



St. MARY'S UNIVERSITY

SCHOOL OF GRADUATE STUDIES

THE IMPACT OF ORGANIZATIONAL CULTURE ON ORGANIZATIONAL PERFORMANCE THE CASE OF ST. PETER HOSPITAL

**A THESIS SUBMITTED IN PARTIAL FULLFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTERS OF BUSINESS
ADMINISTRATION**

ADVISER: SOLOMON MARKOS (PhD)

**By: WONDIMU MEKA
ID No: SGS/0199/2007A**

**JUNE, 2016
ADDI ABABA, ETHIOPIA**

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By
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DECLARATION

I WondimuMeka, hereby declare that the thesis entitled “ The impact of organizational culture on organizational performance; the case of St. Peter TB specialized hospital is my original work and submitted by me for the award of the degree in master of Business administration from St. Marry University school of graduates study at Addis Ababa and it has not been presented for the award of any other Degree, Diploma, Fellowship or other similar titles of any other university or institution and that all sources of material used for the study have been appropriately acknowledged.

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June, 2016

ENDORSEMENT

This is to certify that Mr. WondimuMeka has been completed his thesis work entitled “The impact of organizational culture on organizational performance the case St. Peter TB Specialized hospital”. As I have evaluated, his research is original work and appropriate to be submitted as a partial fulfillment requirement for the award of Degree in master of Business Administration.

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Signature; -----

Date; -----

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LIST OF ABBREVIATION

AOR- adjusted crude rate

VCT – voluntary counseling and testing

CI- crude rate

HPAT – Hospital performance assessment tool

MCH – Maternal and child health

TB – Tuberculosis

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ABSTRACT

The target of this study was to investigate the impact of organizational culture on organizational performance in St. TB Specialized hospital. To do so the researcher used structured questioner to see existing organizational culture on the hospital performance, organizational culture was adopted from Anas(2009) and organizational performance was also adopted with some modification from hospital performance assessment tool which is developed by Ethiopia ministry of health to measure the performance of hospital throughout the country.

The researcher took 196 sample of respondent in random sampling techniques .the data analysis part did in execution of different statistics technique inclusive of logistic regression analysis.

As per the data analysis finding the researcher conclude that Correlation of all individual independent variables have strong positive relationship with the dependent variable but in crude or in aggregate only innovation and risk taking, people orientation and aggressiveness and attention to detail had significant relationship with the dependent variables. And also attention to detail is the only independent variable which fit in formulation of the model.

The finding of descriptive analysis proof that majority of the respondent (above 80%) believes that the hospital organizational performance is met excellent, very good and enough good but only less than 20% of the total respondent thought that the hospital overall performance is met poorly and not met.

To keep up and enhance the performance of the hospital the researcher recommended that the hospital has keep up the organizational performance and develop and implement different strategies to nurture and strengthen the culture of the hospital to be innovative and risk taking, out comes orientation, people orientation, aggressive, team orientation and stable & communicable.

CHAPETR ONE

As introduction in this chapter, brief explanation of the organization and included formulation of statement of the problem. And also designed the methodology on how to be done this research was being a part of this chapter in addition to research question and objectives.

1.1 BACKGROUND OF THE STUDY

1.1.1 Introduction

Organizational culture is all about the pattern of shared values, beliefs, and assumptions considered being the appropriate way to think and act within an organization. So its concern is associated with intention, feeling, decision and action of human being within the organization.

Organizational culture is often described as the key factor in the relationship between employees and organizations. It incorporates thoughts of being connected, attached and going beyond the basic requirements of the job which tend to improve organizational efficiency and effectiveness (Williams & Anderson, 1991).

Therefore Human Capital; is crucial for organization which gives competitive advantage due to its uniqueness, is one of the resources that work as a pillar for an organization (Holland, Sheehan and de Cieri, 2007). Employees play an important role in organizations, they are the greatest resource an organization can have and it is through their involvement and commitment that the organization can become competitive (Sempane, Rieger&Roodt, 2002). Employees who are committed are liable to increase their performance and devote their time to the organization (Saal& Knight, 1987).

It is considered to be a cause of organizational Success or failure. It is frequently held accountable for organizational ills and, on occasions, praised for creating positive qualities (Sawner, 2000).Organizational culture works a lot like this. Every company has its own unique personality, just like people do. The unique personality of an organization is same as its culture.

In groups of people who work together, organizational culture is an invisible but powerful force that influences the behavior of the members of that group. it includes an organization's

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expectations, experiences, philosophy, and values that hold it together, and is expressed in its self-image, inner workings, interactions with the outside world, and future expectations.

organizational culture affects the organization's productivity and performance, and provides guidelines on customer care and service, product quality and safety, attendance and punctuality, and concern for the environment. Therefore, understand deeply the implication of organizational culture undeniable to enhance and maintain the performance of the organization to meets its objectives and goals.

1.1.2 Organizational Background

St. Peter's TB Specialized Hospital established in 1953. The hospital is the country's first TB Referral Hospital. St. Peter's hospital was placed in two different places but currently it located in one places called 'Entoto'. In 1960's the hospital was named TB Demonstration and Training Centre and Sanatorium.

The hospital have been serving more than fourth decade serving the nation only a single disease- Tuberculosis hospital. After the EPRDF took power the hospital becomes from a single disease hospital into multi services health institution. The hospital is having already started additional new services other than TB, Medical, and Pediatric services and these services include: Dental, gynecology, Dermatology, physiotherapy, MCH, ART & VCT. Surgery services will be lunched soon.

In 2009, St. Peter's is becoming the first hospital in the country in care of the MDR-TB patients. The hospital is inpatient and out patients of MDR-TB with and without referral receiving throughout the country since 2009. The hospital is also recognizing by Federal Ministry of health as Centre of Excellence for MDR-TB since 2012 (St. Peter TB Specialized Hospital 5 Years Transformational Plan, Nov/2008).

1.2 Statement of the problem

Organizational culture encompasses values and behaviors that contribute to the unique social and psychological environment of an organization. Organizational culture is all about attitude, beliefs, values and expectation shared by the members of the organization. According to Schein (1984) organizational culture is the most important that guides the organizational stakeholders behaviors and serves as a glue in order to keep every members interact together.

Organizational culture varies based on context of types and purposes of organization want to achieve as well as based on different socioeconomic, political and environmental situation. Culture has huge implication in success and failure of an organization.

The organization needs to give priority for its survival as an organization and to the system it used to do, to deliver its products and services in such a way that it ensure its ability to survive and succeed. This determined by how an organizational culture fit with the success factor like people oriented, innovation, attention details of techniques & procedures, supportiveness and working culture.

Especially in health services provider's institution; organizational culture is so important because the services naturally needs care and support for the costumers without any discrimination, being effective in implementation of process and procedures to avoid medical mistake and needs working together for innovation.

The mandate of St. Peter TB specialized hospital is to Reduce mortality, morbidity and disability by providing excellence preventive, curative and rehabilitative infectious disease service, by conducting operational and high tech infectious disease research and by providing comprehensive pre service and in-service infectious disease training and being center of excellence in tuberculosis disease preventive and curative.

This hospital mostly provides air born infectious disease in addition to Medical and psychiatric treatment. As result it required high safety, communication& stability, teams work, respect for people and innovation. Most study tried to address the answer for the question of how organizational culture affects organizational performance at organization found in developed country. However to the best of knowledge of the researcher, this is new study for Ethiopia

specifically at government hospital which serves the majority of the total population. Therefore, this study was done to analyze the how the organizational culture of the hospital/ affect its performance.

1.3 Research Questions

The focuses of the study will be to seek answer to the following basic research questions;

- What are the existing characteristics of organizational culture at St. Peter Hospital?
- What measure should take the hospital to improve the existing organizational culture?
- What is the relationship between organizational culture and organizational performance?
- What is the impact of organizational culture on organizational performance?

1.4 Objectives of the study

The research will be conducted with the following General and specific objectives.

1.4.1 General Objective

The general objective of the study is investigating the impact of organizational culture on organizational performance at St. Peter TB specialized hospital.

1.4.2 Specific Objectives

- ❖ To determine the existing characteristics of organizational culture at St. Peter hospital
- ❖ To examine the relationship between organizational culture and organizational performance.
- ❖ To analyze the extent of organizational culture has impact on organizational performance.

1.5 Scope of the study

This study is mainly focus on examining the factors of organizational culture using Ana's seven dimension of variables such as Innovation and risk taking, Outcome orientation, Stability and communication, People orientation. Attention to detail, Team orientation and Aggressiveness.

Its significance association with organizational performance measuring cascading in to Hospital Leadership and Governance, Patient Flow, Medical Records Management, Pharmacy Services, Laboratory Services, Nursing Care Standards, Infection Prevention, Facilities Management, Medical Equipment Management, Financial and Asset Management, Human Resource Management, Quality Management and Monitoring and Reporting at St. Peter Hospital.

This paper was not taking in to consider other factor that has impact on organizational performance. Nor were not examine and elaborate other variable that may have positive and negative relationship with the performance of the organization.

1.6 Organization of the study

The study will have five chapters. In the first chapter the introductory, statement of the problem, research question and objective is presented. In the second chapter review of related literature was discussed. The Research Methodology is described in the third chapter. The collected data also analyzed, presented and interpreted in the fourth chapter.

And, the last chapter, chapter five is summary, conclusion and recommendation of the study.

CHAPTER 2: LITERATURE REVIEW

2.1 Theoretical literature

A review of previous relevant literature is an important feature of any research study. This chapter commences with an overview of the concept of organization culture. After presenting different concepts or models of organization culture, organization performances will thoroughly discuss.

2.1.1 Defining Organizational Culture

It is difficult to accurately define organizational culture. The term culture is used in a wide range of social sciences, such as anthropology, psychology, and sociology. Many scholars who have investigated organizational culture have defined it differently according to their disciplines and scholarly backgrounds.

Hofstede (1991) defined organizational culture as “the collective programming of the mind which distinguishes the members of one organization from another”. Organizational culture was also defined as “the observable norms and values that characterize an organization, influences which aspects of its operations and its members become salient and how members perceive and interact with one another, approach decisions, and solve problems” (Chatman, Polzer, & Barsade). Deshpande and Webster Jr (1989) defined organization culture as “the pattern of Shared values and beliefs that help individuals understand organizational functioning and thus provide them with the norms for behavior in the organization”.

In spite of these differences, most of the researchers agree that organization culture consists of a combination of values, beliefs, and assumptions held by members of organization to guide them to the acceptable behavior in their organization (Hofstede, 2001).

In this regard, Schein’s definition is considered one of the most Comprehensive definitions of organization culture where he defined it as follows: “A pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration that has worked well enough to be considered valid and, therefore, to be taught to new members of the organization as the correct way to perceive, think, and feel in relation to those problems”.

The most popular organizational culture definition was given by Edgar Schein (1985). He defined organizational culture as “(a) a pattern of shared basic assumptions, (b) invented, discovered, or developed by a given group, (c) as it learns to cope with its problems of external adaptation and internal integration, (d) that has worked well enough to be considered valid and, therefore (e) is to be taught to new members as the (f) correct way to perceive, think and feel in relation to those problems”.

In this research the following definition for organizational culture will be applied: “Organizational culture is the shared understanding of the beliefs, values, norms and philosophies of how things work (Wallach, 1983)”

2.1.2 Dimension of cultures

2.1.2.1 Hofstede

Hofstede demonstrated that there are national and regional cultural groupings that affect the behavior of organizations and identified five [dimensions of culture](#) in his study of national cultures (Hofstede, 2001):

- *Power distance*, Different societies find different solutions on social inequality. Although invisible, inside organizations power inequality of the "boss-subordinates relationships" is functional and according to Hofstede reflects the way inequality is addressed in the society. A high score suggests that there is an expectation that some individuals wield larger amounts of power than others. A low score reflects the view that all people should have equal rights.
- *Uncertainty avoidance* is the coping with uncertainty about the [future](#). Society copes with it with [technology](#), [law](#) and [religion](#) (however different societies have different ways of addressing it), and according to Hofstede organizations deal with it with technology, law and [rituals](#) or in two ways - rational and non-rational, with rituals being the non-rational. Hofstede listed some of the rituals as the memos and reports, some parts of the accounting system, large part of the planning and control systems, and the nomination of experts.

