

Organizational Culture and Employee Performance among Selected Teaching Hospitals in Enugu State, Nigeria

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Abstract:

In any corporate structure be it private or public, the effects of organizational culture on employee behavior and performance cannot be overemphasized since a positive and strong organizational culture may affect the employee commitment to the organization's philosophy and values. In many Nigerian public service institutions, emphases are placed mostly on compensation and remuneration packages in managing workforce with little diagnosis on organizational culture and the implication of it on the overall performance. This study in line with the identified gaps, investigates the effects of organizational culture on workers' performance of tertiary health institutions in Nigeria. The study determines the extent to which team work affect health workers' commitment in the tertiary hospitals particularly in Enugu state. It establishes the nature of relationship between periodic training and health workers output in tertiary hospitals in Enugu state; and as well ascertains the extent to which patient-health focus culture affects development in the Nigerian tertiary hospitals in Enugu state, Nigeria. The study employed cross-sectional survey design. Data was collected through a structured questionnaire from a number of 325 respondents who were hospital staff of two selected tertiary health institutions Enugu State University Teaching Hospital (ESUTH) and University of Nigeria Teaching Hospital (UNTH) in Enugu State, Nigeria. Analysis of the data revealed that team work has a significant

*positive effect on health worker commitment ($R^{**calc} = .0922 >$ at $p < 0.05$). Again, patient-health focus has a significant positive effect on development in tertiary hospitals in Enugu state, Nigeria ($R^{**calc} = .0918 >$ at $p < 0.05$). Based on the findings above, it can be concluded that organizational culture significantly affects health workers' performance positively and this is shown in the level of commitment, output and developments in health institutions. In line with these findings, it is therefore recommended that team work should be established, strongly promoted and made sustainable in organizations, especially in public health institutions, as team work ensures positive behavior and attitudes necessary for realization of organizational desired goals/objectives. The work also offers that there is need for organizations, particularly the health institutions to focus on their patients as part of their operations and programmes; as such approach favourably affects the health service quality perceptions, patients' satisfaction and loyalty.*

Key words: Team Work, Patient Health-focus, Workers Commitment, Corporate Culture

INTRODUCTION

Every organization in the world has its own defining characteristics and values which constitute its culture, just as human beings have their own personalities. Organizations share same values and belief which over time, stand as a guide to the members of the organization and show clearly its structure and power (Kinicki & Williams, 2003). The groups in the organizations seriously hold unto these unwritten rules and regulations, norms, customs, values and beliefs which spell out the behavioral pattern of members of the organization and their supposed reactions to the internal and external environment of the organization (Kreitner & Kinicki, 2008). Organizations leadership, value, shared history and traditions, all socially bind members of the organization together, have their

commitment and loyalty to the objectives of the organization which result to high performance.

Psychologists have for a long time used the concept of climate and group norms but the concept of organizational culture has a recent background (Katz & Kahn, 1978). Hellriegel and Slocum (2004) observe that organizational climate have been studied for long through observations and measurements as an aspect of culture even though some researchers take both culture and climate to mean the same thing. In the bid to explain the variations in values, norms and climate, researchers have delved into the study of organizational culture. Organizations accord different meanings to organizational culture and emphasize differently on employee welfare and risk taking, leadership style, conflict management and resolutions, employee cooperation and compensation (Kinicki & Williams, 2003). Deal and Kenedy (1982) opine that when employees understand fully the culture of an organization toward its internal and external environment, it gives them job satisfaction and guides their general behavior and performance towards achieving organizational goals.

The four functions of organizational culture, according to Smircich (1983), are to give employees an identity, have their commitment to the organization, achieve their cooperation with each other, pattern their behavior, and help them to achieve job satisfaction. It must be noted that at some point over time, the culture of an organization becomes stronger than the organization itself and capable of patterning the behavior of the employees more than the organizations stipulated guidelines. Strong culture and weak culture are the two aspects of culture according to Gibson, Ivancevich, Donnelly Jr., and Konopaske, (2003). Gibson et al (2003) opine that when employees' share organizations core value, and their behavior is patterned by the organizations culture, the culture is said to be positive and

strong but when employees do not welcome and flow with the organizations core value and their behavior is not patterned by the organizations culture, the culture is said to be negative and weak. McShane and Von Glinowl (2005) also support the argument of Gibson et al (2003) emphasizing that weak culture is when the important organizational values are disregarded and not accepted by the members of the organization and are practiced and observed by the top management only.

