

Challenges of the COVID-19 Pandemic and Its Relationship to the Hospital Organizational Culture

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Abstract— *The COVID-19 pandemic has drastically and quickly changed the business culture. Long-held ideas about the nature of labor have been called into question by the global lockdown and bans. Equal importance is given to cultural concepts in quality improvement initiatives. The challenge includes cultural reorientation, which might range from fundamental healthcare audits to business process re-engineering "collaboratives" for persistent improvement. As they adjust to functioning during a pandemic and get ready for recovery, organizational leaders must decide which culture changes they want to maintain and which they must prevent. This analysis does not have a prejudicial purpose. It is possible to maintain these behavioral changes over time by recognizing the advantages of the sudden cultural change and taking joy in them. The purpose of the study was to look into the difficulties caused by the COVID-19 epidemic and how they relate to hospital organizational culture. A descriptive-correlation research design was used for this investigation. The implied requirement is that the study design be quantitative. It aimed to accurately summarize observations of a phenomenon. The Eastern Pangasinan region's private or publicly funded hospitals were chosen at random from among those serving the medical community for the research. Through this study, it was shown how the dynamics of the respondents' hospitals' organizational cultures and the challenges brought on by the COVID-19 epidemic are related. The significance level is less than 0.05, and as a result, the researchers accepted the alternative hypothesis (H_a) and rejected the null hypothesis (H_o), indicating that there is a significant connection between the difficulties brought on by the covid-19 pandemic and the dynamics of the respondents' hospitals' organizational cultures.*

Indexed Terms— *Cultural reorientation, Equal Importance, Healthcare, Organizational Leaders*

I. INTRODUCTION

Healthcare companies and their workers have faced significant hurdles as a result of the COVID-19 epidemic, which has afflicted the world for years. To address the challenge, healthcare institutions must make organizational reforms at all levels, in addition to addressing the critical issues of patient care and pandemic prevention strategies. For example, shifts were extended from eight to twelve hours, employees received specialized training, and the nature of routine work changed; logistically, existing wards were converted into COVID-19 wards; organizationally, new patient admission procedures, protection and hygiene policies, and patient accompaniment and visitation regulations were also implemented to protect people during a disaster, organizational reforms are needed (Cook, 2020). As they adjust to functioning during a pandemic and get ready for recovery, organizational leaders must decide which culture changes they want to maintain and which they must prevent (Thomas, 2022). Equal importance is given to cultural concepts in quality improvement initiatives. The challenge includes cultural reorientation, which might range from fundamental healthcare audit to business process re-engineering "collaboratives" for persistent improvement. Even if the language of organizational culture has some immediate appeal and is frequently both the cause and the solution as well as a component of the underlying substrate to which change is targeted, people should ponder deeper issues. What does it mean for the healthcare industry to have a dynamic culture? and functionality? Is there a connection between a changing culture and how it affects the organization? 2018 (Mannion & Davies). Such an assessment serves no judgmental function. The goal is to retain the newly discovered trust, empowerment, and collaboration and prevent a simple return to previous, sometimes undesired behaviors. These long-term behavioral alterations can be reinforced by recognizing and

celebrating the good parts of the rapid culture transition (Mannion & Davies, 2018). However, despair and terror can occasionally overtake a person and leave them helpless (Thomas, 2022). Hospitals and other healthcare facilities must adapt to new teaching methods and be mindful of their constantly changing surroundings. Implementing the stages and other elements of organizational learning may help healthcare function better. Institutions are capable of becoming learning organizations, which would improve the nation's healthcare system. The purpose of the current study was to determine how various organizational learning features affected organizational culture in healthcare settings during the COVID-19 pandemic (Alonazi, 2021). Lockdowns and regulatory measures to restrict the spread of COVID-19 in the Philippines have significant negative effects on healthcare, the economy, and society. Health systems in low- to middle-income countries may require more capacity and resources to buffer against pandemic shocks (Bayani & Tan, 2021). As a developing nation throughout the past ten years, the Philippines' healthcare system has improved. However, the nation still has a number of challenges in responding to public health catastrophes (Laguipo, 2021). As a result, hospital culture has evolved from what it once was. There is still more to say about how the shifting culture has impacted the services provided and interpersonal connections. To lessen the effects of COVID-19 on Pangasinense, numerous local government agencies, including those in Pangasinan, a province in central Luzon of the Philippines, have teamed up (Austria, 2020). The Provincial Inter-Agency Task Force's cooperation has allowed for a coordinated effort between the barangay and provincial levels. Along the way, communication has been effective. Because of this, the strategies used helped to lower the number of active cases in Pangasinan (Sison, 2020). Even if the number of cases has been steadily declining, the pandemic concern still exists. The emotional, psychological, mental, and physical states of those who endured the worst of the pandemic have undoubtedly suffered the most lasting harm. These effects have altered their lives going forward, as well as how they dealt with the circumstances. Discrimination, abdication, bravery, and intelligence were all valued highly at the time. The team's investigation of patterns of poor behavior as patterns of the system rather than individuals failing

the team was made easier by adversity and the resulting camaraderie. Blame and judgment were largely replaced with curiosity and a whole systems perspective, and the group knew that individual behavior was a pattern of the organization's overall broader behavior (Kenward, 2021).

