



**Understanding the influence of organisational culture on service  
quality in private hospitals in Ghana**

**By**

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**A dissertation submitted in fulfilment of the requirements for the degree of**

**Doctor of Philosophy in Human Resource Management**

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**2023**

## **DECLARATION**

I, **Nicholas Ashley**, declare that

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Date: 4<sup>th</sup> April, 2023

## **DEDICATION**

This study is dedicated to God almighty the Giver of wisdom, knowledge and understanding.

This research is dedicated to parents Mr & Mrs Ashley for their diverse supports and encouragement throughout my studies. Finally, to my lovely wife Mrs Jennifer Ashley who has been supportive emotionally and through prayers.

## **ACKNOWLEDGEMENTS**

I give thanks to the Almighty God for the fruitful completion of this study. A special thank you goes to my supervisor, Professor S. Brijball Parumasur, for her constructive feedback, continuous guidance, support, tolerance, encouragement and immense knowledge for seeing this dissertation through. This project would not have been completed were it not for you. Thank you so much and I am very grateful. I would also like to express my sincere thanks to my lovely wife, Mrs Jennifer Ashley, for her understanding and unconditional love throughout the course of my studies.

I wish to thank my parents, Mr. & Mrs. Ashley for their unconditional love, prayers and support throughout this journey. Special thanks go to my siblings, Yvonne Ashley and Henrietta Opaye as well as my extended family, thank you for your support.

My sincere gratitude goes to Mr. Emmanuel Ampofo and Mr. Perry Addae for the encouragement and motivation in this long journey. May the good Lord continue to bless and protect you and your families.

Special gratitude goes to Mr. Seth Acquah and his family, for their numerous supports towards my studies. Thank your support, advice, smiles and everything in between.

I humbly extent my thanks to employees and clients from the organisations selected who responded to the questionnaire including management who gave me permission to conduct my study in their organisations. Your participation was key for the successful completion of this project.

## **ABSTRACT**

The idea that organisational culture influences service quality, which in turn has effect on both clients and employees, has gained extensive recognition in both academia and organisational practices. This study investigates the influence of organisational culture on service quality in private hospitals in Ghana. The present study also utilised employee engagement as mediating variable. Organisational culture, service quality and employee engagement all remain a major issue in Ghana, both in private and government institutions. Hence, creating a culture that is favourable to providing quality services and encouraging employee engagement is significant for ideal organisational results.

The study adopted a mixed method approach using both qualitative and quantitative data. This study was carried out on a sample of 367 participants using a simple random sampling approach and 15 participants selected using a purposive sampling method from selected private hospitals located in Accra-Ghana. The researcher collected data electronically using both questionnaires and semi-structured interviews. The psychometric properties (validity and reliability) were statistically evaluated using Factor Analysis and Cronbach's Coefficient Alpha respectively. The quantitative data was evaluated using both descriptive and inferential statistics and the qualitative data was examined using thematic analyses.

There were high perceptions of organisational culture (involvement, consistency, adaptability, mission), service quality (reliability, assurance, tangibles, empathy, responsiveness) as well as employment engagement (vigour, absorption, dedication). This study specifies that there is no significant relationship between organisational culture and service quality. Additionally, this study indicates that there is no significant between relationship between employee engagement and service quality. This study examined the inter-connections of the variables and their effect on the biographic profiles. Additionally, the study states that there is a significant relationship between organisational culture and employee engagement. Furthermore, organisational culture and employee engagement significantly account for 26.1% of the variance service quality.

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# **CHAPTER ONE**

## **OVERVIEW OF THE STUDY**

### **1.1 Introduction**

The study evaluates the influence of organisational culture and service quality in private hospitals in Ghana. To achieve this, it utilises employee engagement as an intervening variable in the connection between organisational culture and service quality. Organisational culture has become one of the prevailing concepts in management for over a decade now. Organisational culture is a vital element in providing quality service and a basis for attaining a competitive advantage. An organisation with a well-developed culture spends less money solving its problems as compared to a poorly developed one. Individuals come into the company with diverse beliefs, values and approaches of doing things. Creating an effective organisational culture is essential to improving the quality of services and in engaging employees.

In most companies, providing quality services is very significant. The service industry regards service quality as a vital tool in sustaining their competitive advantage in the business environment. The service industry is a developing sector, and an ongoing concern to service providers has been guaranteeing that clients are content. In the health sector, client satisfaction is of significance. Most developing countries are faced with difficulties in delivering quality healthcare services for numerous reasons, and Ghana is no exception. The country has high numbers of malaria, cholera, maternal and child mortality, HIV and AIDS, typhoid and other health concerns. The delivery of quality healthcare is an extreme challenge in Ghana.

Developing countries, such as Ghana, experience poor service in healthcare and this has predominantly been ascribed to the marginal engagement of workers in the healthcare sector. In this light, employee engagement, which has become highly acknowledged as a crucial topic in management studies, is significant, as healthcare employees are indicted of absenteeism, lackadaisical attitudes towards work, precipitate delivery of health care services and poor attitude towards clients. The engagement of employees increases their commitment, satisfaction and enables them to deliver quality services to clients.

This study begins with the background to the study and proceeds with the problem statement. The objectives emanating from the study are outlined. These research objectives and questions are reflected in the hypotheses. Furthermore, the chapter presents the significance of the study. The limitations and structure of the thesis are also presented in this chapter.

## **1.2 Background of the study**

The issue of organisational culture attracted a great deal of attention in the late 1980s as scholars examined the details for the collapse of organisations (Ojo, 2010). According to Botha (2016:250), organisational culture involves the beliefs and values shared by employees in an organisation. The management of firms have found it difficult to create an effective culture in organisations though it is a vital tool in improving productivity (Kenny, 2012). Numerous studies have demonstrated the influence of organisational culture on the quality of service (Beardsmore & McSherry, 2017; Cho, Kim, Park & Cho, 2013; Frey, Boyd, Foster, Robinson & Gott, 2016).

Additionally, service quality is very critical in companies that deliver services, since such companies try to sustain their competitive advantage in the business environment (Murugiah & Akgam, 2015). Braimah (2014) maintains that service quality has attracted more concern and attention from scholars since 1980. Additionally, research shows that the quality of service offered by organisations leads to attraction of new clients, satisfaction and engaged workers (Braimah, 2014; Zeithaml, Bitner & Gremler, 2013). There is a paucity of literature on service quality in the developing countries as compared to the developed countries (Ruizalba, Bermudez-Gonzalez, Rodriguez-Molina & Blanca, 2014), hence, more studies are need in developing countries. Therefore, more research is needed on appropriate strategies in the healthcare systems in developing countries to satisfy the expectations of patients (Al-Abri & Al-Balushi, 2014; Nyandoro, 2012). Despite the prevalence of state-owned hospitals, the debut of privately owned hospitals has been on the increase to help reduce health related problems in Ghana. In the Ghanaian setting, one trend emerging is to address healthcare needs and expectations in private hospitals is an important area to be researched.

To the best of the researcher's search, evidence from various kinds of literature suggests that limited research has been conducted in the Ghanaian context on the influence of organisational culture on service quality. This study therefore seeks to bridge this gap and further expand the

understanding in this area by conducting research in some selected private hospitals in Ghana. Moreover, most researchers usually utilise only the quantitative approach to discover the link between organisational culture and service quality. In this study, a mixed methods approach is used, thereby providing a deeper investigation into the nature of the relationship between both variables.

### **1.3 Focus of the study**

The study focuses on understanding the influence of organisational culture (involvement, consistency, adaptability, mission) on service quality (reliability, responsiveness, assurance, empathy, tangibles) with a mediating variable, employee engagement (vigour, absorption, dedication), in private hospitals in Ghana. Additionally, the study aims to measure the perception of organisational culture and level of service quality and employee engagement among employees and clients of private hospitals in Ghana.

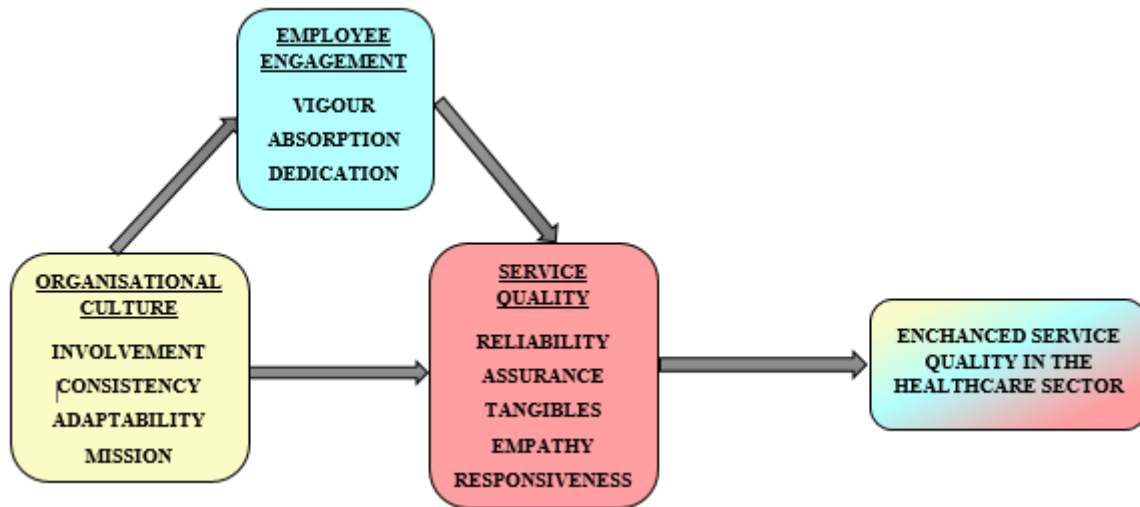
### **1.4 Problem statement**

Some studies have demonstrated the impact of culture on the quality of service (Aziz & Maria, 2019; Atiku, 2014; Beardsmore & McSherry, 2017; Patyal & Koilakuntla, 2018). Despite this, none of the studies have considered it to have the potential to influence change initiatives to improve the quality of services in private hospitals in the Ghanaian context. The studies were conducted in contexts that differ totally from that of Ghana, which has a developing economy, thereby limiting the generalisability of the results to the Ghanaian context, and thus creating a need for research within the local domain. Furthermore, there is a dearth of literature in the Ghanaian healthcare sector on the link between culture and service quality. This study utilises a mixed method approach since most existing studies have used a quantitative approach, thereby adopting the positivism research philosophy. This presents a gap that suggests the need for comprehensive explanations on the connection between organisational culture and service quality in private hospitals in Ghana. To fill this gap, the current study utilises employee engagement and biographical data (age, gender, tenure and marital status) as mediating variables in the connection between culture and service quality. Hence, this provides the justification for the proposed study.

The study therefore aims to understand the major sub-dimensions (involvement, consistency, adaptability, mission) that influence the culture of employees in the operation of their daily duties

at the hospitals, and hence, the quality of services being received by patients. Therefore, the problem statement is: What is the nature of the relationship between organisational culture and service quality and, to what extent is organisational culture influenced by the sub-dimensions of the service quality (reliability, responsiveness, assurance, empathy and tangibles) in private hospitals in Ghana? Figure 1.1 below depicts a graphical representation of the study.

**Figure 1.1 Graphical representation of the study**



*Source:* Self conceptualisation by the researcher

Figure 1.1 shows the conceptual framework that guided the study in understanding the influence of organisational culture on service quality. The dependent variable is service quality (with its sub-dimensions tangibles, reliability, responsiveness, assurance and empathy). The most extensively accepted service quality model is the 5-dimensional SERVQUAL instrument (Forjoe, 2012). The main service quality dimensions, according to a study by Parasuraman, Zeithaml and Berry (1988 as cited in Hoffman & Bateson, 2011:324), are reliability, assurance, tangibles, empathy and responsiveness. Forjoe (2012) postulates that reliability is the ability to accomplish an assured service reliably and precisely for customers. Cheserek, Kimwolo and Cherop (2015) maintain that assurance is building trust and confidence among clients in providing them with services. According to Adjei (2016), tangibles in hospitals are the physical amenities that enable the process of providing services. According to Al-Azzam (2015), empathy is the care and attention an organisation provides to its customers. Finally, Adjei (2016) maintains that responsiveness is the degree of readiness to assist clients by providing them with quick services.

The independent variable is organisational culture (with the sub-dimensions of involvement, consistency, adaptability and mission). This study evaluating organisational culture is guided by Denison Organisational Culture Model. As demonstrated in Figure 1.1 above, involvement is a vital cultural dimension which evaluates the degree to which employees are devoted to their duties, are highly committed, and participate in team work, which leads to the development of organisational goals (Kotrba, Gillespie, Schmidt, Smerek, Ritchie & Denison, 2012). Consistency improves the values and ethics of employees as well as directs their conduct in line with organisational strategies (Denison, Nieminen & Kotrba, 2014). Additionally, Kotrba et al. (2012) describe adaptability as the organisation's ability to direct operations to meet the demands in the competitive environment. Further, mission is another dimension that shows the level to which a company has been able to define its purpose for survival (Kotrba et al., 2012).

Employee engagement in this study serves as a mediating variable, as shown in the framework. Sun and Bunchapattanasakda (2019) opine that engagement is a positive, fulfilling and work-related mind-set that is categorised by vigour, absorption and dedication. The authors believe that these three sub-dimensions of engagement are closely connected. Vigour is regarded as high levels of vitality and intellectual flexibility while working (Shekari, 2015); dedication alludes to being energetically intricate in one's job as well as feeling a sense of significance, enthusiasm, motivation and pride towards one's job (Rayton & Yalabik, 2014); and absorption is regarded as being entirely focused on and happily captivated in one's job, whereby time passes swiftly and one encounters difficulty with respect to separating oneself from the job (Parent & Lovelace, 2018).

### **1.5 Research objectives**

Taking cognisance of Bloom's taxonomy, the following objectives were developed:

- To evaluate the intercorrelations between the sub-dimensions of the key dimensions of the study (organisational culture, employee engagement, service quality);

Note:

The sub-dimensions of organisational culture are involvement, consistency, adaptability and mission.

The sub-dimensions of employee engagement are vigour, absorption and dedication.

The sub-dimensions of service quality are reliability, assurance, tangibles, empathy and responsiveness.

- To investigate the relationship between organisational culture, service quality and employee engagement respectively;
- To analyse the influence of biographical profiles (age, gender, tenure, marital status) on organisational culture, employee engagement and service quality and their respective sub-dimensions;
- To evaluate the extent to which organisational culture and employee engagement significantly accounts for the variance in service quality;
- To analyse the mediating effect of employee engagement in the relationship between organisational culture and service quality;
- To understand the factors that affect the provision of quality services in private hospitals in Ghana;
- To create a model reflecting the strategies for nurturing an organisational culture that will facilitate and enhance service quality in private hospitals in Ghana.

## **1.6 Research hypotheses**

To accomplish the study's stated objectives, the following propositions were empirically tested:

### *Hypothesis 1*

H<sub>0</sub>: There are no significant intercorrelations between the sub-dimensions of the key dimensions of the study (organisational culture, employee engagement, service quality).

H<sub>1</sub>: There are significant intercorrelations between the sub-dimensions of the key dimensions of the study (organisational culture, employee engagement, service quality).

### *Hypothesis 2*

H<sub>0</sub>: There is no significant relationship between organisational culture, service quality and employee engagement respectively.

H<sub>2</sub>: There is a significant relationship between organisational culture, service quality and employee engagement respectively.

### *Hypothesis 3*

H<sub>0</sub>: There is no significant difference in the perceptions of employees varying in biographical profiles (age, gender, tenure, marital status) regarding organisational culture, employee engagement and service quality. and their respective sub-dimensions.

H<sub>3</sub>: There is a significant difference in the perceptions of employees varying in biographical profiles (age, gender, tenure, marital status) regarding organisational culture, employee engagement and service quality and their respective sub-dimensions.

### *Hypothesis 4*

H<sub>0</sub>: Organisational culture and employee engagement do not significantly account for the variance in service quality.

H<sub>4</sub>: Organisational culture and employee engagement significantly account for the variance in service quality.

### *Hypothesis 5*

H<sub>0</sub>: Employee engagement does not mediate the relationship between organisational culture and service quality.

H<sub>5</sub>: Employee engagement mediates the relationship between organisational culture and service quality.

## **1.7 Research methodology and design**

This study adopts a mixed-methods approach, and is hence supported by a pragmatist philosophy. This allows for the implementation of both inductive and deductive research methods. Studies adopting both quantitative and qualitative approaches in the field of management are scanty (Rahman, 2017). Most studies on management adopt either a quantitative or a qualitative approach (Alam, 2021; Baškarada & Koronios, 2018; Tu, 2018). However, in this study both approaches were utilised. The quantitative approach was conducted among healthcare employees and patients of the three hospitals selected. The qualitative approach was conducted among hospital directors and administrators as well as medical doctors. The combination of both research approaches in terms of the research findings and interpretation provides a more reliable finding by providing a deeper understanding that enhances description the phenomena (Anguera, Blanco-Villasenor, Losada, Sánchez-Algarra & Onwuegbuzie, 2018). The study adopted a cross-sectional study design for collecting data.

### **1.8 Significance of the study**

The results from the study are a resource to help hospital administrators, medical doctors, hospital directors and nurses to improve the quality of services provided in hospitals in Ghana. Research about organisational culture and service quality in private hospitals serves to aid researchers to gain an understanding of how the healthcare sector can build helpful work environments that foster the delivery of quality services and greater engagement of employees. Additionally, the study offers practical solutions to identify complications in the relationship between organisational culture and service quality which is a helpful resource to the management of Ghanaian hospitals as well as hospitals in other countries. Additionally, the study provides a foundation for other academics to conduct further research on the topic and explore it further from other perspectives and other contexts.

### **1.9 Limitations of the study**

The administration of the main research instrument was restricted to the three private hospitals that consented to participate in the study in Accra, Ghana. Since the study was only conducted in Ghana, this has implications for the generalisability of the research verdict across geographical borders. The findings of this study are restricted to the influence of organisational culture on service quality in private hospitals. Thus, a similar study should be conducted in other industries that are significant to the growth of the Ghanaian economy. Upcoming studies should consider the utilisation of other intervening variables in this relationship, centring on other sectors of the Ghanaian economy or in similar sectors in other countries. As a result of privacy and sensitivities in the healthcare sector, corporate anonymity and secrecy was respected by offering the results of the study using a generic label, the private hospitals in Ghana.

### **1.10 Summary outline per chapter**

This thesis is divided into seven chapters:

#### **❖ Chapter One: Overview of the Study**

This chapter serves as a preliminary chapter for the study. This chapter began with the background to the study and proceeded with the problem statement. The objectives emanating from the study are outlined. These research objectives are entrenched in the hypotheses. Furthermore, it presents the significance of the study. The limitation and structure of the thesis is also presented in this chapter.



## ❖ **Chapter Two: Service Quality**

This chapter reviews and addresses the theoretical concepts of service quality. The chapter discusses the literature on the construct of service, nature of service, the evolution and definition of service quality, service quality in the healthcare sector, and features and models of service quality.

## ❖ **Chapter Three: Organisational Culture and Employee Engagement**

This chapter reviews and addresses the theoretical and empirical concepts of both organisational culture and employee engagement. It further discusses the link between organisational culture and employee engagement.

## ❖ **Chapter Four: Research Design**

The structure of this chapter addresses the orientation of the approved methodology used in the attainment of the objectives of the study. It explains the research methods implemented to examine the link between organisational culture and service quality in private hospitals in Ghana. The chapter also emphasises the methodology used in collecting the data.

## ❖ **Chapter Five: Presentation of Quantitative Analysis**

This chapter presents the results obtained from analysing the data received from respondents (employees and clients) from the survey. The organisational culture and employee engagement questionnaires were given to employees of the hospitals whilst the service quality questionnaires were given to clients. The chapter presents the analyses of data received from participants, which was computed using both descriptive and inferential statistics.

## ❖ **Chapter Six: Presentation of Qualitative Analysis**

The aim of the qualitative study was to supplement the findings of the quantitative study in relation to the objectives of the study. The qualitative study aimed to understand how the management of these private hospitals feels about the organisational culture and employee engagement and to get an overview of how they impact the quality of services the hospitals provide to their clients.

## ❖ **Chapter Seven: Discussion of Results**

This current chapter presents a discussion of results presented in both the quantitative and qualitative analysis chapter, in connection to the study's objectives as well as the hypotheses

formulated. The purpose of this chapter is to confirm if the objectives of this study have been attained or not.

## ❖ **Chapter Eight: Recommendations and Conclusion**

The chapter presents recommendations and conclusions found from the empirical evidence of this study, on understanding the influence between organisational culture and service quality in private hospitals in Ghana. Based on the research outcomes, the chapter also contains the recommendations for further research.

### **1.11 Conclusion**

This chapter focused on the background and objectives of the study, the hypotheses to be verified, and the significance of the study. Lastly, a summary of each chapter was also provided. The ensuing chapter provides the theoretical and empirical literature on service quality, its sub-dimensions and its significance.

## **CHAPTER TWO**

### **SERVICE QUALITY**

#### **2.1 Introduction**

This chapter reviews and addresses the theoretical concepts of service quality. The theory, as defined by several authors on the significant subject matters, are referred to and documented in this chapter; they aid in providing information on service quality in private hospitals. The chapter discusses the literature on the construct of service, nature of service, the evolution and definition of service quality, service quality in the healthcare sector, features of service quality, and models of service quality. Additionally, these theories aid in providing a fundamental understanding of service quality determinants. The latter part of this chapter discusses the criticisms of the SERVQUAL model, measuring service quality, factors affecting service quality, the roles of employees in service quality, and the significance of quality service.

#### **2.2 Concepts of service**

The concept of service is very significant since it has a great impact on every organisation. Service is usually experienced concurrently with the occurrence of production and consumption (Dontoh, 2016). To Kumasey (2014), service is an interaction between a vendor and a purchaser that renders a service to clients. According to Payne and McDonald (2012), a service is a deed offered by an individual to another that is impalpable, and the outcome does not end in the possession of anything. Additionally, services cannot be felt, seen and stored; they cannot be parceled, and taken home (Ongo, 2019).

According to Braimah (2014:40), “service is an act, whose performance cannot be consistent and has fluctuating levels of tangibility, performed by an entity to satisfy another; the provision and consumption of which is done in real-time”. A service is performance that cannot be detached from the provider of the service. The nature of the consumption of service indicates that it cannot be quantified after it has been provided (Rama, 2011). According to Dontoh (2016), services are different from goods since they have some unique features such as intangibility, inseparability and perishability. Additionally, Ongo (2019) posits that services are only experienced by the client.

## **2.3 Nature of service**

Services have unique forms as compared to products, and the nature of rise to issues service gives that the production of products is not vulnerable to. Some services are intangible while other services facilitate goods (Wirtz & Lovelock, 2016). Some of these are discussed below.

### **2.3.1 Pure service**

According to Kotler, Armstrong, Harris and Piercy (2013:238), “pure service is any act or performance that one party can offer to another that is essentially intangible and does not result in the ownership of anything”. The distinction between service and product is hard to make since the buying of goods is supplemented by service and the acquisition of service usually consists of facilitating the acquisition products (Wirtz & Lovelock, 2016).

### **2.3.2 Service product bundle**

According to Evans (2018:66), “service product bundles range from tangible main at one end of the continuum to intangible dominant at the other end of the continuum”. This type of service is a combination of three fundamental elements, namely; “the core product”, “the supplementary services”, and “the delivery process” (Wirtz & Lovelock, 2016:82). The service-product bundle describes the difference between products and services based on a tangibility/intangibility range classification structure (Fitzsimmons, Fitzsimmons & Bordoloi, 2014).

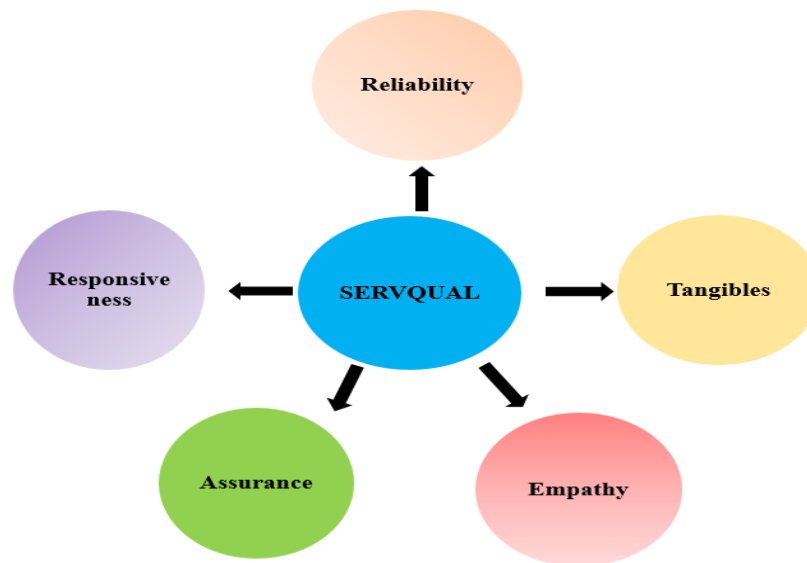
## **2.4 Evolution of service quality**

According to Prakasha and Mohanty (2013), the origin of service quality started with the increasing significance of services in developed countries after 1960. There are generally two fundamental concepts of service quality in the literature. The first concept is from the Nordic perspective and was developed in 1984 by Grönroos. The scholar concluded that service quality is comprised of functional and technical quality (Ganesh & Haslinda, 2014). The Nordic viewpoint applies to the customary concept of client satisfaction or dissatisfaction in describing service quality. According to Susanti, Sule and Sutisna (2015), technical quality emphasises the results from the experiences of individuals through their interactions with the service firm in fulfilling the client’s needs, which signifies the ‘what’ factor. The functional quality, on the other hand, measures the way services are delivered by the service firm, which signifies the ‘how’ factor (Rahman, Khan & Haque, 2012). The model was later adapted to comprise a third dimension, namely, image (Akhtar, 2011). According to Rahman et al. (2012), this dimension produces

positive attitudes toward the service firms. The combination of all three dimensions produces an affirmative attitude towards a service firm (Akhtar, 2011).

According to Sayed (2013), the second concept was established in 1988 by Parasuraman, Zeithaml and Berry, and is referred to as the American perspective. Sayed (2013) indicates that Parasuraman et al.'s (1988) perspective described service features such as assurance, reliability, empathy, responsiveness, and tangibles (Figure 2.1). Parasuraman et al. (1988 as cited in Ganesh and Haslinda, 2014) established the idea of expectation and perception of the quality of service, and generated the Gaps model. Kayabasi, Celik and Buyukarslan (2013) explained that the Gap model emphasises the difference between the clients' expectations and perception (Kayabasi et al., 2013).

**Figure 2.1 Dimensions of SERVQUAL**



*Source:* Prasad & Prasad (2014:33)

The first model consisted of ten dimensions and was later condensed to five, which is now referred to as the SERVQUAL instrument (Rodrigues, Barkur, Varambally & Motlagh, 2010). According to Parasuraman et al. (1988 as cited in Khiba, 2018), the five dimensions that now constitute the SERVQUAL instrument are reliability, empathy, assurance, responsiveness, and tangibles.

## **2.5 Definition of service quality**

Service quality has attracted a great deal of attention and awareness from academics since 1980 (Braimah, 2014). Service quality has been deliberated on extensively over two decades now and it

is still pertinent in aiding companies today in gaining a competitive advantage (Ali, Zhou, Hussain, Kumat, Neethiahnathan & Ragavan, 2016; Fotaki, 2015). It is a very difficult concept to define as many elements are considered in explaining it (Osei-Poku, 2012; Siddique, Karim & Rahman, 2011). According to Irfan and Ijaz (2011), quality is significant to customers to enable them to determine the worth of the service experienced, and it a premeditated concept for making a business flourish and successful. Dahlgaard, Pettersen and Dahlgaard-Park (2011) believe that quality is a comparative phenomenon. Quality plays a significant role in attracting more clients to an organisation (Khale, 2015). Most scholars agree that the measure of service quality is reliant on the expectations of customers as compared to the gratification they received (Harmse, 2012; Hoffman & Bateson, 2011; Shariff, 2012). According to Ngceba (2017), service quality is the ability to meet a client's requirements and specifications. Furthermore, Klopper and North (2014) posit that the quality of service could be a factor of how well the service delivered matches the client's expectations. Soni (2015) maintains that the quality of service is defined by the client's perceptions.