The influence of organizational culture on performance cannot just be assumed, it can be positive or negative as a result of difference in organizational culture even when the same strategies are applied in two different firms, at the same location (Kandula, 2006). In 2000, Nigeria was ranked 187th in her level of health system delivery by WHO of the 191 member states (WHO, 2000). Olakunle (2004) opines that many believe that no adequate health care system is made available for Nigerian citizens. The causes of the challenges facing the health sector are huge, ranging from poor customer (patient-health) focus/orientation; lack of quality service delivery resulting to a great number of patients traveling overseas for medical treatment (medical tourism) and those resorting to self medication, and many, particularly at the rural areas settling for local medical attention; inadequate training and re-training programme for staff (health workers); and lack of industrial harmony among the health workers in the field (Olakunle, 2004). The lack of harmony among the health workers in the Nigerian health sector has greatly distressed the system (Uzochukwu, 2016). The sector has been literally pushed to the brink of collapse by inter-professional quibbling and battle for supremacy. While the doctors contend that, by virtue of their training and responsibilities, the leadership of the health sector belongs to them naturally, other specialists including nurses, pharmacists, laboratory technicians / technologists, radiographers, and practically every other non-doctor staff

argue otherwise. While this rages on, the health care sector continues to suffer (Uzochukwu, 2016). In a hospital environment where lots of people activities interact, ranging from staff (healthcare givers) to health seekers, organizational culture is a sensitive issue that most extreme consideration be given to.

The performance of any organization depends largely on the behavioural/attitudinal patterns (positive or negative) of the workforce which is largely dependent on the culture of the organization. Organizational culture, through its norms, fills in as a control instrument to channel behaviours toward expected behaviours; and certain types of organizational cultures may be related specifically to greater effectiveness and productivity than others. Again, the success of any organization (service or manufacturing) is believed to depend on many components of a strong organizational culture, including capacity development of employees (adequate knowledge and skills through training and re-training programs); customer focus/orientation; adequate reward system; cooperation among employees; effective crisis management/dispute resolution mechanism; regular contacts/meetings of all organization's stakeholders; effective monitoring and evaluation measures; etc. However, the performance of the Nigerian health institutions is perceived to have been extremely bad resulting from the many problems believed to have troubled the sector.

The Nigerian health institutions are believed to be lacking in the provision of regular training and re-training programs for their staff, which may have resulted to the many quacks, incompetent and undedicated personnel in the health sector, lack of quality service delivery, many loss of lives and a great number of patients traveling overseas for treatment which affects profitability and development of the tertiary hospitals particularly in Nigeria. Again, the Nigerian health institutions are seen as the highest in terms of industrial

disharmonies, than other institutions in Nigeria, and this may have been as a result of lack of cooperation among employees which affects their commitment. Equally, the Nigerian health institutions are believed to be lacking in their ability to place greater focus on patients care by patient-health focus culture which affects the level of patient's satisfaction, sustainability, viability and the overall development of the health sector.

The above situation is not only unfortunate but unhealthy for any performance desiring organization. The consequences of this scenario are irrefutably negative. Therefore, hospital management may perhaps not just concentrate on restructuring of cultural values but also introduce other positive cultural practices that lead to superior performance. If the needful is not promptly done, the health institutions would lack committed, dedicated and relevant personnel; and record shortage of the required medical equipment/facilities necessary for sustaining them. This will have a spill-over effect on the health sector generally, thereby the sector making little or no contribution to the nation's gross domestic product (GDP), and in turn negatively affecting the overall growth and development of the nation.

It is against this backdrop, that the research seeks to determine the effect of organizational culture on health workers performance in tertiary hospitals in Enugu state, Nigeria, with a view to recommending organizational cultures in line with international best practice for effective hospital management.

The study sought to;

- i. Determine the extent to which team work affects health workers commitment in the tertiary hospitals.
- ii. Establish the nature of relationship between periodic training and health workers output in tertiary hospitals.

- iii. Ascertain the extent to which patient-health focus culture affects the development in the tertiary hospitals.

The research attempts to provide answers to the questions:

- i. To what extent does team work affect health workers commitment in the tertiary hospitals?
- ii. What is the nature of the relationship between periodic training and health workers output in tertiary hospitals?
- iii. To what extent does patient-health focus culture affect development in the tertiary hospitals?