II. METHODOLOGY

Esnard (2018) asserts that the descriptive research design is used to compile data on present circumstances and conditions. It made it easier to find answers to certain research studies who, what, when, where, and how inquiries. After putting them through a rigorous process and utilizing a substantial amount of data from huge samples, it gave reliable statistics. The researcher can use this technique to compile data about current conditions. To spread information, the researcher will collect the data and submit it for validation at the same time. The researcher adopted a survey approach using questionnaires and structured interviews between the researcher and the medical staff of several hospitals in Eastern Pangasinan due to the current recovery of communication procedures inside the hospitals. The participants in this study were chosen at random from the researcher's list of healthy individuals. They can be the medical professionals—doctors, nurses, and midwives—who assumed responsibility or provided front-line care while the COVID-19 epidemic was at its worst in the area of Eastern Pangasinan, where the study was conducted. This study was carried out by the researcher in Eastern Pangasinan's current private or publicly funded hospitals with all of its staff members. These are Chua Pun Memorial Hospital (40), Dr. Marcelo M. Chan Memorial Hospital (103), Tayug Family Hospital (164), Umingan Community Hospital (106), Eastern Pangasinan District Hospital (357), Del Carmen Medical Clinic and Hospital (103), and Asingan Community Hospital (91). The population of 982 people as a whole served as the foundation for this study. These are the current hospitals that are included in the study. Using a sample size calculator for random sampling, the number of responses from among the aforementioned hospitals was determined. The sample size is 277, and the margin of error is 5% with a 95% confidence level. The researcher applied various statistical analyses to the data that she collected. Descriptive statistics, specifically frequency count and

percentage, were used to describe their age, gender, civil status, position, highest educational attainment, monthly family income, length of service in practice, and type of health facility to analyze and interpret the data objectively and respond to problem number 1. The dynamics of the respondents' organizational culture in hospitals and the difficulties caused by the COVID-19 pandemic were described for problems 2 and 3 using the average weighted mean and a 5-point Likert-type scale, respectively. A weighted scale is a statistical technique that the researcher utilized to determine the relative importance of the responses provided by the respondents to the questionnaire during the actual data collection process. The following scale will serve as a guide in interpreting the gathered data.

Table I

| Mean Scale Range | Descriptive Rating |
|------------------|-----------------------|
| 4.50 - 5.00 | Highly Agree (HA) |
| 3.50 - 4.49 | Agree (A) |
| 2.50 - 3.49 | Moderately Agree (MA) |
| 1.50 - 2.49 | Slightly Agree (SA) |
| 1.00 - 1.49 | Not Agree (NA) |

For problems 4 and 5, correlation analysis, specifically Pearson's correlation coefficient, was used to identify the significant relationships between the COVID-19 pandemic challenges that have affected the respondents' demographic profile variables and the dynamics of the respondents' hospital organizational culture, as well as between the respondents' hospital organizational culture dynamics and the COVID-19 pandemic challenges. The correlation coefficient, or Pearson's formula, is used.

III. RESULTS AND DISCUSSION

- Profile of the Respondents-The respondents' demographic profile comprises age group, gender, civil status, profession, highest educational level attained, employment status, monthly family income, length of practice, and kind of healthcare facility.
- Age-According to the table, there are 143 respondents, or 51.6 percent, who fall under the age bracket of 31 to 40; 74 respondents, or 26.7 percent, fall under the bracket of 20 to 30; 55 respondents, or 19.9 percent, fall under the bracket of 41 to 50; three respondents, or 1.1 percent; and

two respondents, or 0.7 percent, fall under the age bracket of 51 to 60. As a result of their age and years of practice, the majority of respondents appear to be more knowledgeable and skilled at interacting in a multicultural setting.

- Gender-The data in the table reveals that 159 respondents, or 57.4% of the total, are female. On the other hand, 118 responders, or 42.6 percent, are men, totaling 118. The majority of respondents are women, who are more inclined than men to participate. Female respondents outnumber male respondents, according to studies by Albay et al. (2018), Bautista and Nartates (2019), Casin et al. (2018), and Fernando et al. (2019).
- Civil Status-In terms of the variable "civil status," one hundred fifty-three (153) people are married, or 55.2 percent, and one hundred twenty-four (124) people are single, or 44.8 percent. It demonstrates that married health professionals outnumbered unmarried ones. It implies that the responders are starting both their families and their professional lives. Since the pandemic hit individuals who belong to it, married employers have had to deal with new organizational management and human resources challenges (Jasmine, 2020).
- Profession-The outcome reveals that there are 139 nurses or 69 percent. In addition, there are 72 doctors or 26% of the total, and 14 of them, or 5.1%, are midwives. Nurses make up the majority of the respondents. Additionally, staff nurses make up the bulk of the hospital workforce. As of October 31, 2021, there were 188.22 thousand healthcare professionals employed in the Philippines. Nearly half of the workforce, or 88.52 thousand people, were nurses (Statista Research Department, 2017).
- Highest Educational Attainment-According to Table 2, the majority of respondents have earned a bachelor's degree, with a frequency of 175 (179), or 64.6%; sixty-eight (68) have doctoral degrees, which is equal to 24.5 percent; and thirty (30) have master's degrees, which is equal to 10.8%. It shows that the responders are only starting in their nursing careers. The BSN is the entry-level degree for the nursing field and provides students with the core skills and knowledge needed to become a nurse. Many nurses lack master's degrees as well (ANA, 2020).

- Status of Employment-Table 2 displays a frequency of 106, or 38.3 percent, with the majority of respondents being job order workers. Eighty-eight (88), or 31.8 percent, of the workforce, is contract or casual, whereas eighty-three (83), or 30 percent, of the workforce is regular or permanent. The number of job orders is rising at the hospital. To accommodate the annual patient census, it depends on the hospital's given budget and the patient. A severe economic crisis is the pandemic's result. Due to their lack of tenure security, job order workers are significantly impacted (Marzan, 2021).
- Family Monthly Income- Of the 177 families with monthly incomes, or 63.9 percent, have an income of between Php. 15,000.00 Php. 22.4 percent, or 30,000 sixty-two (62) people, make between Php. 31,000.00 to Php. 13.7 percent, or 50, 000, 388, earn a monthly income of more than PHP. It was discovered that the average respondent is a job order worker, earning the beginning salary of nurse.
- Length of Service in Practice data show that, with a frequency of 133 or 48% of respondents, the majority of respondents have fewer than five years of experience in practice. However, fourteen (14) respondents, or 5.1 percent, have 16 or more years of professional experience. Given their age, it suggests that the respondents are still in their early stages of employment. As the COVID-19 pandemic affected the entire world, the government is seeking and hiring 10,000 additional health workers and an additional 20,000 every three months to strengthen the healthcare workforce. It is also requesting assistance from academic institutions and medical groups in hiring more medical professionals, nurses, and staff, including returning medical professionals who have lost their jobs.
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- Natural Health Facility- According to the data, 158 respondents, or 57.0 percent, work in public or government, while 119 respondents, or 43.0 percent, work in the private sector. The Universal Health Care (UHC) program must be managed and run well for the government hospital to serve as the health care system for all patients. Every person should have free access to comprehensive, high-quality healthcare services whenever and wherever they need them. This is what is meant by universal health care. The main benefit of using a government medical facility is affordability, whereas the main benefit of using a private medical facility is outstanding service (DOH, 2018; UHC, RA 11223, 2019).

