues for health-care

services. Validation of the SERVQUAL scale appears not to be completely established. A more stringent psychometric test has been prescribed for the change of the service quality measurement for the latest review, please observe (Asubonteng, McCleary et al. 1996).

## **5. Research Method and Design**

Research method play a vital role in any study. Therefore, understanding of research methodologies and its design is very essential part in any study process. Because, each study has different approach and methodology (Yin 2017). Understanding the motivations behind different research techniques is basic to distinguish the suitable research strategy for the study. (Yin 2017) noticed that analyzing different research techniques is basic to assess the benefit and disadvantage of every method. Research techniques contain “quantitative”, “qualitative” and “mixed method” (McNulty, Zattoni et al. 2013). I picked a quantitative strategy for the study.

The previous part of this study investigated the literature having ORGZAL CUL, unit level CUL and ORGZAL performance and the networking between these two ideas. This part intends to explain the research methodology that was utilized as a part of this study. It can be elaborated as focusing on the "research procedure" and in addition on the "tools and processes" that are to be utilized (Mouton and Babbie 2001). The thinking on back of this is the development of logical learning through precise perception, in a composed way that can be copied (Kruger and Welman 2001).

According to the (Remenyi 1996), there are three questions should be addressed while starting research, in particular " how to research?", "why to research?" and "what to research?" The primary focal point of this part of this study is the first question "how to research?" that clarify the other two questions in previous chapters. In tending to first question the tools that were utilized to quantify ORGZAL CUL and ORGZAL attainment are likewise portrayed. The target of the analysis as expressed before is to decide if there is a connection amid the ORGZAL SUB-CUL, overall CUL and performance of sub unit in a health-care ORG situated in the Lahore, Pakistan. It is essential to direct this research as it could give understanding of HOSPLs enhancing unit level performance. A concise debate of the pertinent factual strategies utilized as a part of the research is additionally

given, together with the techniques that were utilized. At last, imperative moral observations relating to the research are discussed.

There are two essential techniques of collecting data that can be recognized in particular: - quantitative and qualitative techniques (Rhodes and Hart 2014). The first research utilizes quantifiable data to plan realities and disclose designs in research and the second research results can be utilized to lead the theories verifiable by quantitative strategies, and it can also be utilized to investigate the importance of quantitative results (Leard 2012). As indicated by (Rhodes and Hart 2014), the quantitative way to deal with collection of data focuses on theme across over a bigger number of members in this manner giving the possibility of condensing characteristics crosswise over groups or relationship. This analysis was quantitative in nature receiving a post positivist model (Guba and Lincoln 1994). A quantitative technique together with a reductionist method (Remenyi 1996), was done keeping in mind the end goal to decide the connection between the different variables (Mahoney and Goertz 2006). This includes the estimation and inquiry of variables utilizing statistical tools to gauge the properties of phenomena while supervising roots of mistake or miscalculations in the research procedure (Mouton and Babbie 2001).

### 5.1 Theoretical Model

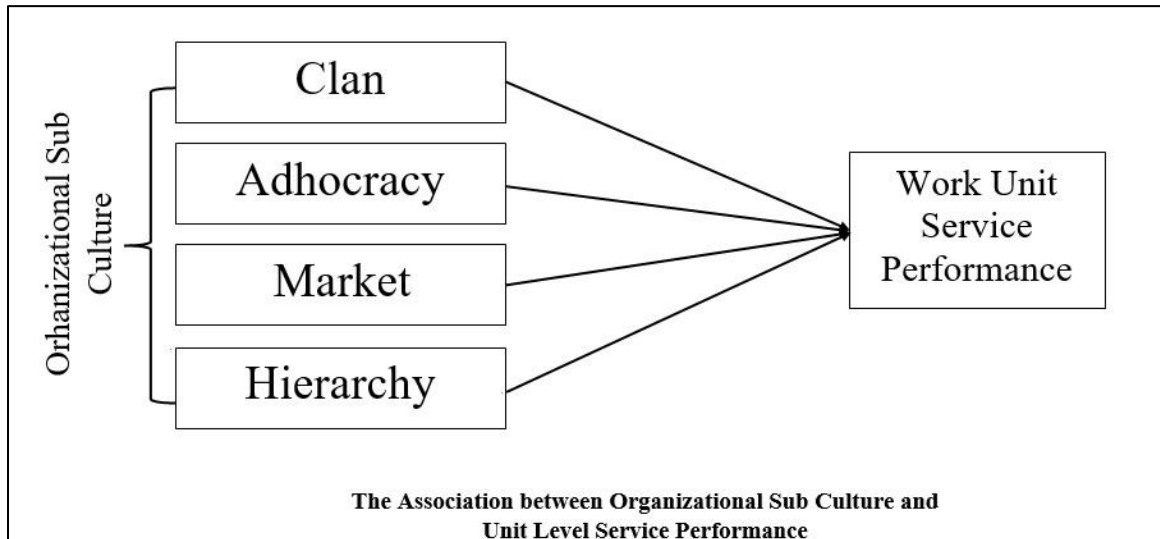


Figure 1 Theoretical Model 5.1

## 5.2 Hypothesis

The objective of the study is:

1. To determine the effect of ORGZAL (Departmental) SUB-CUL on work unit service performance at HOSPL environment.
2. To compare the ORGZAL SUB-CUL of PRIV with the PUBL setting.

The objective of this study is to find out more of the affiliation between ORGZAL sub CUL and work-unit level service performance. In Pakistan, this area is still in need of research as compared to other causes to service performance, e.g., human resource structure, job satisfaction and role of leadership etc.

The ambition behind this study is to evaluate the impact of departmental CUL (SUB-CUL) on unit level performance keeping in view of this cause previous literature reviewed, subject to traditional backgrounds of the PUBL sector HOSPLs and PRIV sector HOSPLs, it is assumed that there are different types of ORGZAL SUB-CUL of the HOSPLs in these two sectors.

In light of these perception and results from previous studies, contingent upon traditional backgrounds of the PUBL and PRIV division, it is anticipated that there are distinctive types of ORGZAL CUL of the ORGs in these two segments. In this context the first hypothesis is formulated as follows:

***H1: There is a significance difference between ORGZAL SUB-CUL types of PUBL and PRIV sector HOSPLs.***

Corporate CUL has a very strong impact within the HOSPL on such issues as “who gets promoted”, “what decisions are made”, and even “how employees act” (Arnold, Capella et al. 1987). According to the literature, it is explained in various ways that ORGZAL CUL is one of the concealed forces of business performance. In any case, it is uncovered that the distinction between the sorts of ORGZAL CUL in the meantime make a reason of diverse performance outcomes. In this setting the following hypothesis are communicated as follows:

*H2: CLAN SUB-CULTURE has direct and positive effects on work-unit service performance.*

*H3: ADHOCRACY SUB-CULTURE has direct and positive effects on work-unit service performance.*

*H4: MARKET SUB-CULTURE has direct and positive effects on work-unit service performance.*

*H5: HIERARCHY SUB-CULTURE has direct and positive effects on work-unit service performance.*

### **5.3 Research Population and Sampling Size**

Sample is a subset of population including a determination of individuals from the specific group or population (Sekaran and Bougie 2009). Population means any group of people, any event, or things, which have interest for scholar for their study (Sekaran and Bougie 2009). According to the (Trochim 2000) population is the name of group to which the scholar wishes to establish for their study. According to the (Frels and Onwuegbuzie 2013) researchers must regulate their sample size according to the nature of the theme and accessibility of the information. We used a purposive sampling method to select participants for the purpose of this study. The purposive sampling method is important to determine the adequacy of the sample size and to represent the target. For the purpose of this study, the population is Clinical Faculty who works in teaching HOSPLs. We collected the data from the department, which have at least 04 doctors within the department, including their Head of Department. This study has double source data.

Population represents to any group of workers, actions, and all other things which are important for any scholar (Sekaran and Bougie 2009). In view of, (Trochim 2000) “population as a group to which the researcher wants to generalize”. Doctors of HOSPLs from PRIV and PUBL are the population of this study. The size of population is 50 Departments. As per (Sekaran and Bougie 2009) a specimen is a subset of a people including a determination of individuals from the specific community. In conclusion, the specimen is equivalent to the population or community, which is from each departments that have at least 04 doctors including head of department.