According to Daniel and Berinyuy (2010:7), "service quality is the degree to which clients believe the product or service offered will exceed their needs and expectations". A firm can improve its competitive advantage through the delivery of quality services (Shariff, 2012:17). Thus, to achieve an advantage over competitors, it is vital for an organisation to provide quality of service to their clients (Mohammed, Guillet & Law, 2014). According to Soteriades (2011:5), "it is the connection between planned services, services provided, and the clients' perceived performance based on their expectations". An organisation may find it problematic to comprehend how its customers measure service quality, since it is intangible (Johnson, 2017). As stated by Chi and Quan (2016), customers find it more difficult to evaluate service quality than the quality of goods. Osei-Poku (2012) postulates that the perception of service quality should be grounded on the client's experiences regarding service performance.

## **2.6 Service quality in the healthcare sector**

According to Suki, Lian and Suki (2011:43), "different hospitals provide similar types of services, but they do not provide the same quality of services". Currently, the quality of services provided by healthcare companies is receiving significant attention. A patient's perceptions about the services provided by an exact hospital has an impact on the image and productivity of the hospital

as well as influence on the patient's behaviour (Irfan & Ijaz, 2011:6). Sadeghi, Barzi, Shabot and Mikhail (2012) are of the view that it is challenging to explain and estimate the healthcare quality delivered to patients due to the lack of information communicated between patients and the hospital. Even so, according to Mosadeghrad (2014:78), "quality healthcare is constantly delighting the patient by providing successful, effective and efficient healthcare services according to the modern medical guidelines and standards, which meet the patients' needs". An important factor that impacts a patients' choice of a particular hospital is the quality of service they provide. The patients' expectations of the quality of service in hospitals has been growing at a rapid rate in recent times.

Service quality in healthcare helps provide patients with what they need and want, without mistakes, within high levels of instruction, and without delays, by utilising a small number of resources (Kumaraswamy, 2012). Furthermore, the author concludes, the significant elements of service quality in the healthcare sector are the behaviour of doctors, nurses and performance administrators. Agai (2015) maintains that service quality in healthcare comprises the features of a service and the degree to which it gratifies the implied or stated needs. Yeúilada and Direktör (2010) believe that patients rely on their attitudes regarding amenities and health professionals, and evaluate their experience on the extent of health professionals' emphasis on providing their patients with the best treatment. According to Irfan and Ijaz (2011), there was better service quality provided in private hospitals in Pakistan as compared to public hospitals. Furthermore, the authors found that responsiveness and empathy featured highly in terms of service quality in private hospitals.

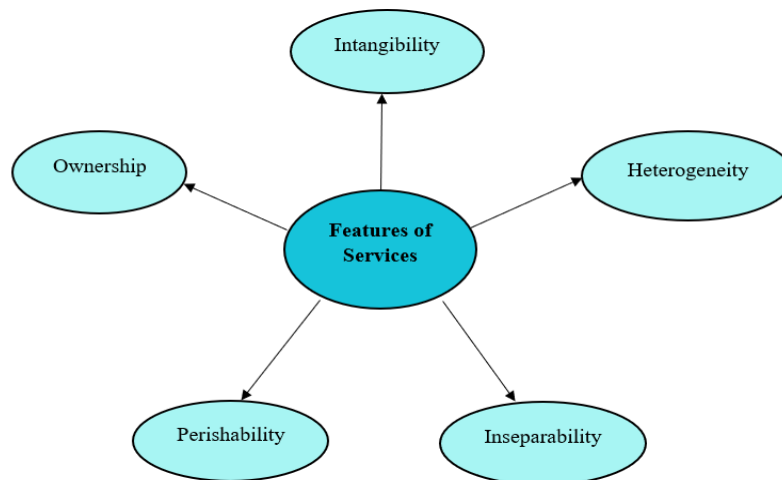
Alrubaiee and Alkaa'ida (2011) maintained that for a healthcare organisation to attain a competitive advantage, there is a need to offer quality services. A study in Nigeria by Polsa, Spens, Soneye and Antai (2011) revealed that private hospitals provided quality services with respect to the hospital environment, the appearance of nurses and doctors, accurate patients' records, and politeness of employees at the hospitals. Kimutai, Gachunga, Wanjau and Gichuhi (2014) found that that responsiveness leads to better workforce performance in hospitals, according to the majority of the participants in their study. A study by Mensah, Yamoah and Adom (2014) concluded that empathy appeared to be the best predictor of service quality in Ghanaian hospitals. Al-Hawary (2012) found that in in Saudi Arabian hospitals, accessibility and tangibles were well

provided. Additionally, in hospitals in Jordan, tangibles scored a higher rating compared to accessibility. Aikins, Ahmed and Adzimah (2014) are of the view that the level of service quality significantly influences a patient's choice for a healthcare facility. According to De Jager, Du Plooy and Tangen (2011:106), "quality healthcare should be considered as the right of all patients and should be the concern of all employees of the hospital".

## 2.7 Features of services

The concept of service is characterised by diverse elements. Several features distinguish services from goods (Kim & Mattila, 2013). According to Evans (2018:68), service quality is characterised by "intangibility, heterogeneity, inseparability, perishability, ownership". Hence, these features should be acknowledged for a deeper understanding of service quality (Figure 2.2).

**Figure 2.2 Features of services**



*Source:* Researcher's conceptualisation

### 2.7.1 Intangibility

According to Soni (2015), intangibility is the most elementary feature of services. Mtshali (2019) indicates that a service cannot be tasted, counted, seen, and felt before being acquired, to ensure its quality. However, a client can make a valuation due to past experiences. Intangibility is seen as the most defining feature of a service (Siddique et al., 2011; Zongli, 2012). Intangibility increases the client's sense of risk and doubts toward services before their consumption (Moon, 2013). Additionally, Siddiqi (2011) posits that the quality of service cannot be guaranteed since it cannot be evaluated and stored before it is sold. As a result, most organisations are unable to decide how



their services are valued, and thus determine their service quality. A service cannot be marketed since it does not possess a physical feature; hence, it is vital to place more emphasis on promoting the benefits derived from it. Gummesson (2014) disagrees with the idea of the intangibility of service since most service delivery involves some tangible features. However, the intangibility feature of service increases the influence of the role of workers and the efficacy of procedures, as these lead to the memories clients have from the service transaction (Shaw & Hamilton, 2016). Al-Azzam (2015) concludes that the intangible feature of labour controls the value in service performance.

### **2.7.2 Heterogeneity**

According to Mtshali (2019), every client has a unique demand and experience of a service needed. There is a need to be consistent, even though it is difficult, since what a firm anticipates to provide may not be similar to the client's perception (Mang'unyi, 2016). Although consistency is hard to achieve, service companies can implement two tactics to overcome heterogeneity and attain consistency in the delivery of services; they are customisation and industrialisation (Van Ree, 2010). Specific approaches can be used to provide customised and inimitable services. Bramiah (2014) describes this feature as unpredictability. It is usually difficult to replicate a service continually. In the client's opinion, the worker is often seen as the service. However, the service that workers provide might vary from one point in time to another (Bramiah, 2014). Furthermore, the demands of clients cannot permanently be identical. According to Soni (2015), the heterogeneity feature of service makes it difficult to standardise the quality of services.

### **2.7.3 Inseparability**

According to Mang'unyi (2016), the feature of the inseparability of services means that services are consumed immediately, when they are produced, at any given point in time. Hence, services are manufactured and expended at the same time. Bramiah (2014) maintains that the presence of clients in service delivery sometimes has an impact on production and consumption. As a result of such instantaneous manufacturing and consumption, the client cannot be detached from the service delivery procedure. In this light, in the context of healthcare, workers become a vital part of the hospitality product due to their contact with the clients (Bowie & Buttle, 2011). Fitzsimmons et al. (2014) maintain that in the process of producing for consumption, the intercession of quality control opportunities is disregarded; this reinforces the significance of internal procedures and the

importance of frontline workers. Wirtz and Lovelock (2016) indicate that service providers regularly find themselves as part of the service itself and thus an important element in the service experience of the customers.

#### **2.7.4 Perishability**

As stated by Bramiah (2014), service cannot be returned nor resold. As compared to manufactured goods, which can be stored and sold at a later time, the delivery of services cannot be stored and sold later; thus, the service will perish. The unutilised capacity cannot be transferred or suspended to a later period. The service provider needs to provide the right service the first time always since service cannot be subjected to a final quality check before it is delivered (Armstrong, Kotler & Opresnik, 2016). Additionally, Mtshali (2019) point out that goods can be stored whereas services cannot. This feature of service is a challenge faced by service providers in terms of guessing the demand at a particular point in time (Siddique et al., 2011).

#### **2.7.5 Ownership**

According to Kotler et al. (2013:238), “service is any activity or benefit that one party can offer to another which is essentially intangible and does not result in the ownership of anything”. For example, patronising the services of a hospital leaves the patient at the end with no tangible benefit. The ownership of service cannot be transferred as compared to a manufactured product. Fitzsimmons et al. (2014) state that when a client purchases an item, they become the owner of the item and can do as they please with it, as compared to customers of services who do not have the chance to own the service.

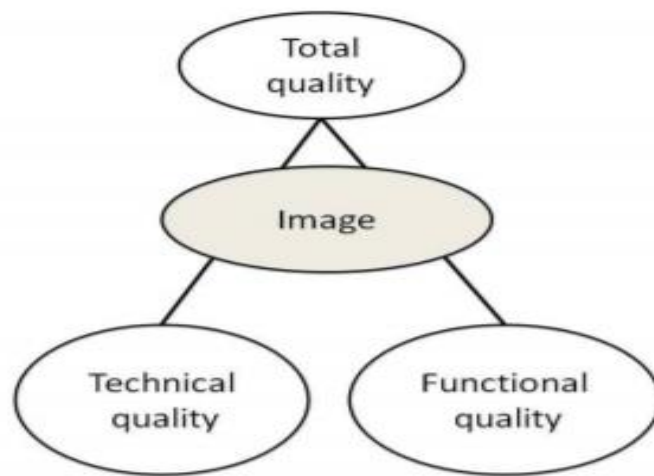
### **2.8 Service quality models**

Numerous approaches or models have been identified in the literature for measuring the quality of services (Osei-Poku, 2012). These models have been widely deliberated and reported on (Emel, 2014; Verma, 2012). As stated by Merican, Suhaize and Fernando (2009 as cited in Mtshali 2019), there are virtually nineteen (19) service quality models. Amongst the nineteen (19) service quality models, SERVQUAL and SERVPERF are the leading and acknowledged models. Below are some prevalent models of service quality usually utilised:

### 2.8.1 “Technical and Functional Quality Model” of Grönroos

Grönroos’ (1984 as cited in Soni, 2015) service quality model comprises three (3) constituents: “technical, functional and image” quality. Gummesson and Grönroos (2012:483-484) maintain that “technical quality is focused on the outcome of the service delivered, that is what a client receives as a result of his/her interaction with the service firm; functional quality relates to how the client gets the technical quality, that is, speed of delivery; and image quality is a dynamic feature which is vital to service firms, and consists of both technical and functional quality as well as additional marketing-related issues” (Figure 2.3).

**Figure 2.3 Grönroos’ service quality concept**



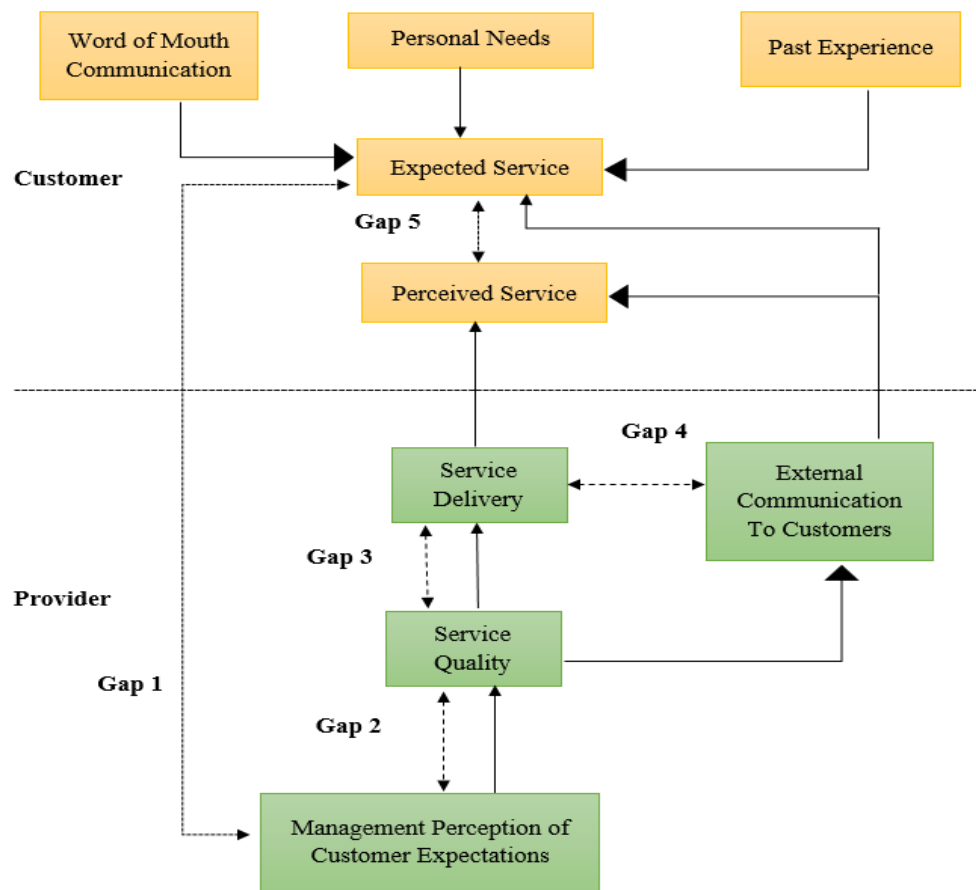
*Source:* Lapré (2013:32)

The Grönroos model is a common and important model as it highlights the way in which the service is delivered (Rodrigues, 2013). Additionally, the model investigates the quality of service by only evaluating performance scores. Clients frequently lack information on the technical part of service; hence, they count on the functional quality to form the perceptions of service quality (Osei-Poku, 2012). Grönroos (1984 as cited in Mtshali, 2019) claims that the way the service is delivered tends to have an impact on the client’s “perceptions” of the service. Nevertheless, there is some criticism linked with the Grönroos model. The model does not consider services linked to physical and technological issues. Additionally, this model does not entirely describe all the factors of service quality sufficiently (Mtshali, 2019).

### 2.8.2 “The SERVQUAL Model” of Parasuraman, Zeithaml and Berry

According to Parasuraman, Zeithaml and Berry (1985 as cited in Soni, 2015), the “SERVQUAL Model” focuses on clients’ hopes and perceptions of service by classifying the gaps between client’s expectation and experiences. This model is also referred to as the “GAP Model.” As stated by Zeithaml, Bitner and Gremler (2013 as cited in Mtshali, 2019), the SERVQUAL model comprises five dimensions, namely: Empathy, Assurance, Responsiveness Tangibles, and Reliability. Mtshali (2019) posits that these dimensions are described through twenty-two (22) attributes on a measurement scale. The model further identifies “five gaps” that may cause clients to experience poor service quality (Figure 2.4).

**Figure 2.4 The “Gap Model”**



Source: Parasuraman et al. (1985:42)

Thoguh Gap 1 and Gap 5 are the most important gaps considered to have a direct link with clients (Mtshali, 2019), he contends that Gap 5 is the only gap that can be evaluated. Hence, Zongli (2012)

is of the view that the “Gap model” was specifically intended to capture the perception gap (Gap 5).

Gap 1 reflects the expectations the clients have about service quality. According to Evans (2018), this gap is the difference between the real need and expectation of a client, the firm’s perceptions, and the quality of service. Soni (2015) maintains that Gap 1 can also be referred to as the “Listening Gap”. As a result of the importance of the client’s satisfaction, there is a need for every service organisation to gather vital information about its target market. Though there are inconsistencies among firms’ perceptions and clients’ expectations, functioning with a full understanding of a clients' needs will impact the competitiveness of a business by providing quality services as expected (Evans, 2018). Bowie and Buttle (201) write that supervisors usually think they know the wants of clients, hence they develop marketing strategies due to their understanding of the expectations of service by clients. According to Wirtz and Lovelock (2016), this gap may be due to inadequate marketing research on the expectations of the client or insufficient management education concerning the expectations clients have about the service, which may result in a misunderstanding between management and clients.

On the other hand, according to Mtshali (2019), Gap 2 shows the disparity between what the “managers trust” and believe the clients want as compared to what the clients predict the firm will provide. The author further claims that the manager at this point is certain that the clients’ expectations are often impracticable, in such a way that it’s fairly hard to accomplish them. This is a result of the type of service and other features that relate to the environment. Soita (2012) is of the view that no service business will meet and surpass the expectations of clients. The author adds that a fundamental tactic that service providers need to embrace in relation to service is to have a clear plan without obscuring it. Furthermore, Wirtz and Lovelock (2016) postulate that this gap depicts the difference between an organisation’s understanding of clients’ expectations and the quality of criteria made to enhance the delivery of service.

According to Evans (2018), Gap 3 is also known as the “performance gap”. The performance gap highlights the dissimilarity between the service delivered and the terms structured by the managers. This gap is the variance between the specifications of service quality and delivery as well as external communication (Wirtz & Lovelock, 2016). Furthermore, this gap arises when there is a

decline in service quality standards and an incline in what the client expects. Mtshali (2019) maintains that resources are vital to meet the standards as well as overcome the performance gap. In addition, there are several inhibitors that broaden the “Performance Gap”. These inhibitors consist of: workers who have inadequate knowledge about their roles; workers who experience a misunderstanding between the client and the company; poor reward and recognition systems; inadequate technology; role conflict; as well as an absence of team effort (Evans, 2018). These are basically human resource issues that must be attended to in order to improve the quality of services (Soni, 2015). The technological breakdowns that damage the equipment for workers to accomplish their jobs, the client’s attitude, and the features of service impact the breakdown of service in this gap due to the concurrent consequences on the delivery of service (Amissah, Gamor, Deri & Amissah, 2016; Bird & Wennberg, 2014).

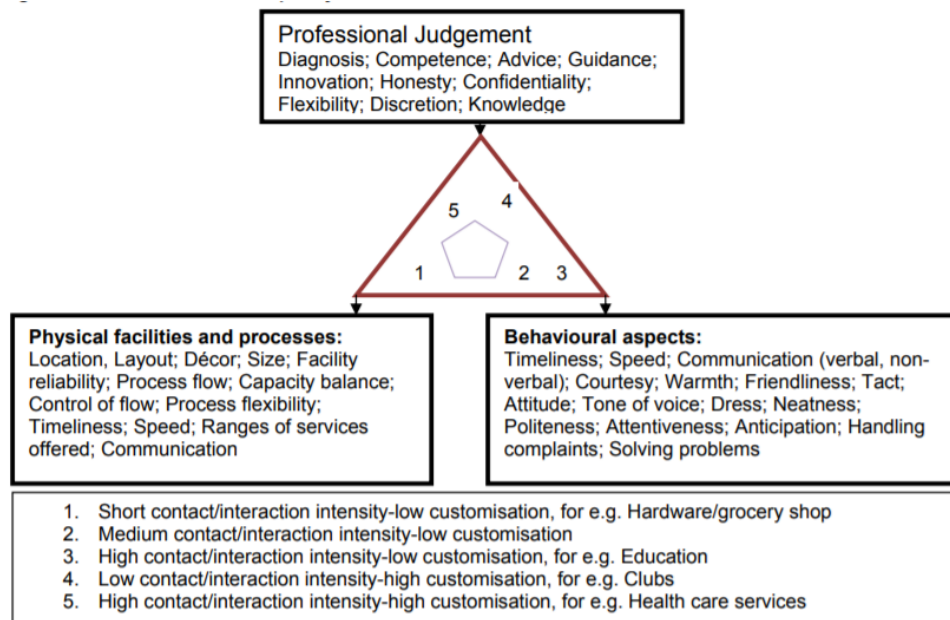
The communication gap (Gap 4) depicts the inconsistency regarding a company and its peripheral communications, or the gap amid service quality and the assurances made in sales and marketing communications to clients (Soni, 2015). Promotions, advertisements, and communication have an important effect on clients’ expectations. Any promises given by the company can increase a client’s expectations and the anticipated standards against which clients evaluate service quality. The promises given to clients should be achievable, otherwise they will be disenchanted. Therefore, the distinction between the real and sworn service might end up in the broadening of the client gap. Service organisations need to appreciate that promising more than what they can do will raise the early expectations of the client as well as lower the perceptions of service quality as a result of unsatisfied promises. According to Mtshali (2019), this gap signifies the assurances communicated by the company to the clients. To bridge this gap, Al-hawary (2012) postulates that companies should pursue the opinions of all workers when developing new advertisements.

Evans (2018) clarifies that Gap 5 is also known as the “Perceptions Gap”. Gap 5 is the dissimilarity between the delivered service to the client and the service they believe they will receive. Clients’ opinion of the services received is a very severe service gap since clients are occasionally incapable of correctly evaluating the quality of service they received (Wirtz & Lovelock, 2016). Fosu and Owusu (2015) maintain that this gap arises when the client misinterprets the quality of service provided. According to Kumasey (2014:174), “the gap model is one of the best received and most heuristically valuable contributions to the services literature”.

### 2.8.3 Haywood-Farmer's attribute model

Various academics have broadly discussed the “Attribute Service Quality Model” (Mwatsika & Khomba, 2013; Rahman et al., 2012; Shahin & Samea, 2010). As Soni (2015) indicates, this model, service is considered to be of high quality when it can constantly meet the client's preferences and anticipations. According to Harmse (2012), services have three fundamental features: “physical facilities and processes”, “people behaviour” and “professional judgment” (Figure 2.5).

**Figure 2.5 Haywood-Farmer's attribute model**



*Source:* Harmse (2012:85)

According to Harmse (2012), the choice of each of the three fundamental features of this model is vital in managerial decisions. Supervisors should carefully combine these factors in order to guarantee a suitable equilibrium between the attributes. Most managers believe this model is appropriate in planning the procedures of the services delivered, and it is also appropriate to consider the significance of the numerous elements to be measured. The three attributes documented by Haywood-Farmer (1988) cannot be compared with Grönroos (1984) dimensions or the five dimensions of Parasuraman et al. (1985).

#### **2.8.4 Synthesised model**

Brogowicz, Delene and Lyth established this model in 1990. According to Wickramasinghe (2013), this model is less-known and utilised. Van Schalkwyk and Steenkamp (2014) are of the view that the synthesised model needs empirical justification. Additionally, the authors maintain that the model needs to be revised to suit different forms of services. The model indicates that a gap in service quality and expectation may possibly arise even though a client has not experienced any services offered by the company; the potential client might have heard from other sources about the services provided by the firm. Therefore, an opinion is formed by prospective clients who may not have received or experienced the service. This model integrates the three (3) elements assumed to impact Grönroos's service quality expectations, which are: the image of the company; outside effects; and outdated marketing events.

#### **2.8.5 The “SERVPERF Model”**

This model was established by Cronin and Taylor in the year 1992 as a result of the limitations of the SERVQUAL model, and captures the perceptions of the quality of service during as well as after a service was delivered (Rodrigues et al., 2011). This model evaluates clients' experience based on similar features as the SERVQUAL model (Oduaran, 2011). The SERVPERF model perfects the SERVQUAL model that measures the quality of service in diverse situations (Mtshali, 2019). This model is not focused on “expectations”; rather it concentrates on the evaluation of service quality “perceptions” by measuring the clients’ “general feelings” regarding the performance of the service. Furthermore, Soni (2015) believes that perceptions help to forecast service quality. The SERVPERF model views service quality as perception and an attitude as compared to the SERVQUAL model, which views service quality as a disconfirmation paradigm. This approach for measuring service quality is well accepted since it is a more practical model for evaluating the quality of service (Ngceba 2017; Theodorakis, Howat, Jae-Ko & Avourdiadou, 2014). The SERVPERF model holds that clients’ perceptions should be based on service experiences. Most researchers believe that the SERVPERF model is superior to the SERVQUAL model (Ehrmann, 2013; Rai, 2013). This model goes beyond identifying the reason for the client’s satisfaction (Theodorakis et al., 2014). Notwithstanding SERVPERF’s merits and pre-eminence, there have been some criticisms. As stated by Parasuraman et al. (1985 as cited in Mtshali, 2019), the scale of this model seems to lack uniformity and generalisability. Additionally, Mtshali (2019) is of the view that clients’ perceptions of service quality differ at a point in time. Despite these



criticisms, this model is one of the best models in evaluating service quality in various sectors (Mertova & Nair, 2011).

## **2.9 Criticism of the SERVQUAL instrument**

The SERVQUAL model, since its inception, has been subjected to several criticisms (Harmse, 2012). Although it is very popular and widely used in most studies, one key criticism is the issue of evaluating the expectations of customers (Soni, 2015). Most literature reviews support the concept that SERVQUAL assesses the discrepancies between a client's perceived performance of a service and their expectations of a service (Adil, Al Ghaswyneh & Albkour, 2013; Bayraktaroglu & Atrek, 2010; Fukey, Issac, Balasubramanian & Jaykumar, 2014). Juga, Juntunen and Grant (2010) are of the view that assessing expectations is pointless and that assessing perceptions should be enough for evaluating the quality of service. According to Fitzsimmons et al. (2014), clients criticise service quality by linking the anticipated service to the actual service received, grounded on the elements of the particular service, which can lead to the client either being happy or unhappy.

The SERVPERF model was established by Cronin and Taylor (1992) to evaluate the perceptions of the dimensions of SERVQUAL; it is comprised of 22 questions relating to perception, hence eliminating items relating to expectations (Edwin, 2018). Bayraktaroglu and Atrek (2010) maintain that there is inadequate evidence that clients measure the quality of service by deducting their perceptions from their expectations. According to Soni (2015), the SERVQUAL dimensions are contextualised and not universal. Furthermore, the author added that the degree of inter-correlation between the dimensions is high. Souca (2011) claims that clients use other criteria apart from their expectations to evaluate service quality. Also, SERVQUAL is disapproved of for not completely evaluating the expectations of service quality (Akroush, Abu-ElSamen, Samawi & Odetallah, 2013). Notwithstanding the criticisms of SERVQUAL, it is a vital instrument in measuring the quality of service in various organisations (Adil et al., 2013).

## **2.10 Evaluating service quality in hospitals using the “SERVPERF” model**

The application of the SERVPERF model is considered appropriate for measuring the services provided to clients by hospitals. It has been used by many academics and more lately by Byju and Srinivasulu (2014), Kayral (2014) and Shafei, Walburg and Taher (2019). SERVPERF is simple

in terms of how it is measured, and it is comprised of fewer questions (Kajan, Dorloff & Bedini, 2012). The dimensions used in measuring this model are Reliability, Tangibles, Assurance, Empathy and Responsiveness. These dimensions are further explained in this section with reference to a healthcare setting:

### **2.10.1 Tangibles**

According to Adjei (2016), tangibles in hospitals are the physical amenities that enable the process of providing services. The appearance of individuals, physical amenities, employees' uniforms and apparatus are referred to as tangibles (Rasli, Shekarchizadeh & Iqbal, 2012; Zeleke, 2012). Additionally, visual images play a vital role in creating an impression on clients, about the quality of service. Most clients expect modern equipment, nice-looking printed materials, well-designed interior, and nicely dressed healthcare workers (Culiberg & Rojsek, 2010). Strategies that are vital in handling tangibility include considering the impact of services such as equipment, furniture and fittings, inner and external factors, edifices and colours, as well as providing the clients with business cards, flyers and the hospitals' pamphlets (Naidoo & Mutinta, 2014). According to Krestovics (2011:189), in this dimension "actions speak louder than words". In a situation whereby the equipment and furniture are in a bad shape and maintenance is delayed, clients feel dissatisfied about services provided (Krestovics, 2011).