It was hypothesized that:

- i. Team work has a significant effect on health workers commitment in the tertiary hospitals.
- ii. There is a significant positive relationship between periodic training and health workers output.
- iii. Patient-health focus has a significant effect on development in tertiary hospitals.

2.0 REVIEW OF RELATED LITERATURE

2.1.1 Conceptual Review

2.1.2 Organisational Culture and Performance

Organizational culture and employees' performance are clearly related though the exact nature of this relationship is mixed (Kopelman, Brief & Guzzo, 2000). Studies have shown that the relationship between many cultural attributes and employees' performance has not been consistent over time (Sorenson, 2002). Performance refers to the degree of achievement of the mission at work place that builds up an employee job (Cascio, 2006). Different researchers have different thoughts about performance. Mostly studies used the term performance to

express the range of measurements of transactional efficiency and input/ output efficiency (Stannack, 2006). Barney (2001) opines that performance is a continuous process to controversial issue between organizational researchers. Organizational performance does not only mean to define problem but it is also for solution of problem (Hefferman & Flood, 2000). Daft (2000), says that organizational performance is the organization's capability to accomplish its goals effectively and efficiently using resources. As similar to Daft (2000), Richardo (2001) says that achieving organizational goals and objectives is known as organizational performance. Richardo (2001) suggests that organizations success shows high return on equity and this become possible due to establishment of good employees performance management system. According to Lunenburg and Potter (2012) the effect of organizational culture on employees' performance partly depends on its strength (how widely and deeply employees hold corporate dominant values and assumptions).

In a strong organizational culture, most employees across all subunits hold the dominant values (Kinicki& Williams, 2003). Kinicki and Williams (2003) further asserts that these values are also institutionalized through well-established artifacts, thereby making it difficult for those values to change. Studies have identified the indicators of performance in the health sector as; patient-care quality and efficiency, quality service delivery, patient satisfaction, health workers' commitment and job satisfaction, effectiveness of provider team and development of the health sector (Platonova, Hernandez, Shewchuk, and Leddy, 2006;Williams, Manwell, Konrad and Linzer, 2007; Zazzali, Alexander, Shortelland Burns 2007). Other performance indicators of interest to policy makers include resource use per patient length of stay (LOS), productivity in resource use (outpatient visit per physician per day OVPPPD), bed days per physician (Zhou, Bundorf, Chang,

Huang and Xue, 2011). For this study we seek to find the effect of these strong hospital culture such as team work, health workers' periodic training and patient-health focus culture on the following performance indicators; health worker commitment, health worker output (effective and efficient use of hospital equipment, other facilities and quality service delivery) and the development of the tertiary hospitals (sustainability, continuity, growth, viability and visibility)

A. Team Work and commitment

Team work is defined as several people-each doing a part but all subordinating personal prominence to the efficiency of the whole (Katzenback &Smith, 2003). Katzenback and Smith (2003), opines that the key element of teamwork is a commitment to a common purpose. Team work is also defined as the process of working collaboratively with a group of people in order to achieve a goal (Kinicki & Williams, 2003). Kinicki and Williams (2003) asserts that teamwork is often a crucial part of a business, as it is often necessary for colleagues to work well together, trying their best in any circumstance. Team work means that people will try to cooperate, using their individual skills and providing constructive feedback, despite any personal conflict between individuals (Kinicki and Williams, 2003).

Usage of team work has substantial impacts on organizations and individuals, and it serves as a cornerstone of progressive management (Kinicki & Williams, 2003). Management guru Peter Drucker, opines that "tomorrow's organizations will not only be flatter and information-based but also organized around team work" (Drucker, 1988).

B. Training and Health Worker Output

Training is teaching, or developing in oneself or others, any skills and knowledge that relate to specific useful competencies. Training has specific goals of improving one's capability,

capacity, productivity and performance. It forms the core of apprenticeships and provides the backbone of content (Jacoby, 2004). In addition to the basic training required for a trade, occupation or profession, observers of the labor-market recognize as of 2008 the need to continue training beyond initial qualifications: to maintain, upgrade and update skills throughout working life. People within many professions and occupations may refer to this sort of training as professional development (Jacoby, 2004).