## **5.4 Measurement Instrument**

According to the nature of this study, this study have double source data. The first questionnaire that have been used in for the purpose of departmental service quality is attached as Annexure – “A”, adapted from (Lee, Delene et al. 2000) for data was obtained from relevant head of department to evaluate group performance. These two sections will elaborate in more the ORGZAL CUL as well as the service performance of the department. The second questionnaire, which has been used in for the purpose of ORGZAL CUL using the competing value framework of (Cameron and Quinn 2011) attached in Annexure – “B”. This questionnaire adapted from (Valmohammadi and Roshanzamir 2015) for collection of data was obtained from members of the department (Doctors within the department) titled as “Physicians’ Survey”.

## **5.5 Competing Values Framework Organizational Culture Instrument**

CVF model used for the assessment of ORGZAL CUL, adapted by (Cameron and Quinn 2011). CVF model utilized in this study, as this tool has the capacity to evaluate ORGZAL CUL and to help the scholar in deciding the CUL of the unit. The CVF is an extraordinary tool amongst the very powerful and widely employed models in the domain of ORGZAL CUL research, and how is it fit in this research (Yu and Wu 2009). The researcher is utilizing this model on the grounds that comparable with different models and scales; the CVF model proved superior validity and reliability, and is extremely helpful for functional activities (Cameron and Quinn 2011).

**Table 3**

<b>CUL Type:</b>	<b>CLAN</b>	<b>CUL Type:</b>	<b>ADHOCRACY</b>
Orientation:	Collaborative	Orientation:	Creative
Leader Type:	Facilitator Mentor Team builder	Leader Type:	Innovator Entrepreneur Visionary
Value Drivers:	Commitment Communication Development	Value Drivers:	Innovative outputs Transformation Agility
Theory of Effectiveness:	Human development and participation produce effectiveness.	Theory of Effectiveness:	Innovativeness, vision, and new resources produce Effectiveness.
Quality Strategies:	Empowerment Team building Employee involvement Human resource development Open communication	Quality Strategies:	Surprise and delight Creating new standards Anticipating needs Continuous improvement Finding creative solutions
<b>CUL Type:</b>	<b>HIERARCHY</b>	<b>CUL Type:</b>	<b>MARKET</b>
Orientation:	Controlling	Orientation:	Competing
Leader Type:	Coordinator Monitor Organizer	Leader Type:	Hard driver Competitor Producer
Value Drivers:	Efficiency Timeliness Consistency and uniformity	Value Drivers:	Market share Goal achievement Profitability
Theory of Effectiveness:	Control and efficiency with capable processes produce effectiveness.	Theory of Effectiveness:	Aggressively competing and customer focus produce effectiveness.
Quality Strategies:	Error detection Measurement Process control Systematic problem solving Quality tools (fishbone diagrams, Pareto charting, affinity graphing, variance plotting)	Quality Strategies:	Measuring customer preferences Improving productivity Creating external partnerships Enhancing competitiveness Involving customers and suppliers

**Table 3 Cameron and Quinn***The Competing Value Framework (Cameron and Quinn 2011)*

The first questionnaire titled as “Physicians’ Survey” using CVF Model used in this study to gauge the Departmental CUL of the HOSPL, This questionnaire adapted from (Valmohammadi and Roshanzamir 2015) for collection of data was obtained from members of the department (Doctors within the department). This questionnaire has four sections namely CLAN CUL (6 items), ADHC CUL (6 items), MKT CUL (6 items), and HIERCY CUL (6 items). ORGZAL CUL measured with a 24 items scale. Departmental CUL rated by the doctors, who are the members or participants of this research. Each item was measured on a five-point Likert Scale (1 = strongly disagree, 2 = disagree, 3= neither agree nor disagree, 4 = agree, 5= strongly agree)

### **5.6 Team Performance (Unit Level Performance)**

The immediate head of department of each clinical departments or unit was requested to deliver a rating of their members within the department for the purpose of this study. The second questionnaire, which have two sections used in this study to gauge the Unit Level Performance and service quality of departments in health-care industry. The first section or part of questionnaire for the purpose of departmental or team performance adapted from (Lee, Delene et al. 2000). There are 7 dimensions of first section of this scale namely reliability (1 item), professionalism/skill (1 item), empathy (1 item), assurance (1 item), core medical services (1 item), responsiveness (1 item), tangibles (3 items). Service quality of HOSPLs departments rated by head of department.

There are 03 dimensions of second part of this questionnaire namely group interpersonal helping (5 items), group voice behavior (6 items), and group task performance (3 items). This section used to measure the group performance and group behavior of the department. Interpersonal helping consists of noble behaviors, such as responding to the personal needs of co-workers in dealing with job-related problems. In Group Performance, ORG citizenship behavior asked by head of department. In ORG citizenship behavior, group interpersonal helping will be measured by adapting 5- items scale developed by (Moorman and Blakely 1995).

Voice defined as proactive behavior that emphasizes expressions of challenge to the status quo in order to improve ORGZAL performance. Employees exercising voice will tend to make innovative suggestions for change even when others disagree (Van Dyne and LePine 1998). In Group Performance, ORGZAL citizenship behavior asked by group/team leader. In ORG citizenship behavior, group voice behavior measured by adapting 6-item scale developed by (Van Dyne and LePine 1998). Items rated on 5-point Likert Scale 1=strongly disagree 05= strongly agree. Group task performance asked by head of department. In group performance, group task performance measured by adapting 3-items scale developed by (Schaubroeck, Lam et al. 2007). Items rated on a 5-point Likert Scale 1=strongly disagree 05= strongly agree.

## **5.7 Data Gathering and Capturing**

### **5.7.1 Pilot Questionnaire**

The first draft of questionnaire was guided with five respondents to check for three angles in particular (1) any sentence structure or spelling mistakes, (2) simplicity for filling of form, also as (3) to guarantee that every one of the questions were very cleared. This brought about alteration that was made to a couple of questions to make them more appropriate to the hierarchical setting without bringing down the first questions motive.

### **5.7.2 Administration of the Organizational Culture Questionnaire**

The scholar had discussion with the doctors who are actually respondent of this study. The questionnaire was given to every doctor with a depiction of the reason for the study and that all answers would be dealt with as entirely secret.

## **5.8 Data Capturing**

Asked data from respondents, compiled into MS Excel and than export in SPSS for further transmission of data. In next step, information was additionally tested for comprehensiveness and correctness of completion. according to the directions. The researcher used an independent data capturer to checked for correctness of the given information. Any in part finished or mistakenly finished questionnaires were disposed of.

## 5.9 Statistical Analysis

Descriptive analysis explain the occurrences of concern by making utilization of bar graphs and measurement of central tendency to abstracts the information (Behr 1983, Sekaran and Bougie 2009). As explained by (Salkind 2000) statistical analysis enable the researcher to better understand the information and its designs. To summarize the facts and figures of doctors, who are the respondents of this study, descriptive analysis used through SPSS, the purpose is to describe about the selected and already prevailing ORGZAL CUL.

Trustworthiness and potency are two vital facts for assessing the quality of estimation equipment (Babbie and Mouton 2001).

As indicated by (Denscombe 2003), a reliable estimation instrument will deliver similar outcomes each time it is utilized. To estimate the quality of the chosen instrument, reliability and validity are most commonly used criteria (Babbie and Mouton 2001).

The Cronbach's alpha reliability coefficient is used to gauge the inward consistency of an instrument of estimation by estimating the underlying constructs (Denscombe 2003). The researcher made utilization of the Cronbach's alpha reliability coefficient to gauge the questionnaire's level of internal consistency.

SPSS Software tool used in this study because:

- SPSS exact test module enables one to use small samples and still feel confident about the results.
- SPSS forecasting module enables analysts to predict trend and develop forecasts quickly and easily without being an expert statistician.
- SPSS is only a tool in which a researcher can import data from other sources easily.
- SPSS helps to create reports of data in form of graphical presentations.
- This study based on double source data, SPSS has ability of management of complex data (e.g. Data Aggregation).

## 6. Research Results

This part of this study will explain the results of research. The sample that was utilized as a part of the research will be depicted as far as respondents' gender, age, foundation years of respondents' department, department size, tenure as department head, experience in this department, and total job experience. This section will highlight the results with reference to questionnaire of head of department.

### 6.1 Descriptive Statistics

The information has been broke down in this segment by methods for mean of descriptive statistics, using bar graphic representation to comprehend the sample under thought.