- *Individualism vs. collectivism* - disharmony of interests on personal and collective goals. Hofstede raises the idea that society's expectations of [Individualism/Collectivism](#) will be reflected by the employee inside the organization.
- *Masculinity vs. femininity* - reflects whether a certain society is predominantly male or female in terms of cultural values, [gender roles](#) and power relations.
- Long- Versus Short-Term Orientation. Which he describes as "The long-term orientation dimension can be interpreted as dealing with society's search for virtue. Societies with a short-term orientation generally have a strong concern with establishing the absolute Truth. They are normative in their thinking. They exhibit great respect for traditions, a relatively small propensity to save for the future, and a focus on achieving quick results. In societies with a long-term orientation, people believe that truth depends very much on situation, context and time. They show an ability to adapt traditions to changed conditions, a strong propensity to save and invest thriftiness, and perseverance in achieving results."

2.1. 2.2 other dimension

Daniel Denison's model (1990) asserts that organizational culture can be described by four general dimensions – Mission, Adaptability, Involvement and Consistency. Each of these general dimensions is further described by the following three sub-dimensions:

- Mission - Strategic Direction and Intent, Goals and Objectives and Vision
- Adaptability - Creating Change, Customer Focus and Organizational Learning
- Involvement - Empowerment, Team Orientation and Capability Development
- Consistency - Core Values, Agreement, Coordination/Integration

Denison's model also allows cultures to be described broadly as externally or internally focused as well as flexible versus stable. The model has been typically used to diagnose cultural problems in organizations.

According to Wallach (1983) another way to analyze culture is by dividing culture into three categories namely: (1) Bureaucratic, (2) Innovative or (3) Supportive cultures. A bureaucratic culture is a very organized and systematic culture based on power and control with clearly defined responsibilities and authority. Organizations with this culture are mature, stable,

structured, procedural, hierarchical, regulated and power-oriented; An innovative culture has a creative, result oriented, challenging work environment and is portrayed as being entrepreneurial ambitious, stimulating, driven and risk-taking; A supportive culture displays teamwork and is a people-oriented, encouraging, and has a trusting work environment. This culture is open harmonious, trusting, safe, equitable, sociable, humanistic and collaborative.

Deal and Kennedy (1982) also defined organizational culture as the way things get done around here. They created a model of culture that is based on 4 different types of organizations. They each focus on how quickly the organization receives feedback, the way members are rewarded, and the level of risks taken:

1. **Work-hard, play-hard culture:** This has rapid feedback/reward and low risk resulting in: Stress coming from quantity of work rather than uncertainty. High-speed action leading to high-speed recreation. Examples: Restaurants, software companies.
2. **Tough-guy macho culture:** This has rapid feedback/reward and high risk, resulting in the following: Stress coming from high risk and potential loss/gain of reward. Focus on the present rather than the longer-term future. Examples: police, surgeons, sports.
3. **Process culture:** This has slow feedback/reward and low risk, resulting in the following: Low stress, plodding work, comfort and security. Stress that comes from internal politics and stupidity of the system. Development of bureaucracies and other ways of maintaining the status quo. Focus on security of the past and of the future. Examples: banks, insurance companies.
4. **Bet-the-company culture:** This has slow feedback/reward and high risk, resulting in the following: Stress coming from high risk and delay before knowing if actions have paid off. The long view is taken, but then much work is put into making sure things happen as planned. Examples: aircraft manufacturers, oil companies.

2.1.2.3 Anas, Chatman and O'Relly

As we have seen above Scholars tried to classified organizational culture in various way of dimension whereas according to Anas, Chatman and O'relly; Organizational culture is composed of seven characteristics that range in priority from high to low. Every organization has a distinct value for each of these characteristics, which defines the organization's unique culture. Members of organizations make judgments on the value their organization places on these characteristics, and then adjust their behavior to match this perceived set of values. Let's examine each of these seven characteristics. (Abdullah Aldhuwaihi, 2013)

1. **Innovation** (Risk Orientation) - Companies with cultures that place a high value on innovation encourage their employees to take risks and innovate in the performance of their jobs.
2. **Attention to Detail** (Precision Orientation) - This characteristic of organizational culture dictates the degree to which employees are expected to be accurate in their work.
3. **Emphasis on Outcome** (Achievement Orientation) - Companies that focus on results, but not on how the results are achieved, place a high emphasis on this value of organizational culture.
4. **Emphasis on People** (Fairness Orientation) - Companies that place a high value on this characteristic of organizational culture place a great deal of importance on how their decisions will affect the people in their organizations.
5. **Teamwork** (Collaboration Orientation) - Companies that organize work activities around teams instead of individuals place a high value on this characteristic of organizational culture.
6. **Stability** (Rule Orientation) - A company whose culture places a high value on stability are rule-oriented, predictable, and bureaucratic in nature.

2.2 Measuring Organizational Culture

As there are many definitions and perspectives into the concept of organizational culture, there is also a great deal of research into how to measure it. An important step towards better understanding of the concept of organizational culture is to examine various studies that have contributed to the development of this concept by providing measures of organizational culture. The literature is prolific in studies (Cameron & Quinn, 2011; Hofstede, 2001) that have examined organizational culture from different perspectives, and hence, developed different tools and dimensions of organizational culture.

For example, Hofstede's (2001) model of organizational culture suggests that the manifestations of culture play different roles on the societal and organizational levels, which in turn differentiate between societal and organizational culture. Hofstede's model is composed of six dimensions that emerged from his research. The model assists in understanding different kinds of organizational cultures based on these organizational dimensions: process-oriented versus results-oriented; employee-oriented versus job oriented; parochial versus professional; open system versus closed system; loose versus tight control; normative versus tight control.

Hofstede's organizational culture dimension is based on his work on differences in societal culture. Hofstede (2009) argues that societal culture lies in (often Unconscious) values, while organizational culture resides more in (visible and conscious) Practices. Consequently, Hofstede's model may be adequate for measuring societal culture where the focus is on those cultural values. However, it might be problematic to study organizational culture that resides more in practices.

In this study, the focus is on organizational values at St. Peter TB Specialized hospital. Thus, it is suggested that Hofstede's model of organizational culture may not be suitable for measuring organizational culture.

Measuring organizational culture, it is obvious that there are many approaches to the study and measurement of organizational culture. All of these models study organizational culture from

perspectives influenced by studies of societal culture. The purpose of this current study is to investigate the impact of organizational culture on key organizational behaviors and attitudes. Therefore, measuring societal culture is out of scope for this study.

To accurately study organizational culture, a reliable model was sought that can measure organizational rather than societal culture dimensions in organizations. The tools developed by Anas (2009) provide a more focused study of organizational culture. It has seven dimensions of organizational culture touches the point the area of innovation and risk taking, outcome orientation, stability and communication, people orientation, Attention to detail, Team orientation, and Aggressiveness.

The Ana's tool is an empirically validated and reliable instrument that can be utilized to assess the influence of organizational culture on the organizational variables of this study. Thus, it was considered to be the most suitable for the purpose of this study.

2.3 Organizational performances

The degree of an achievement to which an employee's fulfill the organizational mission at workplace is Called performance (Cascio, 2006). Performance has been perceived differently by various researchers, but most of the scholars relate performance with measurement of transactional efficiency and effectiveness towards organizational goals (Stannack, 1996; Barne).

The job of an employee is build up by degree of achievement of a particular target or mission that defines boundaries of performance (Cascio, 2006). Certain researchers have identified different thought, attitudes and beliefs of performance as it helps in measurement of input and output efficiency measures that lead to transactional association (Stannack, 1996).

The capability of an organization to establish perfect relationship with resources presents effective and efficient management of resources. (Daft, 2000) In order to achieve goals and objectives of organization strategies have been designed based upon organizational performance (Richardo, 2001).

The equity based upon high returns helps in effective management of organization resources so that performance improves (Ricardo, 2001). The loosely joined culture based upon values and beliefs have association with perfect sets (Deal andKenndy 1982).

The diversity between personal objectives and organizational goals has creativemanagement of rules and procedures so that perfect association has been created between them.

2.4 Measurement of an organizational Performance

The Performance-Based Management Special Interest Group (PBM SIG)(2001), defines performance measurement as the ongoing monitoring and reporting of a program accomplishments, particularly progress towards pre-established goals.

It is typically conducted by program or agency management. Performance measures may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), and/or the results of those products and services (outcomes). A program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives. Performance measures quantitatively tell us something important about our products, services, and the processes that produce them. They are a tool to help us understand, manage, and improve what our organizations do.

Effective performance measures can let us know: How well we are doing, If we are meeting our goals, If our customers are satisfied, If our processes are in statistical control, and If and where improvements are necessary. They provide us with the information necessary to make intelligent decisions about what we do (PBM SIG) (2001).

Scholars and practitioners have constantly argued that both financial and nonfinancial measures should be used to determine the organizational performance (Harold, Darlene, 2004; Kaplan & Norton, 1992; Rajendar& Jun Ma, 2005).

Performance is a broader indicator that should include productivity, quality, consistency, and so forth. On the other hand, performance measures can include results, behaviors (criterion-based) and relative (normative) measures, education and training concepts and instruments, including management development and leadership training for building necessary skills and attitudes of performance management (Richard, 2002).

2.5 Relationship between the variables

Figure 2.1 presents a summary diagram of the research framework causal model for the prediction of organizational culture on organizational performance. The model specifies the effect of organizational culture on organizational performance. In this section the basis of the proposed conceptual framework is presented and relationships between the variables are specified.