Table II: Distribution of Respondent's Profile

| Variables | Indicators | Frequency (f) | % |
|--------------------------------|---|---------------|------|
| Age | 20-30 years old | 74 | 26.7 |
| | 31 -40 years old | 143 | 51.6 |
| | 41 - 50 years old | 55 | 19.9 |
| | 51- 60 years old | 3 | 1.1 |
| | 61 years and older | 2 | .7 |
| Gender | Female | 159 | 57.4 |
| | Male | 118 | 42.6 |
| Civil Status | Single | 124 | 44.8 |
| | Married | 153 | 55.2 |
| | Widow/Widower | 0 | 0 |
| Profession | Doctor | 72 | 26.0 |
| | Nurse | 191 | 69.0 |
| | Midwife | 14 | 5.1 |
| Highest Educational Attainment | Doctoral Degree | 68 | 24.5 |
| | Master's Degree | 30 | 10.8 |
| | Bachelor Degree | 179 | 64.6 |
| Status of Employment | Job order | 106 | 38.3 |
| | Contractual/ Casual | 88 | 31.8 |
| | Regular/ Permanent | 83 | 30.0 |
| Monthly Family Income | Between PHP. 15, 000.00 to PHP. 30, 000 | 177 | 63.9 |
| | Between PHP. 31,000.00 to PHP. 50, 000 | 62 | 22.4 |
| | More than PHP. 51,000.00 | 38 | 13.7 |
| Length of Service in Practice | less than 5 years | 133 | 48.0 |
| | 6-10 years | 93 | 33.6 |
| | 11 -15 years | 37 | 13.4 |
| | 16 and above years | 14 | 5.1 |
| Nature of Health Facility | Public / government | 158 | 57.0 |
| | Private | 119 | 43.0 |

Tables 3 to 5 on the following pages show how respondents assess the organizational culture of the

hospital in terms of a shared goal, coordinated activities, and authoritative structures. The respondents' assessments of the organizational culture of the hospital and its common goal dynamics are shown in Table 3. According to the table, the majority of indicators and respondents' assessments of common purpose fall between 4.50 and 5.00. All products received a "Highly Agree" rating in the results. The fact that the respondents gave an average weighted mean of 4.52 and a transmuted rating of "Highly Agree" suggests that their shared goal has a favorable consequence. It means that having a shared purpose has a big impact on how a hospital organization decides what goals to set and how to give patients the treatment they need in the face of the COVID-19 pandemic. The lowest mean, 4.28, which indicates "Agree," is found for the statement "The requirements of manpower respond to the organization's purpose." An organization's workforce needs are determined by its purpose and objectives. The requirements for the workforce will vary depending on the sort of business. To make sure everything runs smoothly, a hospital, for instance, needs medical professionals, nurses, administrative staff, and other workers. An organization's manpower needs must be adjusted to its unique purpose and objectives in order to succeed. In light of the COVID-19 epidemic, it follows that having a common purpose has a significant influence on how a hospital organization chooses what objectives to set and how to provide patients with the necessary care. An organization's personnel requirements are decided by its purpose and objectives, and the lowest mean, 4.28, which indicates "Agree," is discovered for this statement. Depending on the type of business, different manpower requirements will apply. For example, a hospital needs staff members such as nurses, administrators, and medical specialists to ensure that everything operates well. To be successful, a company's human resource requirements must be tailored to its particular mission and goals.

Table III. The Dynamics of the Hospital Organizational Culture as Perceived by the Respondents in Terms of Common Purpose (n=277)

| Indicators | WM | Descript Equivale |
|--|-------------|-------------------|
| Common Purpose | | |
| 1. The vision, mission, and goals of the organization have shifted to fit the call of the times. | 4.69 | HA |
| 2. There have been changes in the ways and operations of the hospital during the pandemic. | 4.75 | HA |
| 3. Strategic planning has been focused on a unified theme or purpose for the organization. | 4.54 | HA |
| 4. All departments and units' works are aligned to a single purpose for the organization. | 4.57 | HA |
| 5. The organization has aligned its purpose to the National Objectives for Health Philippines of the Department of Health. | 4.56 | HA |
| 6. Each department of the institution may be diverse in function but works towards a unified purpose. | 4.72 | HA |
| 7. The requirements of manpower respond to the purpose of the organization. | 4.28 | A |
| 8. There is one unifying theme that weaves together the purpose of the organization. | 4.37 | A |
| 9. The purpose of the institution is revisited periodically to make sure that it is responsive and significant. | 4.36 | A |
| 10. The purpose is directed toward the well-being of every member and client of the organization. | 4.38 | A |
| Average Weighted Mean | 4.52 | HA |

The mean distribution of the variable as perceived by the respondents in terms of coordinated efforts on the dynamics of the hospital organizational cultures is shown in Table 4 on the following page. According to the table, every indicator received a "Agree" rating. The statement "Communication is open for coordination of efforts" received the greatest mean of 4.40 when the descriptive equivalent of "Agree" was used. It suggests that when activities are coordinated within an organization, people can strive toward the same objectives. It is easier to ensure that everyone is working toward the same objectives when there is open communication between all parties. Additionally, it enables the development of organizationally advantageous tactics and the exchange of ideas. Team communication is essential to professional nursing practice because modern nurses are expected to coordinate healthcare team processes, act as the information conduit among team members, and mediate between caregivers and patients (Miller & Apker, 2019; Miller, Joseph, & Apker, 2020). As opposed to this, the statement "The general relationships of the management with the staff, the staff with one another, and the staff with their clients are based on the concept of service" had the lowest mean ("Agree") at 4.32. A concept of service serves as the foundation for all interactions between management and employees, employees and other employees, and employees and clients. It implies that both partners in a relationship should work to give each other the best support possible. To give the finest

service possible, it is important to foster an atmosphere of trust, respect, and cooperation.