#### 6.1.1 Gender

The sample consisted of 50 departmental head of departments. From the respondents, 16 (32%) respondents were female and 34 (68%) were male. This trend shows that majority of departmental heads in health-care industry are male rather than female. This trend is not very surprising as health-care industry dominated by male doctors (Head of Departments).

Figure: 1

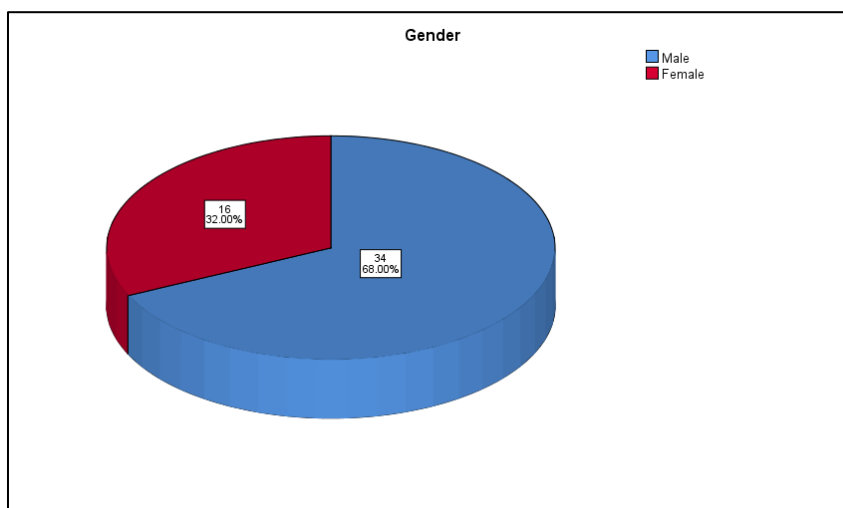
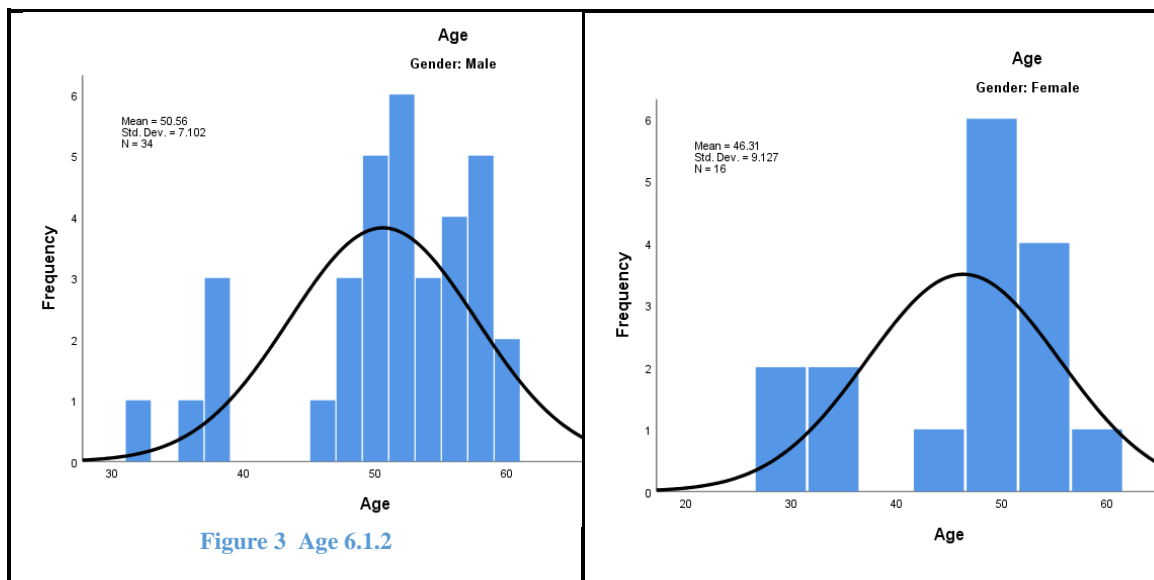


Figure 2 Gender 6.1.1

### 6.1.2 Age

Mean age of the male heads of departments was  $50.56 \pm 7.10$  years and among female the mean age was  $46.31 \pm 9.13$  year. Most of the heads of departments are in between 40 to 60 years in male heads of departments and 50 to 60 in female. This is observed by the results those 40 to 60 age groups with 28 head of department in male and 50 to 60 age groups with approximately 10 heads of departments in female. So the average age to become head of department in Pakistan is 50 years.

Figure 2



### 6.1.3 Job Position (s) of Head of Department

There are four designations levels within the HOSPLs; they comprise of Professor, Associate Professor, Assistant Professor, and Senior Registrar. The sample in this study consisted on 15 Professors, 16 Associate Professors, 16 Assistant Professors, and 03 Senior Registrar.

Designation	Frequency	Percent %
Professor	15	30
Associate Professor	16	32
Assistant Professor	16	32
Senior Registrar	03	06
<b>Total</b>	<b>50</b>	<b>100.0</b>

Table 4 Job Position (s)

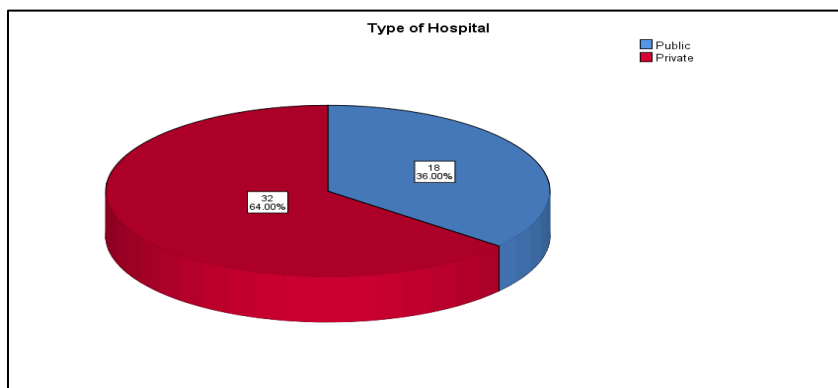
### 6.1.4 Types of Hospitals (Head of Department)

The sample consist on 18 Head of Department (36%) from Public Hospitals and 32 Head of Department from (64%) Private Hospitals of Lahore.

Head of Department	Frequency	Percent
Public	18	36
Private	32	64
<b>Total</b>	<b>50</b>	<b>100</b>

Table 5 Types of Hospitals

Figure 4 Types of Hospitals 6.1.4



### 6.1.5 Departments in Hospitals

The sample consisted of 50 departments in PRIV and PUBLHOSPLs. From the respondents, 09 (18%) head of departments were from medicine department, 08 (16%) were from Obstetrics & Gynaecology, 07 (14%), 07 (14%) were from department of surgery, 05 (10%) were from department of Radiology as well as from Orthopedics and E.N.T., 02 (4%) each from Psychiatry, Paediatrics and Dermatology.

Department Name	Frequency	Percent %
Dermatology	2	4
E.N.T.	5	10
Eye	1	2
Obstetrics & Gynaecology	8	16
Medicine	8	16
Oral Medicine	1	2
Oral Surgery	1	2
Orthodontics	1	2
Prosthodontics	1	2
Orthopaedics	5	10
Paediatrics	2	4
Psychiatry	2	4
Radiology	4	8
General Surgery	7	14
Operative Dentistry	1	2
Periodontics	1	2
<b>Total</b>	<b>50</b>	<b>100</b>

Table 6 Departments in Hospitals

## Descriptive Statistics of Head of Department Survey

Descriptive Statistics of Survey Items	N	Min	Max	Mean	S.D
Unit Level Performance Question 1	50	1	4	2.80	0.808
Unit Level Performance Question 2	50	1	5	3.46	1.19
Unit Level Performance Question 3	50	1	5	3.62	1.10
Unit Level Performance Question 4	50	2	5	3.78	0.790
Unit Level Performance Question 5	50	1	4	2.82	0.850
Unit Level Performance Question 6	50	1	4	2.92	0.900
Unit Level Performance Question 7	50	1	5	2.86	0.926
Unit Level Performance Question 8	50	2	5	3.78	0.887
Unit Level Performance Question 9	50	1	4	2.92	0.966
Unit Level Performance Question 10	50	1	5	3.24	1.00
Unit Level Performance Question 11	50	1	5	3.24	1.02
Unit Level Performance Question 12	50	2	5	3.72	0.948
Unit Level Performance Question 13	50	1	5	3.02	1.02
Unit Level Performance Question 14	50	1	4	3.12	0.918