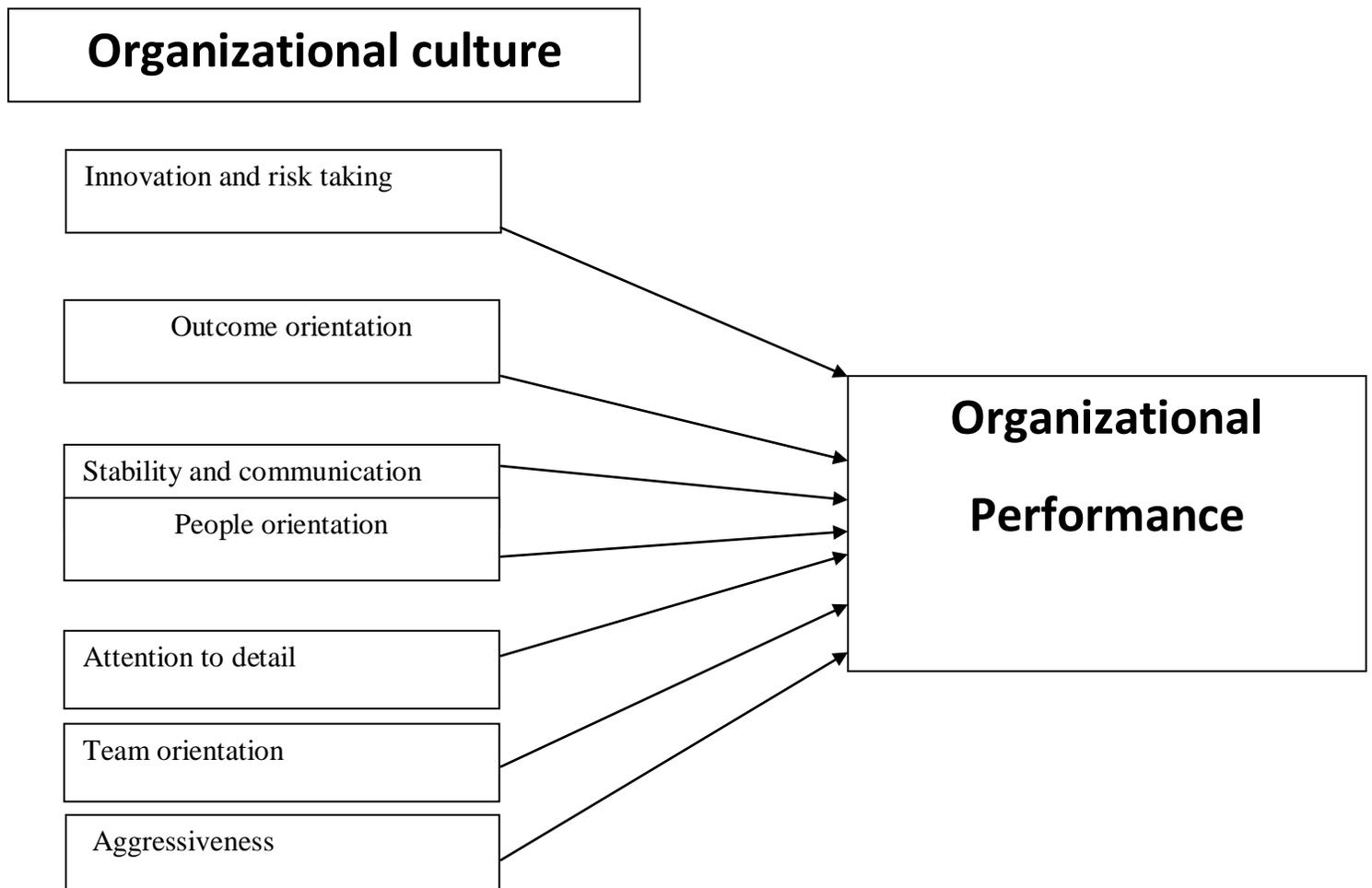


Figure 2-1 Conceptual Framework of research

Sources; Abdullah Aldhuwaihi (2013)

2.6 Empirical literature

Denison (1984) studied 34 American firms' cultural performance on the basis of characteristics that help in improving performance over time. The culture and performance have been interrelated to each other based upon a perfect association between business processes (Reichers and Schneider, 1990). The culture construct based upon operational complexity has its basis towards different business processes.

In more than 200 organizations, economic and long-term performance have been investigated (Kotter and Heskett, 1992). Several researches have been made to evaluate performance of organizations based upon efforts as culture has been given significant association.

According to Barney (1991), organizations provide sustainable competitive advantage.

He introduced three conditions; first, he suggests that culture must be viable, second the culture must be rare and have attributes and third culture must be imperfectly imitable. These can provide assistance to superior organizational performance that can be temporary or continue for long term.

Long-term increase in organizational performance may cause to get the competitive advantage under long run. Kotter and Heskett (1992), conducted a study and found that organizational performance increasing culture or strong culture raised the income of the organizations up 765% between 1977 and 1988, and only 1% increase in a same period of time for firms without performance enhancing culture (Gallagher, 2008).

Culture is being investigated to impact miscellany of organizational process. Organizational culture has a deep impact on the performance of employees that can cause to improve in the productivity and enhance the organizational performance. More than 60 research studies were conducted between 1990 and 2007, which cover more than 7600 small business units and companies to find out the cultural impact on the organizational performance. Results of these studies mostly show positive association between strong culture and performance improvement (Gallagher, 2008).

Organizational culture has the potential to enhance organizational performance, employee job satisfaction, and the sense of certainty about problem solving (Kotter, 2012). If an organizational culture becomes incongruent with the changing expectations of internal and/or external stakeholders, the organization's effectiveness can decline as has occurred with some organizations (Ernst, 2001).

Organizational culture and performance clearly are related (Kopelman, Brief, &Guzzo, 1990), although the evidence regarding the exact nature of this relationship is mixed. Studies show that the relationship between many cultural attributes and high performance has not been consistent over time (Denison, 1990; Sorenson, 2002).

Study in selected textile firms in Nigeria by M.A.O. Aluko, the relationship between culture and organizational performance were examined across three ethno-geographical locations in Nigeria. The findings showed that there is a significant relationship between culture, on the one hand, and organizational performance on the other. Thus it is clear from the empirical evidence generated in this study that organizational performance is a multi-faceted and multidimensional criterion (M.A.O. Aluko, 2013).

CHAPETR- 3: Research Design and Methodology

This part presented the different methods that was adopt in collecting and interpreting data to the study which includes; research design, data sources, measurement, Sampling Design, Data collection method and Data Analysis

3.1 Research Methodology

3.1.1 Research Design

Research design was as the general plan of how the research questions would be answered. It is the conceptual structure within which research was conducted. It constitutes a blue print for the collection, measurement, and analysis of data. A survey is a method of collecting data in which people are asked to answer a number of questions (usually the form of a questionnaire).

The main objective of this research is to investigate the impact of organizational culture on organizational performance at St. Peter hospital. This study was applied quantitative method in order to gather the most appropriate data and answer the research question.

The study used descriptive to explain and asses' actual collected data. Causal types of research was also applied to investigate the relationship between and to measure the degree of impact of independent variable (organizational culture) on dependent variable (organizational performance).

Two types of structured questionnaire was distributed, one to measure organizational culture and other questionnaire was use to asses over all organizational performance.

3.1.2 Types of data, sources of data and data collection method

For this study both primary and secondary sources of data were used. To collect the primary data structured questionnaire used. The main sources of the data were only professionals such as nurse, General physician, specialists and administrative staff of St. Peter hospital.

3.1.3 Measurement

The researchers adopted Anas (2009) measurement tools for organizational culture. It has six dimension of organizational culture such as innovation and risk taking, outcome orientation, stability and communication, people orientation, Attention to detail, and Team orientation.

And also to capture the data for the hospital performance, the researcher adopted hospital performance assessment tool (2013) which is developed by Ethiopia Ministry of Health in order to measure over all organization performance in all hospital throughout the whole country.

3.1.4 Sampling Design

For this research, the Researcher applied simple random sampling techniques to select the respondents. In these techniques all samples units were get equal probability to be selected. The population size of St. Peter hospital is 494 out of this 382 are professional employees as of Jan 30, 2016. Since, the research population is known the researcher used a simplified formula (Yamane, 1967) sample selection formula. According to Yemane for any sample, given the estimated population proportion of 5% error and 95% confidence level, the sample size is given by;

$$n = \frac{N}{1+N(e)^2}$$

N = Total population

e = sampling error (usually 0.10, 0.05 and 0.01 are acceptable, however the researcher took 0.05 sampling error and 95% of confidence level)

Therefore,

$$n = \frac{382}{1+382(0.05)^2}$$

$$n = 196$$

Accordingly, 196 Respondents were selected to represent the total employee working at St. Peter hospital. This not include non-professional employee like cleaners and security due consideration of they may not understand very well the questionnaire intent.

3.1.5 Data Analysis

The study used quantitative method of data analysis design. Thus the collected data was presented using tables, graphs and other suitable forms of data presentation. Frequency, mean, max and min were applied for descriptive statistics. Logistic regression analysis also used to implement to determine the causality between organizational culture and organizational performance. And also regressions analysis did to investigate the impact of organizational culture on organizational performance using excel and statistical software of Statistical Package for the Social Sciences (SPSS).

3.2 Validity

The researcher used structured questionnaire it has three part; the first part were demographics, the second one was organizational culture questionnaire part which was adopted from Anas (2009) and the third one was organizational performance which is again adopted from hospital performance assessment tools (2013) developed by Ethiopia ministry of health with some modification. As result the questionnaire make valid. And an expert opinion was taken on the instrument by the research adviser to improve its validity.

3.3 Reliability

Reliability test was conducted on seven dimension of organizational culture. According to Nunnally (1978) 0.60 is an acceptable level for reliability measure. And based on the data in the table below all of seven dimension has value greater than 0.6. Therefore, it is possible to say that all of seven dimension of organizational culture are reliable.

Table 3.1 Reliable statics

No.	Item	Cronbach's Alpha	No of items
1	innovation and risk taking	0.857	4
2	outcome orientation	0.869	4
3	stability and risk taking	0.695	4
4	people orientation	0.905	4
5	Attention to detail	0.797	4
6	team orientation	0.838	4

3.4 Ethical consideration

When conducting this research different ethical consideration had been taken in to account in order to make the respondent comfortable and secured. By explaining the purpose and objectives of the study, the way approaching them made to feel secured and confidentiality is maintained so that there is no negative consequence on them. And also respondent encouraged to participating on this study only if they are interested.

CHAPETR- 4: Result and Discussion

4.1 Introduction

In the previous chapter an explanation was given of the method used to gather the data within the St. Peter TB specialized hospital. In this chapter the data is statistically analyzed and the results are presented in the different paragraphs. In this chapter profile of the respondents, the descriptive statistics, correlation and regression analysis are presented.

A total of 196 questionnaires were distributed to sample respondent of which, 182 usable questionnaires were collected and the total response rate for the study was 93% in total. Therefore, conclusions made from findings from 182 samples of respondents.

4.2 Sample population profile

Demographic information of sample population, 182 respondents, was gathered through questionnaires. The figure below illustrates the gender distribution of 50.5% is male and 49.5% is female.

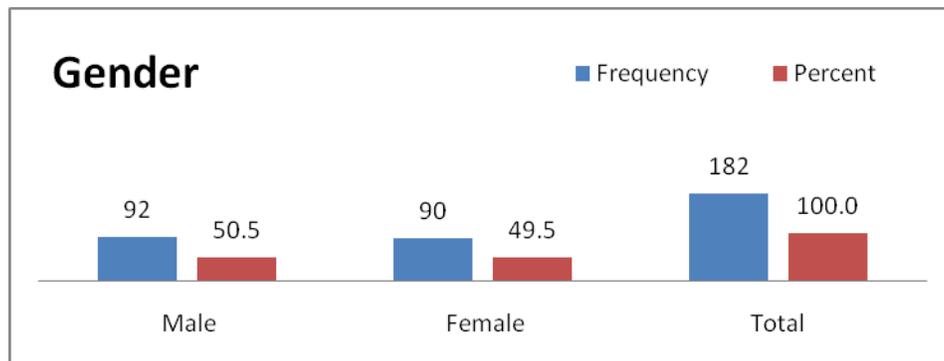


Figure 4-1 the gender response in no. & % of the sample population

For job level (current position) the largest group of respondents is nurses (33.5%) and the smallest group is laboratory technician (8.2%).

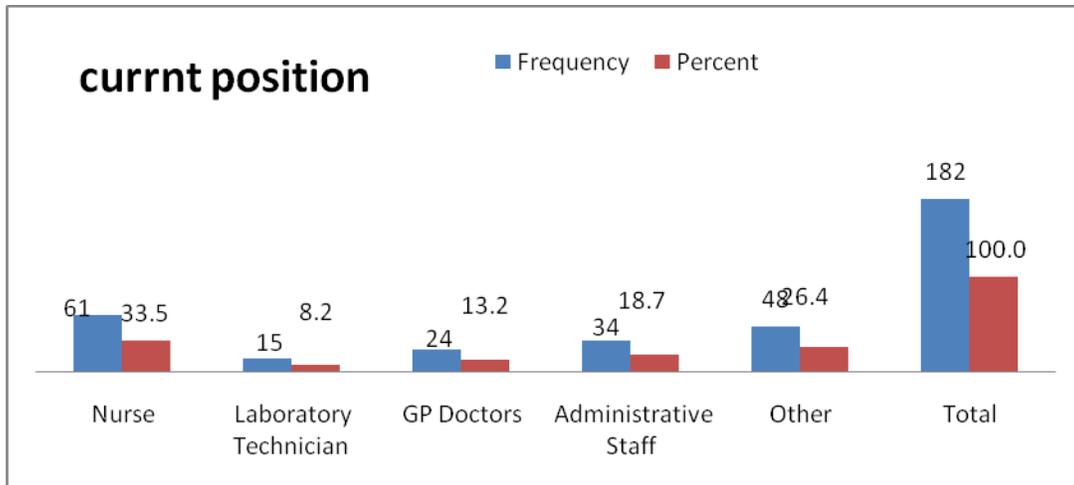


Figure 4-2 the current position response in %& no. of the sample population

The age division of the sample population shows that the majority of the respondents are younger between the years of 18 up to 29 (50%). And more than half of the sample population is younger than 39 years (65%). This means that the respondents are relatively young.