Table IV: The Dynamics of the Hospital Organizational Culture as Perceived by the Respondents in Terms of Coordinated Efforts (n=277)

| Indicators | WM | Descriptive Equivalent |
|---|-------------|------------------------|
| Coordinated Efforts | | |
| 1. The different departments' standard operating procedures are synchronized and aligned to a commonality of goals. | 4.35 | A |
| 2. Staff had training on how to coordinate their skills toward achieving a better workplace | 4.38 | A |
| 3. The management and administration should act by the stipulations of their duties | 4.37 | A |
| 4. The general relationships of the management with the staff, the staff with another, and the staff with their clients are based on the concept of service | 4.32 | A |
| 5. There is a mutual agreement between members of the organization toward the achievement of their departmental goals. | 4.35 | A |
| 6. There exists a process-based functionality of positions | 4.35 | A |
| 7. The organizational chart is made to show the relationships of each personnel | 4.35 | A |
| 8. The activities are systematically coordinated to achieve the objectives of the department | 4.34 | A |
| 9. Each personnel function is pre-determined to be an assistant to a higher degree of need. | 4.36 | A |
| 10. Communication is open for coordination of efforts | 4.40 | A |
| Average Weighted Mean | 4.36 | A |

The table shows that respondents' ratings for the Division of Authority were all qualitatively "Agree," with an average weighted mean of 4.38 for all factors. While leaders in organizations and elsewhere may have formal power, they mostly rely on the formal authority they have over individuals to influence them. Of the ten assertions analyzed, statement number four had the highest mean of 4.49, "There is ample respect to authority's decision." In any company, respect for authority is fundamental for preserving a pleasant work atmosphere. All personnel, regardless of their position or title, should respect authority. Meanwhile, the descriptive equivalent of "Agree" had the lowest mean of 4.30 with "The extent of authority is appropriated to the proper individuals." The type of organization, as well as the roles and responsibilities of the people involved, determine the level of authority that is granted to certain persons. Taking into account the goals of the company and any potential dangers associated with the delegation of authority, the authority should be delegated to the appropriate people based on their skills and expertise. To ensure that the business can successfully and efficiently accomplish its objectives, it is crucial to make sure that authority is distributed fairly and to all personnel (World Economic Forum, 2020).

Table V. The Dynamics of the Hospital Organizational Culture as Perceived by the Respondents in Terms of Division of Authority (n=277)

| Indicators | WM | Descriptive Equivalent |
|---|-------------|------------------------|
| Division of Authority | | |
| 1. The human resource are suitably dependent on the needs and their qualifications are always responsive to their tasks | 4.31 | A |
| 2. The extent of authority is appropriated to the proper individuals | 4.30 | A |
| 3. There is always somebody responsible to take charge of an area for accountability | 4.33 | A |
| 4. There is ample respect for the authority's decision | 4.49 | A |
| 5. There is justice and equity in the division of authority | 4.41 | A |
| 6. The process of management is by the proper division of authority | 4.38 | A |
| 7. There is respect for authorities | 4.36 | A |
| 8. There is respect for decisions and implementations | 4.39 | A |
| 9. Functions and authority are given to the most qualified people | 4.37 | A |
| 10. The higher the authority, the higher the accountability of actions | 4.42 | A |
| Average Weighted Mean | 4.38 | A |

The data collected on the dynamics of the organizational culture of the hospital as perceived by the respondents are summarized in Table 6. Overall, a weighted mean of 4.42 was obtained from the data collected on the dynamics of the hospital organizational culture as assessed by the respondents, and this resulted in a response of "Agree" from the respondents. Division of authority came in second with an average weighted mean of 4.38 and Coordinated Efforts third with an average weighted mean of 4.36, but both are qualitatively classified as "Agree" by the respondents. The Common Purpose received the highest average of 4.52, which has a descriptive equivalent of "Highly agree" by the respondents. The information acquired on the dynamics of the hospital's organizational culture as perceived by the respondents showed that respect for authority, open communication, and staff collaboration were the most prevalent organizational cultures. It was believed that deference to authority was vital for the effective coordination of activities and that effective task performance required clear communication. Collaboration among employees was crucial to ensuring that everyone was on the same page and pursuing the same objectives. It also implies that the organization's success depends on giving the appropriate people the correct amount of authority.

Table VI Summary of the Dynamics of the Hospital Organizational Culture as Perceived by the Requirements

| Indicators | AWM | Descriptive Equivalent |
|------------------------------|-------------|------------------------|
| 1. Common Purpose | 4.52 | HA |
| 2. Coordinated Efforts | 4.36 | A |
| 3. Division of Authority | 4.38 | A |
| Overall Weighted Mean | 4.42 | A |

Table 7 details the difficulties caused by the COVID-19 pandemic that have impacted the organizational culture of the institution with a weighted average of 4.57 and the descriptive equivalent of "Highly Agree". The dynamics of the hospital's organizational culture were impacted by the COVID-19 pandemic, making the working relationships particularly difficult. The statement, "The stressful environment also placed pressure on the workers' and administration's relationships, affecting work outcomes," has the highest mean of the ten (10) indicators identified, at 4.78. This implies that COVID-19 significantly impacted employment outcomes and stressed-out healthcare workers. According to Brooks et al. (2020), people who are isolated because of COVID-19 experience concern, fear, and dissatisfaction. Similar to this, COVID-19's ambiguity is linked to large changes in our daily routines, which could exacerbate stress, depression, and anxiety (Arslan et al., 2020; Talaei et al., 2020; Mergel & Schützwahl, 2021). The statement "The workplace has been a source of depression" has the lowest mean, 4.27, and the word "Agree" is used to describe it. Since the job can be a demanding setting with a lot of pressure to achieve, it can frequently be a source of stress and melancholy for many people. Numerous health problems, including physical and emotional ones like depression, can result from this stress. Hospitals all across the world have undertaken several change initiatives, including total quality management, cost accounting systems, patient-centered care, and business process reengineering (Martin, 2000). To increase the quality of medical treatment patients, get, frontline staff members' behavior should be appropriately modified rather than internal systems and procedures being revised or restructured (Johnson & Omachonu, 2018).