Table 7 Descriptive Statistics of Head of Department Survey

### Descriptive Statistics of Head of Department Survey (Type of Hospitals)

Items	Private					Public				
	N	Min	Max	M	S.D	N	Min	Max	M	S.D
Unit Level Performance Question 1	32	1	4	2.81	.859	18	1	4	2.78	.732
Unit Level Performance Question 2	32	1	5	3.41	1.29	18	1	5	3.56	1.04
Unit Level Performance Question 3	32	1	5	3.75	1.10	18	1	5	3.39	1.09
Unit Level Performance Question 4	32	2	5	3.78	.792	18	3	5	3.78	.808
Unit Level Performance Question 5	32	1	4	2.81	.896	18	1	4	2.83	.786
Unit Level Performance Question 6	32	1	4	2.94	.878	18	1	4	2.89	.963
Unit Level Performance Question 7	32	1	4	2.81	.896	18	1	5	2.94	.998
Unit Level Performance Question 8	32	2	5	3.69	.931	18	2	5	3.94	.802
Unit Level Performance Question 9	32	1	4	2.84	.920	18	1	4	3.06	1.05
Unit Level Performance Question 10	32	1	5	3.19	.896	18	1	5	3.33	1.18
Unit Level Performance Question 11	32	1	5	3.19	.998	18	1	4	3.33	1.08
Unit Level Performance Question 12	32	2	5	3.66	.937	18	2	5	3.83	.985
Unit Level Performance Question 13	32	1	5	3.00	1.04	18	1	4	3.06	.998
Unit Level Performance Question 14	32	1	4	3.06	.948	18	1	4	3.22	.878

**Table 8** Descriptive Statistics of Head of Department Survey (Type of Hospitals)

### 6.1.7 Reliability of Instrument (HoD Survey)

Constructs	Valid N.	Number of Items	Cronbach's alpha		
			Overall	PUBL	PRIV
Work Unit Level Performance	50	14	.923	.932	.919

Table 9 Reliability of Instrument

Consistency in the questions is 93.2 % in PUBL sector HOSPLs and 91.9 % in PUBL sector HOSPLs. Similarly overall consistency in questions was 92.3 %.

## 7. Physicians Data

The sample consisted of 157 doctors or physicians who worked in their relevant departments. From the respondents, 67 (42.68%) respondents were male and 90 (57.32%) were female. This trend shows that majority of doctors in health-care industry are female rather than male. This trend is very surprising as female doctors are dominant in near future.

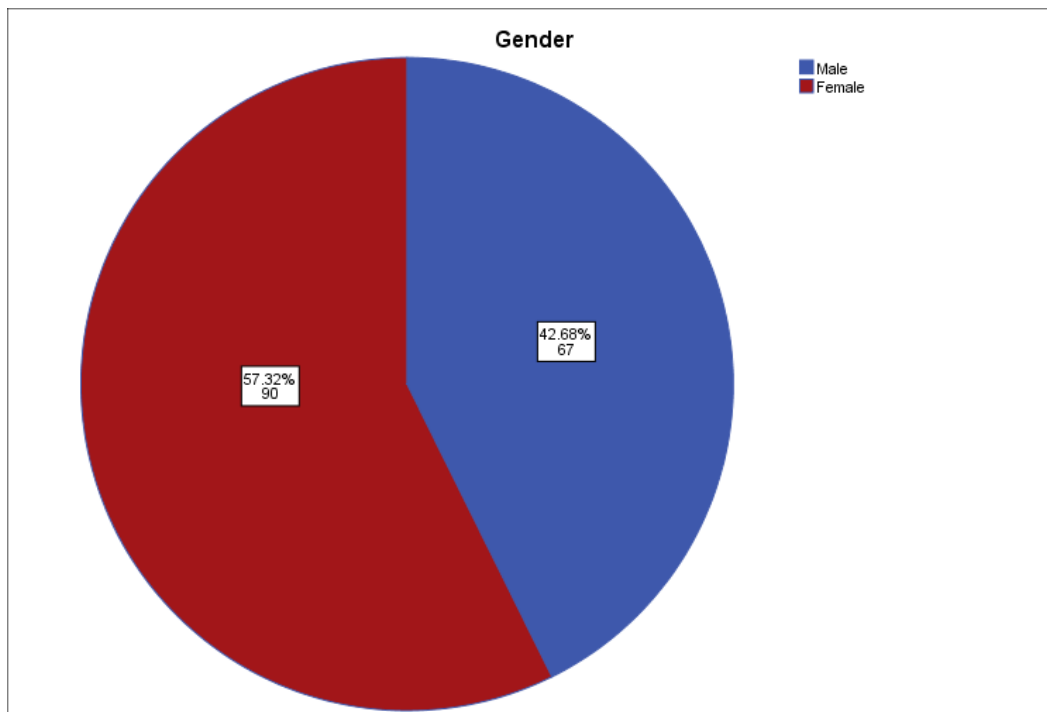


Figure 5 Gender 7

## 7.1 Types of Hospitals (Physicians Data)

The sample consist on 56 questionnaire from PUBL sector (36%) PUBL HOSPL and 101 questionnaire (64%) from PRIVH OSPLs of Lahore.

Type of HOSPL	Frequency	Percent
Public Sector	56	36
Private Sector	101	64
<b>Total</b>	<b>157</b>	<b>100</b>

Table 10 Types of Hospitals (Physicians Data)