Proper training results in satisfied and productive employees. Investing in employee training should improve workers output which is seen in health workers retention rates, patients satisfaction as a result of quality service delivery by health workers. Effective training saves labor by reducing time spent on problem-solving and saves money in the long run by producing a better workforce (Yen, 2005). Most employees have some weaknesses in their workplace skills. A training program allows you to strengthen those skills that each employee needs to improve. A development program brings all employees to a higher level so they all have similar skills and knowledge. This helps reduce any weak links within the company who rely heavily on others to complete basic work tasks efficiently and effectively. Providing the necessary training creates an overall knowledgeable staff with employees who can take over for one another as needed, work on teams or work independently without constant help and supervision from others (Dens, 2000).

C. Customer Focus(patient-health focus) and Development

The concept of 'Customer Focus' has been gaining prominence in recent years as organizations realize the importance of concentrating on customers. Customer focus is defined as an approach to achieving organizational success by aligning

systems, processes and activities around a common purpose – the customer (3rdview Consulting, 2013). Organizations can choose to focus on a range of things – manufacturing efficiency, internal processes, and new product development. These things are important, however only customer focus ensures that the organization is delivering to the changing needs of those people that will keep them in business (3rdview Consulting, 2013). For truly customer-focused organizations, every business activity is informed by customer needs and is designed to improve the customer experience (3rdview Consulting, 2013). Customer focus is a key source of sustainable competitive advantage for organizations. Customer focused organizations understand their customers, and align their strategies, systems and people to deliver on customer needs. Customer focus improves the effectiveness of marketing and service activities, which will be essential in the new, competitive business landscape.

Patient-health focus culture improves patient satisfaction which is a positive evaluation of distinct dimensions of the health care. The care being evaluated might be a single clinic visit, treatment throughout an illness episode, a particular health care setting or plan, or the health care system in general (Linder-Pelz, 2002). Improving the quality of patient care in hospitals is a vital and necessary activity; patients report they receive less individual attention than ever before; they complain that doctors and nurses are too busy tending to the technical aspects of care to provide the much needed attention to patients' personal needs (Powell, 2001). Patient satisfaction is as important as other clinical health measures and is a primary means of measuring the effectiveness of health care delivery. Service quality is an achievement in customer service, which reflects at each service encounter when patient-health focus culture is embraced (Booms, 2003). Embracing patient-health focus culture in our health sector will improve service quality and patients

satisfaction, whilst remaining economically competitive, achieving development and sustainability of the health sector. This aim may be achieved by understanding and improving operational processes; identifying problems quickly and systematically; establishing valid and reliable service performance measures and measuring patients satisfaction and other performance outcomes (Harvey, 2008). Service quality can be related to service potential (for example, worker's qualifications); service process (for example, the quickness of service) and service result (patients satisfaction which can be measure by the patient length of stay in the hospital and the outpatient visit per day).

2.2 THEORETICAL FRAMEWORK

We examined some relevant theories;

i. Consistency Theory

According to the consistency theory, organizations tend to be effective because they have strong cultures that are highly consistent, well-coordinated and well integrated (Davenport, 1993; Saffold 1988). This theory talks about the values and systems that are the basis of a strong culture. Employees behavior is rooted in a set of core values and leaders and followers are skilled at reaching an agreement even when they have differing views (Block, 1991). This type of consistency is a powerful source of stability and internal integration that results from a common mindset and a high degree of conformity (Senge, 1990).

ii. Involvement Theory: This theory is based on the idea that involvement and participation will contribute to a sense of responsibility and ownership and hence organizational performance and loyalty (Baker, 2002). It talks about capacity building and development, organizations building manpower

capability, ownership and responsibility. Effective organizations empower their people through trainings, build their organizations around teams, and develop human capabilities at all levels (Becker, 1964; Lawler, 1996; Likert, 1961). Executives, managers and employees are committed to their work and feel that they own a piece of the organization. People at all levels feel that they have at least some input into decisions that will affect their work and that their work is directly connected to the goals of the organization (Katzenberg, 1993; Spreitzer, 1995).