### **2.10.2 Reliability**

The reliability dimension of service quality measures the effectiveness and efficiency of services provided to clients. Johnson (2017) postulates that it is the ability to complete the pledged service precisely. Forjoe (2012) opines that it is the ability to accomplish an assured service reliably and precisely to customers. The reliability and constancy of performance of service facilities and employees are seen as vital (Osei-Poku, 2012). This includes prompt service delivery and the ability to deliver on promises made to the clients. According to Evans (2018), reliability is the ability to deliver the services promised on time, precisely and reliably. Furthermore, it is the ability to deliver an accurate service the first time, and honouring all pledges made by the service firm. Owusu (2016) maintains that clients expect accuracy from the workers and if they are not delivered as anticipated, then they are disappointed. This dimension, therefore, serves as a vital feature in encouraging the client's loyalty by providing precise services.

### **2.10.3 Assurance**

Cheserek et al. (2015) maintain that assurance is building trust and confidence among clients by providing them with quality services; this dimension includes security, courtesy, trustworthiness, and competence. Employees feel confident in their work when they provide quality services to clients. Furthermore, management should convey optimism and confidence to clients (Liu & Liu, 2014). As Auka, Bosire and Matern (2013) state, this dimension portrays the degree to which a client gains trust from the service provider; being enabled to build confidence in the company and that it will provide them with the demanded service adeptly. Furthermore, the influence of assurance in nurturing a client's loyalty remains significant (Timney, 2017); this can be attained even during the client's first contact with the workers by showing courtesy, openness, and trustworthiness (Steenkamp, 2015). Hence, there is a need for service providers to guarantee accurate distribution of information, to build trust in the clients. Usually, clients gradually gain confidence as well as trust towards the firm (Dixon, Freeman & Toman, 2010). Additionally, service organisations need to communicate their proficiency and competencies frequently, before they do the work, to create a client relationship (Promkaew & Tembo, 2017). According to Hill and Lineback (2011), assurance can be achieved through cooperative work efforts of diverse skills, knowledge, and concentration of workers.

### **2.10.4 Empathy**

According to Al-Azzam (2015), empathy is the attention a company gives to its clients. 'It entails workers comprehending the needs of their clients and giving attention to their clients.' Empathy is about care, attention, and providing services to clients (Pakurár, Haddad, Nagy, Popp & Oláh, 2019). Auka et al. (2013) maintain that empathy is reflected in the company's ability to enable communication with and understanding of clients. Therefore, empathy is an act that should give the client a positive experience that sustains loyalty or interest in an organisation's service (Fluss, 2016). Managers should be friendly, the demands of clients should be heeded, and suitable service should be provided by companies to take care of the clients' demands (Northouse, 2016).

### **2.10.5 Responsiveness**

According to Liu, Yan, Phau, Perez and Teah (2016:468), "responsiveness is the degree to which employees provide help to the clients and show a willingness to serve". Responsiveness is the degree of readiness to assist clients by providing them with quick service (Adjei, 2016). The author

posits that it can be achieved through the readiness to aid, quick attention to questions, and grievance management. According to Johnson (2017), responsiveness informs clients about the services they will be receiving and entails responding swiftly to their requests. Frimpong (2014) claims that responsiveness is providing timely services to clients. Keh, Ren, Hill and Li (2013) maintain that it refers to the eagerness of workers to deliver service in an appropriate manner. Furthermore, Wang (2015) believes that if the client experiences a shorter waiting period than he or she has estimated, the client will be very satisfied. Additionally, Promkaew and Tembo (2017) point out that a client's waiting period may cause an undesirable effect on the client's perception. Hence, a firm should find a desirable way to deal with the waiting period of clients since it impacts the quality of service provided. Soita (2012) opines that by understanding the basic needs of the clients, the company will be capable of providing better services in line with their needs. Also, understanding a customer's needs can possibly stimulate the enthusiasm of workers to help. Keh et al. (2013) states that workers should not be too occupied such that they are unable to respond to the client's request.

Jain and Jain (2015) ascertain that there is a great deal of disagreement among academics in terms of the conceptualisation and measurement of service quality. Most researchers claim that SERVPERF is better compared to SERVQUAL (Ehrmann, 2013; Kajan et al., 2012; Rai, 2013). Considering the aim of this study, and grounded on the abovementioned studies which show the rationalisation for the SERVPERF model, this study sought only to enquire about the perceptions of patients who visit private hospitals, hence, the SERVPERF model was considered as an appropriate model to measure the quality of service perceived by the clients of the selected private hospitals.

### **2.11 Factors affecting service quality**

According to Mosadeghrad (2014), quality healthcare is a collaboration between a patient and a healthcare provider. Individual issues of the patient and healthcare provider, and issues relating to the healthcare company and the larger environment all influence healthcare quality. The following are some factors that affect service quality:

- 1. Socio-demographic elements:** Healthcare providers impact the quality of service of healthcare. Personality features such as helpfulness, consistency, respect, acumen as well

as confidence play a key role (Khiba, 2018). Some employees have individual and household problems that affect their actions as well as the quality of services they deliver to patients. As Chang, Chen and Lan (2013) maintain, delivering quality healthcare depends on the service provider as well as patients' interactions with each other.

2. **Resources:** These are features that are provided by hospitals to make life comfortable for patients. Mosadeghrad (2014) is of the view that the accessibility to resources influences the quality of healthcare services. According to Khiba (2018), the availability of resources such as apparatuses, comfortable seats, and technological systems for keeping records of patients are vital in providing quality services. Hence, quality services require quality inputs.
3. **Motivation:** Motivated workers who know their jobs usually have a high level of dedication and are likely to deliver quality service as compared to those who are less motivated (Abdi, 2018). Providing quality services to clients is important. The organisational factors that impact the motivation of employees to deliver such quality services include leadership, rewards, work environment, and job security.
4. **Management and Leadership:** Management in healthcare is responsible for getting things done properly to enhance the care of patients. According to Gillam and Siriwardena (2013), leadership skills aid physicians to be enthusiastically involved in planning and providing health services to patients. Every hospital is governed and managed by management and leaders. When leaders come up with brilliant ideas for improving quality, and there is no decent administration to enforce it, those ideas become inoperable (Khiba, 2018).

According to Khiba (2018), the service quality of healthcare providers primarily depends on the physicians' technical skills and knowledge, while significant elements that impact the quality of work are knowledge as well as commitment. According to Mills (2014) other issues that affect service quality delivery include shortage of skilled professionals, inadequate incentives, poor working conditions, and heavy workloads due to staff shortages. Additionally, Lee, Lee and Kang (2012) opine that a when healthcare staff understand the importance of perceptions of quality healthcare, it helps in forming a good healthcare system' form a good healthcare system.

### **2.12 Role of employees in service quality**

Prior studies have emphasised the vital roles of workers in the process of delivering quality services to customers. According to Zhou, Yong, and Danling (2014), services are often provided by frontline workers; they are the first contact clients meet when they are in contact with the company. Similarly, Musaba, Musaba and Hoabeb (2014) underline that workers are usually the first to get in contact with the customers; hence, employees can easily make or break the company's reputation by the kind of service they deliver to clients. Hooper, Coughlan and Mullen (2013) believe that an employee is the most significant element in providing quality services. Musaba et al. (2014) believe that understanding the opinions of workers in relation to service quality is pertinent since their opinions of the workplace govern the kind of service the firm will provide to the clients. The opinion of workers contributes to the provision of high service quality (Promkaew & Tembo, 2017). Consequently, employees need to recognise that the services they provide are essential.

Thus, it vital to note that to attain the delivery of quality services, there is a need for hardworking employees in the company. Workers are the most essential resource for the company since they are consistently the source of knowledge and skills that cannot be copied by other contenders (Elnagal & Imran, 2014). According to Shariff (2012), workers are the key asset of every company, and the success of every service company is reliant on their engagement with the general strategy of the company. Ariani (2015) supports that workers are imperative to the company, maintaining that workers not only provide services but also become part of the work process that improves the quality of services. Promkaew and Tembo (2017) claim that clients form opinions each time they come in contact with workers of a company. A good reputation is hence made when clients receive great satisfaction from services provided by the company.

### **2.13 Significance of service quality**

The quest to understand the significance of service quality goes back as far as twenty years when companies began scrutinising the quality of service as a sign of competitive advantage and distinctiveness. Most companies believe that service quality improves competitiveness through differentiation. Mang'unyi (2016) postulates that the only way a firm can be distinct from other firms is to provide quality services. Providing quality services is a key factor in differentiating features to beat rivals in the market (Foster, 2010). Service quality is an abstract construct and

different companies may use diverse means to assess it. According to Kotler and Keller (2012), providing quality services forms a significant part of every business. One bad service experience a client encounter can have an adverse effect on a firm and can plague a firm for a long time (Berry, 2016).

In Botha's (2016) opinion, most of the time clients will not return if the services provided to them were poor. Several incidences of poor service quality can result in a substantial effect on the reputation of the company (Awwad & Agti, 2011); whereas constancy in providing clients with quality service can build an effective long-term connection with clients. Ntsatsi and Parumasur (2013) postulate that providing quality service is the ideal and effective approach as it attracts and maintains current clients, as well as improves organisational success. Additionally, companies apprehend that good service quality can lead to client loyalty (Bakhare, 2011). According to Daniel and Berinyuy (2010), the quality of service can differ in terms of the time, place, and individual involved in delivering the service. Furthermore, the authors maintain that it is challenging to achieve regularity in service delivery. Building client loyalty can result in a company gaining a competitive advantage and achieving higher productivity.

## **2.14 Conclusion**

This chapter discussed the literature of service quality, features of service, and models of service quality. Various service quality models were reviewed and analysed in terms of their efficacy. The study employed the SERVPERF model to assess the perceptions clients on service quality of the selected hospitals. The chapter critically addressed factors affecting service quality, the significance of providing quality services, and the connection between organisational culture and service quality. The succeeding chapter discusses the literature on organisational culture and employee engagement.

## **CHAPTER THREE**

### **ORGANISATIONAL CULTURE AND EMPLOYEE ENGAGEMENT**

#### **3.1 Introduction**

In this current business era, organisational culture is an influential tool that depicts various facets of a firm. The present conditions in most companies today are defined by the incessant change in economic trends and modern technology. Individuals come into a firm with their own diverse values, morals and beliefs, whereas a firm has its own ways of doing things. In order to attain a common objective, the firm must define the culture of the firm and try to encourage workers to believe in it. In this light, companies have made employee engagement a vital element in achieving organisational success. Employee engagement is related to a range of encouraging outcomes at both employee and organisational level. This chapter reviews and addresses the theoretical and empirical concepts of both organisational culture and employee engagement and discusses the link between organisational culture and employee engagement.

#### **3.2 Evolution of organisational culture**

According to Annor (2016:54), culture is a universal construct, and the culture of an organisation is known as organisational culture. Culture as a term derived from the German word “kultur” in the 18th era to depict achievements in civilisation (Atiku, 2014). The construct of organisational culture has led to a substantial number of studies since the 1980s, and later in 1995 it became the most dominant but also most debatable concept in management (Yu & Choi, 2016). Companies prior to this era had their own cultures, but managers found it challenging to encourage employees to practice these cultures (Pakpahan, 2018).

According to Naveed, Jantan and Ahmad (2016), organisational culture has a strong connection with the company’s sense of exclusivity, morals, goal, mission and ways of developing shared values. Furthermore, organisational culture signifies a system of imperceptible and indisputable views that validate how firms behave. These views, though, are taken for granted and are hardly indicated or deliberated willingly. Organisational culture is considered a distinctive feature that differentiates a fruitful organisation from others (Dorval, Jobin & Benomar, 2019). Understanding organisational culture is vital for managers since it has a great influence on diverse facets of organisational behaviour. Daneshmandnia (2019) is of the view that ignoring organisational



culture in plans for any changes within the company would result in unanticipated and undesirable consequences.

Some academics specify that although some features of organisational culture cannot be observed or seen, it supports organisational activities (Piłat, 2016). In related studies, academics postulate that organisational culture consists of tangible and intangible features (Annor, 2016; Prieto, Macías-Bernal, Silva & Ortiz, 2019). Zhong, Wayne and Liden (2016) observe that the construct of organisational culture has received extensive recognition as a way to apprehend human systems. Nukic and Huemann (2016) maintain that culture differs from one company to another, and it is reliant on the company's works and practices. This shows the dynamic nature of organisational culture. Further, the type of culture embraced by an organisation influences the effectiveness and performance of the organisation. The differences in culture across companies and countries makes it nearly impossible to accomplish a universal and acceptable culture. Nevertheless, despite differences in the definition and measurement, culture is an important topic that regulates how a worker fits into an organisational setting.

### **3.3 Definition of organisational culture**

Mohelska and Sokolovab (2015) postulate that the culture of an organisation is the set norms, values, deeds and beliefs maintained in a company. The authors maintain that culture shapes and directs the conduct as well as attitudes of workers and impacts the company's actions in operating its business. Additionally, Adams and Van Rooyen (2017) posit that the culture of an organisation controls and conducts workers' attitudes. The culture of the organisation is usually passed on from employees who have served long in the organisation to new employees (Zhou, 2017). Quinn, Ciugudean, Bălan and Hodgins (2020) opine that the culture of an organisation refers to a communal understanding apprehended by employees, which differentiates one company from another. Kuronzwi (2019) believes that organisational culture has forever been present within firms, but most firms had paid less attention to it. Further, it may influence the organisation's output. The culture of a firm permeates every significant component of the firm, since it shapes the behaviour and management structure.

According to Naidoo and Martins (2014:433), organisational culture is “an amalgamated pattern of human behaviour which is exceptional to a specific company and which is created as a result of

the organisation's survival process as well as its interaction with the surroundings. Culture points a company to its goal achievement. However, newly employed workers must be shown what is regarded as the right manner of conduct." The culture of a firm reveals the fundamental suppositions about the manner in which the job is done, about what is suitable and not suitable, and what conducts and actions are encouraged and discouraged in an organisation. Saifi (2015) views culture as a powerful, inferred and usually unconscious energy which controls the conduct of individuals, the manner in which they identify things, their values, as well as the way they think. The culture of an organisation consists of qualities that give a specific feel or climate to the organisation.

Ngueutsa, Wassouo and Kouabenan (2021) described culture as a set of beliefs and values that regulate the behaviours that are suitable and expectable for a group of individuals. Organisations, countries, ethnic and religious groups all have cultures they adhere to. According to Hauff, Richter and Tressin (2015), culture differs from one society to another, making it tough to ascertain a uniform or general culture and tradition. Szydło and Grześ-Bukłaho (2020) and Oh and Han (2020) similarly define culture as a system of communal meaning held by individuals that differentiate one organisation from another organisation. Culture is a construct; however, the forces that are formed in social and organisational conditions that originate from culture are very powerful (Bizuneh, 2016). While culture is a very difficult concept to express clearly, everybody recognizes it when they sense it (Dupré, 2018).

Groysberg, Lee, Price and Cheng (2018) postulate that shared norms and value systems in a company influence a worker's allegiance to the company. Culture provides organisations with a sense of identity, as well as determines the way things are done in the company through the use of the company's, norms beliefs, values and language (Poirine, Dropsy & Gay, 2017). In Lee, Shiue and Chen's (2016) view, organisational culture refers to the beliefs, values and ideologies that serve as a basis for a company's management system and practices, as well as the conduct that highlights such fundamental principles. These authors observe that organisational culture has visible and invisible features. The visible features comprise hard work, a suitable outfit, and great customer relations. The invisible features are beliefs and values that are harder to identify, including uprightness, integrity, and ethical behaviour.

### **3.4 Sources of organisational culture**

In Szydło and Grześ-Bukłaho's (2020) view, organisational culture springs from diverse sources, with one main source being the beliefs of the founders. Founders usually introduce a plan and direction of the organisation at an early stage of the company and usually have a significant influence on how the organisation functions. Additionally, founders of organisations are usually the main source in instituting a novel culture for the organisation. The influence of culture ensues when the founders implement their business plan and operational rules. The plans of these founders may improve as a result of their individual experiences and cultural history (Low, Abdul-Rahman & Zakaria, 2020). According to Chatman and O'Reilly (2016), founders may enact their individual experience and cultural history on their workers as well as associates within the company.

Learning experience is another source of organisational culture. According to Gao (2017), the sources of organisational culture include learning from experienced colleagues as well as new employees and managers. Adigüzel and Küçükoğlu (2019) posit that learning experience originates from the societal trends of the business environment. Most managers in organisations become accustomed to some traits from the community as well as the business environment (Erthal & Marques, 2018). Workers of the organisation reside in the community; hence, they can impress their culture on the culture of the organisation. Similarly, Hald, Gillespie and Reader (2021) maintain that society may impress its culture on an organisation through the employees of the organisation since the employees of the organisation are part of the community.

Organisational structure is another source of organisational culture. The organisational structure refers to how an organisation is structured as well as how power and authority to make decisions are disseminated in an organisation (Nwachukwu & Chladkova, 2019). These are the rules and regulations in the organisation that manage the working hours, the language, communication protocols and channels within the firm, centred on the hierarchy (Su, Chen & Wang, 2019). According to Esfahani, Hajipour, Tabatabaee and Hosseini (2021), the culture of an organisation is closely connected to organisational structure, since decisions made by the top-level management impact the link between the top-level management and the staff, which in turn decides the culture of the firm. The structure in the organisation serves as a guide that is formed and communicated to the employees within the firm. The organisational structure governs the measures and processes

followed by an organisation, to make them distinct and stable, and aid them in forecasting their productivity, since everything is well-planned and strictly followed without compromise.

### **3.5 Components of organisational culture**

Organisational culture is a multi-dimensional construct comprising of diverse features (Sarpong, Akom, Kusi-Owusu, Ofosua-Adjei & Lee, 2021). The following are the components of organisational culture:

- 1. Communications and symbols:** Formal and informal communication as well as graphical symbols are vital constituents of organisational culture (Sarpong et al., 2021). Workers' newsletters and memos are an example of formal communication, and discussions on break-time are an example of informal communication. The visitor's parking space is an example of a symbol that defines the prominence of stakeholders at a company and reveals the culture of the organisation.
- 2. Rewards and recognition:** The manner in which performance is measured in firms and the way workers are acknowledged and rewarded plainly displays the culture in the firm (Kashan, Wiewiora & Mohannak, 2021). In most firms, the workers are usually rewarded with career development or financial rewards. Such firms tend to have highly motivated staff who work with determination toward the attainment of the organisational goals.
- 3. Behavioural norms:** The behavioural norms decide the anticipated way the employees relate with one another and the method of the work at the firm. Such norms reveal the day-to-day behaviours of the workers and reflect the culture of the organisation (Kwakyee, 2018).
- 4. Valued skills and traits:** The skills and traits of leaders are necessary for the promotion of the organisation since they impart these skills and traits to the employees of the organisation. The skills and traits needed for decision making also reveal the organisational culture (Camacho, Coto & Jørgensen, 2018).

### **3.6 Functions of organisational culture**

The key purpose of organisational culture is to describe the manner of doing things in order to improve organisational life (Cui, Liu & Mou, 2018). According to Asalf (2019), organisational culture has numerous benefits for both the organisation and workers. For one thing, culture

distinguishes between one organisation and another. It gives a sense of distinctiveness to employees of the firm (Sarpong et al., 2021), and enables commitment to something bigger than individual interest. It also enriches the permanence of the social system in an organisation by acting as a social adhesive that binds the organisation together, by providing values and morals for employees to follow. Additionally, organisational culture aids in building a mutual understanding of the organisational life (Nwachukwu & Chladkova, 2019).

Bizuneh (2016) maintains that organisational culture gives workers a sense of organisational identity. Shared norms, values and beliefs give individuals a sense of attachment that helps promote a feeling of mutual purpose. It also facilitates collective commitment among employees. The common drive that develops a shared culture is likely to cause a sturdy commitment from all those who accept the culture as their own (Adigüzel & Küçükoğlu, 2019). Furthermore, it enhances the system's stability. By inspiring commitment and a shared sense of identity, culture enhances permanent integration and collaboration among the employees in an organisation (Robbins & Judge, 2016).

Wagner and Hollenbeck (2020) maintain that culture shapes employees' behaviour by helping them make sense of their environment. The culture of an organisation helps create a basis of a common meaning that describes why things occur in the manner which they do. Further, it helps employees conform to the anticipated way of behaviour. Culture allows everybody to think and act in a prearranged way (Scheepers & Reddy, 2019). All these functions of organisational culture infer that without culture, a company cannot function, since it inspires the organisation as it seeks to accomplish its aims, and leads employees toward attaining the organisational goals.

### **3.7 Strong versus weak organisational culture**

According to Asalf (2019), an organisational culture is either weak or strong. In a strong culture, the core values of the organisation are held sturdily and shared generally. A strong organisational culture has a powerful effect on the behaviour of employees of the organisation. Indiyati (2018) states that in a strong organisational culture, workers have similar opinions concerning the company, and they adhere to the values of the company. Furthermore, employees in a strong organisational culture share the values and aims of the company, and new members swiftly embrace these values.

Huang and Teo (2020) state that managers exhibit a strong organisational culture to impact employees' work attitude and performance since culture motivates employees. Pathiranage (2019) posits that a strong organisational culture is a vital feature that aids in increasing and improving the success and financial performance of companies. Bwonya, Ogutu and Okeyo (2020) further specify that a healthy and sturdy organisational culture are affirmative elements that help to increase a firm's performance. Hence, managers use it to supplement formal rules and regulations in the firm. A strong organisational culture plays a vital part in aligning the company's present and future path (Mensah, 2019). A strong organisational culture is vital since it motivates the workers in a company to perform well (Labrague, McEnroe Petite, Leocadio, Van Bogaert & Tsaras, 2018).

On the other hand, a weak or feeble organisational culture is likely to influence the output and success of the firm (Pathiranage, 2019). Employees in an organisation with a weak culture have a problem in defining the firm's values and deciding the correct procedure of conducting the business of that organisation (Zeyada, 2018). Additionally, Sholahudin, Setiawan and Alwi (2019) postulate that firms with a weak organisational culture lack clear and stable communication within the company. Employees act in a way that is inconsistent with the priorities of the company since there is poor communication and a lack of consistent direction from management. A weak organisational culture puts the existence of the company at risk since the employees have diverse values and beliefs which may not work in favour of the company. When the organisational culture is weak, the organisation's existence is at risk because the organisation's members have different values and beliefs; they may work against the management's priorities (Kawiana, Dewi, Martini & Suardana, 2018).

### **3.8 Importance of organisational culture**

The culture of an organisation is significant as it aids in shaping the organisation in which we work. Having a common culture in an organisation enhances unity among workers and helps them understand each other better. According to Nightingale (2018), organisational culture is a major factor in forming a safe healthcare system; in healthcare, a culture of learning and openness is needed wherein employees are able voice their opinions and concerns. In the healthcare context, it provides a framework and a set of values to form, implement and assess the delivery of quality services and care to patients and employees. Therefore, organisational culture is a significant

phenomenon since it can support or impede the performance of an organisation. Most staff in the healthcare industry spend an average of thirty-seven (37) hours a week in hospitals in Ghana and, hence, this needs to be an experience that is favourable to the employees' health, mind and body.

A workplace that has a good organisational culture is driven by purpose, and employees have clear expectations. Brenyah and Obuobisa-Darko (2017) maintained that culture inspires and encourages workers to be engaged in their duties at the firm and to connect with other employees. Additionally, it leads to high levels of engagement, which drives productivity. Furthermore, organisational culture enables employees to build a strong connection with the organisation, which serves to create a positive atmosphere in which to work. A strong and positive organisational culture often leads to very committed and motivated workers; however, a weak and negative culture may demoralise employees (Pepra-Mensah & Kyeremeh, 2018).

Individuals who feel appreciated and respected at their firms are less likely to leave the organisation. Hence, it is vital for organisations to foster a winning organisational culture that supports the mission and core values of the organisation. Idiegbeyan-Ose, Opeke and Nwokeoma (2018) posit that an optimistic staff mean less turnover in the organisation, which saves the firm money and time in the recruitment process. Organisations that attain a strong culture must take steps to sustain and improve it (Zeyada, 2018).

The culture of an organisation empowers and inspires the employees to partake in numerous tasks (Halim, Ahmad & Ramayah, 2019). As they participate in these tasks, it enables them to interact with one another. During their interactions, they can identify the importance of the organisation's culture. As a result of such interactions, employees are able to improve their skills as well as get assistance from colleagues. When the employees of a hospital, at various levels, understand, internalise and contribute to a positive organisational culture, they develop an interest and eagerness to take part in numerous tasks and activities.

### **3.9 Models of organisational culture**

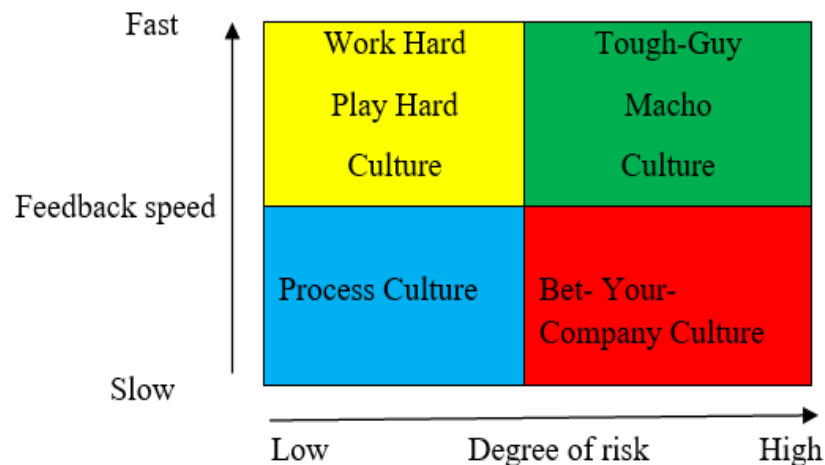
This study discovers the various dimensions to measure or describe organisational culture acknowledged in the literature. It evaluates these dimensions in relation to operational effectiveness over the last two decades. It is essential to identify which cultural dimensions are

archaic and which have more impact on operational efficiency in the current global economy. The models of organisational culture assessed in this study are discussed below.

### 3.9.1 Deal and Kennedy's generic culture

Zhao, Teng and Wu (2018), approached organisational culture from a standpoint of the interplay between risk and speed of response. The authors discovered two features to be important: the risk level the firm is open to; and the swiftness with which it and its employees respond by effectively employing moderating policies. As demonstrated in Figure 3.1, a 2×2 matrix below depicts a pictorial representation of Deal and Kennedy's (1983) four kinds of organisational culture.

**Figure 3.1 Deal and Kennedy's organisational culture**



Source: Atiku (2014:32)

The *tough guy culture* occurs when employees take high risk and gets quick responses on their actions. The *work hard, play hard culture* is allied with a quick responses and low risk. Also, the *bet your company culture* suggests high risk with a relaxed response time in taking the risk. Finally, the *process culture* is a type of culture held in firms where there is less taking of risk and substantial deferment in terms of taking action and making decisions (Fiordelisi, Renneboog, Ricci & Lopes, 2019). The process culture finds it difficult in responding immediately to environmental changes. Even though organisations are different, in this current business era characterised by technological innovation, companies that adopt strong values attain better performance. The weakness of this approach to organisational culture is that it places a great deal of importance on risk-taking.

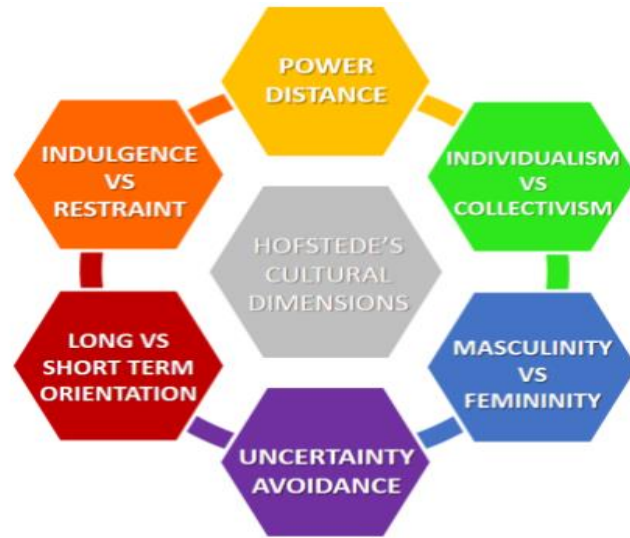


### **3.9.2 Hofstede's cultural dimensions**

Hofstede scrutinised work-related principles in some organisations to evaluate national culture, using a large sample of workers from over forty countries (Beugelsdijk & Welzel, 2018). The author observed four aspects of cultural dimensions: power distance; uncertainty avoidance; individualism/collectivism; and masculinity/femininity (Huang & Crotts, 2019). In 1991, a 5th dimension, 'long-term versus short-term orientation', was proposed and applied in 22 countries (Yue-han, 2020). Additionally, in 2010, 'indulgence versus restraint' was proposed as the 6th cultural dimension and was applicable in 93 countries. Power distance focused on workers' accepting authority at every level of the firm. Companies characterised by a high level of power distance are likely to be dictatorial and unilaterally make decisions. Employees of such firms are likely to conform to such decisions. On the contrary, firms characterised by a low level of power distance involve employees in making decisions, which improves their satisfaction and commitment (Nawaz, Hussain & Sohail, 2020). According to Aurigemma and Mattson (2018), uncertainty avoidance is the degree to which employees of a firm try to avoid doubt in terms of the firm's rules and regulations.