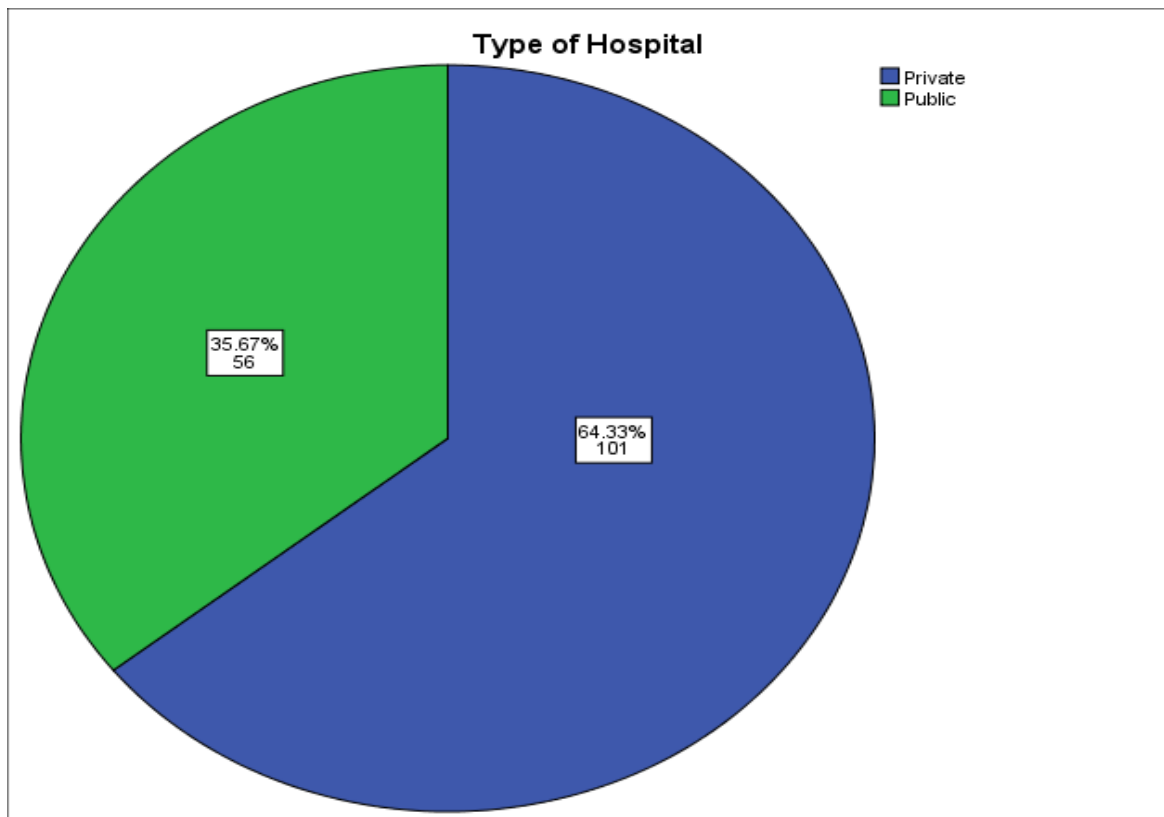


Figure 6 Type of Hospital 7.1

## Descriptive Statistics of Physicians Survey

Descriptive Statistics of Survey Items	N	Min	Max	Mean	S.D
CLANCULTURE Question 1	157	1	5	3.43	.976
CLANCULTURE Question 2	157	1	5	3.50	1.03
CLANCULTURE Question 3	157	1	5	3.50	.965
CLANCULTURE Question 4	157	1	5	3.68	1.02
CLANCULTURE Question 5	157	1	5	3.52	.917
CLANCULTURE Question 6	157	1	5	3.45	1.02
ADHCCULTURE Question 1	157	1	5	3.42	.885
ADHCCULTURE Question 2	157	1	5	3.44	.865
ADHCCULTURE Question 3	157	1	5	3.56	.996
ADHCCULTURE Question 4	157	1	5	3.46	.951
ADHCCULTURE Question 5	157	1	5	3.22	1.20
ADHCCULTURE Question 6	157	1	5	3.36	1.26
MKTCULTURE Question 1	157	2	5	4.48	.813
MKTCULTURE Question 2	157	1	5	3.11	1.24
MKTCULTURE Question 3	157	1	5	3.11	1.13
MKTCULTURE Question 4	157	1	5	2.71	.899
MKTCULTURE Question 5	157	1	5	2.82	.828
MKTCULTURE Question 6	157	1	4	2.84	.888
HIERCYCULTURE Question 1	157	1	5	3.54	.971
HIERCYCULTURE Question 2	157	1	5	2.62	.964
HIERCYCULTURE Question 3	157	1	5	2.61	.814
HIERCYCULTURE Question 4	157	1	5	2.71	.857
HIERCYCULTURE Question 5	157	1	5	3.46	1.20
HIERCYCULTURE Question 6	157	2	5	4.07	.856

Table 11 Descriptive Statistics of Physicians Survey

## Descriptive Statistics of Physicians Survey (Type of Hospitals)

Items	Private					Public				
	N	Min	Max	M	S.D	N	Min	Max	M	S.D
CLANCULTURE Question 1	101	1	5	3.41	1.01	56	1	5	3.48	.914
CLANCULTURE Question 2	101	1	5	3.41	1.05	56	1	5	3.66	.996
CLANCULTURE Question 3	101	1	5	3.47	.965	56	1	5	3.55	.971
CLANCULTURE Question 4	101	1	5	3.62	1.03	56	1	5	3.77	1.00
CLANCULTURE Question 5	101	1	5	3.48	.923	56	1	5	3.59	.910
CLANCULTURE Question 6	101	1	5	3.39	1.06	56	2	5	3.55	.952
ADHCCULTURE Question 1	101	1	5	3.35	.932	56	2	5	3.55	.784
ADHCCULTURE Question 2	101	1	5	3.40	.884	56	2	5	3.52	.831
ADHCCULTURE Question 3	101	1	5	3.49	1.00	56	1	5	3.70	.971
ADHCCULTURE Question 4	101	1	5	3.39	1.00	56	1	5	3.59	.848
ADHCCULTURE Question 5	101	1	5	3.18	1.19	56	1	5	3.30	1.22
ADHCCULTURE Question 6	101	1	5	3.27	1.25	56	1	5	3.52	1.26
MKTCULTURE Question 1	101	2	5	4.43	.829	56	2	5	4.57	.783
MKTCULTURE Question 2	101	1	5	3.02	1.28	56	1	5	3.29	1.15
MKTCULTURE Question 3	101	1	5	3.06	1.14	56	1	5	3.20	1.10
MKTCULTURE Question 4	101	1	5	2.60	.895	56	1	5	2.91	.880
MKTCULTURE Question 5	101	1	5	2.82	.805	56	1	5	2.82	.876
MKTCULTURE Question 6	101	1	4	2.81	.880	56	1	4	2.89	.908
HIERCYCULTURE Question 1	101	1	5	3.28	.850	56	2	5	4.00	1.00
HIERCYCULTURE Question 2	101	1	5	2.57	.952	56	1	5	2.70	.989
HIERCYCULTURE Question 3	101	1	5	2.65	.818	56	1	5	2.54	.808
HIERCYCULTURE Question 4	101	1	5	2.73	.893	56	1	4	2.66	.793
HIERCYCULTURE Question 5	101	1	5	3.38	1.27	56	1	5	3.63	1.07
HIERCYCULTURE Question 6	101	2	5	4.07	.852	56	2	5	4.07	.871

Table 12 Descriptive Statistics of Physicians Survey

### 7.3 Instrument Reliability

Cronbach's alpha is a measure of internal consistency, that is, how closely related a set of items are as a group. It is considered to be a measure of scale reliability. A "high" value for alpha does not imply that the measure is unidimensional. If, in addition to measuring internal consistency, you wish to provide evidence that the scale in question is unidimensional, additional analyses can be performed. Exploratory factor analysis is one method of checking dimensionality. Technically speaking, Cronbach's alpha is not a statistical test; it is a coefficient of reliability (or consistency).

Constructs	Valid N.	Number of Items	Cronbach's alpha		
			Overall	Public	Private
CLANCULTURE	157	6	0.931	0.924	0.935
ADHCCULTURE	157	6	0.922	0.904	0.930
MKTCULTURE	157	6	0.863	0.859	0.864
HIERCYCULTURE	157	6	0.769	0.754	0.785

Table 13 Instrument Reliability

Overall, Consistency in questions of CLAN CUL is 93.1 %, ADHC CUL is 92.2 %, MKT CUL is 86.3 %, and HIERCY CUL is 76.9 %.

Table represents the values of Cronbach's Coefficient Alpha for the reliability of Measurement. In this study the values of Cronbach Alpha ranges from 0.754 to 0.924 in PUBL HOSPLs which means that each item construct have reliability. Values of Cronbach Alpha ranges from 0.785 to 0.935 in PRIV HOSPLs, which means that each item construct have reliability. The values of constructs are given below:

CLAN CUL (alpha = 0.924) in PUBL HOSPLs and (alpha = 0.935) in PRIV HOSPLs, ADHC CUL (alpha = 0.904) in PUBL HOSPLs and in PRIV HOSPLs (alpha = 0.930). MKT CUL (alpha = 0.859) in PUBL HOSPLs and in PRIV HOSPLs (alpha = 0.864), similarly, HIERCY CUL (alpha = 0.754) in PUBL HOSPLs and (alpha = 0.785) in PRIV HOSPLs. The alpha values of these constructs showing how much they are internally consistent. The bottom line is higher value of Cronbach of any construct means the higher reliability among the constructs.

## 7.6 T-Test based on Sector wise (Types of Hospitals)

	Sector	N	Females Mean	Std. Deviation	t	Sig.
CLAN CULTURE	Private	101	3.47	.877	-7.721	0.003*
	Public	56	3.60	.816		
ADHC CULTURE	Private	101	3.35	.907	-6.488	0.000*
	Public	56	3.53	.825		
MKT CULTURE	Private	101	3.12	.762	-6.531	0.282
	Public	56	3.28	.735		
HIERCY CULTURE	Private	101	3.12	.661	-6.451	0.000*
	Public	56	3.27	.622		

Table 14 Test based on Sector wise

\*p-value significant at 0.05

Average score of CLAN CUL in PRIV HOSPLs is  $3.47 \pm .877$  in PRIV and  $3.60 \pm .816$  in PUBL HOSPLs, the difference between score of PRIV and PUBL was statistically significant (P-value 0.003). ADHC score of PRIV was  $3.35 \pm .907$  in PRIV whereas among PUBL was  $3.53 \pm .825$ . The difference between score of PRIV and PUBL was statistically significant (p-value 0.000). Similarly, score of MKT CUL in PRIV HOSPL is  $3.12 \pm .762$  and in PUBL HOSPL score is  $3.28 \pm .735$ . The difference between score of PRIV and PUBL was not statistically significant as (p-value 0.282). Average score of HIERCY CUL in PRIV HOSPL is  $3.12 \pm .661$  and in PUBL HOSPL is  $3.27 \pm .622$ .