iii. Adaptability Theory: This theory is based on the idea that norms and beliefs that enhance organization's ability to receive, interpret and translate signals from the environment into internal organizational and behavioral changes will prompt its survival growth and development (IJSR, 2014). It talks about the organizations ability to translate the demands of the business environment into action; timely adjustments to strategic objectives in response to changes in the external environment. Public hospitals with more adaptable culture will have better performance depending on the hospital objectives. Ironically, organizations that are well integrated are often the most difficult ones to change due to the deep levels of adaptability acquired over time (Kanter, 1993). Adaptable organizations are driven by their customers (patients), take risks and learn from their mistakes and have the capability and experience to create change (Nadler, 1998; Senge, 1990). Such organizations are continuously changing their systems to promote improvements and provide value for their customers (patients) (Stalk, 1988).

iv. Performance Theory

A theory of performance postulated by Brandsford, Brown and Cocking (2000) holds that performance implies production of

valued results which is usually facilitated by taking complex series of action that integrates skills and knowledge. The Theory of Performance (ToP) develops and relates six foundational concepts to form a framework that can be used to explain performance as well as performance improvements. To perform is to produce valued results. A performer can be an individual or a group of people engaging in a collaborative effort (Brandsford, Brown and Cocking, 2000). Developing performance is a journey, and level of performance describes location in the journey. Current level of performance depends holistically on 6 components: context, level of knowledge, levels of skills, level of identity, personal factors, and fixed factors. Three axioms are proposed for effective performance improvements. These involve a performer's mindset, immersion in an enriching environment, and engagement in reflective practice (Brandsford, Brown and Cocking, 2000).

To perform is to take a complex series of actions that integrate skills and knowledge to produce a valuable result. For example: designing; problem solving; selling; presenting; managing life (Wiske, 2008). In some instances, the performer is an individual. In other instances, the performer is a collection of people who are collaborating, such as an academic department, research team, committee, student team, or a university (Wiske, 2008). The theory holds that performance can be guaranteed through the production of valued results which is usually facilitated by taking complex series of action that integrates skills and knowledge.

2.3 EMPERICAL REVIEW

Sultana, Irum, Ahmed, and Mehmood (2012) carried out a study on impact of training on employee performance. The objective of the study was to determine the training practices of telecommunication sector in Pakistan, and its effect on the employees. The study adopted a combination of literature

review, structured interview and questionnaire surveys. 360 respondents from five selected telecom companies' employees received and completed the questionnaire. The study reveals that, most organizations meet their needs for training in an ad hoc and haphazard way while others set about identifying their training needs, then design training activities in a rational manner and finally assess the results of the training. The study concluded that, for any organization to succeed in achieving the objectives of its training programme, the design and implementation must be planned and systematic, tailored towards enhancing performance and productivity. The study then recommends that organizations should invest in the right type of employee training, as this can enhance employee productivity as well as competencies and skills. In addition, training is seen as a useful means of coping with changes fostered by technological innovation, market competition, organizational structuring and most importantly, it plays a key role in enhancing employee performance and output.

Olowokudejo and Adeleke (2011) conducted a study on the relationship between customer focused service and customer satisfaction in the Nigerian insurance industry. The objective of the study was to examine the relationship between customers focused services and quality service delivery which leads to customer satisfaction, development and sustainability of the Nigerian insurance industry. Relevant literature was reviewed and a model consisting of four variables was conceptualized and tested by means of empirical data collected through a questionnaire survey. A total of one hundred and eighty (180) copies of questionnaires were administered, one hundred and forty nine (149) copies were duly completed and returned. This represents a response rate of 82.78%. The research instruments were validated and a pilot study was also carried out to test the reliability of the measures. The Cronbach alpha level is above the required 0.70. Spearman rank

correlation and partial correlation were used to test the hypotheses. The study found a positive relationship between customer focus culture and quality service delivery resulting to customer satisfaction in the Nigerian insurance industry. The study recommended that insurance companies should pay more attention to designing quality product and services that are focused at the customers.

Wanjau, Muiruri, and Ayodo, in 2012, conducted a study to explore the factors affecting productivity in the public health sector in Kenya, focusing on training, communication messages and channels, employee capability, technology, and financial resource. The study reports on empirical evidence drawn from a case study of Kenyatta National Hospital. A total of 103 respondents, comprising 16 doctors, 32 nurses, 29 clinical officers, 14 laboratory technologists and 12 pharmacists. Data was collected using closed and open ended questionnaire. The findings reveal that, the inadequate training and re-training of employees affected productivity negatively in public health sector by a factor of 0.981; while inadequate utilization of financial resources led to a decrease in output in public health sector by a factor of 0.917; while inadequate technology adoption in provision of health service led to a decrease in output by a factor of 0.768; while ineffective team communication messages and channels resulted to decrease in provision of health service quality by a factor of 0.671. This implies that inadequate training and re-training of employees affect the efficiency and effectiveness of health care delivery to patients in the public health sector, thereby, affecting health service quality perceptions, patient satisfaction and loyalty. This assertion therefore informs that adequate training and re-training of employees positively affect health care delivery in health organizations.