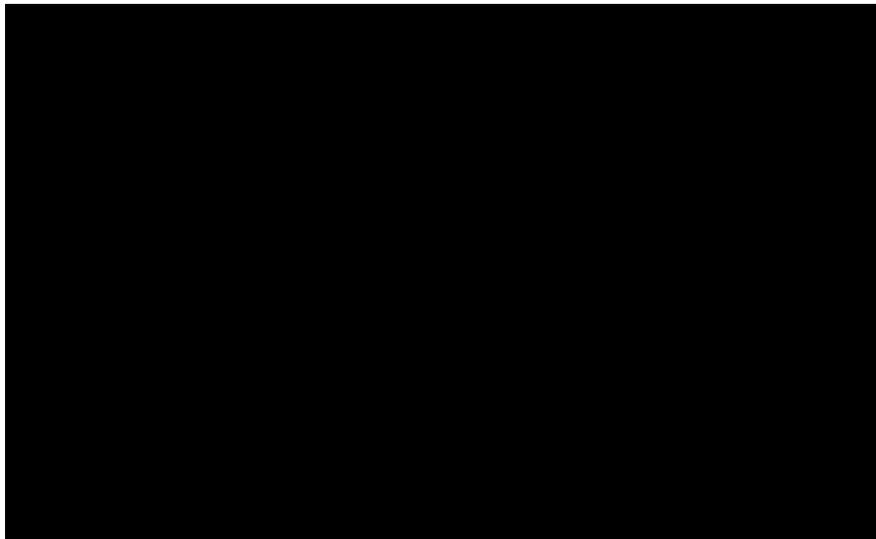


Figure 4-3 the age division response in % of the sample population

Looking at the education level of the sample population it is striking that 75.8% are first degree holder and 13.2% are masters and above. Only 11% of the total respondents are diploma graduates.

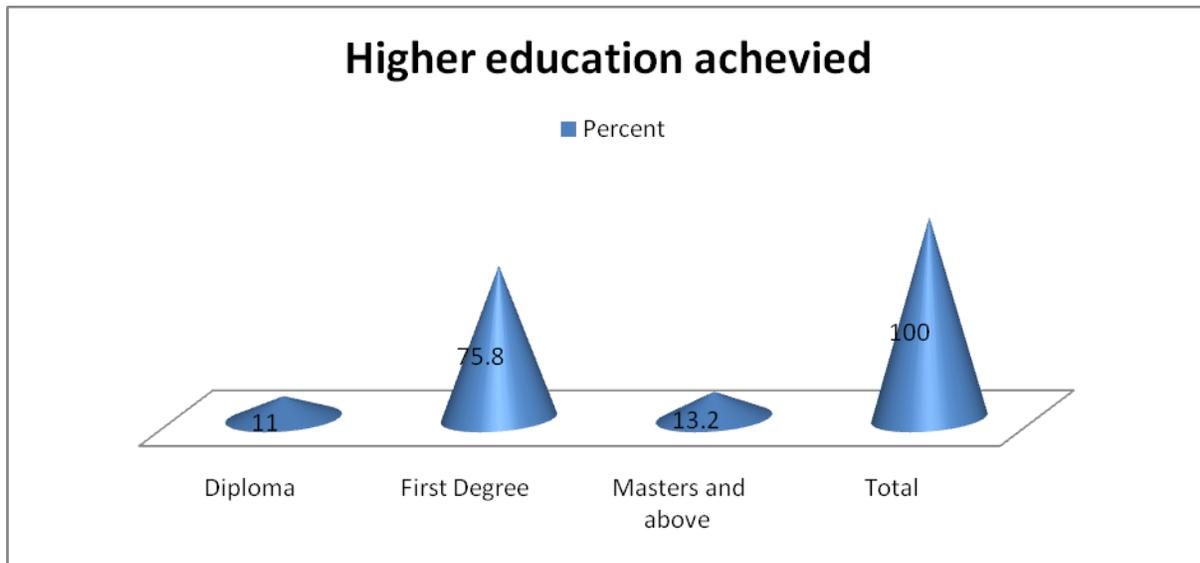


Figure 4-4 the education level response in % of the sample population

In the next figure work experience of the respondent is illustrated. More than half of the respondents (64.9%) have 5 or less years of service with the hospital. 13.7% is working longer than 15 years for this hospital.

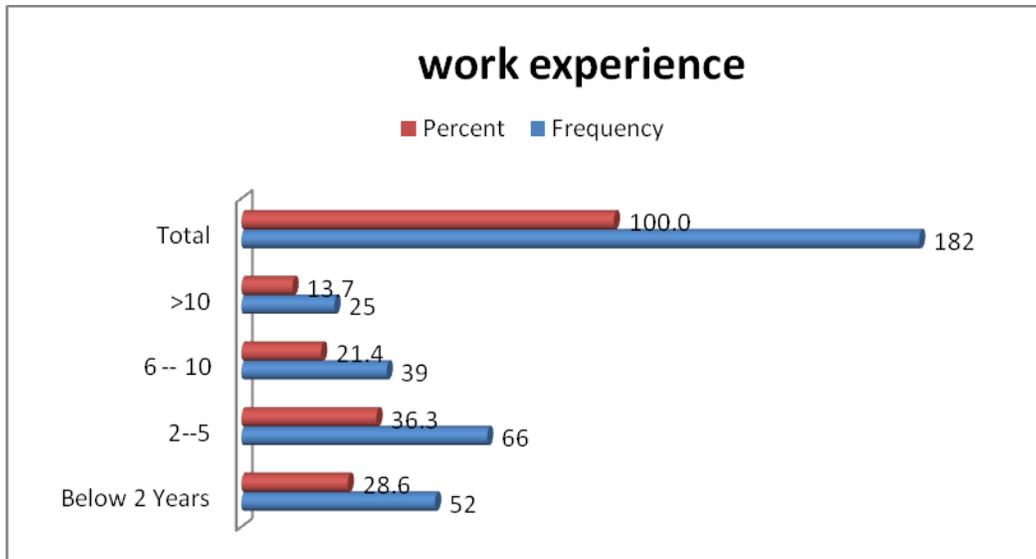


Figure 4-5 the working experience response category in % of the sample population

4.3 Descriptive statistics

The main characteristics of the data are quantitatively described in the descriptive statistics. In the descriptive statistics summaries about the sample population responses both at organizational culture and organizational performance are provided.

4.3.1 Descriptive Analysis on organizational performance

Organizational performance defined by nine dimension of Hospital Leadership and Governance, Patient Flow ,Medical Records Management, Pharmacy Services, Laboratory Services, Nursing Care Standards, Infection Prevention, Human Resource Management and Quality Management to measure the organizational performance of the hospital.

4.3.1.1 Hospital Leadership and Governance

Table 4.1 the respondent response on Hospital Leadership and Governance

Hospital Leadership and Governance		Excellent met		very good met		good enough met		poorly met		not met		Total	
		Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %
1	The Hospital Governing Board is developed using clear and transparent systems and processes and includes a representative sample of community members.	67	36.8	47	25.8	42	23.1	26	14.3	0	0	182	100
2	The Board selects the Chief Executive Officer (CEO), who leads on all Hospital operations and functions.	74	40.7	41	22.5	37	20.3	28	15.4	2	1.1	182	100
3	The Board approves annual and strategic plans for the Hospital to achieve its goal of improving its community's health and welfare.	67	36.8	44	24.2	54	29.7	15	8.2	2	1.1	182	100
4	The CEO is evaluated annually, consistent with FMOH or Regional Legislation to ensure he/she is meeting operational and strategic plans as established by the Board and the CEO collectively.	74	40.7	41	22.5	51	28	10	5.5	6	3.3	182	100
	min	67	37	47	23	37	29.7	10	5.5	0	0	182	100
	max	74	41	41	26	54	20.3	28	14.3	6	3.3	182	100
	avrage	70.5	39	43.3	24	46	25.3	19.5	10.9	2.5	1.38	182	100

Source; the researcher survey data, 2016

More than 85% met the process of hospital governing board is transparent, clear and includes community members. 36.8% the respondent say met excellent, 25.8% very good met and 14.3% good enough met. Selection of CEO / Chief executive officer/ by the board 40.7% agreed on excellent met, 22.5 % very good met and only 15.4% and 1.1% are poorly met and not met respectively.

Annual and strategic plan approved by the board, 36.8% excellent met, 24.2% very good met and 29.7% good enough met. 9.3 % of the total respondent said that it is not approved by the board.

About 88.3% of the total response is relying on excellent met, very good met and good enough met. Therefore the hospital has met hospital leadership and governance.

4.3.1.2 Patient flow

The 4.2 below shows that 32.4% excellent met, 36.3% very good met and 19.2% good enough met the procedure to ensure efficient patient flow in emergency, outpatient and inpatient setting to reduce patient crowded. Outpatient appointment systems are, 37.4%, 23.6%, 34.1%, 3.8% and 1.1% excellent met, very good met, good enough met, poorly met and not met respectively. And

also the hospital managing standard method for referral 45.567% met excellent, 29.1% very good met, 14.3% is poorly met.

Table 4.2 the respondent response of patient flow

Patient Flow		Excellent met		very good met		good enough met		poorly met		not met		Total	
		Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %
1	Procedures are established to ensure efficient patient flow; such procedures are specific to emergency, outpatient, and inpatient settings and seek to reduce patient crowding.	59	32.4	66	36.3	35	19.2	16	8.8	6	3.3	182	100
2	The Hospital has Emergency triage, staffed with appropriately trained personnel and equipped with necessary equipment and supplies	65	35.7	62	34.1	23	12.6	24	13.2	8	4.4	182	100
3	The Hospital has a Central triage, staffed with appropriately trained equipped with necessary equipment and supplies	55	30.2	48	26.4	39	21.4	34	18.7	6	3.3	182	100
4	Outpatient appointment systems are in place for all disciplines provided by the hospital.	68	37.4	43	23.6	62	34.1	7	3.8	2	1.1	182	100
5	The Hospital has written protocols for the admission and discharge of patients that are known, and adhered to, by all relevant staff.	74	40.7	59	32.4	34	18.7	11	6	4	2.2	182	100
6	The hospital has a standardized method for managing referrals.	83	45.6	53	29.1	16	8.8	26	14.3	4	2.2	182	100
7	Hospital staff members are familiar with the referral systems including relevant referral protocol and forms.	79	43.4	65	35.7	17	9.3	17	9.3	4	2.2	182	100
	min	55	30	43	26	16	8.8	11	3.8	2	1.1	182	100
	max	83	46	66	36	62	34.1	34	18.7	8	4.4	182	100
	avrage	69	38	56.6	31	32.3	17.7	19.29	10.6	4.86	2.67	182	100

Source; the researcher survey data, 2016

Hence, from above table 4.2 the hospital met above 86% of the performance standards of patient flow under excellent met, very good met and enough good met.