H<sub>1</sub> hypothesis framed for the purpose of to find out that all ORGZAL CUL types significantly vary between the health-care institutes run under PUBL sector and PRIV sector. For the verification of this Hypothesis independent t-test run in SPSS.

To break down this hypothesis, free t-test is directed. The outcomes demonstrated that there is a critical contrast between the differences of ORGZAL CUL out in the open and PRIV healing facilities with the exception of MKTCUL. The outcome of t-test revealed that there is a significant difference between the variances of ORGZAL CUL in PUBL and PRIV health-care units except MKTCUL.

## 8. Correlation

### Correlation (Independent Variable – Dependent Variable)

Table	ADHC CULTURE	MKT CULTURE	HIERCY CULTURE	Unit-Level Service Performance
CLAN CULTURE	0.693**	0.693**	0.809**	0.564**
ADHC CULTURE		0.717**	0.832**	0.724**
MKT CULTURE			0.803**	0.546**
HIERCY CULTURE				0.646**

\*\* . Correlation is significant at the 0.01 level (2-tailed).  
 \* . Correlation is significant at the 0.05 level (2-tailed).

Table 15 Correlation

Table:	Coefficient, <i>r</i>	
<b>Strength</b>	Positive	Negative
<b>Weaker</b>	0.10 to 0.30	-0.10 to -0.30
<b>Moderate</b>	0.31 to 0.50	-0.31 to -0.50
<b>Stronger</b>	0.50 to 1.00	-0.51 to -1.00

According to the Table No. 15 the following relations are showing with reference to correlation of the variables measured in this study. Finding during regression analysis disclosed that all the developed constructs used in this study to be distinguished with each other as items are commonly correlated with each other positively and significantly.

There is strong significant relationship among the Independent variables. Significant strong relationship of CLANCUL with ADHC, MKT and HIERCYCUL. There is strong relationship between independent and dependent variable, There is a strong relationship CLANCUL (Dependent Variable) and Unit-Level Service Performance (Dependent Variable) the correlation value is 0.564. There is also strong relationship ADHCCUL (independent variable) and Unit-level Service performance (Dependent variable), as the correlation value is 0.724. As far as the MKTCUL (independent variable) is also has strong relationship with Unit-level Service performance, the correlation value is 0.546. Similarly, HIERCYCUL (independent variable) is also has strong relationship with Unit-Level Service performance, the correlation value is 0.646.

## 9. Regression Analysis

In statistical environment, regression analysis is a traditional statistical procedure for assessing the connections amongst variables. It comprises several methods for demonstrating and investigating several variables, when the emphasis is on the connection between a dependent variable and independent variables (one or more). Multiple regression is instrument that calculate how “multiple independent variable” are connected to dependent variable. When you have distinguished how these multiple variables identify with your dependent variable, you can take data about all the of the independent variables and utilize it to make significantly more intense and precise forecasts concerning why things are how they are. This procedure is called "Multiple Regression". The output and result of adjusted R indicate that all independent variables along with dependent variable of ORGZAL SUB-CUL explains 81.6 % variance. Whereas, F-Statistics value demonstrate the combined effect of independent variable to dependent variable is significant and shows that model is fit (p-value < 0.001).

R symbolize the multiple regression, its range is from -1 to 1. Therefore, .911 near to 1, that shows that SUB-CUL has strong relationship between independent variables.

---

<b>Model Summary</b>				
<b>R</b>	<b>R Square</b>	<b>Adjusted R Square</b>	<b>F-Statistics</b>	<b>Sig.</b>
.911 <sup>a</sup>	.838	.816	12.871	.000 <sup>b</sup>

a. Predictors: (Constant), CLANCUL, ADHCCUL, MKTCUL, HIERCYCUL

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**Table 16 Model Summary**

There was strong positive relationship between dependent (unit-level Performance) and independent variables i.e. CLAN CUL, ADHC CUL, MKT CUL, HIERCY CUL 91% of the variation is explained by independent variables. The model is fit (p-value <0.001)

ANOVA <sup>a</sup>						
	Model	Sum of Squares	df	Mean Square	F	Sig.
1	Regression	15.315	4	3.829	55.194	.000 <sup>b</sup>
	Residual	3.122	45	.069		
	Total	18.437	49			
<b>a. Dependent Variable: Group Service Performance</b>						
<b>b. Predictors: (Constant), HIERCY,MKT, CLAN, and ADHC</b>						

Table 17 ANOVAa

This is the table that shows the output of the ANOVA analysis and whether there is a statistically significant difference between our group means. We can see that the significance value is 0.000 (i.e.,  $p = .000$ ), which is below 0.05. and, therefore, there is a statistically significant difference in the mean of Independent variable and Dependent variable.

Coefficients						
	Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	.139	0.223		.622	.537
	<b>Clan Culture</b>	.321	.089	.335	3.598	.001
	<b>Adhocracy Culture</b>	.382	.115	.371	3.334	.002
	<b>Market Culture</b>	.029	.081	.032	.355	.724
	<b>Hierarchy Culture</b>	.218	.073	.287	3.002	.004
<b>a. Dependent Variable: Unit Level-Service Performance</b>						

Table 18 Coefficients

To explore the influence of independent variables i.e. CLAN CUL, ADHC CUL, MKT CUL, HIERCY CUL on dependent variable i.e. Unit-level Service performance, test of linear regression analysis was applied.

CLAN CUL has positive effect on Unit-level Service Performance. Unit increase in CLAN CUL on average increases the Unit-level Service Performance .321 times. ADHC CUL has positive effect on Unit-level Service Performance. Unit increase in ADHC CUL will increase Unit-level Performance .382 times, MKTCUL has effect on Unit-level

performance, and unit increase in MKTCUL will increase Unit-level Performance .029 times. HIERCY CUL is have positive effect on Unit-level Service performance; unit increase in HIERCY CUL will increase Unit-level Service performance .218 times.

The regression analysis supported for testing the following hypothesis:

The independent variable “CLAN CUL” as indicated in regression table, shows a significant relationship with .335 (t=3.598, sig, .001) on Group Service Performance. It shows that CLAN CUL has a significant positive impact of unit-level service performance.

The variable “ADHC CUL” as indicated in regression table, shows a significant relationship with .371 (t=3.334, sig, .002) on Group Service Performance. It shows ADHC CUL has significant positive impact on unit-level service performance.

The variable “MKT CUL” as indicated in regression table, shows also a relationship with .032 (t=.355, sig, 0.724) on Group Service Performance. It shows MKT CUL has positive impact on unit-level service performance, but this relationship in not significant. These results not supported in case of group level performance.

The variable “HIERCY CUL” as indicated in regression table, shows a significant relationship with .287 (t= 3.002, sig, .004) on Group Service Performance. It shows HIERCY CUL has significant positive impact on unit-level service performance.

## 9.1 Results

Hypothesis	Accept/Reject
<i>H1: There is a significance difference between ORGZAL SUB-CUL types of PUBL and PRIV sector HOSPLs.</i>	<i>Accept</i>
<i>H2: CLAN SUB-CUL has direct and positive effects on work-unit service performance.</i>	<i>Accept</i>
<i>H3: ADHC SUB-CUL has direct and positive effects on work-unit service performance.</i>	<i>Accept</i>
<i>H4: MKT SUB-CUL has direct and positive effects on work-unit service performance.</i>	<i>Reject</i>
<i>H5: HIERCY SUB-CUL has direct and positive effects on work-unit service performance.</i>	<i>Accept</i>

Table 19 Results

## **10. Discussion, Conclusion and Recommendations**

The motivation behind the present investigation was to recognize the predominant SUB-CUL and observationally clarify the connections among the departmental SUB-CUL of the ORG and corporate execution in healthcare sector. Anyway, in the response of the studies, CUL is uncertain, intangible, difficult to quantify. In this way, it chosen to conduct out a questionnaire survey. Amid the audit of various literature identified with this theme, it seen that ORGZAL CUL instruments have been change according to its point, extension, and theoretical approach. In this subjective investigation, CVF demonstrate used to reveal the ORGZAL CUL in the field of provider of health services.

Corporate CUL has very strong impact all the way on a HOSPL on numerous angles. While appraisal of literature related to ORGZAL CUL and ORGZAL execution concepts, it is risen that ORGZAL CUL is particularly associated with the execution of any association (Denison 1990). Due to these reasons, that study is one step ahead to observe about CUL in health-care units in Lahore, Pakistan to the study stream on CUL and quality care in a Pakistani HOSPLs.