Table VII. The Challenges Brought About by the COVID-19 Pandemic that Have Affected the Dynamics of the Hospital Organizational Culture in Terms of Working Relationships (n=277)

| Indicators | WM | Descriptive Rating | Transmut Rating |
|---|---------------------------|---------------------------|-----------------|
| Working Relationships | | | |
| 1. Many workers have suffered from mental health conditions resulting in an imbalanced work environment. | 4.61 | HA | VC |
| 2. There have been workers affected by the virus making them less productive in their work | 4.77 | HA | VC |
| 3. The stressful environment also placed pressure on the worker's and administration's relationships, affecting work outcomes | 4.78 | HA | VC |
| 4. Aside from the work, there have been more issues to deal with during the pandemic in the workplace | 4.75 | HA | VC |
| 5. The workplace has not been conducive to harmonious relationships during the pandemic | 4.64 | HA | VC |
| 6. More people have been affected mentally, psychologically, and physically resulting in a more toxic workplace | 4.52 | HA | VC |
| 7. The workplace has turned into an obligatory venue rather than a service-focused arena | 4.53 | HA | VC |
| 8. The workplace has been a source of depression | 4.27 | A | C |
| 9. There is not enough support to neutralize and normalize the working situation | 4.38 | A | C |
| 10. The workplace posed to be more of a danger zone rather than a haven for workers | 4.49 | A | C |
| Average Weighted Mean | 4.57 | HA | VC |
| Legend: | | | |
| Mean Scale Range | Descriptive Rating | Transmuted Rating | |
| 4.50 - 5.00 | Highly Agree (HA) | Very Challenging (VC) | |
| 3.50 - 4.49 | Agree (A) | Challenging (C) | |
| 1.50 - 2.49 | Slightly Agree (SA) | Slightly Challenging (SC) | |
| 1.00 - 1.49 | Not Agree (NA) | Not Challenging (NC) | |

The problems posed by the COVID-19 pandemic that have impacted the dynamics of the hospital's organizational culture in terms of work valuation are presented in Table 8. As the table shows, nearly all of the indicators received ratings of Agree, with a total average weighted mean of 4.44. The seventh indicator, "Work is now less important, survival is more prioritized," had the lowest mean of 4.36 and the descriptive equivalent of "Agree" in the strong agreement category. Work is no longer enjoyable received the tenth indicator with the highest mean of 4.72, which is the descriptive equivalent of "Highly agree." Studies on working circumstances have focused heavily on how busyness and stress affect nurses. According to Norman & Sjetne (2017) and Thompson et al. (2018), nurses frequently use the phrases "stress" and "workload" to characterize their current working conditions. Under the international code of ethics, "there is a respect for human rights in nursing, including cultural rights, the right to life and choice, the right to dignity and to be treated with respect" (ICN, 2017). This pandemic continues to raise serious human rights concerns in a variety of circumstances, cause moral unease, and provide unexpected challenges to nurses and other healthcare professionals' ethical norms.

Table VIII. The Challenges Brought About by the COVID-19 Pandemic That Have Affected the Dynamics Of The Hospital Organizational Culture In Terms Of Valuation for Work (n=277)

| Indicators | WM | Descriptive Equivalent | Transmuted Rating |
|--|-------------------------------|-----------------------------|-------------------|
| Valuation of Work | | | |
| Workers and administration found less meaning to their professions | 4.41 | Agree | C |
| The workers became less eager to serve | 4.43 | Agree | C |
| The workers of the hospital realized that there has already a burn-out feeling | 4.47 | Agree | C |
| Most of the workers felt that their co-workers as less helpful in performing their jobs better. | 4.46 | Agree | C |
| Work has never been that important during the pandemic | 4.47 | Agree | C |
| The COVID-19 incidence has provided the workers to value their intentions rather than the organization | 4.41 | Agree | C |
| Work is now less important, survival is more prioritized | 4.36 | Agree | C |
| There is a dilemma between quitting work and continue serving | 4.42 | Agree | C |
| Work has less been dignified due to the exposure to danger | 4.46 | Agree | C |
| Work is no longer fun | 4.72 | Highly agree | VC |
| Average Weighted Mean | 4.44 | Agree | C |
| Legend: | | | |
| Mean Scale Range | Descriptive Equivalent | Transmuted Rating | |
| 4.50 - 5.00 | Highly Agree (HA) | Very Challenging (VC) | |
| 3.50 - 4.49 | Agree (A) | Challenging (C) | |
| 2.50 - 3.49 | Moderately Agree (MA) | Moderately Challenging (MC) | |
| 1.50 - 2.49 | Slightly Agree (SA) | Slightly Challenging (SC) | |
| 1.00 - 1.49 | Not Agree (NA) | Not Challenging (NC) | |

Table 9 outlines the difficulties caused by the COVID-19 pandemic that have impacted the dynamics of the organizational culture at the hospital in terms of self-worth. With "Agree" as the descriptor, the average mean is 4.45. With a descriptive equivalent of "Highly agree," the statement "Workers have felt mistreated during the pandemic" had the highest weighted mean of 4.57. With a descriptive equivalent of "Agree," the statement "Workers denied themselves of rest during the pandemic" has the lowest mean of all. It is 4.35. Patient respect and dignity are fundamental patient values, which are in contrast with the healthcare sector's frequent emphasis on productivity and profit. Nursing staff, patients, and their families all suffer from excessive activity (Aiken & Sermeus, 2018; Nagington, Luker, & Walshe, 2018). Being busy and under time pressure can lead to feelings of stress and physical fatigue. Nurses, patients, and their families are all negatively impacted by intense activity (Aiken & Sermeus, 2019; Nagington, Luker, & Walshe, 2019). Persistent invisibility can harm wellbeing given how important it is to feel recognized and accepted, especially for marginalized employees in stigmatized professions (Rabelo & Mahamingam, 2019). According to Dutton et al. (2016), it can also have the appearance of ongoing social devaluation, which breeds passivity, mistrust of others, and resistance to possible positive change.