4.3.1.3 Medical record management

Table 4.3 respondent response of medical record management

Medical Records Management		Excellent met		very good met		good enough met		poorly met		not met		Total	
		Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %
1	The Hospital has medical records management guidelines for proper handling and confidentiality of medical records.	91	50	47	25.8	30	16.5	14	7.7	0	0	182	100
2	The Hospital utilizes a paper-based or computer-based system to track where the medical record is located at all times.	75	41.2	49	26.9	39	21.4	19	10.4	0	0	182	100
3	The Hospital utilizes a Master Patient Index with a single, unique Medical Record Number for each patient.	84	46.2	38	20.9	40	22	20	11	0	0	182	100
4	The Hospital utilizes a uniform set of forms that comprise a complete medical record for the duration of a patient's care.	67	36.8	51	28	37	20.3	27	14.8	0	0	182	100
5	The Hospital has orientation and training program for all medical records personnel to ensure awareness of and competency in medical record management procedures.	70	38.5	36	19.8	37	20.3	22	12.1	17	9.3	182	100
min		70	37	51	19.8	30	16.5	14	7.7	0	0	182	100
max		91	50	36	25.8	40	21.4	27	14.8	17	9.3	182	100
average		77.4	43	44.2	24.3	36.6	20.1	20.4	11.2	3.4	1.86	182	100

Source; the researcher survey data, 2016

Management system in medical records management guideline for proper handling and confidentiality of medical records are 50%, 25.8%, 16.5% and 7.7 excellent met, very good met, good enough met and poorly met respectively. Utilization of master patient index 46.2% is excellent met, 20.9% is very good met, 22% good enough met and 11% poorly met.

On table 4.3 average 87.9% of medical record management system of the hospital is above good enough met. Hence the researcher can conclude that the hospital has very good and excellent management of medical records.

4.3.1.4 Pharmacy service

The hospital ensure that 42.1% , 26.7% & 19.2% Of pharmacy service met excellent, very good and good enough respectively. In detail the hospital has outpatient, inpatient, emergencies and a central medical store each registered by a registered pharmacist is exceed 87.9 % of good enough met.

And also the hospital 88% met that all type of drug transaction and patient- medication related information are properly recorded and documented.

Table 4.4 respondent response of pharmacy service

Pharmacy Services		Excellent met		very good met		good enough met		poorly met		not met		Total	
		Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %
1	The hospital has outpatient, inpatient, emergency pharmacies and a central medical store each directed by a registered pharmacist.	86	47.3	41	22.5	33	18.1	18	9.9	4	2.2	182	100
2	The Hospital ensures that all types of drug transactions and patient-medication related information are properly recorded and documented.	67	36.8	56	30.8	37	20.3	16	8.8	6	3.3	182	100
	min	67	47	56	22.5	37	18.1	16	9.9	4	2.2	182	100
	max	86	37	41	30.8	33	20.3	18	8.8	6	3.3	182	100
	average	76.5	42.1	48.5	26.7	35	19.2	17	9.35	5	2.75	182	100

Source; the researcher survey data, 2016

4.3.1.5 Laboratory service

The laboratory service is tried to capture under seven point here mentioned below on table 4.5 such as laboratory tests provided by the hospital and its price, availability of examination and interpretation of test to meet the requirement for costumer, presence of enough space, working environment, regent& equipment, stock and quality assurance policy.

In aggregate the hospital laboratory service performance is 33.7 excellent met, 23.5% very good met, 24.33% good enough met but 15.3% and 3.14 is poorly met & not met respectively. Hence the hospital laboratory service is above enough good met.

Table 4.5 the respondent response of laboratory service

Laboratory Services		Excellent met		very good met		good enough met		poorly met		not met		Total	
		Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %
1	A current list of laboratory tests provided by the facility and the price of each test is accessible to all clinical staff and patients.	65	35.7	56	30.8	48	26.4	13	7.1	0	0	182	100
2	Laboratory management ensures that advice on examinations and the interpretation of test results is available to meet the needs and requirements of customers.	59	32.4	57	31.3	31	17	29	15.9	6	3.3	182	100
3	Hospital management ensures that the Hospital laboratory has the necessary space, working environment, reagents, consumables, analyzers and associated equipment needed to conduct the required repertoire of tests.	58	31.9	33	18.1	39	21.4	46	25.3	6	3.3	182	100
4	Laboratory staff members monitor stocks of testing reagents and other consumables so that supplies are ordered early and in sufficient quantity to prevent stock-outs or oversupply.	56	30.8	35	19.2	66	36.3	23	12.6	2	1.1	182	100
5	The Hospital has policies and procedures in place for sample collection, transport and disposal.	68	37.4	38	20.9	46	25.3	20	11	10	5.5	182	100
6	Laboratory management establishes a policy for the management of data and information that includes: security, access, confidentiality & data protection, backup system, storage and data destruction	65	35.7	34	18.7	51	28	26	14.3	6	3.3	182	100
7	The laboratory has and implements a quality assurance policy that covers all aspects of laboratory functions.	58	31.9	47	25.8	29	15.9	38	20.9	10	5.5	182	100
	min	56	31	33	18.7	29	15.9	13	7.1	0	0	182	100
	max	68	37	57	31.3	66	36.3	46	25.3	10	5.5	182	100
	average	61.3	33.7	42.86	23.5	44.3	24.33	27.86	15.3	5.71	3.143	182	100

Source; the researcher survey data, 2016

4.3.1.6 Nursing care standards

Table 4.6 respondent response of Nursing Care standard

Nursing Care Standards		Excellent met		very good met		good enough met		poorly met		not met		Total	
		Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %
1	The Hospital has established management structures and job descriptions that detail the roles and responsibilities of each nursing professional, including reporting relationships.	71	39	54	29.7	31	17	20	11	6	3.3	182	100
2	The hospital has a nursing workforce plan that addresses nurse staffing requirements and sets minimum nurse to patient ratios in each service area.	68	37.4	35	19.2	53	29.1	18	9.9	8	4.4	182	100
3	The Hospital has written policies describing the responsibilities of nurses for the nursing process including the admission assessment, planning, implementation and evaluation of nursing care.	62	34.1	59	32.4	31	17	16	8.8	14	7.7	182	100
4	All admitted patients have a nursing care plan that describes holistic nursing interventions to address their needs. The plan is regularly reviewed and updated as required.	85	46.7	49	26.9	20	11	24	13.2	4	2.2	182	100
5	The Hospital has standardized procedures for the safe and proper administration of medications by nurses or designated clinical staff.	91	50	38	20.9	25	13.7	20	11	8	4.4	182	100
min		62	34	35	19.2	20	11	16	8.8	4	2.2	182	100
max		91	50	59	32.4	53	29.1	24	13.2	14	7.7	182	100
average		75.4	41.4	47	25.8	32	17.56	19.6	10.8	8	4.4	182	100

Source; the researcher survey data, 2016

Nursing care standards has been one of the organizational performance measurement indicators of the hospital. It address the issues like job description & responsibility of Nurse, nursing staff requirement& minimum nurse to patient ratio, plan for all admitted patient, and the hospital standardized procedure for safe & proper administration of medication by nurse.

When the researcher take in to account the average response of the respondent in above table 4.6; 41.4% is met excellent, 25.8% is met very good , 17.56% is met good enough and the rest 10.8 is poorly met & 4.4% is not met at all. This mean that above 84 percent the hospital full fill in nursing care standards performance.

4.3.1.7 Infection prevention

Infection prevention is one of the most crucial performance indicators of the organizational performance of any hospital especially hospital like St. peter TB specialized hospital, which is center of excellence in TB (tuberculosis) and MDR TB (multi drug resistance TB), has high risk to be infected in such airborne transmission disease.

To be safe from any infection the hospital required to achieve infection prevention standard such as implementation of infection prevention activities& guideline, adequate plan to address transmission based precaution for staff, patients, caregivers & visitors and providing training and education .Table 4.7 the respondent response of infection prevention

Infection Prevention		Excellent met		very good met		good enough met		poorly met		not met		Total	
		Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %
1	The Hospital has an operational plan for the implementation of infection prevention activities. The plan follows national guidelines and includes guidance on infection prevention practice and procedures and materials.	63	34.6	74	40.7	37	20.3	6	3.3	2	1.1	182	100
2	Standard practices that prevent, control and reduce risk of hospital acquired infection are in place.	49	26.9	89	48.9	37	20.3	7	3.8	0	0	182	100
3	The Hospital has an adequate plan to address transmission based precautions for staff, patients, caregivers and visitors.	59	32.4	70	38.5	38	20.9	9	4.9	6	3.3	182	100
4	The Hospital ensures that equipment, supplies and facilities/infrastructure necessary for infection prevention are available.	52	28.6	53	29.1	56	30.8	12	6.6	5	2.7	178	97.8
5	All hospital staff are trained using standard infection prevention training materials.	47	25.8	71	39	45	24.7	12	6.6	7	3.8	182	100
6	The Hospital provides health education to patients, caregivers and visitors, as appropriate on infection prevention practices.	41	22.5	70	38.5	44	24.2	21	11.5	6	3.3	182	100
7	A designated group and/or individual(s) are in place to effectively implement and monitor infection prevention activities.	46	25.3	56	30.8	48	26.4	22	12.1	10	5.5	182	100
	min	41	23	53	29.1	37	20.3	6	3.3	0	0	178	182
	max	63	35	89	48.9	56	30.8	22	12.1	10	5.5	182	182
	average	51	28	69	37.9	43.6	23.94	12.71	6.97	5.14	2.814	181.4	99.68

Source; the researcher survey data, 2016

The table 4.7 above shows that the hospital met from the total respondents agreed on, 51(28%) of excellent, 69(37.9%) of very good, 41(23.94%) of enough good and 11 (6.97%) of poorly met. Therefore, about 65.9% of the hospital organizational performance would be excellent met and very good met.

4.3.1.8 Human resource management

Human resources management part organizational performance defined by nine point of listed below in the table 4.8 these are presence of human resources case team or department, human resources development plan, job description& responsibility for all employee, recruiting procedure & policy, implementation of motivational mechanism for employee retention and satisfaction and so. According to outcomes in the table 4.8 below an average of human resources management measurements parameters helps to say that 77.88% (142of 182 respondents) believes excellent met, very good met and good enough met.

Table 4.8 the respondent response of human resource management

Human Resource Management		Excellent met		very good met		good enough met		poorly met		not met		Total	
		Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %
1	The Hospital has a Human Resource Case Team staffed by individuals with management skills and experience dealing with individual personnel matters.	37	20.3	64	35.2	54	29.7	21	11.5	6	3.3	182	100
2	The Hospital has a human resource development plan that addresses staff numbers, skill mix, and staff training and development	39	21.4	54	29.7	40	22	34	18.7	15	8.2	182	100
3	Each employee's responsibilities are defined a current job description which has been signed by the employee and filed in the personnel file.	30	16.5	63	34.6	45	24.7	33	18.1	11	6	182	100
4	The Hospital has policies and procedures for recruiting and hiring staff	34	18.7	76	41.8	33	18.1	33	18.1	6	3.3	182	100
5	The Human Resource Case Team provides services to employees to ensure satisfactory productivity, motivation, morale as evidenced by effective policies and procedures for personnel retention, compensation and benefits, training and development and employee recognition	51	28	43	23.6	33	18.1	44	24.2	11	6	182	100
6	The Hospital has an Employee Code of Conduct that is known and adhered to by staff.	42	23.1	51	28	48	26.4	31	17	10	5.5	182	100
7	The Hospital has a performance management process in which all employees are formally evaluated at least annually and action plans for improved performance are documented.	31	17	60	33	55	30.2	20	11	16	8.8	182	100
8	The hospital regularly conducts a staff survey to assess staff perspectives on the workplace. Summary results are presented to the Senior Management Team and Governing Board.	42	23.1	67	36.8	29	15.9	24	13.2	20	11	182	100
9	The Hospital has occupational health and safety policies and procedures to identify and address health and safety risks to staff.	41	22.5	67	36.8	36	19.8	26	14.3	12	6.6	182	100
	min	30	17	43	24	29	15.9	20	11	6	3.3	182	100
	max	51	28	76	42	55	30.2	44	24.2	20	8.8	182	100
	average	38.6	21.2	60.56	33.3	42.6	23.38	29.56	16.2	11.9	6.522	182	100