In the past segment, the aftereffects of the fundamental research were discussed. In this section, the consequences of these outcomes examined, finding are introduced and conclusions are given. A review of the investigation has been shown in this segment together with proposition and the confinements of this investigation.

### **10.1 Overview of the Research**

The HOSPLs investigated were health-care ORGs in PUBL and PRIV sectors. These health-care units were working has three working shifts that rotate based on weekly roaster. It had been investigated that regardless of the time in which any shift or sector operates, the altered shifts have a tendency to execute at altered levels by way of excellence and size of output. The determination behind of this study was to explore the potential impact of ORGZAL SUB-CUL on the unit level performance. Many intentions and hypotheses

framed to meet the expectation of this study. ANOVA statistical analysis permitted to the scholar to find out that there were variances between SUB-CULs of PRIV and PUBL sector health-care units.

## **10.2 Discussion of the Finding**

The results of this study have been offered in this part of the study, with their consequences, coupled with their relation to past research. In next section outcomes with ORGZAL SUB-CUL profile is presented with their conclusions. Next section also highlight the finding and conclusions on the impact of ORGZAL SUB-CUL on unit-level service performance and service quality.

## **10.3 The Organizational Culture Profile**

Competing Value Frame by (Cameron and Quinn 2011) used to analyses the ORGCUL through structured questionnaire. The ORGZAL CUL was analyzed as far as the impression of the Doctors on the basis prevailing CUL within the department they had a place with. Four dimensions (CLAN CUL, ADHC CUL, MKT CUL and, HIERCY CUL) of CVF evaluated in this study. This suggested the ORGZAL CUL focused on internal upkeep with versatility, having an affectability for individuals and being sensitive to their client (Berrio 2003). In view of Quinn CUL is ongoing process with an emphasis on connection and cooperation among the people. Departmental heads are implementers of the CUL and act as supporters and implementers (Quinn 1988). In this study, results showed that leadership remain focused on buildup the ORG throughout their job (Cameron and Quinn 2011). This is achievable task with the participation, agreement and achievement (Cameron and Quinn 2011).

The investigations in like manner exhibited that the CUL quadrant philosophies makes the most regard when security must be kept up in spite of vulnerability (Martin 1992). Leaders who exceed expectations in this quadrant tend to go up against parts of parent figure, coach, facilitator, and team maker. The predominance of the CLANCUL demonstrates that the leaders within health-care ORGs value shared goals, common commitment, and a feeling of community among their workers (Cameron and Quinn 2011). The results show that the

CLAN CUL is prevailing which suggests that the abilities at health-care ORG include leadership through collaboration, building powerful, strong, smooth working groups. It additionally incorporates leadership through empathy and caring, in this manner encouraging an atmosphere of individual concern and support for others (Cameron and Quinn 2011).

#### **10.4 The Impact of Organizational Sub-Culture to work-unit Service Performance**

The core SUB-CUL components are CLAN, ADHC, MKT, and HIERCY, these are the components, who formulate the ORGZAL CUL or SUB-CUL within the department in any health-care unit. These qualities are basic to build up a powerful ORGZAL CUL in any ORG and important to change in the PUBL arena (Tedla 2016).

The finding of this study shows that the CLAN CUL linked to the performance of the department. Therefore, health-care industry should emphasis more and more on CLAN CUL. However, the results of CLAN CUL supported the study of (Ogbonna and Harris 2000). Crust of CLAN CUL is teamwork. Members of the division share shared characteristics and see themselves are a piece of one major family who are dynamic and included. Administration appears as mentorship, and the association is bound by responsibilities and customs. The fundamental qualities are established in cooperation, correspondence and compromise. Tom's of Maine who are the manufacturer of natural hygiene merchandises. To assemble the brand, organizer Tom Chappell concentrated on building environment of respect with their workers, clients, contractors and with the nature itself.

ADHC CUL depends on energy and innovativeness. Workers are urged to accept the risks, and their managers are viewed as trendsetters or business visionaries. Research is the only tool to remain the ORG together. Freedom is the key factor to achieve the unity of ORG. We have the classical example of Facebook as a benchmark of ADHC CUL, as CEO Mark Zuckerberg's famous approach to, "Move fast and break things – unless you are breaking stuff, you are not moving fast enough". ADHC CUL has the best improvement of

information transformation and corporate execution (Tseng 2010). This study also proven that ADHC CUL has positive effect on group service performance.

Competition and outstanding results are two main dimensions of MKT CUL. Focus point in MKT CUL is based upon the flow of rivalry and accomplishing tangibles outcomes. The managers of the ORG remains focused towards their goals, they remain tough and their concentration is objective arranged, with administrators who are extreme and requesting. The ORG is united by a shared objective to succeed and beat all opponents. The principle esteem drivers are MKT share and benefit. GE under EX-CEO Jack Welch is a decent case of this CUL. Another case of the MKT CUL is Programming monster Oracle under hard-driving Executive Chairman Larry Ellison. Choking under pressure is defined as performance decrements (Baumeister 1984), this is evident of our study, as in our study MKT CUL has negative impact on group performance.

According to this study, HIERCY CUL has positive relationship with group performance. Structure of the ORG and effective control are main components of HIERCY CUL. Formal workplace with strict compliance of procedures are evident of HIERCY CUL. Coordination among the departments and their monitoring can achieved through strong leadership. The qualities include reliability and standardization. We have the examples of the large bureaucratic associations like McDonald's, the military, manufacturer of vehicles. The HIERCY CUL may along these lines be expanded with more formulized procedures, controls and strategies to hold association joined together (Cameron and Quinn 2011).

## **10.6 Future Recommendations**

Business administrators may evaluate their ORGZAL SUB-CUL viability adjacent to the principle strategies constructed in this study. The planning's incorporate very much-characterized mission and vision, CLAN CUL, ADHC CUL, MKT CUL and HIERCY CUL. In the event that these designs do not prevail inside the ORG, business organizers may build up a powerful hierarchical CUL for their ORG utilizing these strategies. As the results uncovered, setting up an effective hierarchical CUL in the health-care units enhances performance. Business administrators may improve their ORG execution by building up powerful hierarchical CUL utilizing these strategies. Overall, having led our

research in this setting has established the framework for building up a connection between ORGZAL SUB-CUL types and specific staff-reported features of service performance implementation. This is reliable with past reports (Wakefield, Blegen et al. 2001) and proposals from prior findings that recommend the requirement for cultural appraisal preceding executing interventions purposed for enhancing quality of care and cultural execution (Rabbani, Jafri et al. 2007). In the event that the case a grouped focused/developmentally situated CUL encourages more execution of performance at work, at that point this specific health-care facility needs to implementation of quality improvement. Anyhow, the track of the relationship, if any, not known in our study. This study represents a picture of doctor's views about CUL and performance at a single period in time. These finding will be helpful to other health-care units in case of, longitudinal study, it leads to potential change in CUL as well as in performance after having training and awareness to doctors about CUL and performance. Awareness/training about CUL and its relationship towards the performance is required after first and before second survey is required for more in depth analysis and enhanced findings.

Nurses and para-medical staff should be considered in future studies as they are also key player within the departments, having work and follow the instructions of HoD for delivery of quality performance. Their nature of work directly relates with doctors.

In-depth analysis for MKT CUL is required, to find out the factors who can increase the performance of the department. Find out the reasons, why MKT CUL is not supportive for service performance.

Another service sector must be tested in future study.

## **11. Limitations**

The outcome and results of this research should be looked into fundamentally in light of a few limitations. This is noticed that the finding of this research were an aftereffect of a small sample size. We did not get data from nurses that why we faced small sample size. According to (Scott, Mannion et al. 2003) in any particular health-care unit at least 04 doctors should be surveyed, and doctors nurses ratio should be 1:3, then sample size from any particular health-care unit might cover 3 doctors, and 36 nurses. In our research, we obtained an average 04 questionnaires from single department including HoD. However, due to small number of doctors in each health-care unit leads to decrease the generalization of the results.

Further, due to shortage of time this study conducted only specific health-care units of Lahore. To find out the comprehensive results/finding this study should be conducted at least all provincial capitals of Pakistan. It will also help to find out the CUL differences across the boundaries of provinces of Pakistan. Furthermore, this research should be funded to meet the different expenses i.e. to travel across Pakistan etc.