Table IX. The Challenges Brought About by the COVID-19 Pandemic That Have Affected the Dynamics of The Hospital Organizational Culture In Terms Of Self-Worth (n=277)

| Indicators | WM | Descriptive Equivalent | Transmuted Rating |
|--|---------------------------|-----------------------------|-------------------|
| Self-Worth | | | |
| Workers have felt great incompetence during the pandemic | 4.38 | Agree | C |
| Workers denied themselves rest during a pandemic | 4.35 | Agree | C |
| Workers were less efficient during the pandemic | 4.40 | Agree | C |
| Workers found themselves unable to perform their duties because of anxiety | 4.39 | Agree | C |
| Workers have lost their dignity due to the increasing number of casualties among frontlines | 4.54 | Highly agree | VC |
| Workers have felt abused during a pandemic | 4.57 | Highly agree | VC |
| Workers found they were left with no choice due to the nature of their jobs | 4.39 | Agree | C |
| Workers have started to become hesitant to give their best because of fear of getting infected | 4.49 | Agree | C |
| Workers started questioning their worth as an individual and as a professional | 4.51 | Highly agree | VC |
| Workers have lost time to enjoy their personal lives | 4.51 | Highly agree | VC |
| Average Weighted Mean | 4.45 | Agree | C |
| Legend: | | | |
| Mean Scale Range | Descriptive Rating | Transmuted Rating | |
| 4.50 - 5.00 | Highly Agree (HA) | Very Challenging (VC) | |
| 3.50 - 4.49 | Agree (A) | Challenging (C) | |
| 2.50 - 3.49 | Moderately Agree (MA) | Moderately Challenging (MC) | |
| 1.50 - 2.49 | Slightly Agree (SA) | Slightly Challenging (SC) | |
| 1.00 - 1.49 | Not Agree (NA) | Not Challenging (NC) | |

Table 10 above summarizes the respondents' responses to questions about how the COVID-19 pandemic has impacted the organizational cultures of hospitals in terms of working relationships, the value placed on the job, and self-worth, along with the corresponding overall weighted mean and descriptive equivalent. The issues brought on by the COVID-19 pandemic that have impacted the dynamics of the hospital organizational culture are summarized in Table 10 with a total grand mean of 4.49 and qualitatively characterized as "Agree." The category of working relationships has the highest mean out of the three, with an average weighted mean of 4.57 and a qualitative designation of "Highly agree," followed by the categories of self-worth and value for work, both of which have average weighted means of 4.38 and 4.35, respectively.

Table X. Summary of the Challenges brought by the COVID-19 Pandemic that have affected the Dynamics of the Hospital Organizational Culture

| Indicators | WM | Descriptive Rating |
|------------------------------|-------------|--------------------|
| Working Relationships | 4.57 | Highly agree |
| Valuation For Work | 4.44 | Agree |
| Self-Worth | 4.45 | Agree |
| Average Weighted Mean | 4.49 | Agree |

Using the Pearson product-moment correlation coefficient, Table 11 demonstrates the strong link between the COVID-19 pandemic-related problems that have had an impact on the respondents' hospital

organizational culture and profile factors. With an R-value of .162, Table 11 shows a substantial correlation between age and common purpose. The null hypothesis is rejected since it exceeds the crucial value .007 at the 0.05 level of significance. In other words, aging has an impact on the common goal of healthcare professionals. Additionally, the respondents' demographic profile and a common goal and division of authority had a substantial link, with R-values of .129 and .125, respectively. As a result, the researchers accept the alternative hypothesis (Ha) and reject the null hypothesis (Ho), and the significance level is less than 0.05, which shows that there is a significant correlation between the COVID-19 pandemic-related difficulties that have impacted the respondents' hospitals' organizational dynamics and demographic profile variables. The table also demonstrates a strong correlation between the respondents' professions and the R-values for shared objectives, coordinated activities, and authority division. 0, 191, and 185, respectively. The highest level of education is significantly correlated with shared goals and coordinated efforts, as shown by the R-values of -.241 and -.121, respectively, which are above the threshold of .007 at the 0.05 level of significance and reject the null hypothesis. The significant negative r-values show that the dynamics of common purpose and coordinated efforts have a greater influence the less education one has. Additionally, the respondents' demographic profile and job status across common purpose and division of power are significantly correlated, with R-values of .222 and .112, respectively. The researcher so rejected the null hypothesis (Ho) and agreed with the alternative hypothesis (Ha). The challenges of the COVID-19 pandemic are significantly correlated with the organizational culture profile factors of the respondents' hospitals, as shown by the significance level of less than 0.05. Moreover, there is a strong correlation between monthly income and the R-values for shared objectives, coordinated activities, and authority allocation. With values of .255, .133, and .127, it rejects the null hypothesis at the 0.05 level of significance and exceeds the critical value of .007. In contrast, there is a substantial association with R-values .149 between respondents' practice length across common goals. The positive r-value suggests a clear correlation between service length and the dynamics of organizational culture in hospitals

together with shared goals. Frontline healthcare professionals who operate in emergency rooms and intensive care units run the risk of experiencing stress and burnout due to the complexity of their duties and the COVID-19 issue. Managers can play a crucial role in addressing the COVID-19-related concerns of medical personnel by developing supportive organizational plans and maintaining a secure workplace that helps healthcare workers deal with the unique issues brought on by the COVID-19 pandemic (Labrague & Santos, 2020).