Ugrin, Pearson and Nickle (2018) posit that individualism/collectivism relates to whether workers are happy to be referred to as individuals or team. In individualism, workers are satisfied with being denoted as a distinctive individual, while, under collectivism, employees are pleased to be referred to as a unified team/group. In addition, masculinity/femininity studies the kind of culture workers are satisfied with. A masculine culture is very confident and results-oriented and impervious to the desires of others, a feminine culture is confident and focuses on caring and nurturing behaviours and environmental awareness (Huang & Crotts, 2019). Additionally, Chun, Zhang, Cohen, Florea and Genc (2021) posit that long-term orientation is focused on the future with the expectation that it will be better than the present. Short-term orientation refers to organisations that give more importance to the past or present than the future and are present-oriented (Chun et al., 2021).

**Figure 3.2 Hofstede's organisational culture dimensions**



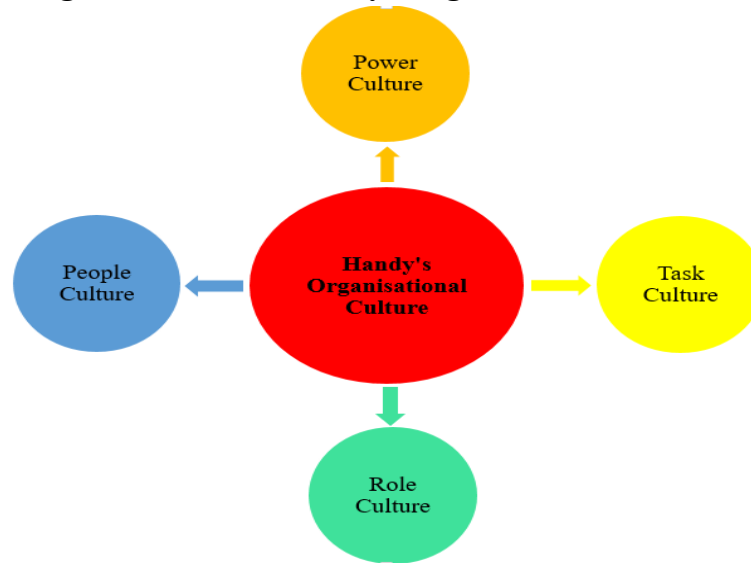
*Source:* Khashman (2014:61)

According to Meirinho and Mengting (2019), Hofstede's model was based on a consulting project for IBM, hence, the model was designed based on the requirements and interests of the corporation. Therefore, care must be taken in implementing Hofstede's dimensions. Lastly, Tekeş, Üzümcüoğlu, Hoe and Özkan (2019) believed that researchers should look past Hofstede's dimensions and develop new ideas that are more vigorous and theoretically verifiable

### **3.9.3 Charles Handy's organisational culture**

This model of organisational culture clarifies culture as related to the organisational structure. Syed (2021) stated four diverse classes of organisational cultures, including power, task, role and people. Figure 3.3 provides a pictorial diagram of Charles Handy's organisational culture.

**Figure 3.3 Charles Handy's organisational culture**



*Source:* Created by the researcher

In a power culture, authority resides at the centre of the firm. According to Kuronzwi (2019), power is held by a few employees who have an impact throughout the entire firm. The employees who hold the power set rules and regulations on how staff should perform in the organisation. Managers in the organisation have the power to decide what happens. Swift decisions are made by managers coming from the top, even though the decisions may not be in the best long-term interest of the firm. Bwibo (2018) maintains that power culture is a strong culture; nevertheless, it can be perilous and unsafe in some situations.

In a role culture, power resides between the centre and the functional areas of the firm. Role culture refers to an extremely clearly structured organisation in which workers have specified delegated authorities (Kuronzwi 2019). Workers are very controlled since the employees know their roles and responsibilities. Influence in a role culture is determined by an employee's role in the company. Companies with a role culture find strength in their roles and areas of expertise. On the other hand, firms with role cultures are sluggish and sometimes resistant to recognising the need for change. Even if they recognise change, they usually take a long time to embrace and implement these modifications in the firm (Nightingale, 2018).

The task culture is reliant on the demands of a specific venture. According to Bwibo (2018), task culture is focused on the employees' job; it exists in firms where employees work as a group and

power is derived from expertise only when it is essential. Employees are treated equally and there is a great deal of balance in who has the authority. This culture places much emphasis on getting the work done; therefore, it attempts to gather the appropriate resources and place workers at the right position in the firm (Nasaireh, Abdullah & Obeidat, 2019).

Lastly, the people culture is where employees are grouped within the firm in a largely autonomous manner and power is shared on the basis of expertise. People culture reflects a firm in which employees believe to be part of the firm they are working in. According to Hiršová, Komárková and Pirožek (2018), a firm with a people culture is collection of employees who work for the same firm.

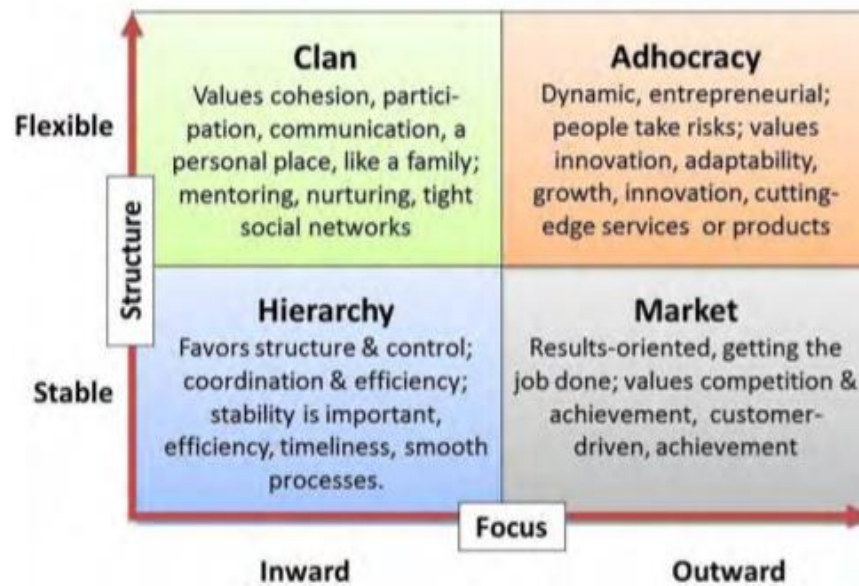
### **3.9.4 Competing values framework**

The competing value framework (CVF) was originally proposed and composed in 1983 by Robert Quinn and John Rohrbaugh (Paulsen, 2019). The authors developed the CVF model to look at leadership behaviours, how those behaviours bring about competencies in employees, and how the competencies produce specific kinds of value. In 1991, Denison and Spreitzer developed five cultural dimensions under the framework: group; rational; balanced; hierarchical; and developmental culture (Tian, Deng, Zhang & Salmador, 2018).

Group culture emphasises flexibility and integration in an organisation. It values discussions made in groups, teamwork, and management empowering, coaching and mentoring employees (Patyal & Koilakuntla, 2018). Rational culture emphasises the external environment of the organisation, which helps to shape the attitude and behaviour of workers in order to meet the goals and objectives of the organisation as well as the demands of clients (Calciolari, Prenestini & Lega, 2018). The balanced culture is related to all the cultural areas in the CVF model. Shin and Park (2019) consider that firms with balanced cultures adapt well to change in the internal and external environment. Hierarchical culture emphasises internal control mechanisms to shape the attitude of workers and work behaviour towards internal efficiency (Joseph & Kibera, 2019). Finally, developmental culture highlights the cultural orientations that support creativity, entrepreneurship, innovations, taking the risk, and the growth of dynamic capabilities among workers, which will impact the growth and development of the organisation (Lui & Johnston, 2019).

Additionally, in 2006, Cameron, Quinn, DeGraff, and Thakor composed a four-dimensional organisational culture basing their argument on the CVF model (Ashford, 2019). The authors postulated that the following are the dimensions of organisational cultures: clan; hierarchy; adhocracy; and market culture. Figure 3.4 presents a graphical illustration of the CVF model.

**Figure 3.4 The CVF model**



*Source:* Cameron, Quinn, DeGraff & Thakor (2006:32)

According to Mesfin, Woldie, Adamu and Bekele (2020), the clan culture is founded on the basis of human relations theory, that is, perceived trust, commitment, and support by employees of the firm. This culture encourages teamwork, unity as well as allegiance; it is placed in the quadrant diagonally opposite the market culture that values achievement and competition. The managers of such a firm are seen as mentors and may even be seen as parental figures. Such an organisation is held together by loyalty and high levels of commitment. This culture is the most collaborative and less competitive among the other types of cultures.

An adhocracy culture holds that workers act suitably when they know the significance of an exact task (Misigo, Were & Odhiambo, 2019). According to Balaji, Jiang, Singh and Jha (2020), this type of culture values the development of dynamic ability, innovation and inventiveness among workers in order to bring about affirmative changes in the firm. The firm's emphasis is on long-

term growth and attaining new assets. Such a firm inspires employees' creativity and freedom. Hence, it is an adaptable and relaxed form of a firm that lacks a formal structure.

The market culture is grounded on the achievement of the employees; that is, when the workers are aware that their rewards are linked to their achievements or contributions to the firm. The workers adopt work behaviours that lead to increase productivity, client satisfaction and retention, and a sustainable competitive advantage (Chatterjee, Pereira & Bates, 2018). This type of culture gets the job done since the employees are goal-oriented and very competitive. This culture keeps the firm together and the emphasis is on winning. The success of the firm is defined by market share and penetration of new markets.

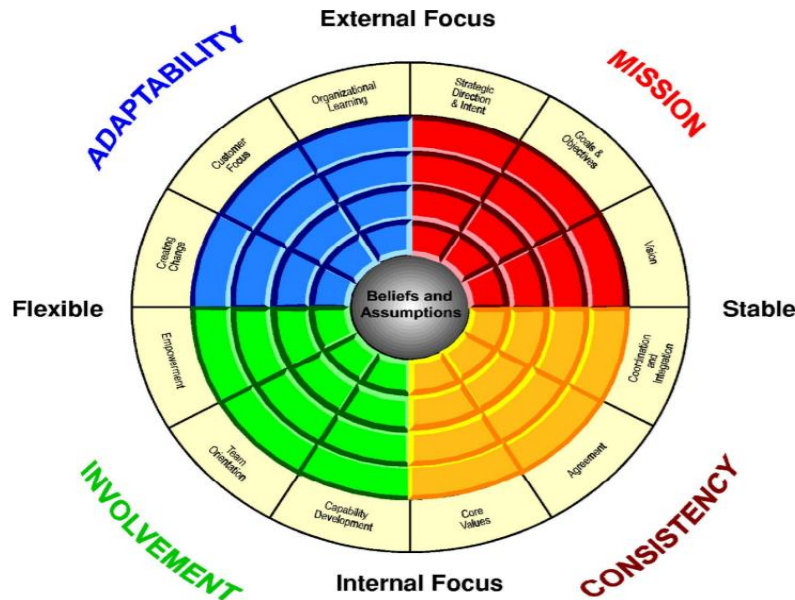
Lastly, the hierarchical culture emphasises steadiness and control strategies, which guarantee effective acquiescence with the company's rules in order to achieve the goals and objectives of the company (Joseph & Kibera, 2019). Big companies and agencies are mostly controlled by this type of culture, due to large numbers of standardized procedures and several hierarchical ranks (Di Stefano, Scrima & Parry, 2019). According to Asalf (2019), this type of culture is based on well-defined corporate levels and organisational structures. The managers are good planners and organisers who are effective and efficient. Formal rules and regulations govern such organisations.

According to Ashford (2019), regardless of the effectiveness of this model, it fails to consider the intervening role in the connection between corporate effectiveness and organisational culture. Organisations are expected to show all the four cultures in their operations at some point.

### **3.9.5 Denison's organisational culture model**

According to Singh (2019), this model was developed by Daniel Denison in 1990. The Denison model assesses the connection among four cultural values and the effectiveness of an organisation (Kirin, Gavrić & Kirin, 2019). Kirin et al. (2019) maintain that it measures culture in an organisation using four unique dimensions: mission; consistency; involvement; and adaptability. These dimensions are vital in developing and sustaining an effective culture in a given organisation (Shita, 2019). Figure 3.5 below presents a pictorial representation of Denison's organisational culture model.

**Figure 3.5 Denison's culture model**



*Source:* Shita (2019:17)

It is significant to note that the dimensions of the Denison model are divided into external and internal factors. Involvement and consistency are internal factors in developing an effective culture, whilst adaptability and mission are external factors that sustain an effective culture (Mensah, 2019). Involvement in the model evaluates the degree to which employees are engaged in their duties and the degree of commitment and input in team events, leading to the attainment of organisational goals and objectives (Menesha, 2020). According to Murunga and Karugu (2019), involvement is a vital element in the effectiveness of an organisational culture. In an effective organisational culture, managers inspire workers to be highly involved and to participate in the main organisational activities (Lebina, Kawonga, Alaba, Khamisa, Otworld & Oni, 2020). However, the level of the culture's effectiveness may be influenced by the geographical location of the company. When workers contribute to the decision-making in the organisation, they develop a sense of ownership and loyalty for the company.

According to Kirin et al. (2019), firms are more effective in attaining organisational goals when they are consistent. Consistency signifies the shared values and proficient systems and procedures utilised by an organisation. It improves the values and guides the behaviour of employees in conformity with organisational strategies, and reflects an internal and stable focus (Menesha,

2020). As indicated by Xuan, Hao and Phuc (2019) consistent companies develop an approach and a set of organisational systems that form an internal system of governance grounded on consensual support. According to Lebina et al. (2020:2), “the four cultural features under consistency are core values, agreement, coordination, and integration”.

Adaptability is another significant dimension of the Denison cultural model. Adaptability is a vital organisational cultural dimension in promoting the performance of the firm (Kirin et al., 2019). Adaptability is the ability of managers in a company to identify and respond to external environments. In this dimension, managers have the skill to alter the existing organisational culture to enhance crucial changes. According to Arumi (2020), the changes include improving internal features, and improving products and departments in response to competitors. Furthermore, this dimension enables workers to adapt, reorganise and reinstitute internal practices, actions and attitudes in response to external demands (Xuan et al., 2019). Mahlet (2020) is of the view that this dimension creates change, and focuses on clients and organisational learning, which enables the firm to be effective.

Finally, mission is defining a significant and lasting direction for the firm (Mahlet, 2020). Pathiranage (2019) states that mission indicates the degree to which an organisation has clearly defined or structured its purpose for existence. This dimension provides perseverance and meaning by defining a social role and goals for the firm (Siengthai, Swierczek & Bamel, 2019). Additionally, it gives direction and goals that aid to describe an appropriate course of action for the employees as well as the firm. The mission also permits the firm to shape current behaviour by predicting a desired future state (Zeraatkar, Roudneshin & Sobhanallahi, 2020). Ngugi, Gachunga and Mukanzi (2021) posit that being able to adapt and ascertain a firm’s mission enables employees to be engaged in their job, which enables them to provide quality services. According to Ngugi et al. (2021:3), “this dimension has three features viz.: vision, strategic direction, and intent as well as goals and objectives.”

This study is underpinned by Denison’s Organisational Culture Model. The significance of this model in this current era of organisational culture is explained below. This model is grounded on four fundamental features of organisational culture: mission, consistency, involvement and adaptability, with each having three sub-dimensions which are all significant to the study. The



model was developed to solve glitches that existed in the previous models. This model was designed and developed within the business environment and is pertinent to all levels of an organisation. It identifies that managerial behaviours, cultural traits and organisational strategies can be connected to core beliefs and assumptions of the company and its environment. The core beliefs and assumptions are significant to the culture of an organisation. These core beliefs and assumptions are summarised into four main cultural dimensions that appear, through this study, to have an effect on service quality as well as employee engagement.

One of the most significant organisational culture models was developed in 1985 by Cameron and Freeman; it identifies four dimensions of organisational culture, namely, clan, hierarchy, adhocracy and market culture. Akin to Denison's organisational culture model, this framework shows two constructs. The first the construct is between mechanistic processes (market and hierarchy), which signify order, and steadiness against organic processes (clan and adhocracy), which signify flexibility and impulsiveness. The second construct is between internal maintenance (clan and hierarchy culture), which is centred on soothing events and integration, and external positioning (Adhocracy and market culture), which is centred on competition and diversity.

Furthermore, Denison's model is reliant on the individual; and the generation to which they belong can impact how an individual may perceive that culture (Bowen, 2015). It is significant to note that each generation brings their diverse opinions of the ideals and beliefs that constitute the culture to the company. The diverse opinions across the generations generates a multifaceted work environment which can lead to both success and conflicts at the workplace. The Denison model in the context of generations can help to explain organisational culture and improve service quality and engage employees. Due to the flexibility in responding to external disparities as entrenched in Denison's model, the current study shares these principles in examining the relationship between organisational culture and service quality in private hospitals in Ghana.

### **3.10 Factors influencing organisational culture**

A number of factors influence the culture of an organisation, although the individuals present in the firm usually improve the organisation's culture. Below are factors that influence the culture of an organisation.

- 1. Working environment:** According to Asatiani, Hämäläinen, Penttinen and Rossi (2021), the working environment in which a firm functions aids in deciding its culture. Often the society influences the views about money, work, prestige and diverse kinds of jobs. Social scientists have emphasised the dissimilarities in cultural traits that exist among persons from diverse social classes and diverse geographic locations. These dissimilarities influence the commitment of staff, respect for superiors, and behaviour towards service and clients. The customs of a particular business can also impact the culture of an organisation (Sunarsi, 2020).
- 2. Nature of workers:** Though leaders are vital in determining the culture of an organisation, all workers in the firm play a crucial part in the culture of the firm (Ogbeibu, Senadjki & Gaskin, 2018). The workers' ability to work productively and efficiently hence hinges on the culture of the firm. The culture of an organisation is characterised by actual life experiences, strengths, mistakes, educational background, and the upbringing of the workers. Triguero-Sánchez, Peña-Vinces and Guillen (2018) are of the view that workers' attitudes, ways of thinking, compassion as well as mind-sets impact the culture of the company.
- 3. Clients:** Clients also play a major part in the culture of an organisation. This is due to the fact that most firms pay attention to their clients and stakeholders (Idiegbeyan-Ose et al., 2018). For example, in a practical culture, employee satisfaction is a major motivating force. Such firms treat their clients as “Idols” without obeying any set of procedures. Most companies, therefore, work hard to meet the needs of their clients. Organisations whose culture has been influenced by their clients have no other alternative but to operate in periods that match the timing of the clients and this usually has an impact on its culture.
- 4. Gender:** The gender of employees has an effect on the culture of the firm. Studies indicate that male and female workers vary in their conduct, styles, and opinions (Coe, Wiley & Bekker, 2019; Rokach, 2018). Consequently, the gender personas of workers would influence organisational culture. Firms with a larger number of male workers find female workers assenting to the organisational culture, whereas tardiness, particularly for the males, is normal. Female workers pay less consideration to the success of the firm, placing more importance on their responsibilities (Han, Park, & Cho, 2020). They inspire mutual

relationships with their co-workers and desire for task-oriented forms of leadership as compared to their male colleagues. This depicts how gender impacts the culture of a firm, since, in firms where females dominate, the managers are being mandated to implement a task-oriented approach. Nevertheless, in firms that are dominated by men, the managers are more likely to embrace a directive and controlling approach. The study identifies gender as critical feature of organisational culture since it outlines the way of life in the organisation. The expectations about traits and behaviours suitable to females or males and about the relations they have between one another at the workplace is formed by culture. Gender identities and relations are vital aspects of organisational culture since they help form the way of life in a family, but also in the broader community as well as the workplace.

**5. Leaders:** Leaders need to be creative when generating mechanisms to be used to reinforce the culture of the organisation. Leaders play a major role in moulding the culture of an organisation. Looking at this perspective, clear leadership is helpful and impacts the culture of every firm (Novak, Breznik & Natek, 2020). The part of a leader is to ensure that work is done effectively and proficiently. The methods adopted by leaders in a firm should help the workers to convey their duties with no adverse results. To ensure a productive culture in the workplace, an organisation should develop its leaders to take on behaviours that persuade the workers to carry out their responsibilities in a confident manner (Li, Bhutto, Nasiri, Shaikh & Samo, 2018).

### **3.11 Employee engagement**

Presently, employers in private and public organisations are conscious and concerned about the significance of employee engagement in their firms. Fruitful businesses take actions in making provision to recruit better and effective human resources to meet the present and imminent requirements of the firm. These firms have made employee engagement a critical focus in driving their excellence (Sun & Bunchapattanasakda, 2019). According to Saks (2019), engaged workers are robust and effectively connected to their jobs and are able to deal well with the demands of their work. Due to the needs of business practices, most firms are conducting continuous studies on employee engagement among employers and workers.

Employee engagement is considered an effective way of increasing efficiency and improving performance among employees. Sendawula, Nakyejwe Kimuli, Bananuka and Najjemba Muganga (2018) are of the view that engaged workers are conscious of the business environment they are in and work with their co-workers to increase performance for the benefit of the business. The literature posits that employee engagement forecasts worker outcomes, organisational performance and making profit (Albrecht, Breidahl & Marty, 2018; Hameduddin & Fernandez, 2019; Young, Glerum, Wang & Joseph, 2018). Engaged employees hold trust in their firm, particularly that an individual's contribution and energy will not be futile.

### **3.11.1 Concept of employee engagement**

The concept of employee engagement originates from work done by Maslow on employee motivation (Dlamini, 2018). The notion was drawn from the field of health psychology. As stated by Kuok and Taormina (2017), interest in employee engagement has existed for some years now, but the numerous methods and diverse conceptualisations have held back progress toward determining a suitable measure that effectively describes the concept. Both academics and HR practitioners are yet to develop an undisputed meaning for the term employee engagement. Nonetheless, employee engagement has become a vital driver of the success of businesses in this current era. Firms are using their engaged workers as an instrument of strategic proficiency.

Kahn (1990 as cited by Kuok & Taormina, 2017:263), initially conceptualised employee engagement as the “harnessing of organisational members’ selves to their work roles; in engagement, people employ and express themselves physically, cognitively, and emotionally during role performances”. According to Kahn (1990 as cited in Dlamini, 2018), engagement happens in three segments, namely, the mental element, emotional element and physical element. The inference is that persons apply and articulate themselves passionately, physically and psychologically when engaging in their work duties (Antony, 2018).

Bhat and Bharel (2018) referred to engagement as the hard work staff put into their jobs. It should be noted that employee engagement has been acknowledged and is known as a multi-dimensional concept (Ismail, Iqbal & Nasr, 2019). Employee engagement is a motivational matter that enables workers to perform better towards the attainment of organisational goals (Djoemadi, Setiawan, Noermijati & Irawanto, 2019). It basically influences the morale of workers, efficiency, and

reasons for retaining employees in the firm. Firms tend to benefit from the positive results of employee engagement when they develop a culture of engagement at the workplace.

### **3.11.2 Definition of employee engagement**

According to Sun and Bunchapattanasakda (2019), the verb ‘to engage’ has numerous connotations, such as an emotional state of being involved and committed, and the transactional state of working in return for a reasonable economic exchange at work. Similarly, it can be defined as a contribution, an engaged emotional feeling, and action-oriented effort towards the achievement of the organisations aims (Men, O’Neil & Ewing, 2020). According to Parent and Lovelace (2018), employee engagement is a positive connection, enthusiasm, and energy of a worker to his/her job. Burnett and Lisk (2019) indicate that when workers turn out to be highly engaged, they become more involved, are more identified with their job, and energetically shape their workplace. Ashley (2018) is of the view that engaged workers develop a strong attitude of belonging towards their firm and are known for their preparedness to endeavour to do more than what is compulsory in their basic roles.

Akingbola and Van den Berg (2019) posit that employee engagement is a positive link or attachment a worker has with their job. Furthermore, in Benham’s (2017) view, employee engagement is the positive state of a worker doing their work, and it is connected with the satisfaction of work they do. Employee engagement refers to an enthusiastic state or a set of responses that employees exhibit when executing job-related responsibilities, which leads to better performance (Hairapetian, 2020). Sun and Bunchapattanasakda (2019) postulate that engagement is an optimistic, emotional state with two elements, namely, energy and involvement.

According to Kumar and Pansari (2016), employee engagement refers to an employees’ opinions, attitudes and conduct towards their job-related duties; it predetermines their level of work satisfaction and increases performance. Jin and McDonald (2016) further claim that employee engagement enhances organisational commitment, implying the full involvement of an employee in their work and the desire to bring great influence to the general outcome. Byrne (2015:17) is of the view that “when workers, are in a state of engagement, they hire and combine varying levels of their emotional and cognitive selves as they change their job tasks and precise activities into significant achievement”.

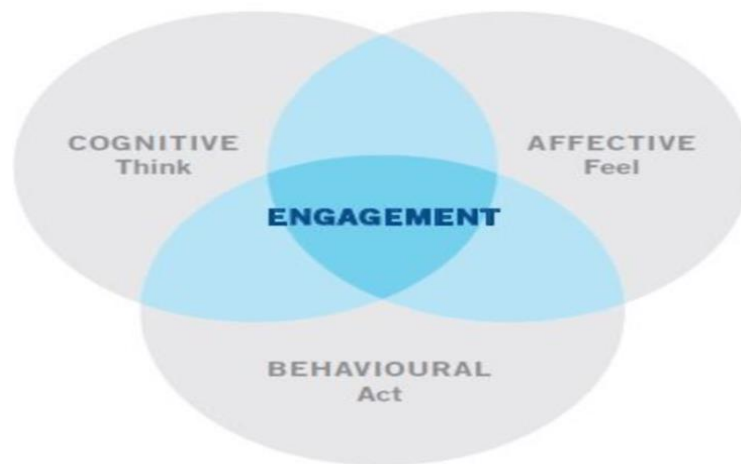
### 3.12. Employee engagement models

The varying definitions of employee engagement have led to the creation of various models and theories in both educational and commercial studies. These studies offer insights into explaining the concept.

#### 3.12.1 The Perrin-ISR model

The International Survey Research (ISR) model helps to improve the engagement levels of employees by helping firms to comprehend what actually drives employee engagement.

**Figure 3.6 The ISR model**



*Source:* Moletsane (2017:32)

The ISR model has three constituents, as depicted in Figure 3.6. According to Ben-Eliyahu, Moore, Dorph and Schunn (2018), the cognitive or “Think” element denotes how workers identify and justify the beliefs and vision of the company. The affective or “Feel” element refers to how workers see themselves in the company as well as feel a sense of belonging to their firm. Finally, the behavioural or “Act” element shows the outcomes of engagement that companies require, such as efficiency, and going the extra mile when necessary. According to Moletsane (2017), the three elements can be used to assess the level of engagement, and investigating these elements is essential in developing options to improve levels of engagement.