3.0 METHODOLOGY

The study covered the two tertiary health institutions in the Enugu state, Enugu State University Teaching Hospital (ESUTH), Enugu and the University of Nigeria Teaching Hospital (UNTH), Enugu, Enugu State, Nigeria. The study adopted descriptive survey design. Primary data were obtained using questionnaire and Secondary sources of information were obtained from the records of the hospital. The population for the study comprised of 1779 health care providers of the hospital. A sample size of 325 was obtained from the total population of the study. The instrument used for data collection was structured in four point likert scale and validated with face-to-face approach. The reliability was done using test re-test method. The result gave a reliability coefficient of 0.7 indicating a high degree of item consistency. Three hundred and twenty five (325) copies of the questionnaire were distributed and three hundred and ten (310) copies were correctly filled and returned, representing 95.4% response rate. The hypotheses formulated were tested at 0.05 level of significance using Simple Linear Regression Analysis and Pearson Moment Correlation Coefficient with the aid of Computer Microsoft Special Package of Social Science (SPSS) for analysis.

4.0 DATA ANALYSIS

With respect to objective one of the study, table 4.1 is instructive.

i. Table 4.1: Response to the extent to which team work affects health workers commitment in the tertiary hospitals.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	119	38.4	38.4	38.4
Agree	71	22.9	22.9	61.3
Undecided	9	2.9	2.9	64.2
Disagree	61	19.7	19.7	83.9
Strongly Disagree	50	16.1	16.1	100.0
Total	310	100.0	100.0	

SOURCE: FIELD SURVEY, 2017

Table 4.1 reveals that 61% of the respondents are in the agreement category, 3% were undecided while 36% of the respondents are in the disagreement category.

ii. Table 4.2: Response to the relationship between periodic training and health workers output

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	95	30.6	30.6	30.6
Agree	66	21.3	21.3	51.9
Undecided	19	6.1	6.1	58.0
Disagree	41	13.2	13.2	71.2
Strongly Disagree	89	28.8	28.8	100.0
Total	310	100.0	100.0	

SOURCE: FIELD SURVEY, 2017

Table 4.2 reveals that 51% of the respondents are in the agreement category, 6% were undecided while 42% of the respondents are in the disagreement category.

Table 4.3: The Extent to which Patient-Health Focus Culture affects Development in Tertiary Hospitals.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	111	35.9	35.9	35.9
Agree	77	24.8	24.8	60.7
Undecided	10	3.2	3.2	63.9
Disagree	71	22.9	22.9	86.8
Strongly Disagree	41	13.2	13.2	100.0
Total	310	100.0	100.0	

SOURCE: FIELD SURVEY, 2017

Table 4.3 reveals that 61% of the respondents are in the agreement category, 3% were undecided while 36% of the respondents are in the disagreement category.

TEST OF HYPOTHESES

Three hypotheses formulated were tested at 0.05 level of significance using simple linear Regression Analysis and Pearson Moment Correlation Coefficient with the aid of Computer Microsoft Special Package of Social Science (SPSS) for analysis.

Hypothesis One:

Restated into its null and alternative forms as;

H₀:Team work does not have a significant effect on health worker commitment in tertiary hospitals in Enugu State.

H₁:Team work has a significant effect on health worker commitment in tertiary hospitals in Enugu State

Regression model: $Y = \alpha + \beta X + \mu \dots$ (For all observations $i = 1, 2 \dots n$)