## **12. Conclusion**

The CVF model was used in this study as this model used as a yardstick for exploring the ORGZAL CUL, it is most appropriate model to gauge ORG CUL in service sector. ORGZAL SUB-CUL types has strong effect on unit-level service performance except the MKT CUL. This study also reveals that there is a significance difference between ORGZAL SUB-CUL types of PUBL and PRIV sector HOSPLs.

The CUL inside an ORG is very critical, CUL assuming as very important part in whether it is a pleasant and solid working environment where workers are working. The efficiency and performance of doctors can effect, if they do not accept the prevailing ORGZAL CUL. If flow of communication and information between the leaders and workers is good and fast, it can influence the behaviors and attitudes of the doctors. Finally, it leads to achieve the mission and corporate objectives of the HOSPL, given by Higher Management.

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## Appendixes

### Annexure A

### Department Head Survey

<b>For each statement, please indicate the degree of your agreement/disagreement by selecting the appropriate number.</b>	<b>Strongly Disagree 1</b>	<b>Disagree 2</b>	<b>Neither Agree Nor Disagree 3</b>	<b>Agree 4</b>	<b>Strongly Agree 5</b>
My department of this HOSPL performs the expected patient's service accurately and dependably.	1	2	3	4	5
Physicians, nurses and support staff of my department of this HOSPL are Knowledgeable, experienced and skilled.	1	2	3	4	5
Physicians, nurses and support staff of my department of this HOSPL are caring and provide individualized attention to patients.	1	2	3	4	5
Physicians, nurses and support staff of my department of this HOSPL are courteous and friendly to inspire patients' trust and confidence.	1	2	3	4	5
My department of this HOSPL provides appropriate, effective and beneficial medical services to their patients.	1	2	3	4	5
Physicians of my department of this HOSPL provide prompt services to the patients.	1	2	3	4	5
My department of this HOSPL provides patients' services by using up-to-date equipment.	1	2	3	4	5
Physical environment of my department of this HOSPL is visually attractive and comfortable.	1	2	3	4	5
In my department of this HOSPL, the appearance of contact staff (physicians, nurses and supports staff) is professional.	1	2	3	4	5
In my department of this HOSPL, employees (physicians, nurses and support staff) go out of their way to help themselves with work-related problems.	1	2	3	4	5
In my department of this HOSPL, employees (physicians, nurses and support staff) voluntarily help new employees settle into the job.	1	2	3	4	5
In my department of this HOSPL, employees (physicians, nurses and support staff) frequently adjust their work schedule to accommodate other employee's requests for time off.	1	2	3	4	5
In my department of this HOSPL, employees (physicians, nurses and support staff) always go out of the way to make newer employees feel welcome in the work group.	1	2	3	4	5
In my department of this HOSPL, employees (physicians, nurses and support staff) show genuine concern and courtesy toward co-workers, even under the most trying business or personal situation.	1	2	3	4	5
In my department of this HOSPL, employees (physicians, nurses and support staff) develop and make recommendations concerning issues that affect this department.	1	2	3	4	5
In my department of this HOSPL, employees (physicians, nurses and support staff) speak up and encourage others in this department to get involved in issues that affect this department.	1	2	3	4	5
In my department of this HOSPL, employees (physicians, nurses and support staff) keep well informed about issues where their opinion might be useful to this department.	1	2	3	4	5
In my department of this HOSPL, employees (physicians, nurses and support staff) get involved with issues that affect the quality of life here in this department	1	2	3	4	5
In my department of this HOSPL, employees (physicians, nurses and support staff) speak up in this department with ideas for new projects or changes in procedures.	1	2	3	4	5

In my department of this HOSPL, employees (physicians, nurses and support staff) communicate their opinions about work issues to others in this department even if their opinion is different and others in this department disagree with them.	1	2	3	4	5
My department of this HOSPL gets its work done very effectively.	1	2	3	4	5
My department of this HOSPL has performed its job well.	1	2	3	4	5
My department of this HOSPL is very competent.	1	2	3	4	5

Annexure B

**Physicians' Survey**

<b>For each statement, please indicate the degree of your agreement/disagreement by selecting the appropriate number.</b>	<b>Strongly Disagree 1</b>	<b>Disagree 2</b>	<b>Neither Agree Nor Disagree 3</b>	<b>Agree 4</b>	<b>Strongly Agree 5</b>
My department of this HOSPL is a very personal place. It is like an extended family. People seem to share a lot of themselves.	1	2	3	4	5
The leadership in my Department of this HOSPL is generally considered to exemplify mentoring, facilitating, or nurturing.	1	2	3	4	5
The management style in my department of this HOSPL is characterized by teamwork, consensus, and participation.	1	2	3	4	5
The glue that holds my department of this HOSPL together is loyalty and mutual trust. Commitment to this HOSPL runs high.	1	2	3	4	5
My department of this HOSPL emphasizes human development. High trust, openness, and participation persist.	1	2	3	4	5
My department of this HOSPL defines success based on the development of human resources, teamwork, employee commitment, and concern for people.	1	2	3	4	5
My department of this HOSPL is a very dynamic and entrepreneurial place. People are willing to stick their necks out and take risks.	1	2	3	4	5
The leadership in my department of this HOSPL is generally considered to exemplify entrepreneurship, innovation, or risk taking.	1	2	3	4	5
The management style in my department of this HOSPL is characterized by individual risk taking, innovation, freedom, and uniqueness.	1	2	3	4	5
The glue that holds my department of this HOSPL together is commitment to innovation and development. There is an emphasis on being on the cutting edge.	1	2	3	4	5
My department of this HOSPL emphasizes acquiring new resources and creating new challenges. Trying new things and prospecting for opportunities are valued.	1	2	3	4	5
My department of this HOSPL defines success on the basis of having the most unique or newest services.	1	2	3	4	5
My department of this HOSPL is very result oriented. A major concern is with getting the job. People are very competitive and achievement oriented.	1	2	3	4	5
The leadership in my department of this HOSPL is generally considered to exemplify a no- nonsense, aggressive, results- oriented focus.	1	2	3	4	5
The management style in my department of this HOSPL is characterized by hard-driving competitiveness, high demands, and achievement.	1	2	3	4	5
The glue that holds my department of this HOSPL together is the emphasis on achievement and goal accomplishment.	1	2	3	4	5
My department of this HOSPL emphasizes competitive actions and achievement. Hitting stretch targets and winning in the MKTplace are dominant.	1	2	3	4	5

My department of this HOSPL defines success on the basis of winning in the MKT place and out pacing the competition.Competitive MKT leadership is key.	1	2	3	4	5
My department of this HOSPL is a very controlled and structured place. Formal procedures generally govern what people do.	1	2	3	4	5
The leadership in my department of this HOSPL is generally considered to exemplify coordinating, organizing, or smooth-running efficiency.	1	2	3	4	5
The management style in our HOSPL is characterized by security of employment, conformity, predictability, and stability in relationships.	1	2	3	4	5
The glue that holds my department of this HOSPL together is formal rules and policies. Maintaining a smooth-running HOSPL is important.	1	2	3	4	5
My department of this HOSPL emphasizes permanence and stability. Efficiency, control, and smooth operations are important.	1	2	3	4	5
My department of this HOSPL defines success on the basis of efficiency. Dependable delivery, smooth scheduling, and low-cost running operations are critical.	1	2	3	4	5
My department of this HOSPL performs the expected patient's service accurately and dependably.	1	2	3	4	5
Physicians, nurses and support staff of my department of this HOSPL are Knowledgeable, experienced and skilled.	1	2	3	4	5
Physicians, nurses and support staff of my department of this HOSPL are caring and provide individualized attention to patients.	1	2	3	4	5
Physicians, nurses and support staff of my department of this HOSPL are courteous and friendly to inspire patients' trust and confidence.	1	2	3	4	5
My department of this HOSPL provides appropriate, effective and beneficial medical services to their patients.	1	2	3	4	5
Physicians of my department of this HOSPL provide prompt services to the patients.	1	2	3	4	5
My department of this HOSPL provides patients' services by using up-to-date equipment.	1	2	3	4	5
Physical environment of my department of this HOSPL is visually attractive and comfortable.	1	2	3	4	5
In my department of this HOSPL, the appearance of contact staff (physicians, nurses and supports staff) is professional.	1	2	3	4	5