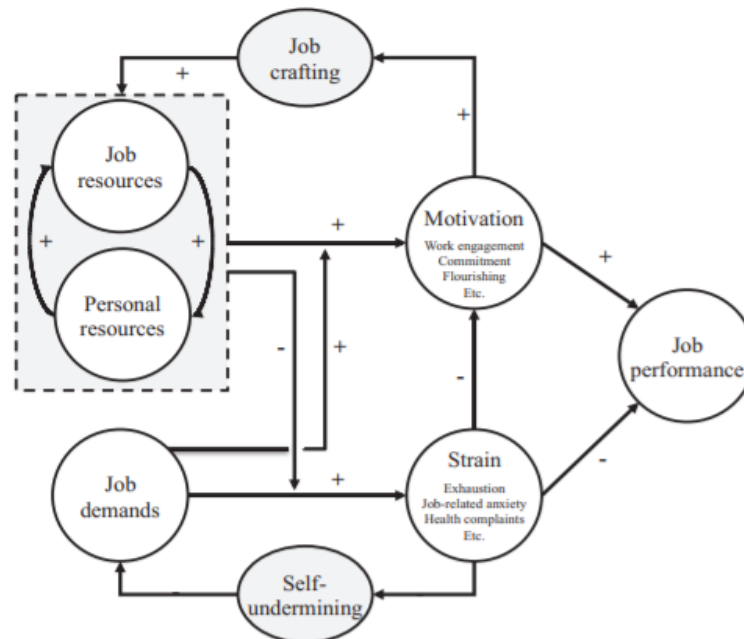
This study is underpinned by the ISR model, as this model of engagement is the most comprehensive method available, with a thorough and balanced understanding of what influences engagement in a company. The combination of these three dimensions of the ISR model indicates

the presence of engagement. Thus, in the context of this study, it is vital for the hospitals to decide the extent to which these dimensions exist in the company so that necessary measures can be established to improve and reach high levels of employee engagement. In this study, the ISR model is used to explain the degree to which employees are involved, committed and passionate about their job.

### 3.12.2 Job demands-resources (JD-R) model

The JD-R model is based on the notion that every profession has its threat issues, and these can be grouped into two classes: a) job demands; b) job resources. This is a fundamental model which can be useful to several business settings regardless of the exact job demands and resources are included (Bakker & Demerouti, 2017).

**Figure 3.7 The JD-R model**



*Source:* Bakker & Demerouti (2017:275)

The JD-R model was established by Arnold Bakker and Evangelia Demerouti in 2006. The model studies how several job functions and types influence workers' motivation and welfare (Kokkina, Magoutas & Chountalas, 2018). This theory puts the well-being of workers at the centre, but a significant aim of the theory is to forecast workers' behaviour and organisational outcomes. This model posits that a highly demanding jobs places undue pressure on workers and drains their

energy to work. As a result of the stress caused by work demands, workers might preserve their energy, which may lead to them being disengaged from their work. On the other hand, job resources lead to engagement and motivation, while their absence reduces motivation and engagement (Adil & Baig, 2018). This model proposes that where job resources are high, the energy reducing consequences of a hostile working environment are rendered inert.

Job demands refers to the physical, social, psychological, or organisational features of the work, which need the continuous application of physical and cognitive skills; they are hence linked with psychological costs (Zeijen, Brenninkmeijer, Peeters & Mastenbroek, 2021). Even though job demands might not always be harmful, the presence of very serious working conditions may overburden workers' individual abilities and have adverse consequences (Lee & Eissenstat, 2018). Job resources refer to resources available to workers in their jobs that aid them in attaining their aims and objectives and inspire their individual growth and development (Zeijen et al., 2021). They comprise independence, robust work relationships, development opportunities, learning, coaching, and mentoring; for instance, feedback on performance and attention to workers' fundamental psychological needs. This theory also proposes that undue and strict job demands can intervene or aggravate fatigue and are linked to exhaustion, whereas lack of resources may also lead to employees being disengaged (Kokkina et al., 2018).

### **3.13 Barriers to employee engagement**

According to Loh and Mohd Yusof (2018), leadership is a challenge to engagement and concentrates on "blue ocean leadership" as a means to stun the barrier of poor engagement that firms encounter with their workers. Poor engagement by workers can be overcome by directing the actions that managers could change to increase motivation among workers. According to Saad, Sudin and Shamsuddin (2018), internal communication is important in building a transparent culture between employers and employees. The study also restates that good communication is essential in keeping workers engaged with the priorities of the firm. Conversely, the lack of good communication leads to disengagement. Saad et al. (2018) are of the view that communication methods help to build engagement with workers.

Kang and Sung (2017) observe that poor communication is a barrier to engagement. The study presents a relationship between communication and engagement. The lack of effective



communication thus impacts employee engagement adversely (Moletsane, 2017). To enable good communication, Schroeder and Modaff (2018) revealed that companies should support communication by heeding the concerned workers and inspiring them to participate in workplace discussions.

Bakker and Albrecht (2018) provided answers to the causes of stress and burnout as well as what constantly motivates workers to perform well and attain organisational objectives. The authors maintained that if firms provide their workers with suitable job challenges and resources, social support and skills through training, it will help increase engagement and productivity. If workers can plan their work well, it gives them independence to assemble resources and organise tasks; this also aids in their welfare. When workers are well taken care of, there are less occurrences of stress and fatigue. According to Saad et al. (2018), good communication is essential to retain workers engagement with the firm's priorities.

### **3.14 Link between organisational culture and service quality**

Some employees believe that the cultural values that exist in a firm are very vital for the performance of the firm (Karakasnaki, Psomas & Bouranta, 2019). The manner in which firms are managed makes it necessary for businesses to understand and pay attention to the wellbeing of their staff, to enable them to create a friendly atmosphere and good links with clients (Anning-Dorson, Christian & Nyamekye, 2020). Endara, Ali and Ab Yajid (2019) concluded that there is a connection between organisational culture and service quality. The authors further stated that an organisational culture that is focused on clients improves the quality of service provided by an organisation.

According to Fitria (2018), the culture prevailing in a company is vital for the performance of the company. 'Many authors maintain that there is a link between culture and service quality (Khashkhuu, 2016; Kurnaedi, Agustina and Karyono, 2020; Endara et al., 2019). Zhou (2017) is of the view that organisational culture improves productivity within a company. Conversely, Mensah et al. (2014) argues that organisational culture has a weak relationship with service quality. The nature of the culture in a firm has consequences on the several roles of the organisation and also has influences on the quality of the service provided to the client.

Al-Otaibi, Yusof and Ismail (2020) conclude that there is a connection between organisational culture and service quality among learning institutions. Their study reveals that organisational culture has an impact on learners' perceptions of service quality. Alshemmari (2020) reveals that there is a link between organisational culture and the service quality at Kuwait's Ministry of Industry and Trade. Gantscho and Sukdeo (2018) conducted a study in South Africa and found that there is a significant impact of organisational culture on service quality in the energy industry. Furthermore, a study conducted by Shin and Lee (2016) among employees in a military hospital in Korea revealed that there is a link between organisational culture, service quality and client satisfaction.

This study examined the relationship between organisational culture and service quality through investigating the impact of employee engagement as a mediating variable in private hospitals in Ghana. Inferring from literature, the impact of organisational culture and service quality had not been satisfactorily tested in private hospitals in Ghana. In earlier studies, researchers limited their investigations by focusing on the relationship between organisational culture and service quality, for instance, in banking institutions (Endara et al., 2019), manufacturing firms (Patyal & Koilakuntla, 2016), and insurance firms (Odiachi & Okon, 2019). Consequently, this study aims to examine the impact of organisational culture on service quality in private hospitals. While not many studies have been conducted on the influence of organisational culture on service quality (Wang, 2012), some studies have been done in countries such as Saudi Arabia, Korea, Kenya, Nigeria and Taiwan.

Thus, researchers are encouraged to conduct studies on the relationship among the dimensions of organisational culture (involvement, consistency, adaptability, mission), dimensions of service quality (reliability, assurance, tangibles, empathy, responsiveness) and dimensions of employee engagement (vigour, absorption, dedication) as past studies have neglected to examine the link between these dimensions. Additionally, the impact of employee engagement and service quality have been not well examined, which is a key objective of this study. Hence, the study attempts to fill this gap as it examines the link between organisational culture and service quality utilising employee engagement as a mediating variable.

### **3.15 Link between organisational culture and employee engagement**

Numerous studies have established a relationship between organisational culture and employee engagement (Brenyah & Obuobisa-Darko, 2017; Dasgupta & Dey, 2021; Kwakye, 2018; Tannady, Tannady & Zami, 2019). The link between organisational culture and employee engagement can be elucidated from the perspective of social exchange theory. When workers perceive the culture of a firm, it enables them to have good rapport with their colleagues within the firm, wherein they have the necessary support and are likely to perform well, and be loyal and engaged (Brenyah & Obuobisa-Darko, 2017). Pepra-Mensah and Kyeremeh (2018) maintain that organisational culture is likely to motivate employees to be engaged since the culture of a firm is a strong driver of employee behaviour.

Miah and Hafit (2019) are of the view that engagement has a relationship with positive work results; hence, it is rational for firms to nurture an optimistic culture that highlights constant engagement by workers, with a notion to keep them longer, than firms that have no interest in engaging workers. Khan (2016) stated that employee engagement is a result of a reliable organisational culture. Al Shehri, McLaughlin, Al-Ashaab and Hamad (2017) established that employee engagement also impacts the societal impact of organisational culture in Saudi Arabia. Parent and Lovelace (2018) concluded in their study that firms with a positive organisational culture also increase engagements in their workers.

### **3.16 Link between employee engagement and service quality**

García-Buades, Martínez-Tur, Ortiz-Bonnín and Peiró (2016), contend that engagement and behaviour must be seen as distinct concepts since engagement does not always increase performance. Actually, they proposed that engaged workers who lack adequate knowledge and skills may not perform well in their duties. Thus, though an individual can show engagement, which means activating and maintaining satisfying feelings about their job and performing well, this may only be likely when employees identify that they are meeting the requirements of their job. When workers are happy with their working environments, they are likely to stay with the firm, and hence, become acquainted with the needs of the clients, have the chance to resolve errors since the clients trust them, and produce more and with greater efficiency, resulting in improved service quality.

Conversely, Zaw and Fernando (2016) concluded that there is a significant relationship between employee engagement and service quality among employees in a beauty salon in Myanmar. Another study by Thanasingh (2020) reveals a link between employee engagement and service quality of employees at hospitals in Thoothukudi district. The study provided a distinctive opportunity to explore the concepts of employee engagement and service quality in the healthcare industry. It disclosed a positive level of engagement and also positive level of service quality among employees, and concluded that if the level of engagement increases, then inevitably service quality will increase.

### **3.17 Conclusion**

This chapter reviewed relevant theoretical and empirical literature on both organisational culture and employee engagement. It addressed the sources, components and models of organisational culture. The construct of employee engagement was then introduced with a thorough discussion on many explanations of the concept, models and barriers to employee engagement. This chapter helped in understanding several viewpoints on the relationship between organisational culture and service quality. It also assessed the relationship between organisational culture and employee engagement.

## **CHAPTER FOUR**

### **RESEARCH DESIGN**

#### **4.1 Introduction**

This chapter addresses the orientation of the approved methodology used in the attainment of the objectives of the study. The chapter explains the research methods implemented to examine the link between organisational culture and service quality in private hospitals in Ghana. The research methodology was carefully selected to ensure suitability, adequacy and relevance. The choice of the research methods in terms of the study population, sampling methods and size, research instruments and statistical tools for analysing the data have inferences for the outcomes of the study, and are presented in this chapter. The chapter also presents the methodology used in collecting the data.

#### **4.2 Research objectives**

The key objective of this study was to assess the link between organisational culture and service quality in private hospitals in Ghana. Taking cognisance of Bloom's taxonomy, the following objectives were developed:

- To evaluate the intercorrelations between the sub-dimensions of the key dimensions of the study (organisational culture, employee engagement, service quality);

Note:

The sub-dimensions of organisational culture are involvement, consistency, adaptability and mission.

The sub-dimensions of employee engagement are vigour, absorption and dedication.

The sub-dimensions of service quality are reliability, assurance, tangibles, empathy and responsiveness.

- To investigate the relationship between organisational culture, service quality and employee engagement respectively;
- To analyse the influence of biographical profiles (age, gender, tenure, marital status) on organisational culture, employee engagement and service quality and their respective sub-dimensions;
- To evaluate the extent to which organisational culture and employee engagement significantly accounts for the variance in service quality;

- To analyse the mediating effect of employee engagement in the relationship between organisational culture and service quality;
- To understand the factors that affect the provision of quality services in private hospitals in Ghana;
- To create a model reflecting the strategies for nurturing an organisational culture that will facilitate and enhance service quality in private hospitals in Ghana.

### **4.3 Research hypotheses**

The hypothesis tested was aimed at addressing the objectives of the study:

**H<sub>1</sub>:** There are significant intercorrelations between the sub-dimensions of the key dimensions of the study (organisational culture, employee engagement, service quality).

**H<sub>2</sub>:** There is a significant relationship between organisational culture, service quality and employee engagement respectively.

**H<sub>3</sub>:** There is a significant difference in the perceptions of employees varying in biographical profiles (age, gender, tenure, marital status) regarding organisational culture, employee engagement and service quality and their respective sub-dimensions.

**H<sub>4</sub>:** Organisational culture and employee engagement significantly account for the variance in service quality.

**H<sub>5</sub>:** Employee engagement mediates the relationship between organisational culture and service quality.

### **4.4 Sampling technique and description of the sample**

The major goal of sampling was to make sure that the sample met the requirements of suitability, representivity and adequacy. As stated by Sekaran and Bougie (2016), sampling is the art of selecting elements from an entire population to participate in a study. Mohun (2018) maintains that the elements in the population should have similar features in common. Scholars usually concentrate on precise sampling methods that yield highly representative samples that are similar to the rest of the population. The term sample refers to a subset of elements from a population selected in accordance with the rules of a specific sample design (Sekaran & Bougie, 2016).

Vasileiou, Barnett and Thorpe Young (2018) postulate that sampling technique refers to the manner in which elements of a specific sample have been selected. There are two groups of sampling methods, namely, probability and non-probability sampling methods.

#### **4.4.1 Population**

According to Ackerman, Schmid, Rudolph, Seamans, Susukida, Mojtabei and Stuart (2019), population refers to a cluster of individuals or items that have similar features. As stated by Sekaran and Bougie (2016:262), a population is “the entire group of people, events or things of interest that the researcher wishes to investigate”. The population in this study refers to the total group of workers in the selected private hospitals in Accra, Ghana. Accra was chosen since it is the commercial nerve centre of Ghana. The projected population for the study was about 8000 employees and clients. The names of the hospitals are withheld as a result of requests for anonymity from the participating hospitals and in keeping with research ethics. The target population is also known as the theoretical population of a study (Atiku, 2014). The target population comprised all the employees and clients of the three (3) selected private hospitals in Accra.

#### **4.4.2 Sample size**

A sample is the unit of a larger population, which is chosen for a study with the objective of providing valuable information about the whole population (Majid, 2018). It is a subgroup of the whole population. Determining the ideal sample size for a study assures an adequate capacity to discover statistical importance. Sekaran and Bougie (2016) provided a table with a guide for sample sizes at 95% confidence level. The authors reflect that for a population of 8,000, a sample of 367 is adequate for generalisability of the results. The sample size of 367 participants for this study was determined using Sekaran and Bougie’s (2016) population-to-sample size table. The population-to-sample size table of Sekaran and Bougie (2016) is a quick reference sample size table based on Krejcie and Morgan’s (1970) and Cohen’s (1988) guidelines, both of which focus on the criteria of precision and confidence level. Cohen (1988) stipulates five (5) factors that contribute to making valid statistical inference, which are significance level or criterion, effect size, desired power, estimated variance, and sample size. The sample frame for this study consists of workers and patients in all the three selected hospitals in Accra. The researcher is not employed at the hospital. Anyway, drawing the sample, informed consent and data collection was kept

absolutely anonymous. In relation to the qualitative study, a sample of 15 participants consisting of hospital administrators, medical doctors and directors at the various hospitals were selected for the interviews. A total of 367 (employees and clients) were selected for the quantitative study.

#### **4.4.2.1 Description of the sample**

In this study, 367 questionnaires were sent via email to the participants and 346 questionnaires were returned to the researcher, meaning 21 questionnaires were not returned. This represented a 94.3% active response rate, whereas the non-return of 21 questionnaires signified a 5.7% non-response rate. The biographical data of the sample are tabulated in Table 4.1 below, and are depicted using graphical representations and explanations thereafter (Figure 4.1 to Figure 4.8).

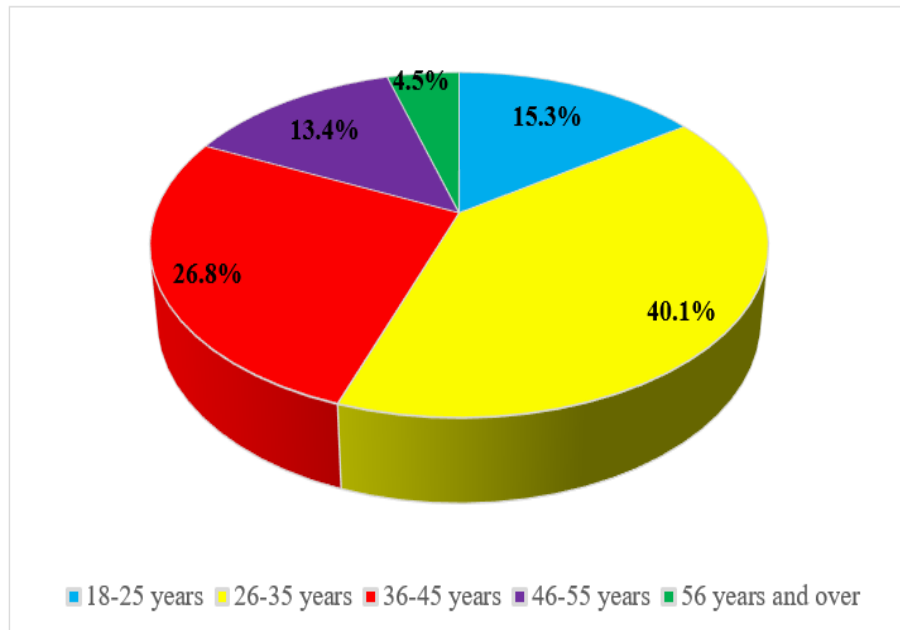


**Table 4.1 Biographical profile of respondents**

For employees				For clients	
Item	Biographical profile	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
<b>Age</b>	18-25 years	24	15.3	32	16.9
	26-35 years	63	40.1	52	27.5
	36-45 years	42	26.7	58	30.7
	46-55 years	21	13.4	33	17.5
	56 years and over	7	4.5	14	7.4
	<b>Total</b>	<b>157</b>	<b>100</b>	<b>189</b>	<b>100</b>
<b>Gender</b>	Male	85	54.1	107	56.6
	Female	72	45.9	82	43.4
	<b>Total</b>	<b>157</b>	<b>100</b>	<b>189</b>	<b>100</b>
<b>Tenure</b>	0-5 years	65	41.4	47	24.9
	6-10 years	50	31.8	54	28.6
	11-15 years	25	15.9	66	34.9
	16-20 years	13	8.3	17	9.0
	>20 years	4	2.6	5	2.6
	<b>Total</b>	<b>157</b>	<b>100</b>	<b>189</b>	<b>100</b>
<b>Marital status</b>	Single	67	42.7	42	22.2
	Married	76	48.4	98	51.9
	Divorced/Separated	8	5.1	36	19.0
	Widowed	6	3.8	13	6.9
	<b>Total</b>	<b>157</b>	<b>100</b>	<b>189</b>	<b>100</b>

For employees, the statistics from Table 4.1 are portrayed pictorially below and described thereafter (Figure 4.1 to Figure 4.4).

**Figure 4.1 Age of employees**



As shown in Table 4.1 and Figure 4.1, the participants who contributed to the study are from varying age groups, with the majority of employees being between 26-35 years (40.1%), followed by 36-45 years (26.7%), 18-25 years (15.3%), 46-55 years (13.4%) and 56 years and over (4.5%).

**Figure 4.2 Gender of employees**

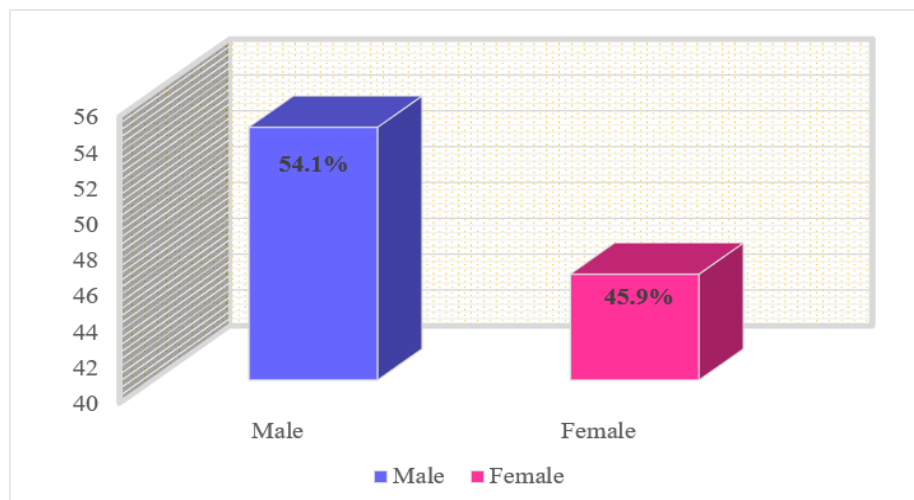


Table 4.1 and Figure 4.2 present the percentage distribution of participants based on their gender. It shows that 54.1% of the participants were males while approximately 45.9% of the participants were females. This might also be attributed to the fact that the male participants were more easily available to the researcher.

**Figure 4.3 Tenure of employees**

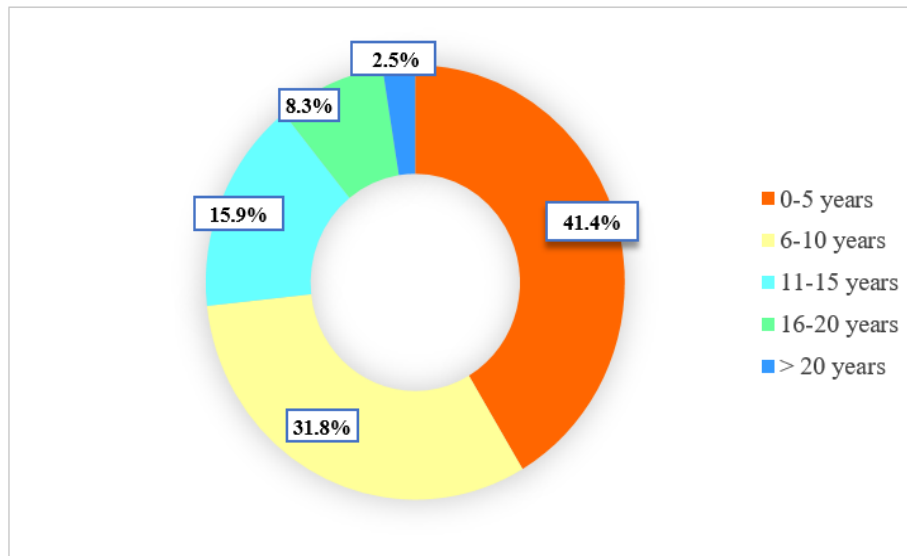


Table 4.1 and Figure 4.3 show the tenure of employees at the hospitals: 41.4% of the participants served for 0 to 5 years; 31.8% have a tenure of 6 to 10 years; 15.9% have worked for 11 to 15 years; 8.3% have served for 16 to 20 years; and 2.6% have worked for over 20 years. The risk and stressful nature of the healthcare industry could be the reason why most employees did not stay in employment for more than fifteen years.

**Figure 4.4 Marital Status of employees**

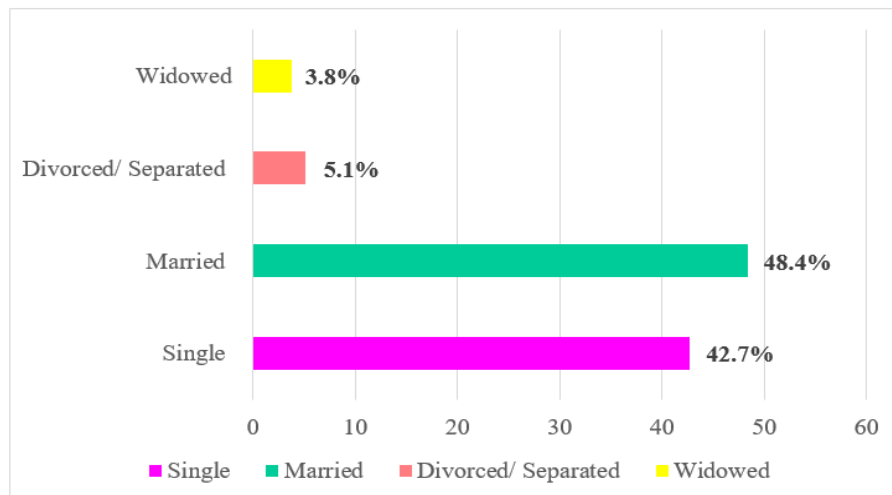


Table 4.1 and Figure 4.4 depicting marital status reveals that the majority of the participants are married (48.4%), 42.7% of the participants are single, 5.1% of the participants are divorced or separated, and 3.8% are widowed.

Below, the statistics provided in Table 4.1 are depicted pictorially and described subsequently for clients only (Figure 4.5 to Figure 4.8).

**Figure 4.5 Age of clients**

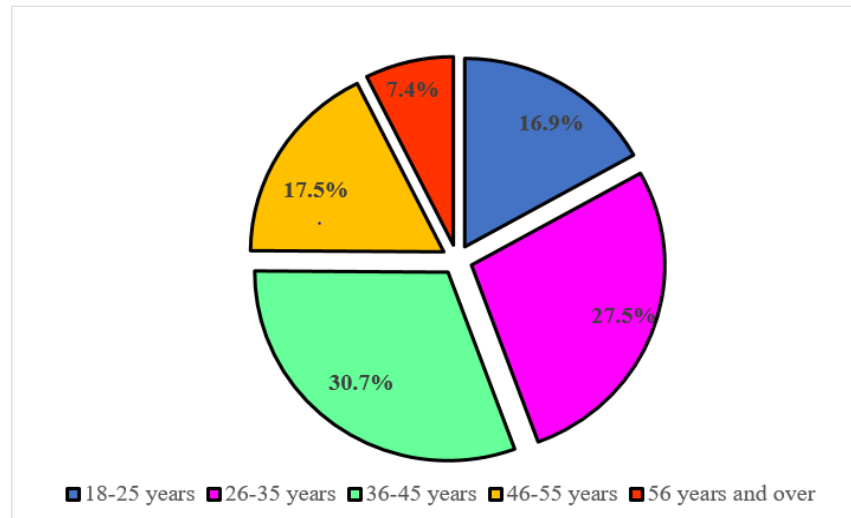


Table 4.1 and Figure 4.5 show that the participants are from varying age groups, with the majority of employees being between 36-45 years (30.7%), followed by 26-35 years (27.5%), then 46-55 years (17.5%), then 18-25 years (16.9%), and 56 years and over (7.4%).

**Figure 4.6 Gender of clients**

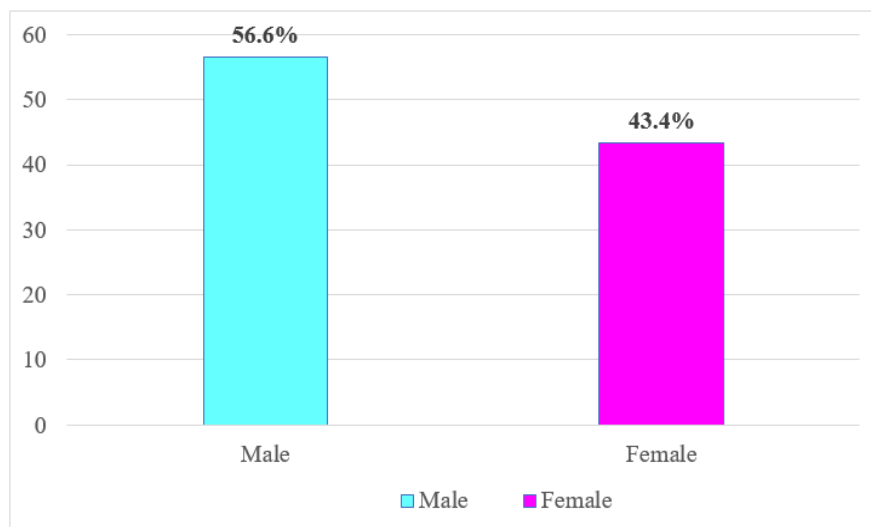


Table 4.1 and Figure 4.6 present the percentage distribution of participants based on their gender. It shows that majority of the participants were males (56.6%), while 43.4% of the participants were females.