Source; the researcher survey data, 2016

4.3.1.9 Quality management

Table 4.9 the respondent response of human resource management

Quality Management		Excellent met		very good met		good enough met		poorly met		not met		Total	
		Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %	Freq.	in %
1	The hospital has a Quality Committee that is responsible to devise and implement a Strategy for Quality Management.	76	41.8	50	27.5	30	16.5	20	11	6	3.3	182	100
2	Procedures are established to assess and minimize risk arising from the provision and delivery of healthcare.	59	32.4	57	31.3	46	25.3	14	7.7	6	3.3	182	100
3	Procedures are established for reporting and analyzing incidents, errors and near misses.	52	28.6	56	30.8	45	24.7	27	14.8	2	1.1	182	100
4	Procedures are established to monitor clinical outcome measures and to take action to address any problems identified. Such procedures encourage the participation of all clinical staff.	51	28	68	37.4	40	22	19	10.4	4	2.2	182	100
5	The hospital adopts a statement of patient rights and responsibilities, which is posted in public places in the hospital.	61	33.5	60	33	22	12.1	35	19.2	4	2.2	182	100
6	The hospital monitors patients' experiences with care through patient satisfaction surveys conducted on a biannual basis.	64	35.2	54	29.7	33	18.1	29	15.9	2	1.1	182	100
7	The hospital implements a strategy for the involvement of patients and the public in service design and delivery including procedures to be followed when engaging with patients and the public.	53	29.1	66	36.3	32	17.6	19	10.4	12	6.6	182	100
8	The hospital participates in benchmarking activities to learn from and share good practice with other hospitals.	40	22	73	40.1	44	24.2	13	7.1	12	6.6	182	100
	min	40	22	50	28	22	12.1	13	7.1	2	1.1	182	100
	max	76	42	73	40	46	17.6	35	19.2	12	6.6	182	100
	average	57	31.3	60.5	33.3	36.5	20.06	22	12.1	6	3.3	182	100

Source; the researcher survey data, 2016

In the context of Ethiopia hospital Quality management means implement strategy for quality management, established procedure to assess & minimize risk in delivery of health service, established procedure to monitor clinical outcome & to action for any problem identified, involvement of patient and community in service design and delivery.

Based on this intention quality management of the hospital rated 31.3%, 33.3%, 20.06%, 12.1%, and 3.3% under excellent met, very good met, enough good met, poorly met and not met respectively. This means that the hospital has above satisfactory performance of quality management.

4.3.1.10 summary

Descriptive finding of the study shows that organizational performance the hospital is successful in achieving the mandate of its existence. All the measurement parameters are in average above 85% except laboratory service which is above 82% of respondents believes that the hospital performance under the range of excellent met, very good met and enough good met. Therefore the researcher can conclude that overall performance of hospital is strong and above satisfactory threshold performing.

4.3.2 Descriptive Analysis on organizational culture

Here according to Anas (2009) organizational culture measured in seven dimensions such as innovation & risk taking, outcomes orientation, people orientation, aggressiveness, stability & communication, team orientation and attention to detail. The outcomes of this survey discussed and presented in detail for each as follow.

4.3.2.1 Innovation and Risk Taking

The following table indicates that almost 50% of the respondents agree and strongly agree that the hospital encourages and supports innovations. But most respondents agreed that there are no new and improved ways are continually adapted to work.

30.8% of the respondents agree and 9.9% of them strongly agree that they are encouraged to do something risky having positive outcomes. And the remaining 7.1% and 29.1% of the respondents strongly disagree and disagree respectively on this issue.

Table 4.10 Innovations and Risk Taking

Innovation and risk taking	strongly disagree		disagree		Neutral		Agree		strongly agree		Total	
	freq.	percent	freq.	percent	freq.	percent	freq.	percent	freq.	percent	freq.	percent
The hospital encourage and support Innovation	20	11	41	22.5	36	19.8	59	32.4	26	14.3	182	100
New and improved ways to do work are continually adopted	4	2.2	52	28.6	41	22.5	53	29.1	32	17.6	182	100.0
When I do something risky, but which results in positive outcomes, my superiors encourage me.	13	7.1	53	29.1	42	23.1	56	30.8	18	9.9	182	100.0
In my organization, I am allowed to decide in what way I should carry out my job.	15	8.2	50	27.5	44	24.2	45	24.7	28	15.4	182	100.0
min	4	2.2	41	22.5	36	19.8	41	22.5	18	9.9	182	100.0
max	20	11.0	53	29.1	44	24.2	59	32.4	32	17.6	182	100.0
average	13	7	49	27	41	22	53	29	26	14	182	100

Source; the researcher survey data, 2016

In average, 29.26% of the respondents agree and 14.3% of them strongly agree that innovation and risk taking activities are there in the hospital. The collected data from the survey also indicates that almost 30% of the respondents disagree on the existence of innovation and risk taking activities in the hospital.

4.3.2.2 Outcome Orientation

As shown in the following table 4.11, it is difficult to say that the hospital has well defined criteria in evaluating performance. Because out of the total respondents only 28% agree and 13.7% strongly agree which is 41.7%. And the rest 33% are indifferent, 18.7% disagree and 6.6% strongly disagree that there is well defined performance evaluation criteria.

Table 4.11 Outcome Orientation

Outcome orientation	strongly disagree		disagree		Neutral		Agree		strongly agree		Total	
	freq.	percent	freq.	percent	freq.	percent	freq.	percent	freq.	percent	freq.	percent
In my organization, my superiors are concerned with whether I have completed my task or not than how I did it	19	10.4	37	20.3	34	18.7	83	45.6	9	4.9	182	100.0
In my organization, there is well defined criteria in evaluating performance	12	6.6	34	18.7	60	33.0	51	28.0	25	13.7	182	100.0
My organization have performance oriented culture	32	17.6	32	17.6	52	28.6	45	24.7	21	11.5	182	100.0
Performance evaluation is done in an objective manner in my organization	33	18.1	28	15.4	50	27.5	63	34.6	8	4.4	182	100.0
min	12	6.6	28	15.4	34	18.7	45	24.7	8	4.4	182	100.0
max	33	18.1	37	20.3	60	28.6	83	45.6	25	13.7	182	100.0
average	24	13.2	33	18.0	49	26.9	61	33.2	16	8.7	182	100.0

Source; the researcher survey data, 2016

Table 2.1 above shows that majority of the respondents agree that most supervisors within the hospital are concerned with the work outcomes rather than how the work is done, that is the supervisors are outcome oriented. From the respondents only 10.4% and 20.3% strongly disagree and disagree respectively on this.

As per the own survey undertaken, I can say that the hospitals' performance evaluation manner is not objective. From the total respondents 18.1%strongly disagree, 15.4% disagree, 27.5% are neutral and the rest 39% of the respondents agree and strongly agree that the performance evaluation manner is objective.

In average only 33.2% of the respondents agree that most of the time the intention is outcome oriented in the hospital. And almost 30% believe that in the hospital the intention is not outcome oriented.

4.3.2.3 Stability and Communication

As shown in the following table, Table 3.1, 30.8% of e respondents agree and 13.2% strongly agree that the hospital focuses on improving communication between old staff as important hospital objective. And 19.8% and 18.1% of the respondents strongly disagree and disagree respectively. The remaining 18.1% are neutral regarding this issue.

Table 4.12 Stability and Communication

Stability and communication	strongly disagree		disagree		Neutral		Agree		strongly agree		Total	
	freq.	percent	freq.	percent	freq.	percent	freq.	percent	freq.	percent	freq.	percent
My hospital focuses on improving communication between management old staff as important hospital objectives.	36	19.8	33	18.1	33	18.1	56	30.8	24	13.2	182	100
There is proper channel for grievance handling in my hospital.	22	12.1	35	19.2	40	22.0	68	37.4	17	9.3	182	100
Problem solving is done collectively in my organization.	19	10.4	36	19.8	42	23.1	72	39.6	13	7.1	182	100
Information is widely shared for everyone to get what he/she needs.	13	13.2	14	13.7	12.1	12.1	52.2	52.2	8.8	8.8	182	100
min	13	10.4	14	13.7	12	12.1	52	30.8	8.8	7.1	182	100
max	36	19.8	36	19.8	42	23.1	68	52.2	17	13.2	182	100
average	23	13.9	29	17.7	32	18.8	62	40.0	16	9.6	182	100

Source; the researcher survey data, 2016

Majority of the respondents disagree that there is proper channel for grievance handling in the hospital. From the respondents only 9.3% strongly agree and 37.4% agree with the availability of proper channel of grievance handling in the hospital.

As shown on the above table, almost 48% of the respondents agree that in the hospital problem solving is done collectively.

In average, around 50% of the respondents agree that there is stability and good communication in the hospital.

4.3.2.4 People Orientation

As the table below, Table 4.1 shows almost 50% of the respondents agree and strongly agree that people are treated fairly in the hospital. Also 12.6% of the respondents strongly disagree and 16.5% disagree.

Based on the own survey 2016 shown on the table below, some peoples are considering themselves being most valuable assets of the hospital. The data shows that only 8.2% strongly disagree and 16.5% disagree on this. But majority of the respondents i.e. 34.6% agree and 13.2% strongly agree that they are considering being most valuable assets of the hospital.

Table 4.13 People Orientation

People orientation	strongly disagree		disagree		Neutral		Agree		strongly agree		Total	
	freq.	percent	freq.	percent	freq.	percent	freq.	percent	freq.	percent	freq.	percent
People are treated fairly in my organization	23	12.6	30	16.5	38	20.9	67	36.8	24	13.2	182	100.0
People are considering being most valuable assets of the organization	15	8.2	30	16.5	50	27.5	63	34.6	24	13.2	182	100.0
People have adequate mentoring form superiors	11	6	37	20.3	43	23.6	77	42.3	14	7.7	182	100.0
Decisions in my organization are made taking in to consideration the possible effect that it may bring to employee	9	4.9	41	22.5	48	26.4	70	38.5	14	7.7	182	100
min	9	4.9	30	16.5	41	20.9	63	34.6	14	7.7	182	100
max	23	12.6	41	22.5	50	27.5	77	38.5	24	13.2	182	100
average	15	8	35	19	45	25	69	38	19	10	182	100

Source; the researcher survey data, 2016

In the hospital decisions are made by taking consideration the possible effects that may bring to the employees. As the table above shows 38.5% of the respondents agree and 7.7% of them strongly agree on this, whereas 22.5% disagree and also the remaining 26.4% of them have neutral view on this issue.

From the survey, in average, from the total respondents around 50% of them believe that people have greater part in the hospital.

4.3.2.5 Attention to Detail

The following table shows that in the hospital aggregate outcomes are more valued than details. As per the own survey data collected 39% agreed and 3.3% strongly agreed on this. And in the contrary 16.5% of the respondents believe that detail outcomes are more valued than the aggregate outcomes.

As the table below also shows that more than 40% of the respondents believe that in the hospital people are evaluated based on how they did their jobs as well as based on the outcomes. From the respondents only 11.5% strongly disagree and 20.3% disagree, i.e. they don't believe that in the hospital people are evaluated based on how they did their jobs as well as based on the outcomes.

Table 4.14 Attention to detail

Attention to detail	strongly disagree		disagree		Neutral		Agree		strongly agree		Total	
	freq.	percent	freq.	percent	freq.	percent	freq.	percent	freq.	percent	freq.	percent
Aggregate outcomes are more valued than details, in my hospital	4	2.2	30	16.5	71	39	71	39	6	3.3	182	100.0
My superiors care for detail of the work I do, than simply the outcome	19	10.4	37	20.3	34	18.7	83	45.6	9	4.9	182	100.0
In my hospital peoples are evaluated based on how they did their jobs as well as based on the outcomes	21	11.5	37	20.3	50	27.5	65	35.7	9	4.9	182	100.0
In my hospital strict control is exercised on	23	12.6	26	14.3	68	37.4	55	30.2	10	5.5	182	100.0
min	4	2.2	26	14.3	34	18.7	55	30.2	6	3.3	182	100.0
max	23	12.6	37	20.3	71	39.0	83	45.6	65	35.7	182	100.0
average	17	9	33	18	56	31	69	38	9	5	182	100

Source; the researcher survey data, 2016

The survey data also shows that 30.2% of the respondents agree and 5.5% of them strongly agreed on that there is strict control existed in the hospital. From the respondents 12.6% strongly disagree on this. The rest 37.4% of the respondents have neutral views on whether there is strict control in the hospital or not.