Table XI. Relationship between the Challenges Brought About by the COVID-19 Pandemic That Have Affected the Dynamics of The Hospital Organizational Culture of The Respondents And Their Profile Variables

| Variables | | COMMON PURPOSE | COORDINATED EFFORTS | DIVISION OF AUTHORITY | GENERAL AVERAGE |
|--------------------------------|-----------------|----------------|---------------------|-----------------------|-----------------|
| AGE | Pearson | .162** | -.018 | .017 | .062 |
| | Correlation | | | | |
| GENDER | Sig. (2-tailed) | .007 | .763 | .773 | .301 |
| | Pearson | .008 | .049 | .032 | .038 |
| CIVIL STATUS | Correlation | | | | |
| | Sig. (2-tailed) | .900 | .412 | .592 | .534 |
| PROFESSION | Pearson | .129* | .106 | .125* | .146* |
| | Correlation | | | | |
| HIGHEST EDUCATIONAL ATTAINMENT | Sig. (2-tailed) | .032 | .078 | .038 | .015 |
| | Pearson | -.297** | -.191** | -.185** | -.274** |
| STATUS OF EMPLOYMENT | Correlation | | | | |
| | Sig. (2-tailed) | .000 | .001 | .002 | .000 |
| MONTHLY FAMILY INCOME | Pearson | -.241** | -.121* | -.106 | -.190** |
| | Correlation | | | | |
| LENGTH OF SERVICE IN PRACTICE | Sig. (2-tailed) | .000 | .044 | .078 | .002 |
| | Pearson | .222** | .112 | .126* | .186** |
| NATURE OF HEALTH FACILITY | Correlation | | | | |
| | Sig. (2-tailed) | .000 | .062 | .035 | .002 |
| NATURE OF HEALTH FACILITY | Pearson | .255** | .133* | .127* | .209** |
| | Correlation | | | | |
| NATURE OF HEALTH FACILITY | Sig. (2-tailed) | .000 | .027 | .034 | .000 |
| | Pearson | .149* | .047 | .061 | .103 |
| NATURE OF HEALTH FACILITY | Correlation | | | | |
| | Sig. (2-tailed) | .013 | .434 | .313 | .086 |
| NATURE OF HEALTH FACILITY | Pearson | -.003 | .040 | .009 | .020 |
| | Correlation | | | | |
| Sig. (2-tailed) | | .960 | .509 | .883 | .741 |

*. Correlation at 0.05 (2-tailed)

The problems posed by the COVID-19 pandemic are shown with the dynamics of the respondents' hospitals' organizational cultures in Table 12. All indicators show significant correlations, with an average r-value of .223 indicating significant relationships. A direct association is indicated by the positive R-values. Since the significance level is less than 0.05, the researchers reject the null hypothesis (Ho) and accept the alternative hypothesis (Ha), indicating that there is a significant connection between the dynamics of the respondents' hospitals' organizational cultures and the difficulties caused by the COVID-19 pandemic. The strong correlation between the problems posed by the

COVID-19 pandemic and the organizational dynamics of the hospital is indicated by the positive r-value. The strengths and limitations of the hospital's current organizational culture, including its nursing practices, must be identified to evaluate it. By implementing evidence-based nursing practice, the hospital's organizational culture will be improved. Lastly, to make sure the program is successful, it must be evaluated and monitored for how it affects the hospital's culture and nursing practices. The means to do this include using focus groups, follow-up surveys, and other forms of feedback. To ensure that the program achieves its intended goals, it has to be enhanced and changed in light of this feedback. Hospitals can develop a capacity program utilizing evidence-based nursing practice to enhance their organizational culture. The backing of this strategy may result in improved patient care as well as higher employee satisfaction and engagement.

Table XII. Relationship Between Dynamics of the Hospital Organizational Culture of the Respondents and The Challenges Brought About by the COVID-19 Pandemic

| INDICATORS | | WORKING RELATIONSHIPS | VALUATION FOR WORK | SELF-WORTH | GENERAL AVERAGE |
|-----------------------|-----------------|-----------------------|--------------------|------------|-----------------|
| COMMON PURPOSE | Pearson | .077 | .143* | .096 | .147* |
| | Correlation | | | | |
| | Sig. (2-tailed) | .202 | .017 | .113 | .015 |
| COORDINATE EFFORTS | Pearson | .090 | .187** | .140* | .195** |
| | Correlation | | | | |
| | Sig. (2-tailed) | .133 | .002 | .019 | .001 |
| DIVISION OF AUTHORITY | Pearson | .205** | .124* | .127* | .203** |
| | Correlation | | | | |
| | Sig. (2-tailed) | .001 | .039 | .035 | .001 |
| GENERAL AVERAGE | Pearson | .150* | .187** | .149* | .223** |
| | Correlation | | | | |
| | Sig. (2-tailed) | .012 | .002 | .013 | .000 |

IV. CONCLUSIONS AND RECOMMENDATIONS

- **Conclusions:**

The study on the COVID-19 pandemic's difficulties and how they relate to hospital organizational culture can be concluded that it has a significant effect on medical professionals. This demonstrates that the respondents are largely married, middle-aged women between the ages of 31 and 40 who work as nurses and have bachelor's degrees. They also have fewer than five years of experience and have worked in public or government hospitals.

There is a strong sense of a common purpose within the hospital, which can result in a positive

organizational culture, increased teamwork, and better patient outcomes, according to the respondents' perceptions of hospital organizational culture in terms of common purpose. Coordinated efforts demonstrated how well several departments and people cooperate to achieve a common goal. The overall dynamics of the hospital's organizational culture will be influenced by how the respondents see coordinated efforts in their facility. Their sense of empowerment and responsibility, as well as their level of trust in leadership, were impacted by the distribution of authority. A good corporate culture, increased job satisfaction, and improved patient outcomes can result from a transparent and equitable division of responsibility. On the other hand, a murky or unfair power structure can lead to low morale, diminished motivation, and decreased productivity.

The dynamics of the hospital's organizational culture in terms of working relationships, the value placed on the work, and self-worth have been impacted by the COVID-19 pandemic's many problems, elevated stress, and workload: During the epidemic, healthcare personnel has been under tremendous pressure to provide patient care, which has led to elevated stress levels and workloads. Strong workplace connections are now more challenging to maintain as a result of the disruptions this has generated in communication and collaboration. It has an impact on their family's health and safety issues. Uncertainty has been generated by these changes and established working relationships have been damaged. Overall, the dynamics of the hospital's organizational culture in terms of working relationships have been severely hampered by the COVID-19 pandemic. These difficulties have hampered the development of new relationships and strained those that already exist, which could have an effect on the general morale and drive of hospital staff.

In conclusion, there is a significant relationship between the respondents' profile characteristics and the COVID-19 pandemic-related problems that have affected the dynamics of the respondents' hospitals' organizational cultures. There is an above-critical correlation between age and the

shared goal. In other words, the shared objective of healthcare providers is impacted by aging.