**Figure 4.7 Tenure of clients**

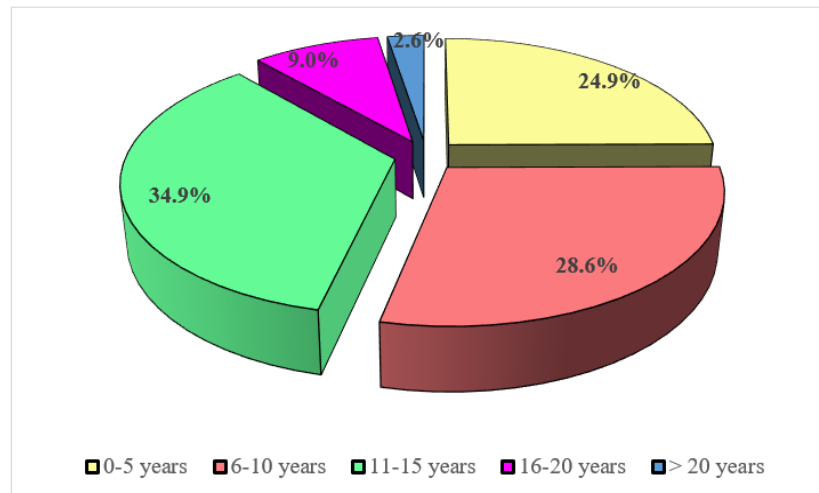


Table 4.1 and Figure 4.7 show that the participants have been working for 11-15 years (34.9%), followed by those with 6-10 years of service (28.6%), 0-5 years (24.9%), 16-20 years (9.0%), and those who have worked for more than 20 years (2.6%).

**Figure 4.8 Marital status of clients**

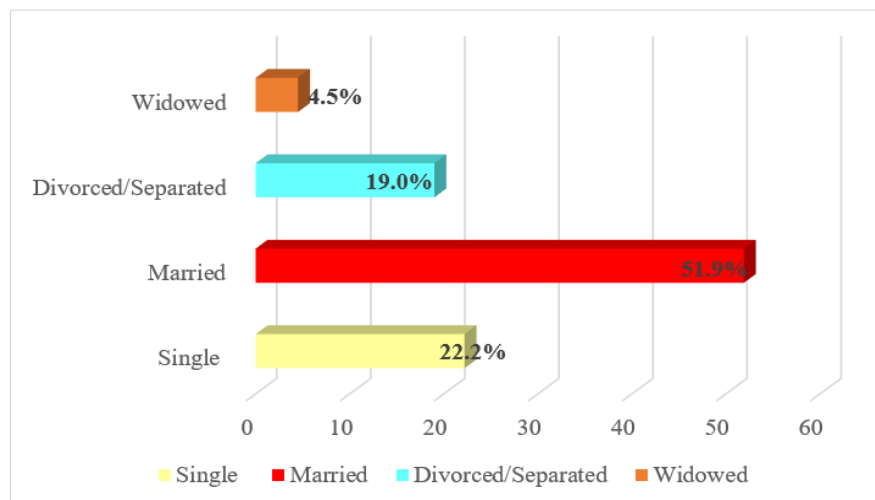


Table 4.1 and Figure 4.8 relating to marital status reveal that the majority of the participants are married (51.9%), followed by those who are single (22%), divorced/separated (19.0%), and widowed 4.5%.

#### **4.3.3 Probability sampling**

Probability sampling emphasises the idea of certainty as it lessens researcher bias and could result in findings that are more representative of the broader population, whereas non-probability

sampling does not select elements from the population in a statistically unplanned method since the investigator sets the standards and process for attaining the sample (Berndt, 2020). Bhardwaj (2019) describes probability sampling as a sample selected using random selection in the sense that each component of the population has an opportunity of being chosen. This sampling method is to select units that reveal features of the population. This enables the researcher to generalise the results to a larger population. Probability sampling consists of numerous methods such as simple random, stratified, area, cluster, multistage, and systematic sampling. In order to ensure that each element has an equal chance of being chosen, a probability sampling technique called simple random sampling was used and each participant was drawn using a random number table. This technique was considered suitable because it enabled the generalisability of results (Sekaran & Bougie, 2016). Furthermore, as Alvi (2016) states, probability sampling reduces the chance of sampling biases and systematic errors. This sampling method is considered costly, time-consuming and involves a great deal of effort.

#### **4.3.4 Non-probability sampling**

Non-probability sampling is a technique employed in qualitative research. According to Vehovar, Toepoel and Steinmetz (2016), a non-probability sample is a process of choosing a certain section of the population under study by hand or choice. This sampling method does not select a random sample from the population under study. The non-probability sampling technique consists of purposive, snowball and convenience sampling (Wilson, 2014). The current study required the use of the purposive sampling method for the qualitative part of the study. This sampling method is widely used in qualitative research, which aims to gather more information about the subject matter under study (Palinkas, Horwitz, Green, Wisdom, Duan & Hoagwood, 2015). Purposive sampling in this study targeted respondents such as hospital administrators, medical doctors and directors in the various selected private hospitals.

This method is subjective since only subjective approaches are used to select participants to be included in the sample of the study. This sampling method is used when the likelihood of choosing an element in the population is unknown (Lamm & Lamm, 2019). It comprises a number of methods that are based on a non-statistical method for choosing a sample (Buelens, Burger, & van den Brakel, 2018; Sekaran & Bougie, 2016). This method was chosen for the study since it permitted the researcher to choose participants who had more information about the organisational

culture, employee engagement and the quality of service their employees provide in the hospitals. In selecting participants for the study, the researcher requested the contact details of all the participants (hospital administrators, medical doctors and directors). The researcher arranged scheduled appointments with the participants regarding when the data could be collected. In the study, subjectivity was minimised by randomly selecting participants from the sample to undertake the structured interviews.

#### **4.4 Data collection**

Data collection is a methodical process of gathering or collecting data that allows the researcher to answer the research questions and hypotheses of the study (Chen, Yu, Hailey & Cui, 2020). In this study, semi-structured interviews and closed-ended questionnaires were used for the purposes of collecting data. The data collection process utilised in this study required the researcher to approach the hospital directors of the selected hospitals for permission to use their hospitals for the study. This enabled the researcher to distribute the questionnaires and semi-structured interviews electronically on the agreed date.

##### **4.4.1 Semi-structured interviews**

According to Mselle, Kohi and Dol (2018), interviews are a very popular method of collecting data in qualitative studies. Nowak and Haynes (2018) are of the view that interviews have become a dependable data collection technique in qualitative studies. An interview is a technique of collecting data whereby the interviewer probes the interviewees concerning questions relating to the topic under study (Brown & Danaher, 2019). It can be an unstructured, semi-structured and structured form of communication between the researcher and participant, during which information is gathered for the study. In this study, semi-structured interviews were used to gather information from participants (Appendix D). With this type of interview, the researcher is permitted to ask the participants an identical set of questions in the same order. This form of interview was selected since they are easy and fast to conduct (McGrath, Palmgren & Liljedahl, 2019). Additionally, the use of semi-structured interviews helped the researcher to enable focus and good cooperation from the participants of the study.

The semi-structured interviews included participants such as hospital administrators, medical doctors and hospital directors. The purpose of using semi-structured interviews was to get opinions

from hospital administrators, medical doctors and hospital directors of the selected hospitals on the concept of organisational culture and employee engagement in relation to the quality of service in the hospitals. The construct of organisational culture, employee engagement and service quality are imprecise if the top management has no idea of these. The qualitative study aimed to get an idea of how the management of these selected hospitals feel about the organisational culture as well as employee engagement and to get an overview of how they impact the quality of services the hospitals provide to their clients. This method permitted the researcher to ask participants the same set of questions and to assess the questions using various themes in evaluating a common phenomenon. The qualitative research also enabled the triangulation of results obtained using other methodologies, including quantitative research. The semi-structured interviews lasted 20 to 30 minutes for each respondent. As stated above, the participants consisted of only hospital administrators, medical doctors and directors.

#### **4.4.1.1 Construction of semi-structured interviews**

The semi-structured interviews focused on four sections as depicted in Table 4.1. Section A relates to the respondent's biographical data (age, gender, tenure, marital status). Section B comprised five (5) questions that measured organisational culture and its dimensions (involvement, consistency, adaptability, mission) of employees at the workplace, and was focused on an adjusted version of the Denison Organisational Culture survey. Section C comprised six (6) questions that assessed the dimensions of service quality and were focused on the SERVQUAL questionnaire developed by Parasuraman et al. (1988). Lastly, Section D comprised three (3) questions that measured the employee engagement and its dimensions (vigour, absorption, dedication) and utilised the Utrecht Work Engagement Scale. Each participant was allocated about thirty (30) minutes to undertake the interview. These sections and the number of items assessing them are reflected in Table 4.2.



**Table 4.2 Semi-structured interviews: Biographical data and dimensions of organisational culture, service quality and employee engagement**

Section	Dimensions	Number of Questions
A (Biographical data)	Age Gender Tenure Marital status	4
B (Organisational culture)	Involvement Consistency Adaptability Mission	5
C (Services quality)	Tangibles Reliability Responsiveness Assurance Empathy	6
D (Employee engagement)	Vigour Absorption Dedication	3

#### **4.4.1.2 Validity and reliability of semi-structured interviews**

In evaluating the validity of the semi-structured interviews, face validity was ensured by ensuring that the interview questions were grounded on recurring elements that were mentioned in the literature review. Additionally, the validity of this study was determined with the help of the supervisor; this was vital in reducing bias related to the thematic analysis, by ensuring the coding of the transcripts before agreement was reached on objective groups. The researcher also made sure that the coding of the themes was appropriately done. The researcher further identified and summarised the codes. This was then agreed upon with the supervisor before the analysis was done, thereby contributing to pre-testing at face value. This was significant to ensure the validity of the results.

Data is said to be reliable when it consistently offers the same outcomes over a period of time. The reliability of the semi-structured interviews was ensured by examining and retesting the interviews over a period with the help of a pilot study. The validity and reliability of the semi-structured interview were determined in this study with the help of the supervisor, thereby lessening the bias linked to the analysis by critically examining the coding of the transcripts before reaching agreement on the objective categories.

#### **4.4.2 Questionnaires**

Lavrakas (2008) points out that a questionnaire is a very common data collection tool in survey research. Questionnaires that contained multiple-choice numerical data were the key research instrument adopted for this study. The survey was beneficial in collecting numerical data concurrently. Questionnaires are a list of questions that are designed to obtain specific information from respondents about a phenomenon (Salama, Uzunboylu & El Muti, 2020). A questionnaire was developed by the researcher to gather information from both employees and clients of the selected hospitals. The questionnaires were developed for both employees and clients of the selected hospitals. They include a series of items that reveal information regarding the research objectives (Dillman, Smyth & Christian, 2014; Ponto, 2015). This method is considered appropriate since the researcher knows precisely what information is needed (Borgobello, Pierella, & Pozzo, 2019). According to Borgobello et al. (2019), this form of data collection is less expensive. It also guarantees the participants' anonymity (Boparai, Singh & Kathuria, 2018). As regards to anonymity, the names of participants were not required in filling out the questionnaires and their personal information was protected. Necessary procedures were used to safeguard the participants' identities and email addresses were not disclosed to third parties.

##### **4.4.2.1 Questionnaire design**

The study invited participants to complete an online questionnaire. The email address of the selected employees was requested from the selected hospitals after the hospitals granted the researcher permission to undertake the study. Questionnaires contained items that were written in clear and simple language to allow participants to easily understand what was being asked. Furthermore, the educational, religious and cultural backgrounds of the respondents were taken into consideration in drafting the questionnaire. Additionally, in designing the questionnaire, the researcher took cognisance of the phrasing of the questions and the general appearance of the

questionnaires. The researcher also explained the intention and significance of the study to participants to enable them to answer the questions with ease. The questionnaires in this study (Appendix B and Appendix C) were designed in relation to, and centred on, the objectives of the study, and were administered to 367 participants in the selected hospitals in Ghana.

#### **4.4.2.2 Construction of the questionnaire**

This study developed questionnaires for employees and also developed questionnaires for patients. In this study, questionnaires (closed-ended) were distributed to randomly selected employees in the organisation (Appendix B), whilst questionnaires (Appendix C) were also sent to randomly selected patients who visited the hospitals from January 27, 2022 to January 30, 2022. The questionnaires for employees were divided into three (3) sections. Section A was designed to collect biographical data (age, tenure, gender, marital status) of the employees. This was crucial to enable the researcher to examine the impacts of biographical concerns on the core variables of the study. Section B comprised items relating to the organisational culture, while Section C comprised items relating to the employee engagement (Table 4.3) of workers in the hospital. Furthermore, the questionnaires for the clients were also divided into two (2) sections. Section A was designed to collect biographical data (age, tenure, gender, marital status) of the clients. Section B was comprised of items relating to service quality (Table 4.3).

**Table 4.3 Dimensions of organisational culture, employee engagement and service quality and their corresponding question numbers**

<b>Section</b>	<b>Dimensions</b>	<b>Question Number</b>
<b><i>For Employees</i></b> B (Organisational culture)	Involvement	1-9
	Consistency	10-18
	Adaptability	19-27
	Mission	28-36
C (Employee engagement)	Vigour	1-6
	Absorption	7-12
	Dedication	13-17
<b><i>For Clients</i></b> B (Service quality)	Tangibles	1-4
	Reliability	5-9
	Responsiveness	10-13
	Assurance	14-17
	Empathy	18-22

Table 4.3 reflects the dimensions of organisational culture, employee engagement and service quality with their question numbers respectively. The Section B for employees focused on examining the elements of organisational culture and was evaluated with an adjusted version of the Denison Organisational Culture survey designed in 1990 by Daniel Denison. It was used in this study to elicit information on the cultural dimensions (involvement, consistency, adaptability, mission) as discussed earlier in the study. Furthermore, there are nine items each for involvement, consistency, adaptability and mission, making a total of thirty-six (36) items for assessing the organisational culture of employees. Section C measured the level of engagement of the workers and was assessed with an adjusted version of the Utrecht Work Engagement Scale (UWES) designed by Bakker, Schaufeli, Salanova and González-Romá in 2001, with Cronbach reliability coefficients between 0.71 and 0.88. The UWES measures employee engagement and its key dimensions, namely, vigour, absorption and dedication. There are six (6) questions each for vigour

and absorption as well as five (5) questions for dedication, making a total of seventeen (17) questions for measuring employee engagement. Furthermore, the Section B questionnaire for clients measured the quality of service the private hospitals provide to their clients. The study adopted the SERVPERF questionnaire, with a Cronbach's reliability coefficient between 0.87 and 0.90 (Parasuraman et al., 1988). There are four (4) questions for tangibles, responsiveness and assurance as well as five (5) questions for reliability and empathy, making a total of twenty-two (22) questions for measuring service quality.

#### **4.4.2.3 Scale of the questionnaire**

The use of scales is the most common and convenient method in a study for measuring the opinions of participants. The Section A of both questionnaires (employees and clients), were measured using a nominal scale with pre-coded option classifications in evaluating the biographical profiles. Furthermore, a five (5) point Likert scale was used for both Sections B and C, permitting respondents to select the response that fits their view. A Likert scale ranging from 1 (“strongly disagree”) to 5 (“strongly agree”) was utilised in this study. In addition, the Likert scale organises items in varieties that cover the entire variety of possible responses in terms of levels of agreement/disagreement (Rahi, 2017). In 1932, an American psychologist by name Rensis Likert developed the rating scale (Atiku, 2014). The Likert rating scale was adopted since it is easy to construe and construct (Taherdoost, 2019). While a 7 or 9-point scale is ideal for larger sample sizes, the 5-point scale was opted for because it helps both researchers and respondents get straight to the point. It offers a variety of choices while ensuring easy comprehension and usability, and it delivers valuable information. The 5-point scale was also good enough to fulfil the research objectives of the study without being too demanding on the respondent having to work through a longer scale per item. In addition, the 5-point Likert scale helps to reduce bias and allows for more accurate responses. Thirty (30) minutes were assigned to each participant to complete their questionnaire. Table 4.4 displays the scale and content of the questionnaire in the study.

**Table 4.4 The scales and content of the questionnaires**

<b>Section</b>	<b>Scale</b>	<b>Questions</b>	<b>Question number</b>
Section A (for employees & clients)	Nominal	Biographical data	1- 4
Section B (for employees)	Likert	Dimensions of organisational culture	1-36
Section B (for clients)	Likert	Dimensions of service quality	1-22
Section C (for employees)	Likert	Dimensions of employee engagement	1-17

#### **4.4.2.4 Administering questionnaires**

As stated by Creswell (2015), questionnaires may be disseminated face-to-face, via post, telephone, email and by online platforms like SurveyMonkey or Checkbox. For the purpose of this study, data was collected from the participants through an online questionnaire by sending the questionnaires through the email of participants. There are other platforms that are less costly and easily accessible such as Google Forms, which was adopted for the purpose of this study to host the questionnaires, before they were emailed as an entrenched link to the participants previously chosen via simple random sampling. Upon approval by all the selected hospitals, the researcher sought the list and email contact details of all employees and clients and the hospital facilitated their enlistment. The participants were all contacted via e-mail and in the various hospitals to ask for their voluntary contribution. Upon receiving their assent to participate in the study, a sample of the questionnaire was sent through their e-mails to each participant in the study. By implementing the online questionnaire approach, the researcher administered and collected data without directly contacting the potential participants. To resolve the probability of the need for clarifying the questionnaire, a cover letter was attached to explain the study, and clear guidelines were given within the questionnaire for answering the questions in each section.

#### **4.4.2.5 In-house pretesting and pilot study**

Pretesting is the procedure of evaluating the survey in advance to decide if the items may be challenging for the respondents or whether the items meet the objectives of the study (Hilton,

2017). Additionally, a pretest is an in-house evaluation of the aptness of the design of the questionnaire. In-house pretesting was used to make certain that the items in the questionnaire were in accordance with the dimensions of the study. The hospital directors, the supervisor of the study, and other academics in the field reviewed the items and approved their appropriateness for the current study. Also, preceding data collection, a pilot study was done to evaluate the feasibility and to assess if the items adequately capture the objectives of the study (Creswell, 2019). The researcher randomly distributed questionnaires to three (3) hospital administrators, three (3) nurses, and three (3) clients (1 from each hospital) for the pilot study. A pilot testing was done to evaluate the entire questionnaire under real survey conditions. A pilot test is a small form of a study that aims to test the practicability of the research instrument using the same measures and rules, before the actual study. A pilot study was significant to this study as it aided the researcher to detect or examine the likely issues in the questionnaire before the main study was conducted. Having completed the pilot study, the researcher incorporated the recommendations of all the participants in the final version of the questionnaires and semi-structured interviews. During the pilot study, for example, it was noticed that some of the questions were recurrent and the questionnaire appeared to be lengthy. The participants that participated in the pilot study were omitted from the final questionnaire administration.

#### **4.4.2.6 Validity and reliability**

Statistical analysis was performed on the quantitative part of the study to evaluate the validity and reliability of the questionnaires.

- **Validity**

According to Sekaran and Bougie (2016), validity is the extent to which the questionnaire evaluates what it is intended to measure. Measuring the validity of an instrument is vital in instituting the significance and effectiveness of a study. The validity of an instrument can be determined if it measures exactly what it is anticipated to measure (Obijiaku, 2019). Validity is the degree to which an instrument validates its claims (Chikwendu, 2019). It is vital for an instrument to be valid in order for the outcomes to be correctly applied and construed. To determine the accuracy of answers from participants, the researcher used both face and content validity. The instrument was read through by the study supervisor who methodically examined the questions and determined that they met both face and content validity. The recommendations made

by the supervisor with respect to the inappropriate construction of some questions in the questionnaire were utilised to influence crucial changes made to improve the questionnaire. Factor analysis was used to evaluate the construct validity of the questionnaires. The researcher retested the validity of the instruments four times, as a result of the modifications made to them, before it was determined that the questionnaire fulfilled the requirements of construct validity, and a final result was finally attained.

- **Reliability**

According to Sekaran and Bougie (2016), reliability refers to the consistency of the research instrument; that is, the research yields constant and stable outcomes when recurrent tests are made. Data is seen as reliable when it is dependable and constantly provides the same outcomes over time (Oppong, 2018). Reliability was established by evaluating the internal consistency of the research instrument using a reliability coefficient, attained by computing Cronbach's coefficient alpha. As a result of achieving the reliability coefficient, a pilot test of the research instruments was held at all three (3) selected hospitals, including both employees and clients. The data collected were examined by means of Cronbach's alpha method to check for internal consistency. Cronbach's alpha is expressed in the form between 0 and 1 (Obijiaku, 2019). If the items are strongly related to each other, the alpha coefficient is nearer to one (1) and has a high internal consistency. Cronbach's alpha portrays how closely the items are interconnected in a questionnaire (Sheth, 2018). The researcher retested the reliability of the instruments four times as a result of the modifications made to them before a final result was attained.

#### **4.5 Data analysis**

Data analysis is a significant phase in research. Data collected from the respondents was organised in a clear and simple style to be certain that the outcomes of the research were understood. Data analysis comprises the procedure of breaking up, sorting out and disassembling the data collected into smaller units (Sekaran & Bougie, 2016). Data analysis was done in relation to the research problem. Data were analysed in two segments, with the quantitative analysis first and followed by qualitative data analysis.



#### **4.5.1 Analysis of quantitative data**

The quantitative data of the study were evaluated using descriptive statistics and inferential statistics, and the data collected was summarized in graphs and tables. The descriptive statistics comprised frequencies, percentages, measures of central tendencies and measures of dispersion, which were summarised in tables, bar graphs and pie charts for lucidity. Also, inferential statistics comprises techniques that can be used for making inferences about the whole population grounded on the data gathered from participants. This technique was used for making and measuring the reliability of conclusions concerning a specific population based on data acquired from the population. The data collected from both the employees and clients were coded and captured into Excel and later evaluated using SPSS version 26. The SPSS was used to calculate both the descriptive statistics and inferential statistics.

##### **4.5.1.1 Descriptive statistics**

Descriptive statistics were used in this study with the goal of providing biographical data (age, gender, tenure, marital status) about the respondents, and utilised frequencies, percentages, measures of central tendency and dispersion in explaining the data. It was organised and summarized using tables, bar graphs and pie charts. Descriptive statistics are considered the foundation for almost all quantitative studies. Descriptive statistics were used to sum up the huge volume of data collected from the respondents in order to make conclusions (Oppong, 2018).

In this study, the following descriptive statistics were used:

##### **i. Frequencies and percentages**

According to Sekaran and Bougie (2016), frequencies are the number of times in which diverse groups of a specific phenomenon occur, from which percentages and cumulative percentages of their occurrence can be evaluated. Also, percentages are usually used to choose a set of data as they depict an easier way of comparing numbers. In simplifying nominal and ordinal data, there was a need to calculate frequencies, that is, the number that appears in each group. Frequency distribution tables, pie charts and bar charts provide a more pictorial illustration of data.

##### **ii. Measures of central tendency**

Measures of central tendency are points on the scale of measurement of a variable. Measures of central tendency aided the researcher to understand the data. These measures are just single

numbers trying to convey the impression of what creates a ‘typical’ performance. The researcher used measures of central tendency, namely, the mean, the median and mode.

- **Mean**

According to Aristodemou (2014), the mean signifies a simple arithmetic average of values. This is the value that signifies an average of a set of values (Saidi & Siew, 2019). According to Sekaran and Bougie (2016), it is the sum of all the values divided by the number of values. It is mostly unaffected by sampling variability. It uses the information from every single value in a set of data; it is the most common arithmetical formula, and it is the most resistant to sampling oscillation (Manikandan, 2011). With a Likert scale of 1 to 5, a mean score of 3.00 and above was considered significant, and thus significant. Conversely, a mean score value lower than 3.00 was considered insignificant. This study evaluated the mean of organisational culture, employee engagement and service quality, and their dimensions.

- **Median**

According to Saidi and Siew (2019), median is the middlemost value after data has been organised from the lowest to the highest. Action, Fullerton, Miller and Maltby (2009) defined the median as a middle item in a cluster of items when prearranged in ascending or descending format. It separates the arithmetical data precisely into two splits (Sekaran & Bougie, 2016). The median is very simple to compute and comprehend and can be used with ordinal and interval data (Manikandan, 2011).

- **Mode**

According to Du Plooy-Cilliers, Davis and Bezuidenhout (2014:212), “the mode is the value that appears in the distribution most often”. The mode is the most often occurring element in a distribution of scores. However, it is likely to have more than one mode in a set of scores, which is known as bimodal distribution. The mode is very easy to calculate and understand.

### **iii. Measures of dispersion**

As stated by Bryman and Bell (2014), the term is used to indicate details within a group of elements. The authors further maintain that it is a measure of variation or variability of elements.

However, the elements may differ in terms of size. Kumar (2010) posits that a good measure of dispersion is easy to understand, easy to calculate, uniquely defined, and not unduly affected by extreme variables. There are three (3) basic measures of dispersion, viz. range, standard deviation and variance.

- **Range**

The range refers to the extremes of the values in a number of observations. According to Cooper, Schindler and Sun (2006), the range is very simple to calculate. It is the variance between the smallest and the largest values in a set of observations. Hence, the range does not refer to the variability of all the scores, but only to the variance between the two most extreme values.

- **Standard deviation**

According to Dlamini (2018:86), “the standard deviation gives an indication concerning the spread of distribution and the variance of the data.” It is the most used measure of dispersion and is the square root of the variance. Brandimarte (2011) points out that the higher the standard deviation, the bigger the variance. The standard deviation can only be used with interval and ratio data (Sekaran & Bougie, 2016). This study evaluated the standard deviation of organisational culture, employee engagement and service quality and their dimensions.

- **Variance**

According to Cooper et al. (2006:720), variance is “a measure of score dispersion about the mean; calculated as the squared deviation scores from the data distribution mean; the greater the dispersion of scores, the greater the variance in the data set”. The variance score is appropriate when the data are measured on an interval scale. It specifies the degree to which scores differ from the group mean.

#### **4.5.1.2 Inferential statistics**

Inferential statistics includes techniques that can be used for making inferences about a whole population centred on the data received from samples (Amrhein, Trafimow & Greenland, 2019). Furthermore, it helps in making predictions that are much more advanced than the immediate data (Abiwu, 2016). The objective of inferential statistics is to allow the researcher to decide if a

variance between two conditions happened by “chance” or a “true difference”. In this study, the inferential statistical techniques that were used to decide whether the alternative or a null hypothesis should be accepted are Pearson’s product-moment correlation, analysis of variance, Post hoc Scheffé’s test, t-test and multiple regression.

#### **i. Pearson product-moment correlation coefficient**

According to De Winter, Gosling and Potter (2016), Pearson's correlation coefficient is the most commonly used technique for computing correlations between variables. Pearson’s correlation coefficient decides the link between two variables and the level to which they concur with each other (Allen, 2017). This tool was used to determine the direction and the strength of a relationship between the variables examined in the study. The correlation value ranges between -1.0 and +1.0, which gives information about the strength and nature of the link between the variables. A positive (+) or negative (-) sign describes the direction of the relationship. A positive sign (+) reflects that an increase in an element will lead to an increase in another, whereas a negative sign (-) reflects that an increase in an element will lead to a decline in the other. Additionally, the further a correlation is from zero, the sturdier the link amid the variables. However, a zero correlation indicates that the two variables are not connected to each other. Pearson’s correlation coefficient was used to evaluate whether the dimensions of organisational culture significantly intercorrelate with each other, whether the dimensions of service quality significantly intercorrelate with each other, whether the dimensions of employee engagement significantly intercorrelate with each other, and whether organisational culture, service quality and employee engagement and their dimensions significantly correlate with each other.

#### **ii. Analysis of variance (ANOVA)**

ANOVA evaluates the dissimilarities between more than two groups of a continuous directed variable (Kim, 2015). ANOVA is based on examining diverse sources of variation in an experiment. This technique was used to determine the impact of the biographical profiles such as age, tenure and marital status. ANOVA thus shows whether or not there is a significant mean difference in a dependent variable between groups. This tool also aids the researcher to investigate the research problem that comprises a number of independent variables. This study used ANOVA to examine the significant difference between age, tenure and marital status in organisational culture, employee engagement and service quality respectively.