4.3.2.6 Team Orientation

According to the own survey as shown on the following table, majority of the respondents perform their job alone. From the table below we can see that 39.6% and 18.1% of the respondents agree and strongly agree respectively that they perform their job alone but not in team.

Table 4.15 Team Orientation

Team orientation	strongly disagree		disagree		Neutral		Agree		strongly agree		Total	
	freq.	percent	freq.	percent	freq.	percent	freq.	percent	freq.	percent	freq.	percent
I perform my job alone	20	11	29	15.9	28	15.4	72	39.6	33	18.1	182	100
Usually tasks are assigned to workers in teams	25	13.7	34	18.7	27	14.8	68	37.4	28	15.4	182	100
Rewards in my hospital are based on groups' performance rather than individuals	23	12.6	26	14.3	68	37.4	55	30.2	10	5.5	182	100
The organization is structured around teams	22	12.1	25	13.7	33	18.1	74	40.7	28	15.4	182	100
min	20	11.0	29	13.7	33	14.8	55	30.2	10	5.5	182	100
max	25	12.6	34	18.7	68	37.4	74	40.7	33	18.1	182	100
average	23	12	29	16	39	21	67	37	25	14	182	100

Source; the researcher survey data, 2016

The above table shows that 37.4% of the respondents agree and 15.4% strongly agree that tasks are assigned to workers in teams. From the respondents 13.7% strongly disagree and 18.7% disagree on this case, i.e. they believe that tasks are not assigned in teams.

From the table we can also see that the organization is structured around teams than individuals. As per the data collected more than 50% of the respondents agreed on this. Around 25% of the respondents disagreed that the hospital is structured around teams than individuals.

In average 36.98% of the respondent agreed and 13.6% strongly agreed that there is team orientation in the hospital. In contrary nearly 29% of the respondents believe that there is no team spirit in the hospital.

4.4 Regression analysis

Multiple Logistic regression analysis used to determine the impact and relationships of organizational culture on organizational performance. Before construction of the model the researcher did the requirement or diagnostics test to in order to check the data is appropriate for logistic regression analysis as follow.

1. Hosmer Lemeshow test

Hosmer Lemeshow test predicts whether the final logistic model formulation was correct or not. Statistically significant result shows that the logistic model development was not correct. Based on the analysis of the organizational culture and performance data, Hosmer Lemeshow test result was P value <0.274 , indicating the model development was correct.

2. Classification

Classification table shows us whether classification of the events was mostly correct. During prediction wanted to minimize false negatives and false positives. Generally, a correct classification of 85% or more is regarded as excellent. Below is a table showing the classification each of iteration of the model development for the organizational culture and performance data. It shows that the percentage of correctly classified predictions for the final model is 85.2.

Table 4.17 classification table

Classification Table					
Observed			Predicted		
			performance		Percentage Correct
			Met	Not Met	
Step 1	performance	Met	148	0	100.0
		Not Met	17	17	50.0
	Overall Percentage				
Step 2	performance	Met	148	0	100.0
		Not Met	17	17	50.0
	Overall Percentage				
Step 3	performance	Met	138	10	93.2
		Not Met	17	17	50.0
	Overall Percentage				
Step 4	performance	Met	138	10	93.2
		Not Met	17	17	50.0
	Overall Percentage				

Source; the researcher survey data, 2016

3. The ROC curve

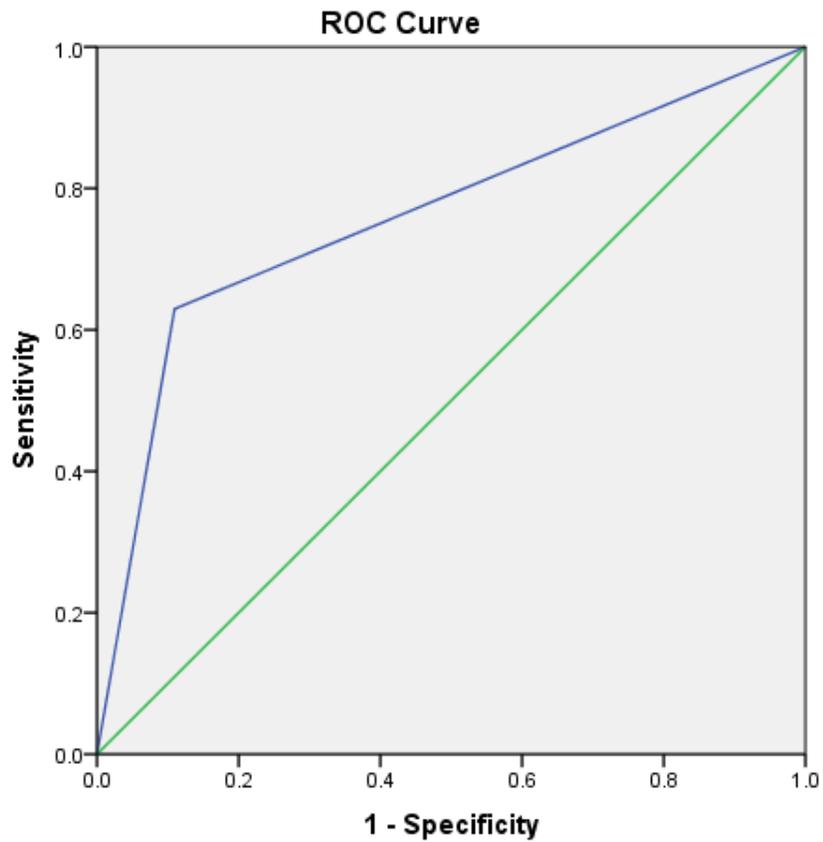
The ROC curve indicates whether the developed logistic regression model predicts well. As the area above the reference line (green) gets larger, then more accurately the model predicts. The following is a ROC curve developed using the data of organizational culture and performance. It shows that the developed logistic model predicts fairly well. The area under the curve is 0.76.

Table 4.17 Area Under the ROC Curve
 Test Result Variable(s): performance

Area	Std. Error	Asymptotic Sig.	Asymptotic 95% Confidence Interval	
			Lower Bound	Upper Bound
.760	.058	.000	.647	.873

Source; the researcher survey data, 2016

Figure 4-6 ROC Curve



Diagonal segments are produced by ties.

Source; the researcher survey data, 2016

4.4.1 Bivariate analysis

For selection of variables which will be included into the final model, chi square test was employed. Those having a p-value <0.05 were selected into the final model. Based on the bivariate analysis all of the organizational culture variables had significant association with organizational performance and because of this, all of them were included into the final model. The following table shows the results of the bivariate analysis.

Table 4.18. Bivariate analysis results

S.N.	Variable	Chi2 value	P-value
1	Innovation and risk taking	10.013	<0.002
2	Outcome orientation	21.062	<0.000
3	Stability and communication	9.95	<0.002
4	People orientation	10.013	<0.002
5	Attention to detail	40.922	<0.000
6	Team orientation	9.605	<0.002

Source; the researcher survey data, 2016

4.4.2 Multivariate analysis

Table 4.19 multivariate analysis

S.N.	Variable	Categories	P value	COR [95% CI]	AOR [95%CI]
1	Innovation and risk taking	1	<0.002	Ref	
		2		3.353 [1.547 – 7.268]	
2	Outcome orientation	1	<0.997	Ref	
		2		0.00 [0.000 -]	
3	Stability and communication	1	<0.998	Ref	
		2		0.00 [0.000 -]	
4	People orientation	1	<0.002	Ref	
		2		3.353 [1.547 – 7.268]	Ref
5	Attention to detail	1	<0.000	Ref	13.8 [5.448 – 34.958]
		2		13.8 [5.448 – 34.958]	
6	Team orientation	1	<0.998		
		2		0.00 [0.000 -]	

Source; the researcher survey data, 2016

On crude analysis table 4.17 shows that those respondents who agreed that there is innovation and risk taking in the hospital, were 3.4 times more odds of performance compared to those who

responded there is no innovation and risk taking in the hospital (COR = 3.353 95% CI = 1.547 – 7.268). Similarly, those respondents who agreed that there is people orientation in the hospital were 3.353 times more likely to have better performance as compared to those who didn't agree (COR = 3.353 95% CI = 1.547 – 7.268). Respondents who agreed that attention to detail is an organizational culture of the hospital, had 13.8 higher odds of performance as compared to those respondents who didn't agree (COR =13.8, 95% CI = 5.448 – 34.958).

On multivariate analysis, after controlling for innovation and risk taking, people orientation and aggressiveness only attention to detail remained significant in the model. After adjusting for those variables, those who responded that attention to detail is an organization culture had 13.8 higher odds of performance as compared to those respondents who disagreed (AOR =13.8, 95% CI = 5.448 – 34.958).

Therefore the model construction of organizational culture with organizational performance is as follow;

$$\text{Log (p/ 1-p)} = \text{Bo} + \text{B1X1} + \text{B2X2} + \dots\dots$$

But in the above adjusted crude multivariate analysis only attention to detail is fit for the final model. Therefore, the dependent variable is organizational performance and the independent variable is attention to details.

$$\text{Log (p/1-p)} = \text{Bo} + \text{B1AD}$$

$$\text{Log (p/1-p)} = -2.094 + 2.625\text{AD}$$

Symbols;

AD = attention to detail

Log (p/1-p) = log odds of organizational performance

P = odds of organizational performance met and

1-p = odds of organizational performance not met

The coefficient for attention to detail (AD) is 2.625 and the odds ratio which is the exponentiated coefficient becomes 13.8.

CHAPETR- 5; SUMMARRY, CONCLUSION AND RECOMMENDATION

5.1 summary and conclusion

The aims of this research are to investigate the impact of organizational culture on organizational performance in case of St. Peter TB specialized Hospital. The study executed quantitative method of research to apply descriptive and causal relation techniques to investigate the hospital organizational culture on overall performance of the hospital.

The researcher used self-administered structured questionnaire for organizational culture categorized in seven dimensions of innovation& risk taking, attention to detail, outcomes orientation, people orientation, stability & communication, team orientation and aggressiveness adopted from Anas (2009) and for organizational performance took with some modification of organizational performance assessment tool (2013).

To investigate cause and effect relationship between earlier identified cultural dimension and organizational performance used logistic regressions analysis method in SPSS. Before proceeding to analyzing the data the researcher makes sure the necessary assumptions that are required to undertake logistic regression analysis were fulfilled.

The finding of descriptive analysis proof that majority of the respondent (above 80%) believes that the hospital organizational performance is met excellent, very good and enough good but only less than 20% of the total respondent thought that the hospital overall performance is met poorly and not met.

And also majority of the respondent agreed that on existing organizational culture of the hospital there is stability & communication, people orientation, attention to detail and Aggressiveness however the other organizational culture dimension was not dominate.

The regression analysis output, bivarait analysis of chi square test were used to test the model's overall fitness, and its gives all independent variables innovation & risk taking, attention to detail, people orientation, out comes orientation, team orientation, stability & communication and aggressiveness had a statically significant relationship with the dependent variable (organizational performance).

On multivariate analysis, the adjusted crude rate (AOR) result showed that after controlling for innovation and risk taking, and people orientation only attention to detail remained significant in the model. Attention to detail is an organization culture had 13.8 higher odds of performance as compared to those respondents who disagreed (AOR =13.8, 95%CI = 5.448 – 34.958).