The results demonstrate that the respondents' consensus is that the organizational culture of the hospital has a significant impact on COVID-19 at the facility. The obstacles that the responders have also encountered as a result of the COVID-19 epidemic have had an impact on the dynamics of the organizational culture at the institution.

A strategic framework plan for each hospital was suggested as the course of action or strategic planning in healthcare organizations. which involves establishing objectives and goals for the long-term vision of the organization. Additionally, it may be set by societal norms, governmental regulations, and technological developments.

- Recommendations:

The researcher suggests enhancing the study of the COVID-19 pandemic's difficulties and how they relate to hospital organizational culture to have each health professional be sensitive to their work with patients, coworkers, the environment, and themselves. It may be a strategy to deal with the difficulties that arise from the demographic factors that have an impact on their job in the hospital to enhance the services and methods used to treat each patient. collaborating to achieve shared objectives and purposes to make sure everyone is on the same page.

To improve communication across all chains to address the major issues, organizations, goals, and steps in implementing one plan, adaptability, developing and sharing a vision, increasing employee motivation, rewards, recognition, and engagement, transformational leadership and authority for motivating the medical staff to do their jobs, producing a high level of performance, and defining the level of engagement are all necessary to improve the dynamics of the hospital's organizational culture. Finally, to develop a successful Strategic Framework plan, improve teamwork and communication among all health professionals and comprehend how the organization functions. To achieve those aims and maintain focus for the next three to five years, it's also necessary to

set goals, define the future organization, and choose initiatives.

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REFERENCES

- [1] Albolino, S., Dagliana, G., Tanzini, M., Toccafondi, G., Beleffi, E., Ranzani, F., & Flore, E. (2020). Human factors and ergonomics at time of crises: the Italian experience coping with COVID-19. *International Journal for Quality in Health Care*, 33(1). <https://doi.org/10.1093/intqhc/mzaa049>
- [2] Alonazi, W. B. (2017). Exploring shared risks through public-private partnerships in public health programs: a mixed method. *BMC Public Health*, 17(1). <https://doi.org/10.1186/s12889-017-4489-z>
- [3] Baskin, R., & Bartlett, R. (2021). Healthcare worker resilience during the COVID-19 pandemic: An integrative review. *Journal of Nursing Management*, 29(8), 2329–2342. <https://doi.org/10.1111/jonm.13395>
- [4] Calciolari, S., Prenestini, A., & Lega, F. (2017). An organizational culture for all seasons? How cultural type dominance and strength influence different performance goals. *Public Management Review*, 20(9), 1400–1422. <https://doi.org/10.1080/14719037.2017.1383784>
- [5] Curry, L. A., Brault, M. A., Linnander, E., McNatt, Z., Brewster, A. L., Cherlin, E., Flieger, S. P., Ting, H. H., & Bradley, E. H. (2017). Influencing organisational culture to improve hospital performance in care of patients with acute myocardial infarction: a mixed-methods intervention study. *BMJ Quality & Safety*, 27(3), 207–217. <https://doi.org/10.1136/bmjqs-2017-006989>
- [6] da Silva, R.G.L., Chammas, R. & Novaes, H.M.D. Rethinking approaches of science, technology, and innovation in healthcare during the COVID-19 pandemic: the challenge of translating knowledge infrastructures to public needs. *Health Res Policy Sys* 19, 104 (2021). <https://doi.org/10.1186/s12961-021-00760-8>
- [7] Giordano, F., Cipolla, A., & Ungar, M. (2021). Building resilience for healthcare professionals working in an Italian red zone during the COVID-19 outbreak: A pilot study. *Stress and Health*, 38(2), 234–248. <https://doi.org/10.1002/smi.3085>
- [8] Hofstede, G. (1998). Attitudes, Values and Organizational Culture: Disentangling the Concepts. *Organization Studies*, 19(3), 477–493. <https://doi.org/10.1177/017084069801900305>
- [9] Khaksar, S. M. S., Chu, M., Rozario, S. D., & Slade, B. (2020). Knowledge-based dynamic capabilities and knowledge worker productivity in professional service firms The moderating role of organisational culture. *Knowledge Management Research & Practice*, 21(2), 241–258. <https://doi.org/10.1080/14778238.2020.1794992>
- [10] Kumra, T., Hsu, Y. J., Cheng, T. L., Marsteller, J. A., McGuire, M., & Cooper, L. A. (2018). The association between organizational cultural competence and teamwork climate in a network of primary care practices. *Health Care Management Review*, 45(2), 106–116. <https://doi.org/10.1097/hmr.0000000000000205>
- [11] Leo, C. G., Sabina, S., Tumolo, M. R., Bodini, A., Ponzini, G., Sabato, E., & Mincarone, P. (2021). Burnout Among Healthcare Workers in the COVID 19 Era: A Review of the Existing Literature. *Frontiers in Public Health*, 9. <https://doi.org/10.3389/fpubh.2021.750529>
- [12] Li, K., Liu, X., Mai, F., & Zhang, T. (2021). The Role of Corporate Culture in Bad Times: Evidence from the COVID-19 Pandemic. *Journal of Financial and Quantitative Analysis*, 56(7), 2545–2583. <https://doi.org/10.1017/s0022109021000326>
- [13] Peirce, J. W. (2000). The Paradox of Physicians and Administrators in Health Care Organizations. *Health Care Management Review*, 25(1), 7–28. <https://doi.org/10.1097/00004010-200001000-00002>
- [14] Ratnapalan, S., & Uleryk, E. (2014). Organizational Learning in Health Care Organizations. *Systems*, 2(1), 24–33. <https://doi.org/10.3390/systems2010024>

- [15] Wang, X., Yang, B., & McLean, G. N. (2007). Influence of demographic factors and ownership type upon organizational learning culture in Chinese enterprises. *International Journal of Training and Development*, 11(3), 154–165. <https://doi.org/10.1111/j.1468-2419.2007.00278.x>
- [16] Van Huy, N., Thu, N.T.H., Anh, N.L.T. et al. The validation of organisational culture assessment instrument in healthcare setting: results from a cross-sectional study in Vietnam. *BMC Public Health* 20, 316 (2020). <https://doi.org/10.1186/s12889-020-8372-y>