### **iii. Post hoc Scheffe's test**

According to Allen (2017), the Post hoc Scheffe's test examines the precise differences between the mean of the groups when the ANOVA F test value is significant. A Post hoc Scheffe's test is not vital if the F test is non-significant. It was used to evaluate where the difference lies in terms of the impact of the demographic variables on the latent variables.

### **iv. T-test**

The t-test evaluates the significant differences between two (2) groups in a continuous variable (Kim, 2015). According to Sekaran and Bougie (2016), a t-test is used to evaluate the hypothesis that the mean of the population from which the sample is drawn is equivalent to a comparison standard. This study used a one-sample t-test to find the effect of gender on the latent variables (organisational culture, employee engagement and service quality).

### **v. Multiple regression**

Multiple regression is a frequently used statistical tool for analysing data that has several independent variables. This statistical tool allows the researcher to assess the link amid independent and dependent variables (Dlamini, 2018). The strength of the link between multiple independent variables against a dependent variable is determined. Wilson (2014) claims that multiple regression has been established for use with a statistical scale (dependent and independent) of variables only. This statistical technique aids researchers to measure the strength of the link between an outcome and numerous predictor variables (Petchko, 2018). This study used multiple regression to evaluate the degree to which organisational culture and employee engagement significantly account for the variance in service quality and its dimensions respectively. It was also used to evaluate the degree to which employee engagement mediates the relationship between organisational culture and service quality.

### **4.5.2 Analysis of qualitative data**

Analysing qualitative data comprises processes of finding meaning, interpreting and explaining the data collected. Analysing a qualitative study involves coding and grouping non-numerical data and interpreting the collected data (Nene, 2020). Thematic analysis was used in analysing the qualitative data for this study. The procedure includes identifying themes that are pertinent to the research objectives and research questions of the study. This procedure also allows the data to be

described and interpreted for easy understanding (Roberts, Dowell & Nie, 2019). The key feature of thematic analysis is the methodical procedure of coding, scrutinising and describing a social phenomenon by creating themes (Kansteiner & König 2020; Shorey, Ang, Yamina & Tam, 2020). The thematic analysis permits the researcher to merge a cluster of recurrent concepts, which helped the researcher to answer the research question (Roberts et al., 2019). This allowed the researcher to determine the phenomenon grounded on the documented meaning of the transcripts, permitting reasonable views from different perspectives. As stated by Vaismoradi, Jones, Turunen, and Snelgrove (2016), the thematic analysis contains codes that have a mutual theme of reference and are highly generalisable. It may be difficult to replicate the qualitative research. This study used four (4) diverse phases to analyse the qualitative data for this study; these comprise initialisation, construction, rectification and finalisation.

The initialisation phase centred on collecting all kinds of data that could be converted into a written format; it generally consists of information gathered from the semi-structured interviews, open-ended questionnaires, photos, videos and journals (Vaismoradi et al., 2016). This study used semi-structured interviews. The answers from the respondents were documented by transcribing their responses on Microsoft Word 2016. By thoroughly reading the data provided by the respondents during the interview, a general understanding was attained. This aided the researcher to gain an extensive understanding of the phenomenon. Additionally, it aided the researcher in detecting similar matters that were addressed by the respondents. A conceptual code is the sort of coding technique used by the researcher in this study. The conceptual codes enable the researcher to detect the main dimension of the phenomenon through the information the researcher has collected (Vaismoradi et al., 2016).

In the construction phase, the researcher organised the codes in order to find similarities and dissimilarities, to group them into clusters. The researcher grouped these codes into clusters and found meaning in these clusters in relation to the research objective. This enabled the researcher to find the key idea that each cluster was trying to communicate about the phenomenon.

The rectification phase, also known as verification, is grounded on examining and confirming to be sure about the themes that have been framed. It is significant that during this procedure, the

researcher needs to detach themselves from the data to reduce the chances of incomplete data analysis (Nene, 2020).

Lastly, the finalisation phase is where the researcher delivers a narrative description of the themes and links found to answer the research questions. The data provided a complete view of the viewpoints of the respondents regarding the research question. The key concerns that were recognised permitted the researcher to have a general view of the phenomenon under study.

The supervisor was contacted to validate the data and the interpretation of outcomes to avoid any prejudice. The objective was to elucidate the link between the organisational culture and service quality from the viewpoint of management and explore the factors that affect the provision of quality services in the selected hospitals, as well as evaluate if organisational culture in the hospitals improves the quality of service provided in these hospitals. This study used NVivo 12 software to analyse the qualitative data received from the participants.

#### **4.6 Ethical considerations**

The ethical approval (HSSREC/00003430/2021) for the study was acquired from the Humanities Social Science Research Ethics Committee of the UKZN, South Africa. The ethical issues that were addressed in the study are informed consent, anonymity, privacy and confidentiality. A gatekeepers' letter was obtained from the selected private hospitals in Accra, which permitted the researcher to undertake the study in the selected hospitals. On gaining permission, the researcher approached the respondents and sought their voluntary contribution to the study.

The consent of all the respondents of the study was attained by asking them to complete informed consent forms to show their wish to partake in the study. A letter of informed consent was disseminated to all the participants; they were advised to read it carefully before participating in the study (Appendix A). The informed consent form indicated the purpose of the study, and also provided the address details of the researcher and the institution where the researcher was studying, for any inquiries respondents may have. The aim was to make sure that the respondents understood completely what they were partaking in. The participants were requested to sign the form, indicating their acceptance. Additionally, the researcher assured the respondents that their information would be used solely for the academic study and that their personal details would not be revealed in the study or to any third party without their consent.

In relation to anonymity, the respondents were not required to provide their names and personal details when completing the questionnaires. Relating to confidentiality, the transcribed data were kept in a safe place to avert unapproved access. Furthermore, the respondents were guaranteed that the data elicited would be used exclusively for its intended purposes.

#### **4.7 Conclusion**

This chapter expounded on the sampling technique and population used in this study. It also discussed the numerous types of sampling strategies. It explained the process of collecting and analysing data for both quantitative and qualitative data, and described the questionnaires and semi-structured interviews utilised in the study. The validity and reliability of the research instruments were tested in order to produce precise and consistent outcomes with diverse population samples. Finally, the chapter explained the ethical principles that were abided by in this study. Applying the procedures discussed in this chapter permitted the collection and analysis of data. The outcomes are presented in chapter five.



## **CHAPTER FIVE**

### **PRESENTATION OF QUANTITATIVE ANALYSIS**

#### **5.1 Introduction**

This chapter presents results obtained from analysing data received from respondents (employees and clients) in the survey. The organisational culture and employee engagement questionnaires were given to the employees of the hospitals whilst the service quality questionnaires were given to clients. Numerous statistical analyses were used to analyse the data, which were reported using tables and graphical representations. The data was coded on an Excel spread sheet and later imported into SPSS version 26 for Windows. The chapter presents the analyses of data received from participants, which was computed using both the descriptive and inferential statistics.

#### **5.2 Psychometric properties of the questionnaires**

The study statistically evaluated the psychometric properties (validity and reliability) of the questionnaires.

##### **5.2.1 Questionnaire for measuring organisational culture: Validity**

According to Singh (2018:74), validity is “a test of how well an instrument measure the exact construct it is anticipated to evaluate”. Factor analysis was used in this study since it is a vital tool for evaluating the validity of a questionnaire. The validity of all factors was evaluated using an exploratory factor analysis (EFA) technique to determine the appropriate number of common factors, and to ascertain which measured variables are reasonable indicators of the different latent dimensions. Thus, the primary objective of an EFA is to determine the number of factors and their corresponding items in the research instrument (Ullman, 2006). According to Preacher, Zhang, Kim and Mels (2013), EFA is one of the most valuable methods for conducting business research. Furthermore, the KMOM of the questionnaire was evaluated to determine the sampling adequacy (0.854) and sphericity (630; 0.000), and the results correspondingly established appropriateness and significance of the questionnaire. In addition, a rotated component matrix was used in extracting factors; only items with loadings  $>0.5$  were considered for the study (Table 5.1).

**Table 5.1 Factor analysis: Validity of organisational culture**

Item	Component			
	1	2	3	4
I1	.217	.636	-.122	-.210
I2	.196	.625	-.141	.143
I3	.714	-.085	.191	-.396
I4	.656	.070	.002	-.486
I5	.727	-.163	.238	-.307
I6	.701	-.280	.153	-.189
I7	.493	-.247	.498	.255
I8	.011	.387	.474	.112
I9	.529	-.320	.293	.251
C10	.626	-.008	-.052	.202
C11	.662	-.090	.217	-.377
C12	.631	-.169	.055	.137
C13	.501	-.460	.331	.282
C14	.456	.257	.353	-.174
C15	.417	-.231	.259	.027
C16	.420	.429	.123	.574
C17	.520	-.323	-.044	.382
C18	.653	-.058	-.095	.087
A19	.742	-.079	-.073	.140
A20	.461	.453	.509	-.026
A21	.346	.441	-.049	.156
A22	.721	-.044	-.162	-.067
A23	.483	.357	-.132	-.102
A24	.408	.226	.158	-.299
A25	.703	.184	-.011	.211
A26	.459	.478	-.275	.050
A27	.715	-.058	-.400	.103
M28	.737	-.030	-.082	.169
M29	.712	-.018	-.264	-.028
M30	.798	-.016	-.284	-.032
M31	.705	.021	-.170	-.076
M32	.729	-.205	-.225	-.146
M33	.705	-.142	-.284	.123
M34	.478	.499	.013	.102
M35	.676	-.169	-.108	-.031
M36	.274	.699	.259	.044
<b>Eigenvalue</b>	<b>12.35</b>	<b>3.57</b>	<b>2.04</b>	<b>1.82</b>
<b>% of Variance</b>	<b>34.29</b>	<b>9.91</b>	<b>5.67</b>	<b>5.04</b>

Table 5.1 indicates that twenty-two items loaded significantly on Factor 1, with a total variance of 34.29%. Seven items relate to mission, six items relate to consistency, five items relate to involvement and four items relate to adaptability. Since the majority of the items relate to *mission*, Factor 1 may be labelled similarly.

Table 5.1 shows that three items significantly loaded on Factor 2, with a total variance of 9.91%. Two items relate to involvement and one item relates to mission. Since more of the items relate to *involvement*, Factor 2 may be labelled similarly.

Table 5.1 shows that one item significantly loaded on Factor 3, with a total variance of 5.67%. Since this item relates to *adaptability*, Factor 3 may be labelled likewise.

Table 5.1 indicates that one item significantly loaded on Factor 4, with a total variance of 5.04%. Since this item relates to *consistency*, Factor 4 may be labelled likewise.

**Table 5.2 Summary of factor and factor name (Organisational culture)**

<b>Factors</b>	<b>Factor name</b>
Factor 1	Mission
Factor 2	Involvement
Factor 3	Adaptability
Factor 4	Consistency

From Table 5.2 it is evident that the measuring instrument truly measures the perceptions of the organisational culture, and all four dimensions surfaced in the Factor Analysis.

### **5.2.2 Questionnaire for measuring service quality: Validity**

Prior to computing the factor analysis for service quality, the KMOM was examined and the outcomes congruently established suitability and significance. Also, the KMO of the questionnaire were assessed to determine the sampling adequacy (0.840) and sphericity (231; 0.000), and the results correspondingly established appropriateness and significance of the questionnaire. Factor analysis was used in this study since it is a vital tool for evaluating the validity of questionnaires. The validity of all factors was evaluated using an exploratory factor analysis (EFA) technique to determine the appropriate number of common factors and to ascertain which measured variables

are reasonable indicators of the different latent dimensions. Therefore, the key objective of an EFA is to determine the number of factors and their corresponding items in the research instrument (Ullman, 2006). EFA is one of the most valuable methods for conducting business research (Preacher et al., 2013). Additionally, a rotated component matrix was used in extracting factors; only items with loadings >0.4 were selected for the study (Table 5.3).

**Table 5.3 Factor analysis: Validity of service quality**

Item	Component			
	1	2	3	4
<b>T1</b>	.562	.002	-.419	.111
<b>T2</b>	.225	.577	.223	-.270
<b>T3</b>	.534	.142	-.137	-.101
<b>T4</b>	.641	-.034	.006	.019
<b>RY5</b>	.603	-.112	-.249	.153
<b>RY6</b>	.503	.422	-.076	-.335
<b>RY7</b>	.452	-.186	-.078	.206
<b>RY8</b>	.520	-.021	.018	.343
<b>RY9</b>	.392	.297	-.036	.517
<b>RS10</b>	.607	.340	.134	.234
<b>RS11</b>	.447	.439	-.180	.054
<b>RS12</b>	.620	.091	.061	-.236
<b>RS13</b>	.564	-.085	.241	.027
<b>A14</b>	.573	-.112	.435	-.345
<b>A15</b>	.536	-.171	-.471	-.104
<b>A16</b>	.450	.105	.450	.326
<b>A17</b>	.510	-.403	-.052	-.093
<b>E18</b>	.514	-.320	.215	-.288
<b>E19</b>	.516	.015	-.401	-.281
<b>E20</b>	.530	.006	.131	-.090
<b>E21</b>	.540	-.204	.151	-.035
<b>E22</b>	.528	-.350	.153	.232
<b>Eigenvalue</b>	<b>6.037</b>	<b>1.48</b>	<b>1.32</b>	<b>1.24</b>
<b>% of Variance</b>	<b>27.44</b>	<b>6.71</b>	<b>5.99</b>	<b>5.65</b>

Table 5.3 indicates that twenty items significantly load on Factor 1, with a total variance of 27.44%. Five items relate to empathy, four items relate to reliability, four items relate to

responsiveness, four items relate to assurance and three items relate to tangibles. Since the majority of the items relate to *empathy*, Factor 1 may be labelled such.

Table 5.3 shows that four items significantly load on Factor 2, with a total variance of 6.71%. One item relates to tangibles, one item relates to reliability, one item relates to responsiveness and one item relates to assurance. Since *tangibles* have the highest average weighting, Factor 2 may be labelled similarly.

Table 5.3 indicates that five items significantly load on Factor 3, with a total variance of 5.99%. One item relates to tangibles, three items relate to assurance and one item relates to empathy. Since the majority of the items relate to *assurance*, Factor 1 may be labelled such.

Table 5.3 indicates that one item loads significantly on Factor 4, with a total variance of 5.65%. Since this one item relates to *reliability*, Factor 4 may also be labelled likewise.

**Table 5.4 Summary of factor and factor name (Service quality)**

<b>Factors</b>	<b>Factor name</b>
Factor 1	Empathy
Factor 2	Tangibles
Factor 3	Assurance
Factor 4	Reliability

From Table 5.4 it is apparent that none of the variables appeared twice in the factor analysis. None of the factors were labelled responsiveness. This might be attributed to the variability in interpreting the items explaining the dimensions of service quality, such that a statement may be perceived by the respondents in variable dimensions.

### **5.2.3 Questionnaire measuring employee engagement: Validity**

The KMOM was examined for this questionnaire and the outcomes congruently established suitability and significance. In addition, the KMOM of the questionnaire was measured to determine the sampling adequacy (0.905) and sphericity (136; 0.000), and the results correspondingly established appropriateness and significance of the questionnaire. Factor analysis was used in this study since it is a vital tool for evaluating the validity of questionnaires. The

validity of the factors was evaluated statistically using an exploratory factor analysis (EFA). The EFA was conducted to determine the appropriate number of common factors and to determine which measured variables are reasonable indicators of the different latent dimensions. Therefore, the main objective of an EFA is to determine the number of factors and their corresponding items in the research instrument (Ullman, 2006). EFA is one of the most valuable methods for conducting business research (Preacher et al., 2013). Additionally, a rotated component matrix was used in extracting factors; only items with loadings  $>0.4$  were included in the study.

**Table 5.5 Factor analysis: Validity of employee engagement**

Item	Component		
	1	2	3
B1	.727	-.309	.172
B2	.715	-.129	.282
B3	.640	-.251	.368
B4	.630	-.264	-.302
B5	.700	-.371	-.002
B6	.587	-.359	-.162
B7	.699	-.278	-.052
B8	.617	-.025	-.499
B9	.731	-.003	-.231
B10	.349	.128	.599
B11	.635	-.083	.102
B12	.702	-.016	.005
B13	.788	.303	-.170
B14	.825	.357	-.018
B15	.739	.348	.041
B16	.726	.344	.171
B17	.455	.670	-.100
<b>Eigenvalue</b>	<b>7.68</b>	<b>1.52</b>	<b>1.11</b>
<b>% of Variance</b>	<b>45.20</b>	<b>8.94</b>	<b>6.50</b>

Table 5.5 depicts that sixteen items significantly reflected on Factor 1, with a total variance of 45.20%. Six items relate to vigour, five items relate to absorption and five items relate to dedication, a dimension of employee engagement. Since the majority of the items relate to *vigour*, Factor 1 may be labelled as *vigour*.

Table 5.5 indicates that one item significantly reflected on Factor 2, with a total variance of 8.94%. Since this item relates to *dedication*, Factor 2 may also be labelled as *dedication*.

Table 5.5 indicates that two items significantly reflected on Factor 3, with a total variance of 6.50%. Since this item relates to *absorption*, Factor 3 may also be labelled as *absorption*.

**Table 5.6 Summary of factor and factor name (Employee engagement)**

<b>Factors</b>	<b>Factor name</b>
Factor 1	Vigour
Factor 2	Dedication
Factor 3	Absorption

From Table 5.6 all the three sub-dimensions of employee engagement appeared as factors in the factor analysis, thus verifying the validity of the items in evaluating these sub-dimensions of employee engagement.

#### **5.2.4 Questionnaire for measuring organisational culture: Reliability**

The reliability of organisational culture was evaluated using Cronbach's coefficient alpha (Table 5.7).

**Table 5.7 Reliability of organisational culture: Cronbach's Coefficient Alpha**

<b>Dimension</b>	<b>Number of items</b>	<b>Cronbach's alpha (a)</b>
<b>Organisational culture</b>	36	0.939
Involvement	9	0.758
Consistency	9	0.796
Adaptability	9	0.820
Mission	9	0.867

Table 5.7 indicates that the questionnaire for measuring organisational culture has a strong level of inter-item consistency ( $\alpha = 0.939$ ). This revealed that the questionnaire adopted to measure organisational culture in the study was reliable. Additionally, the reliability of the dimensions that influence organisational culture were evaluated separately. The dimensions all showed high levels of inter-item consistency, which are mission ( $\alpha = 0.867$ ), adaptability ( $\alpha = 0.820$ ), consistency ( $\alpha = 0.796$ ) and involvement is ( $\alpha = 0.758$ ). Clearly, the questionnaire used to evaluate the organisational culture and its dimensions of the study is reliable and capable of creating reliable results.

### 5.2.5 Questionnaire for measuring service quality: Reliability

In addition, the reliability of the service quality and its dimensions was also measured (Table 5.8).

**Table 5.8 Reliability of service quality: Cronbach's coefficient alpha**

Dimension	Number of items	Cronbach's alpha ( $\alpha$ )
<b>Service quality</b>	<b>22</b>	<b>0.866</b>
Tangibles	4	0.590
Reliability	5	0.572
Responsiveness	4	0.621
Assurance	4	0.575
Empathy	5	0.638

Table 5.8 indicates that the questionnaire for measuring service quality has a high level of inter-item consistency ( $\alpha = 0.866$ ). This revealed that the questionnaire adopted in the study to assess service quality was reliable. The reliability of the dimensions that impact on service quality were also evaluated separately. The items measuring empathy and responsiveness have acceptable levels of reliability, namely, empathy ( $\alpha = 0.638$ ) and responsiveness ( $\alpha = 0.621$ ), respectively. Items measuring tangibles reflect an above moderate level of reliability ( $\alpha = 0.590$ ). In addition, items measuring reliability ( $\alpha = 0.572$ ) and assurance ( $\alpha = 0.575$ ) reflect an above moderate level of reliability. Evidently, the questionnaire used to evaluate service quality and its dimensions is acceptable and reliable in producing consistent results. According to the rule of thumb, the internal consistency was high and ranged from fair to excellent.



### 5.2.6 Questionnaire for measuring employee engagement: Reliability

The reliability of the employee engagement and its dimensions was also measured (Table 5.9).

**Table 5.9 Reliability of employee engagement: Cronbach's coefficient alpha**

Dimension	Number of items	Cronbach's alpha ( $\alpha$ )
<b>Employee engagement</b>	<b>17</b>	<b>0.919</b>
Vigour	6	0.838
Absorption	6	0.775
Dedication	5	0.877

Table 5.9 indicates that the questionnaire for measuring employee engagement has a high level of inter-item consistency ( $\alpha = 0.919$ ). The reliability of the dimensions that impact employee engagement were also evaluated separately. The study evaluated the questionnaire for measuring the employee engagement, which had a high degree of inter-item consistency ( $\alpha = 0.919$ ). The dimensions all showed high levels of inter-item consistency, which are dedication ( $\alpha = 0.877$ ), vigour ( $\alpha = 0.838$ ) and absorption is ( $\alpha = 0.775$ ). The questionnaire used to assess employee engagement and its dimensions is reliable and capable of generating reliable outcomes. According to the rule of thumb, the internal consistency was high and ranged from good to excellent.

### 5.3 Descriptive statistics

The opinions of employees concerning organisational culture, employee engagement and service quality were evaluated by asking participants to answer a survey with a 1-5 Likert scale. The findings were analysed using descriptive analysis (Table 5.10 to Table 5.12).

**Table 5.10 Descriptive statistics: Key dimensions of organisational culture**

Dimension	Mean	95 % Confidence Interval		Variance	Std. Dev.	Minimum	Maximum
		Lower Bound	Upper Bound				
<b>Organisational culture</b>	3.665	3.563	3.768	0.401	0.634	1.00	4.92
Adaptability	3.747	3.638	3.855	0.465	0.682	1.00	5.00
Mission	3.719	3.590	3.848	0.665	0.815	1.00	5.00
Involvement	3.620	3.514	3.725	0.446	0.668	1.00	4.89
Consistency	3.549	3.442	3.656	0.453	0.673	1.00	5.00

The results in Table 5.10 show that there are differing levels of organisational culture and its sub-dimensions (involvement, consistency, adaptability, mission) amongst employees at the hospitals. Table 5.10 shows that the overall mean of the organisational culture (Mean = 3.665) reflects that the employees have positive perceptions about the organisational culture at the hospitals. Upon deeper investigation of the sub-dimensions of organisational culture, it is apparent that employees display the highest level with adaptability (Mean = 3.747), followed by mission (Mean = 3.719), then involvement (Mean = 3.620) and lastly, consistency (Mean = 3.549) having the least, yet above average, impact. When compared against a maximum score of 5, it is apparent that there is room for improvement in terms of each of these dimensions. The findings imply that the majority of the respondents agreed that they are adaptable to change, they have a clear mission, they encourage teamwork across diverse sections, and they agreed that there is an ethical code that guides workers at the hospitals. In order to evaluate precisely where the areas for improvement lie, frequency analyses were assessed.

Within organisational culture, in terms of adaptability it was evident that 56.1% of the participants agreed and a further 19.7% strongly agreed that the hospitals continually adapt to new and better ways of working are incessantly adapted. Furthermore, 57.3% of the participants agreed and a further 14.0% strongly agreed that the diverse parts of the organisation collaborated to create

change. Additionally, 41.4% of the participants agreed and an extra 29.3% strongly agreed that the comments of clients led to changes and impact decision making at the hospitals. Furthermore, 7.6% of the participants disagreed and an extra 7.6% strongly disagreed that innovations and creativity are encouraged at the hospitals. Adapting to organisational change helps to create adaptive techniques to meet the changing needs of the healthcare industry (Bizuneh, 2016). This enabled the hospitals to read the business environment, rapidly respond to current trends, as well as anticipate future changes.

In relation to mission, 46.5% of the participants agreed and a further 23.6% strongly agreed that there is a clear mission that gives meaning and direction in the hospitals. These results support the findings of Bizuneh (2016) wherein the majority of the participants agreed that the institution had a clear mission and vision and its operations are periodically checked. A sense of mission permits an institution to form a behavior by visualising an anticipated f-state. Additionally, 44.6% of the participants agreed and an extra 26.1% strongly agreed that the hospital's strategic direction is clear to them. However, 8.9% of the participants disagreed and a further 9.6% strongly disagreed that there is a long-term purpose and direction of the hospitals. According to Addai and Prempeh (2020), institutions that are efficacious have a well-defined direction that define the strategic objectives and purposes which express the organisation's vision for the future. Moreover, 20.4% the participants neither agreed nor disagreed that there is an extensive agreement about the goals of the hospitals.

With regard to involvement, 51.6% of the participants agreed and a further 22.9% strongly agreed that decisions are frequently made at the level where the best information is available. Workers also know the kind of decisions they are permitted to make and the ones that are beyond their responsibility. Additionally, 52.2% of the participants agreed and a further 18.5% strongly agreed that collaboration across diverse sections of the hospital is encouraged. However, 22.9% of the participants neither agreed nor disagreed that employees believed that they had a positive impact on the hospitals. Furthermore, 21.7% of the participants disagreed and a further 9.6% strongly disagreed that there was a continuous investment to develop the skills of employees at the hospitals. Arising from Laike's (2017) study, wherein the majority of the respondents indicated they believed improvement on the efficiency and capability of employees was marginal, Laike (2017) concluded that highly involved companies distinguish themselves from the other firms by

forming a sense of responsibility. Further, this often helps employees to be devoted to the organisation and give them independence.

In terms of consistency, it is evident that 52.2% of the participants agreed and a further 20.4% strongly agreed that there is a moral code that governed the behaviour of workers and tells right from wrong. Successful organisations have clear ethical codes that aid workers and managers in making reliable decisions (Laike, 2017). Furthermore, 57.3% of the participants agreed and an additional 13.4% strongly agreed that the approach of doing business in the hospital was very consistent. Also, 9.6% of the participants disagreed and an additional 13.4% strongly disagreed that when disagreements occurred, the employees worked hard to achieve "win-win" solutions. This dimension develops a mindset and a set of organisational values that make up an internal governance system founded on consensual support with its do's and don'ts (Bizuneh, 2016).

**Table 5.11 Descriptive statistics: Key dimensions of employee engagement**

Dimension	Mean	95 % Confidence Interval		Variance	Std. Dev.	Minimum	Maximum
		Lower Bound	Upper Bound				
<b>Employee engagement</b>	3.883	3.774	3.993	0.477	0.691	1.00	4.94
Dedication	3.982	3.838	4.129	0.842	0.917	1.00	5.00
Vigour	3.851	3.728	3.974	0.608	0.780	1.00	5.00
Absorption	3.826	3.719	3.933	0.452	0.672	1.00	5.00

Table 5.11 reflects that workers at the hospitals display high levels of engagement (Mean = 3.883). Upon deeper investigation of the dimensions of employee engagement, the highest levels are dedication (Mean = 3.982), followed by vigour (Mean = 3.851) and lastly, absorption (Mean = 3.826), with the least, yet above average, being influence. When compared against a maximum achievable score of 5, it is apparent that there is room for improvement in terms of each of these dimensions. According to Idowu (2022), without the engagement of employees with their jobs,

companies may not exist for long. In order to precisely evaluate where the areas for improvement lie, frequency analyses were undertaken.

Within employee engagement, in relation to dedication, 24.8% of the participants agreed and an extra 46.5% strongly agreed that they find their jobs full of meaning and purpose. Arising from Adamu (2020) study, wherein confirmed in their study that respondents believe that their work has a lot of meaning and purpose, Adamu (2020) concluded that devoted employees will do everything they can to make sure that they perform well. Furthermore, 31.2% of the participants agreed and an extra 45.9% strongly agreed that they find their jobs inspiring. Conversely, 11.5% of the participants disagreed and a further 7.0% strongly disagreed that they find their jobs very challenging.

With regard to vigour, it is apparent that 45.2% of the participants agreed and a further 26.1% strongly agreed that they feel strong and vigorous doing their jobs. Tshionza, Chiugo, Parimoo and Atoki (2022) opine that healthcare employees who feel vigorous when doing their work help generate positive energy among employees which impels them to go beyond any hindrances in their jobs. Also, 52.9% of the participants agreed and an extra 26.1% strongly agreed that they are mentally resilient at their jobs. Martins and Pear (2015) found that workers who have vigour (high levels of energy) show mental resilience and perseverance during difficult times. However, 15.3% of the employees neither agreed nor disagreed that they feel like going to work in the morning. Furthermore, 7.0% of the participants disagreed and an extra 6.4% strongly disagreed that they can continue working for very long periods at a time.