Where Y =health workers commitment

X = team work

μ = error term of random variable

α = a constant amount

β = effect of X hypothesized to be positive

Hence, the regression (predict) equation will be $Y = 14.112 + 0.667X$

Table 4.4a: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.922 ^a	.711	.661	57.91131

a. Predictors: (Constant), Team work

Table 4.4b: ANOVA^b

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	16221.117	1	19110.019	12.221	.009 ^a
	Residual	7711.221	309	3131.060		
	Total	23932.338	310			

a. Predictors: (Constant), Team work

b. Dependent Variable: health workers commitment

Table 4.4c: Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	14.112	42.533		1.117	.003
	Teamwork	.667	.312	.819	3.710	.007

a. Dependent Variable: Health workers commitment

The **Tables 4.4 a, b & c** revealed that the regression result shows the existence of significant result on the variables ($R^{*calc} = .0922 >$ at $p < 0.05$). The significant level was found to be 0.009, and due to this we reject the null hypothesis and accept the alternate one which states that *team work has a significant effect on health worker commitment in tertiary hospitals in Enugu State.*

Hypothesis Two:

H₀₂: There is no significant positive relationship between periodic training and health worker Output in tertiary hospitals in Enugu State.

H₂: There is a significant positive relationship between periodic training and health workers output in tertiary hospitals in Enugu State.

Table 4.5:Correlations

		Periodic Training	Health Workers Productivity
Periodic Training	Pearson Correlation	1	.918**
	Sig. (2-tailed)		.007
	N	310	310
Health Workers Output	Pearson Correlation	.918**	1
	Sig. (2-tailed)	.007	
	N	310	310

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

Table 4.5 reveals that while the r calculated result shows the existence of significant result on the variables (r = 0.918 at p< 0.05). The significant level is 0.007, and due to this we reject the null hypothesis and accept the alternate one which states that there is a *significant positive relationship between periodic training and health worker output in tertiary hospitals in Enugu State*

Hypothesis Three

Restated into the null and alternative forms as;

H₀₃: Patient-health focus does not have a significant effect on development in tertiary hospitals in Enugu state, Nigeria.

H₃: Patient-health focus has a significant effect on development in tertiary hospitals in Enugu state, Nigeria.

Regression model: $Y = \alpha + \beta X + \mu \dots$ (For all observations i, = 1, 2 ...n)

Where Y = development

X = patient-health focus

μ = error term of random variable

α = a constant amount

β = effect of X hypothesized to be positive

Hence, the regression (predict) equation will be $Y = 116.031 + 1.964X$

Table 4.6a: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.918 ^a	.891	.842	30.46883

a. Predictors: (Constant), Patient-health focus

Table 4.6b: ANOVA^b

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	20670.151	1	20670.151	21.265	.002 ^a
	Residual	2785.049	309	928.350		
	Total	23455.200	310			

a. Predictors: (Constant), patient-health focus

b. Dependent Variable: development

Table 4.6c: Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta		
1	(Constant)	116.031	47.849		2.215	.004
	EI	1.964	.416	.939	4.619	.008

a. Dependent Variable: development

Tables 4.6 a, b & c revealed that the regression result shows the existence of significant result on the variables ($R^{**calc} = .0918 >$ at $p < 0.05$). The significant level was found to be 0.002,

and due to this we reject the null hypothesis and accept the alternate one which states that *patient-health focus has a significant effect on the development in tertiary hospitals in Enugu state, Nigeria.*

5.0. CONCLUSIONS AND RECOMMENDATIONS

5.1. Conclusions

Based on the findings of the study, it can be concluded that organizational culture significantly affects health workers' performance positively and this is shown in the level of commitment, output and developments in health institutions. For a successful and optimally performing health system in Nigeria, there is the need to encourage a positive and strong organizational culture in hospitals such as; cooperation among employees to increase their commitment and job satisfaction, regularly train and re-train the health personnel to retain them and improve their efficiency and effectiveness; seriously implement customer focus culture (patient-health focus) for a quality service delivery, increased level of patients satisfaction, long length of stay of admitted patients, fewer outpatient visit per day as health workers place greater focus on patient-care for better performance, profitability and development.

5.2. Recommendations

From the findings it is recommended that

- (a) Team work should be established, strongly promoted and made sustainable in organizations, especially in health institutions, as team work ensures positive behaviour and attitudes necessary for realization of organizational desired goals/objectives.
- (b) Health organizations should invest in the right type of employee training, as this enhances employee output as

well as competencies and skills, that bring about change that helps to promote creativity and productivity.

- (c) Health institutions should as much as possible focus on their patients as part of their operations and programs, as such approach positively affects the health service quality perceptions, patients' satisfaction and loyalty and ensures organizational sustainability, longevity, continuity, viability and overall development.

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