So we can conclude that Correlation of all individual independent variables have strong positive relationship with the dependent variable but in crude or in aggregate only innovation and risk taking, people orientation and aggressiveness and attention to detail had significant relationship with the dependent variables. And also attention to detail is the only independent variable which fit in formulation of the model.

Organizational culture is crucial factor on behavior ranging from individual to group in a way to affect organizational performance positively or negatively. so the study so far what has been assessed and analyzed listed as follows:

- There is strong relationship between organizational culture and organizational performance.
- Aggregate performance of the hospital indicated that far greater than average measures. The performance of the hospital is excellent, very good and good enough met as per the measurement of assessment hospital performance tools (AHPT) parameters.
- In actual existing cultural dimension of the hospital; attention to detail is the most dominant culture of the hospital. The rest organizational culture of the hospital is not well visible to say existed in the hospital.

5.2 Recommendation

Keeping at high level of organizational performance for any organization or firms is too important for its survival and to meet its purpose. It is significantly depend on the culture of the organization. The dominate organization of the hospital can be expressed interims of attention to details.

The hospital shall keep up the above aforementioned dominate culture. The hospital has work on strengthen and crating fertile ground to promote the reaming organizational culture. For nurturing and developing of those non dominant organizational cultures, the researcher recommended that the hospital need to focus on developing and executing the strategy to enhance existence of those organizational culture on the following area.

- ❖ In hospital prevalence of team orientation needs high attention because most tasks in the hospital can be completed with collaboration of different expertise like nurse, lab technician, radiologist, physicians and so on. Therefore, the hospital has to arrange events and programs which strengthen team spirit.
- ❖ Stability & communication helps creating common understanding on agendas of the hospital in making the members of the hospital well informed. Giving attention to peoples provide employee satisfaction in a way that employees considers themselves as important to the hospital. So the hospital shall to keep and develop systems of smooth electronic and print communication media which motivates the employees to be proactive for their jobs.
- ❖ The hospital shall to encourage its employee to be innovative and risk taker to promote new idea and to discover new ways of treatment of illness. Therefore, lighting the working procedure, rewarding for those who comes with new idea and innovation. And the hospital established modern laboratories and equipped it with all necessary equipment to create and to promote scientists in health subject matters.

❖ Lastly, not least to enhance more the performance of the hospital, giving attention to outcomes orientation is undeniable. At the end of activities there must be figure out outcomes. As result the hospital needs to cascade measurable reliable and realistic responsibility to all members of the hospital and received at the end of planed schedule.

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APPENDICES 1

Research Questionnaire (For employee of St. Peter hospital)

Dear Respondent,

This questionnaire is prepared to be filled out by employee of St. Peter hospital. It is designed to collect data on the hospital organizational culture and how it affects the level of its organizational performance.

On basis of your response and those of people like you, we hope to get a better understanding of how organizational culture affects organizational performance.

The purpose of this questionnaire is purely academics, and hence will not have negative consequence in your present job.

Yours honest and truth answers means a lot to this research. Therefore, we ask you to fill out this questionnaire with utmost honesty and we would like to extend in advance our thanks for your time and cooperation.

Should have any enquiry, please free to contact the researcher at the following addresses:

Email: wondetd@gmail.com

Phone: +251 912 11 26 25

Part1. Biographical Information

Please read each statement and put a tick mark (√) in a box which best represent your level of best knowledge with the following particular statement.

1. Gender; Male Female
2. Age; 18-29 30-39 40-49 >50
3. Highest Education Achieved
 - certificate
 - Diploma
 - First degree
 - Masters and above
4. Length of stay in this hospital(year)
 - Below 2 years
 - 2- 5 years
 - 6-10 years
 - > 10 years
5. Your current position
6. Length of stay in current position (years)

Part2. Organizational culture

Note; please put a tick mark (√) in the table the one you choose.

1 = strongly disagree
2 = slightly disagree
3 = neither agree nor disagree
4 = slightly agree
5 = strongly agree

the levels of your agreebleness	1	2	3	4	5
Innovation and risk taking					
The hospital encourage and support Innovation					
New and improved ways to do work are continually adopted					
When I do something risky, but which results in positive outcomes, my superiors encourage me.					
In my organization, I am allowed to decide in what way I should carry out my job.					
Outcome orientation					
In my organization, my superiors are concerned with whether I have completed my task or not than how I did it					
Performance evaluation is done in an objective manner in my organization					
My organization have performance oriented culture					
In my organization, there is well defined criteria in evaluating performance					
Stability and communication					
My hospital focuses on improving communication between management old staff as important hospital objectives.					
There is Stability and communication					
My hospital focuses on improving communication between management old staff as important hospital objectives.					
There is proper channel for grievance handling in my hospital.					
Information is widely shared for everyone to get what he/she needs.					
Problem solving is done collectively in my organization.					
People orientation					
People are treated fairly in my organization.					
People are considering being most valuable assets of the organization.					
People have adequate mentoring form superiors.					
Decisions in my organization are made taking in to consideration the possible effect that it may bring to employee.					
Attention to detail					
Aggregate outcomes are more valued than details, in my hospital					
My superiors care for detail of the work I do, than simply the outcome.					
In my hospital peoples are evaluated based on how they did their jobs as well as based on the outcomes.					
In my hospital strict control is exercised on workers.					
Team orientation					
I perform my job alone.					
Usually tasks are assigned to workers in teams.					
Rewards in my hospital are based on groups' performance rather than individuals.					
The organization is structured around teams than individuals.					

Part 3 organizational performance

Please read each statement and put a tick (√) mark in a box which best represents your level of Best knowledge with the following particular statement.

1. Hospital Leadership and Governance		Excellent met	very good met	good enough met	poorly met	not met
1	The Hospital Governing Board is developed using clear and transparent systems and processes and includes a representative sample of community members.					
2	The Board selects the Chief Executive Officer (CEO), who leads on all Hospital operations and functions.					
3	The Board approves annual and strategic plans for the Hospital to achieve its goal of improving its community's health and welfare.					
4	The CEO is evaluated annually, consistent with FMOH or Regional Legislation to ensure he/she is meeting operational and strategic plans as established by the Board and the CEO collectively.					
2. Patient Flow						
1	Procedures are established to ensure efficient patient flow; such procedures are specific to emergency, outpatient, and inpatient settings and seek to reduce patient crowding.					
2	The Hospital has Emergency triage, staffed with appropriately trained personnel and equipped with necessary equipment and supplies					
3	The Hospital has a Central triage, staffed with appropriately trained equipped with necessary equipment and supplies					
4	Outpatient appointment systems are in place for all disciplines provided by the hospital.					
5	The Hospital has written protocols for the admission and discharge of patients that are known, and adhered to, by all relevant staff.					
6	The hospital has a standardized method for managing referrals.					
7	Hospital staff members are familiar with the referral systems including relevant referral protocol and forms.					

		Excellent met	very good met	good enough met	poorly met	not met
	3. Medical Records Management					
1	The Hospital has medical records management guidelines for proper handling and confidentiality of medical records.					
2	The Hospital utilizes a paper-based or computer-based system to track where the medical record is located at all times.					
3	The Hospital utilizes a Master Patient Index with a single, unique Medical Record Number for each patient.					
4	The Hospital utilizes a uniform set of forms that comprise a complete medical record for the duration of a patient's care.					
5	The Hospital has orientation and training program for all medical records personnel to ensure awareness of and competency in medical record management procedures.					
	4. Pharmacy Services					
1	The hospital has outpatient, inpatient, emergency pharmacies and a central medical store each directed by a registered pharmacist.					
2	The Hospital ensures that all types of drug transactions and patient-medication related information are properly recorded and documented.					

5. Laboratory Services		Excellent met	very good met	good enough met	poorly met	not met
1	A current list of laboratory tests provided by the facility and the price of each test is accessible to all clinical staff and patients.					
2	Laboratory management ensures that advice on examinations and the interpretation of test results is available to meet the needs and requirements of customers.					
3	Hospital management ensures that the Hospital laboratory has the necessary space, working environment, reagents, consumables, analyzers and associated equipment needed to conduct the required repertoire of tests.					
4	Laboratory staff members monitor stocks of testing reagents and other consumables so that supplies are ordered early and in sufficient quantity to prevent stock-outs or oversupply.					
5	The Hospital has policies and procedures in place for sample collection, transport and disposal.					
6	Laboratory management establishes a policy for the management of data and information that includes: security, access, confidentiality & data protection, backup system, storage and data destruction					
7	The laboratory has and implements a quality assurance policy that covers all aspects of laboratory functions.					
6. Nursing Care Standards						
1	The Hospital has established management structures and job descriptions that detail the roles and responsibilities of each nursing professional, including reporting relationships.					
2	The hospital has a nursing workforce plan that addresses nurse staffing requirements and sets minimum nurse to patient ratios in each service area.					
3	The Hospital has written policies describing the responsibilities of nurses for the nursing process including the admission assessment, planning, implementation and evaluation of nursing care.					
4	All admitted patients have a nursing care plan that describes holistic nursing interventions to address their needs. The plan is regularly reviewed and updated as required.					
5	The Hospital has standardized procedures for the safe and proper administration of medications by nurses or designated clinical staff.					

7. Infection Prevention		Excellent met	very good met	good enough met	poorly met	not met
1	The Hospital has an operational plan for the implementation of infection prevention activities. The plan follows national guidelines and includes guidance on infection prevention practice and procedures and materials.					
2	Standard practices that prevent, control and reduce risk of hospital acquired infection are in place.					
3	The Hospital has an adequate plan to address transmission based precautions for staff, patients, caregivers and visitors.					
4	The Hospital ensures that equipment, supplies and facilities/infrastructure necessary for infection prevention are available.					
5	All hospital staff are trained using standard infection prevention training materials.					
6	The Hospital provides health education to patients, caregivers and visitors, as appropriate on infection prevention practices.					
7	A designated group and/or individual(s) are in place to effectively implement and monitor infection prevention activities.					

8. Human Resource Management		Excellent met	very good met	good enough met	poorly met	not met
1	The Hospital has a Human Resource Case Team staffed by individuals with management skills and experience dealing with individual personnel matters.					
2	The Hospital has a human resource development plan that addresses staff numbers, skill mix, and staff training and development					
3	Each employee's responsibilities are defined a current job description which has been signed by the employee and filed in the personnel file.					
4	The Hospital has policies and procedures for recruiting and hiring staff					
5	The Human Resource Case Team provides services to employees to ensure satisfactory productivity, motivation, morale as evidenced by effective policies and procedures for personnel retention, compensation and benefits, training and development and employee recognition					
6	The Hospital has an Employee Code of Conduct that is known and adhered to by staff.					
7	The Hospital has a performance management process in which all employees are formally evaluated at least annually and action plans for improved performance are documented.					
8	The hospital regularly conducts a staff survey to assess staff perspectives on the workplace. Summary results are presented to the Senior Management Team and Governing Board.					
9	The Hospital has occupational health and safety policies and procedures to identify and address health and safety risks to staff.					
9. Quality Management						
1	The hospital has a Quality Committee that is responsible to devise and implement a Strategy for Quality Management.					
2	Procedures are established to assess and minimize risk arising from the provision and delivery of healthcare.					
3	Procedures are established for reporting and analyzing incidents, errors and near misses.					
4	Procedures are established to monitor clinical outcome measures and to take action to address any problems identified. Such procedures encourage the participation of all clinical staff.					
5	The hospital adopts a statement of patient rights and responsibilities, which is posted in public places in the hospital.					
6	The hospital monitors patients' experiences with care through patient satisfaction surveys conducted on a biannual basis.					
7	The hospital implements a strategy for the involvement of patients and the public in service design and delivery including procedures to be followed when engaging with patients and the public.					
8	The hospital participates in benchmarking activities to learn from and share good practice with other hospitals.					