In terms of absorption, 57.3% of the participants agreed and an additional 20.4% strongly agreed that they forget everything else around them when they are working. Additionally, 54.1% of the workers agreed and a further 24.2% strongly agreed that they feel happy when they are working intensely. Ashley (2018) stated that workers who are engrossed in their job do not just get the work done but they do their very best to get the job done. However, 16.6% of the workers neither agreed nor disagreed that time flies when they are working. Furthermore, 12.1% of the workers disagreed and an extra 3.2% strongly disagreed that they find it difficult to detach their selves from their jobs. Meswantri and Ilyas (2018) found that the employees believe time flies swiftly that they find it hard to detach themselves from their work.

**Table 5.12 Descriptive statistics: Key dimensions of service quality**

Dimension	Mean	95 % Confidence Interval		Variance	Std. Dev.	Minimum	Maximum
		Lower Bound	Upper Bound				
<b>Service quality</b>	3.643	3.570	3.718	0.266	0.516	2.14	4.86
Empathy	3.703	3.611	3.795	0.411	0.641	1.00	5.00
Reliability	3.672	3.588	3.757	0.346	0.588	2.00	5.00
Assurance	3.664	3.569	3.758	0.429	0.655	1.75	5.00
Responsiveness	3.606	3.503	3.708	0.509	0.714	1.00	5.00
Tangibles	3.529	3.434	3.624	0.437	0.714	1.50	5.00

Table 5.12 illustrates that clients have high perception of service quality (Mean = 3.643). Upon deeper investigation of the dimensions of service quality and employees at the hospitals, the highest level is for empathy (Mean = 3.703), followed by reliability (Mean = 3.672), then assurance (Mean = 3.664), responsiveness (Mean = 3.606) and lastly, tangibles (Mean = 3.529) with the lowest, yet above average, influence. When compared against a maximum feasible score of 5, it is apparent that there is room for improvement in terms of each of these dimensions. A study by Khan and Fasih (2014) concluded that the mean results of service quality was high in a banking sector in Pakistan, Khan and Faish (2014) found that service quality is a tremendous technique for improving the loyalty of the client to the organisation. Providing quality services will persuade clients to repeat requests for the firms' services (Kaura, Prasad & Sharma, 2015). In order to evaluate precisely where the areas for improvement lie, frequency analyses were undertaken.

Within service quality, in terms of empathy, 50.8% of the participants agreed and an extra 17.5% strongly agreed that they were given personal attention by the hospital personnel. These findings can be inferred to mean that hospital clients expect loving and personalised care and delivery of quality service. Furthermore, 48.7% of the participants agreed and an extra 20.6% strongly agreed that the hospitals have operating hours convenient to all their patients. Nonetheless, 24.3% of the

respondents neither agreed nor disagreed that the hospital understands their special needs. Furthermore, 12.7% of the participants disagreed and an extra 5.3% strongly disagreed that their best interest is held at heart by employees at the hospitals. This is important because, as Mkhwanazi (2019) argues that firms could meet their clients' needs for service quality if clients are given individual attention and efforts are made to fathom clients' exact needs.

In terms of reliability, 52.4% of the participants agreed and an additional 14.8% strongly agreed that when the hospital promises to do something by a precise time, it does so. According to Tolpa (2012), clients expect service delivery that is precise and reliable. Additionally, 46.0% of the respondents agreed and an extra 19.6% strongly agreed that health professionals in the hospitals solve their problems efficiently. However, 23.9% of the participants neither agreed nor disagreed that employees believe that the hospital is punctual in providing its services. Perramon, Oliveras-Villanueva and Llach (2022) maintained that clients want service providers that they can depend on to deliver what they promised them. Furthermore, 7.9% of the respondents disagreed and an additional 7.9% strongly disagreed that the hospital performs its services right the first time. Kumar and Reinartz (2012) opined that it is more appropriate for clients to have dependable quality service than to have workers neatly dressed with new apparatus. This finding validates the study of Limna and Kraiwanit (2022) who found reliability to be a vital dimension of service quality since the dimension is more about meeting the expectation of clients than assurance, tangibility, empathy and responsiveness.

With regard to assurance, it is evident that 54.2% of the respondents agreed and an extra 12.2% strongly agreed that the hospital personnel instill in patients a sense of trust. In addition, 45.7% of the respondents agreed and an extra 25.0% strongly agreed that the hospital personnel were polite and courteous to them. However, 23.8% of the clients neither agreed nor disagreed that the hospital personnel have the required knowledge for the job. Furthermore, 12.7% of the participants disagreed and a further 6.3% strongly disagreed that the behaviour of hospital personnel instills confidence in patients. In other words, the results show that assurance of the service quality does not invoke trust, impart confidence, and make clients feel that the workers are polite and experienced. Mkhwanazi (2019) found that when firms fail to show courtesy and knowledge, they undermine their own ability to instigate trust and confidence in clients. In addition, the results of

this study reflect that assurance is one of the vital dimensions that impact clients' service quality satisfaction at the hospitals.

In relation to responsiveness, 51.3% of the respondents agreed and 19.0% strongly agreed that the hospital personnel respond quickly to their problems. Inferring from the results of this study, the hospitals are making a great deal of effort to deliver rapid and quality service that is responsive. Furthermore, 48.7% of the participants agreed and 18.0% strongly agreed that the hospital personnel offer fast and efficient services to patients. However, 24.3% of the employees neither agreed nor disagreed that hospital personnel inform them of exactly when the services will be performed. Furthermore, 12.7% of the participants disagreed and 9.5% strongly disagreed that the hospital personnel were willing to provide services to them. Mkhwanazi (2019) stated that there is a need for firms to indicate precisely when clients would get their service – a guarantee that clients are provided with swift services; and workers should be eager to deliver the services. A study by Suhenda, Sampurna and Basori (2022) revealed that the happiness of clients is vital, otherwise a company risks losing customers. Hence, it is significant for the hospitals to be responsive by providing swift quality service, for instance, addressing clients' queries, to increase their satisfaction.

In terms of tangibles, 47.6% of the respondents agreed and 20.6% strongly agreed that the workers at the hospitals appeared neatly dressed. Thus, the employees at hospitals seem to be making an effort to look good and decent, and this also influenced the client's experience of quality services provided. In addition, 46.0% of the respondents agreed and 21.2% strongly agreed that the hospitals had appealing physical facilities. The findings of this study are in line with Naidoo (2021) who mentioned that physical amenities, workers, communication equipment are among the concerns of clients from the hospitals in evaluating quality service provided. Weng, Chen, Huang, Hung and Hsu (2016) further contend that for clients to have high tangible quality service from service providers, there is a need to focus on communication tools, physical amenities, equipment, as well as personnel. In this study, 8.5% of the participants disagreed and a further 24.3% strongly disagreed that materials associated with services (i.e., health pamphlets) are available to patients as they wait. Additionally, 20.1% of the clients neither agreed nor disagreed that the hospital had modern equipment to serve them. The latter finding indicates that clients are not too certain if the equipment at the hospital is new and sophisticated. Scholars (Leonard and Sasser, 2012;



Mkhwanazi 2019; Naidoo, 2021) contend that tangibility is the least vital dimension of service quality. Nevertheless, it is important to make sure that the hospitals have modern and sophisticated equipment since good appearances have an impact on clients' experiences.

#### **5.4 Inferential analysis**

Inferential analysis was undertaken to evaluate the hypotheses of this study (Table 5.13 to Table 5.21).

##### **5.4.1 Relationships amongst the dimensions of organisational culture, employee engagement and service quality**

Inferential statistics were evaluated on the sub-dimensions of organisational culture (involvement, consistency, adaptability, mission), employee engagement (vigour, absorption, dedication) and service quality (reliability, empathy, responsiveness, tangibles, assurance), respectively, to aid the researcher in drawing conclusions regarding the hypotheses of the study.

#### **Hypothesis 1**

**H<sub>0</sub>:** There are no significant intercorrelations between the sub-dimensions of the key dimensions of the study (organisational culture, employee engagement, service quality).

**H<sub>1</sub>:** There are significant intercorrelations between the sub-dimensions of the key dimensions of the study (organisational culture, employee engagement, service quality).

**Table 5.13 Intercorrelation amongst sub-dimensions of organisational culture, service quality and employee engagement**

Dimensions		Organisational culture				Service quality					Employee engagement		
	r/p	Inv	Con	Ada	Mis	Tan	Rel	Res	Ass	Emp	Vig	Abs	Ded
<b>Inv</b>	r p	1.00											
<b>Con</b>	r p	0.696 0.000*	1.00										
<b>Ada</b>	r p	0.646 0.000*	0.679 0.000*	1.00									
<b>Mis</b>	r p	0.670 0.000*	0.739 0.000*	0.823 0.000*	1.00								
<b>Tan</b>	r p	0.064 0.424	-0.033 0.682	-0.120 0.137	-0.048 0.553	1.00							
<b>Rel</b>	r p	0.102 0.208	0.033 0.685	-0.007 0.931	0.038 0.642	0.525 0.000*	1.00						
<b>Res</b>	r p	0.033 0.683	-0.018 0.820	-0.074 0.357	-0.089 0.273	0.523 0.000*	0.645 0.000*	1.00					
<b>Ass</b>	r p	0.109 0.178	0.103 0.202	0.048 0.557	0.023 0.778	0.504 0.000*	0.507 0.000*	0.491 0.000*	1.00				
<b>Emp</b>	r p	0.051 0.524	0.030 0.714	-0.053 0.514	-0.012 0.883	0.429 0.000*	0.556 0.000*	0.536 0.000*	0.650 0.000*	1.00			
<b>Vig</b>	r p	0.215 0.000*	0.224 0.000*	0.446 0.000*	0.403 0.000*	-0.047 0.561	0.135 0.092	0.081 0.311	0.033 0.681	0.010 0.903	1.00		
<b>Abs</b>	r p	0.278 0.000*	0.160 0.047**	0.506 0.000*	0.441 0.000*	-0.009 0.913	0.134 0.096	0.042 0.603	0.065 0.425	0.023 0.777	0.740 0.000*	1.00	
<b>Ded</b>	r p	0.360 0.000*	0.205 0.010**	0.519 0.000*	0.434 0.000*	-0.107 0.183	0.047 0.559	0.004 0.959	0.061 0.452	0.067 0.404	0.589 0.000*	0.684 0.000*	1.00

**Key:** *Inv*=Involvement, *Con*=Consistency, *Ada*=Adaptability, *Mis*=Mission, *Tan*=Tangibles, *Rel*=Reliability, *Res*=Responsiveness, *Ass*=Assurance, *Emp*=Empathy, *Vig*=Vigour, *Abs*=Absorption, *Ded*=Dedication

\*  $p < 0.01$

\*\*  $p < 0.05$

Table 5.13 shows significant, strong and direct relationships between involvement and consistency, consistency and adaptability and mission respectively and adaptability and mission as well as between vigour and absorption at the 1% significance level. Hence, the alternate hypothesis is accepted and the null hypothesis is rejected.

This finding shows that an increase in involvement will correspondingly increase the employees' consistency, adaptability and mission. This signifies that the employees' involvement was associated with consistency, adaptability and mission in the private hospitals. This also indicates that involvement is a determinant of consistency, adaptability and mission. This proposes that the association between involvement and improved consistency to work is vital in improving organisational culture at the hospitals. However, Table 5.13 also shows that there are no significant relationships between

involvement and tangibles, responsiveness, reliability, assurance and empathy respectively. Hence, the null hypothesis is accepted and the alternate hypothesis is rejected.

Additionally, there are significant, direct and strong relationships between consistency and adaptability and mission respectively, at the 1% significance level. Hence, the alternate hypothesis is accepted and the null hypothesis is rejected. This finding reveals that an increase in consistency will correspondingly increase the employees' adaptability and mission. This implies that the employees' consistency is associated with adaptability and mission in the private hospitals. This also indicates that consistency is a determinant of adaptability and mission. This proposes that the association between consistency and enhanced mission to work is vital in improving organisational culture at the hospitals. On the other hand, no significant link was found between consistency and tangibles, responsiveness, reliability, assurance and empathy respectively. Hence, the null hypothesis is accepted and the alternate hypothesis is rejected.

From Table 5.13, it is evident that a significant, direct and strong relationship is observed between adaptability and mission at the 1% significance level. Hence, the alternate hypothesis is accepted and the null hypothesis is rejected. This finding shows that an increase in adaptability will correspondingly increase mission. This implies that the employees' adaptability is associated with mission in the private hospitals. This also indicates that adaptability is a determinant of mission. This proposes that the association between adaptability and mission is vital in fulfilling organisational objectives at the hospitals. However, there are no significant relationships between adaptability and tangibles, responsiveness, reliability, assurance and empathy respectively. Hence, the null hypothesis is accepted and the alternate hypothesis is rejected.

Table 5.13 further reflects a significant and direct relationship between tangibles and reliability, responsiveness, assurance and empathy respectively, at the 1% significance level. Hence, the alternate hypothesis is accepted and the null hypothesis is rejected. This finding portrays that an increase in tangibles will correspondingly increase reliability, responsiveness, assurance and empathy. This signifies that tangible are associated with reliability, responsiveness, assurance and empathy in the private hospitals. This also indicates that tangibles are a determinant of reliability, responsiveness, assurance and empathy. This proposes that the association between tangibles and reliability of service quality is significant in enhancing service quality at the hospitals.

Furthermore, there is significant and direct relationship between reliability and responsiveness, assurance and empathy respectively at the 1% significance level. Hence, the alternate hypothesis is accepted and the null hypothesis is rejected. This finding shows that an increase in reliability will correspondingly increase responsiveness, assurance and empathy. This means that reliability is associated with responsiveness, assurance and empathy in the private hospitals. This also indicates that reliability is a determinant of responsiveness, assurance and empathy. This suggests that the association between reliability and responsiveness of service quality is significant in enhancing service quality at the hospitals.

In addition, Table 5.13 indicates a significant and direct relationship between responsiveness and assurance and empathy respectively at the 1% significance level. Hence, the alternate hypothesis is accepted and the null hypothesis is rejected. This finding indicates that an increase in responsiveness will correspondingly increase assurance and empathy. This means that responsiveness is associated with assurance and empathy in the private hospitals. This also indicates that responsiveness is a determinant of assurance and empathy.

Furthermore, there is a significant and direct relationship between assurance and empathy at the 1% significance level. Hence, the alternate hypothesis is accepted and the null hypothesis is rejected. This result shows that an increase in assurance will significantly result in an increase empathy. This means that assurance is related to empathy in the private hospitals. This also shows that assurance is a determinant of empathy.

Additionally, the Table 5.13 also depicts the intercorrelation between sub-dimensions of service quality (tangibles, reliability, responsiveness, assurance, empathy) and employee engagement (vigour, absorption, dedication). Table 5.13 shows that there are significant and direct relationships between tangibles and reliability, assurance, responsiveness and empathy, respectively, at the 1% significance level. Hence, the alternate hypothesis is accepted and the null hypothesis is rejected. This implies that a unit increase in tangibles is likely to have a snowballing effect, and thereby improve reliability, responsiveness, assurance and empathy. This signifies that tangible is associated with reliability, responsiveness, assurance and empathy in the hospitals. In addition, it also shows that tangible is a determinant of reliability, responsiveness, assurance and empathy. However, there is no significant

relationship between tangibles and vigour, absorption and dedication respectively. Hence, the null hypothesis is accepted and the alternate hypothesis is rejected.

Table 5.13 further indicates there are significant and direct relationships between reliability and assurance, responsiveness and empathy respectively at the 1% significance level. Hence, the alternate hypothesis is accepted and the null hypothesis is rejected. This implies that a unit increase in reliability is likely to have a snowballing effect and thereby, improve assurance, responsiveness and empathy. This signifies that reliability is associated with responsiveness, assurance and empathy in the hospitals. However, no further significant relationships are found between reliability and vigour, absorption and dedication respectively. Hence, the null hypothesis is accepted and the alternate hypothesis is rejected.

In addition, Table 5.13 reflects that there are significant and direct relationships between responsiveness and assurance and empathy, respectively, at the 1% significance level. Hence, the alternate hypothesis is accepted and the null hypothesis is rejected. This finding reveals that an increase in responsiveness will correspondingly increase the client's assurance and empathy. The findings indicate that responsiveness positively impacts assurance and empathy of service quality at the hospitals. Nonetheless, no significant relationships are found between responsiveness and vigour, absorption and dedication respectively. Hence, the null hypothesis is accepted and the alternate hypothesis is rejected.

Table 5.13 further reveals a significant and direct relationship between assurance and empathy at the 1% significance level. Hence, the alternate hypothesis is accepted and the null hypothesis is rejected. This finding reveals that an increase in assurance will correspondingly increase empathy. Furthermore, the findings show that assurance positively impacts empathy of service quality at the hospitals. However, there are no further significant links noted between assurance and vigour, absorption and dedication respectively. Therefore, the null hypothesis is accepted and the alternate hypothesis is rejected.

No further significant relationships are found between empathy and vigour, absorption and dedication respectively. Hence, the null hypothesis is accepted and the alternate hypothesis is rejected.

In addition, Table 5.13 shows there are significant, direct and strong relationships between vigour and absorption and dedication respectively at the 1% significance level. Hence, the alternate hypothesis is accepted and the null hypothesis is rejected. This implies that a unit increase in vigour is likely to have a snowballing effect, and thereby improve absorption and dedication. This signifies that vigour is

associated with absorption and dedication among employees at the hospitals. In addition, it also shows that vigour is a determinant of absorption and dedication.

Table 5.13 shows there is a significant and direct relationship between absorption and dedication at the 1% significance level. Hence, the alternate hypothesis is accepted and the null hypothesis is rejected. This finding reveals that an increase in absorption will correspondingly increase the dedication of employees. Furthermore, the findings show that absorption positively impacts dedication among employees at the hospitals.

In relations to the intercorrelation between sub-dimensions of organisational culture (involvement, consistency, adaptability, mission) and employee engagement (vigour, absorption, dedication) Table 5.13 reflects that there are significant and direct relationships between involvement and consistency, adaptability, mission, vigour, absorption and dedication respectively at the 1% significance level. Hence, the alternate hypothesis is accepted and the null hypothesis is rejected. This implies that an improvement in involvement is likely to have a snowballing effect, and thereby enhance consistency, adaptability, mission, vigour, absorption and dedication. This signifies that the employees' involvement is associated with consistency, adaptability, mission, vigour, absorption and dedication in the private hospitals. Additionally, it also shows that involvement is a determinant of consistency, adaptability, mission, vigour, absorption and dedication.

Furthermore, there are significant, direct and strong relationships between consistency and adaptability, mission and vigour at the 1% significance level, respectively. Hence, the alternate hypothesis is accepted and the null hypothesis is rejected. This infers that an increase in consistency is likely to have a snowballing effect and thus, enhance adaptability, mission and vigour. This signifies that the employees' consistency is related to adaptability, mission and vigour in the private hospitals. Furthermore, it also shows that consistency is a determinant of adaptability, mission and vigour. This suggests that the association between consistency and mission of organisational culture is significant in improving the culture of employees at the hospitals.

Additionally, Table 5.13 indicates a significant and positive relationship between consistency and absorption and dedication, respectively, at the 5% significance level. Hence, the alternate hypothesis is accepted and the null hypothesis is rejected. This finding reveals that an increase in consistency will

correspondingly increase the employees' absorption and dedication. The findings indicates that consistency positively impacts absorption and dedication among employees at the hospitals.

Table 5.13 shows that there are significant, direct and strong relationships between adaptability and mission, vigour, absorption and dedication, respectively, at the 1% significance level. Hence, the alternate hypothesis is accepted and the null hypothesis is rejected. This finding reveals that an increase in adaptability will correspondingly increase mission, vigour, absorption and dedication. The results show that adaptability positively influences absorption and mission, vigour, absorption and dedication among employees at the hospitals. This implies that the link between adaptability and mission of organisational culture is significant in improving the culture of employees at the hospitals.

Furthermore, there are significant and direct relationships between mission and vigour, absorption and dedication at the 1% significance level respectively. Therefore, the alternate hypothesis is accepted and the null hypothesis is rejected. This finding reveals that an increase in mission will correspondingly see an increase in vigour, absorption and dedication. The results indicate that mission positively influences vigour, absorption and dedication among employees at the hospitals.

Table 5.13 further indicates that there are a significant and direct relationships between vigour and absorption and dedication respectively at the 1% significance level. Hence, the alternate hypothesis is accepted and the null hypothesis is rejected. This finding reveals that an increase in vigour will correspondingly show an increase in absorption and dedication. The results depict that vigour positively influences absorption and dedication among employees at the hospitals.

In addition, Table 5.13 depicts a significant and direct relationship between absorption and dedication at the 1% significance level. Hence, the alternate hypothesis is accepted and the null hypothesis is rejected. This outcome reveals that a unit increase in absorption will show a corresponding increase in dedication. The results depict that absorption positively influences dedication among employees at the hospitals. Thus, hypothesis 1 may be partially accepted.

### **Hypothesis 2**

**H<sub>0</sub>:** There is no significant relationship between organisational culture, service quality and employee engagement respectively.

**H<sub>2</sub>:** There is a significant relationship between organisational culture, service quality and employee

engagement respectively.

**Table 5.14 Pearson product moment correlation: Correlation between organisational culture, employee engagement and service quality**

Dimensions	r/p	Service quality	Employee engagement
<b>Organisational culture</b>	r	0.025	0.433
	<b>p</b>	0.767	<b>0.000*</b>
<b>Employee engagement</b>	r	0.059	1.00
	<b>p</b>	0.468	

\*  $p < 0.01$

Table 5.14 indicates that there is no significant relationship between organisational culture and service quality. Therefore, the null hypothesis is accepted and the alternate hypothesis is rejected. In addition, Table 5.14 depicts that there is a significant relationship between organisational culture and employee engagement at the 1% significant level. Thus, the alternate hypothesis is accepted and the null hypothesis is rejected. Finally, Table 5.14 indicates that there is no significant relationship between employee engagement and service quality. Thus, the alternate hypothesis is accepted and the null hypothesis is rejected. Therefore, hypothesis 2 may be partially accepted.

#### **5.4.2 Influence of biographical profiles**

The effect of the biographical profiles (age, tenure, marital status, gender) on the sub-dimensions of organisational culture (involvement, consistency, adaptability, mission), employee engagement (vigour, absorption, dedication) and service quality (reliability, responsiveness, tangibles, empathy, assurance) were evaluated using ANOVA and t-test, respectively (Table 5.15 to Table 5.21).

#### **Hypotheses 3**

**H0:** There is no significant difference in the perceptions of employees varying in biographical profiles (age, gender, tenure, marital status) regarding organisational culture, employee engagement and service quality and their respective sub-dimensions.

**H3:** There is a significant difference in the perceptions of employees varying in biographical profiles (age, gender, tenure, marital status) regarding organisational culture, employee engagement and service quality and their respective sub-dimensions.



**Table 5.15 ANOVA: Organisational culture, employee engagement and service quality  
regarding Age**

<b>Dimensions</b>	<b>F</b>	<b>p</b>
<b>Organisational culture</b>	2.463	0.048**
Involvement	1.931	0.108
Consistency	1.663	0.161
Adaptability	0.178	0.911
Mission	2.414	0.051
<b>Employee engagement</b>	2.047	0.091
Vigour	3.476	0.010*
Absorption	1.074	0.372
Dedication	1.784	0.135
<b>Service quality</b>	0.508	0.730
Tangibles	2.080	0.085
Reliability	1.657	0.162
Responsiveness	1.449	0.220
Assurance	0.294	0.882
Empathy	1.457	0.217

\*  $p \leq 0.01$

\*\*  $p < 0.05$

Table 5.15 shows a significant difference in the level of organisational culture of workers varying in age at the 5% significance level. Thus, the alternate hypothesis is accepted and the null hypothesis is rejected. However, there is no significant difference in the levels of organisational culture of workers varying in age relating to involvement, consistency, adaptability and mission respectively. Therefore, the null hypothesis is accepted and the alternate hypothesis is rejected.

Table 5.15 shows a significant difference in the levels of vigour among workers varying in age at the 1% significance level. Hence, the alternate hypothesis is accepted and the null hypothesis is rejected. Furthermore, there is no significant difference in employee engagement, adsorption and dedication among workers varying in age. Thus, the null hypothesis is accepted and the alternate hypothesis is rejected.

Table 5.15 shows no significant difference in the perceptions of clients varying in age relating to service quality and its sub-dimensions (reliability, responsiveness, tangibles, assurance, empathy), respectively. Thus, the null hypothesis is accepted and the alternate hypothesis is rejected.

To evaluate precisely where the significant differences lie, a Post hoc Scheffe's test was computed (Table 5.16).

**Table 5.16 Post hoc Scheffe's test: Organisational culture and vigour regarding Age**

Dimension	Age	N	Mean
Organisational culture	18-25 years	24	3.677
	26-35 years	59	3.556
	36-45 years	40	3.914
	46-55 years	21	3.560
	56 years and over	6	3.412
Vigour	18-25 years	24	3.986
	26-35 years	63	3.804
	36-45 years	42	4.111
	46-55 years	21	3.421
	56 years and over	7	3.548

Table 5.16 indicates that employees who are 56 years and over are significantly different from the rest of the workers as they had significantly lower (more negative) perceptions of organisational culture. It is also apparent from Table 5.16 that the perception of organisational culture is the highest (more positive) amongst the middle age employees (36-45 years). Additionally, Table 5.16 shows that employees who are 46–55 years are significantly different from the rest of the workers as they reflect significantly lower levels of vigour. Table 5.16 also shows that the level of vigour is highest amongst the middle age staff (36-45 years).

**Table 5.17 ANOVA: Organisational culture, employee engagement and service quality  
regarding Tenure**

<b>Dimensions</b>	<b>F</b>	<b>p</b>
<b>Organisational culture</b>	2.910	0.024**
Involvement	4.009	0.004**
Consistency	2.122	0.081
Adaptability	4.639	0.001**
Mission	1.101	0.358
<b>Employee engagement</b>	5.020	0.001*
Vigour	4.272	0.003*
Absorption	2.850	0.026**
Dedication	5.438	0.000*
<b>Service quality</b>	0.743	0.564
Tangibles	2.382	0.053
Reliability	1.388	0.240
Responsiveness	0.567	0.687
Assurance	0.338	0.852
Empathy	0.909	0.460

\*  $p < 0.01$

\*\*  $p < 0.05$

Table 5.17 shows a significant difference in involvement and adaptability amongst workers varying in tenure at the 5% significance level. Thus, the alternate hypothesis is accepted and the null hypothesis is rejected. Additionally, there is a significant difference in the perception of organisational culture of workers varying in tenure at the 5% significance level. Thus, the alternate hypothesis was accepted and the null hypothesis was rejected. However, no significant difference is found in the consistency and mission of workers varying in tenure. Therefore, the null hypothesis is accepted and the alternate hypothesis is rejected.

In addition, Table 5.17 reflects a significant difference in the levels of employee engagement, vigour and dedication amongst workers varying in tenure, at the 1% significance level. Hence, the alternate hypothesis is accepted and the null hypothesis is rejected. Furthermore, there is

significant difference in the level of absorption of workers varying in tenure, at the 5% significance level. Therefore, the alternate hypothesis is accepted and the null hypothesis is rejected.

Table 5.17 shows that there is no significant difference in the perceptions of clients varying in tenure regarding service quality, tangibles, reliability, responsiveness, assurance and empathy, respectively. Thus, the null hypothesis is accepted and the alternate hypothesis is rejected.

To examine exactly where the significant differences lie, a Post hoc Scheffe's test was computed (Table 5.18).

**Table 5.18 Post hoc Scheffe's test: Organisational culture and employee engagement  
regarding Tenure**

<b>Dimension</b>	<b>Tenure</b>	<b>N</b>	<b>Mean</b>
Organisational culture	0-5 years	64	3.713
	6-10 years	47	3.448
	11-15 years	23	3.812
	16-20 years	13	4.002
	>20 years	3	3.472
Involvement	0-5 years	65	3.684
	6-10 years	50	3.402
	11-15 years	24	3.653
	16-20 years	13	4.154
	>20 years	4	3.361
Adaptability	0-5 years	64	3.839
	6-10 years	51	3.464
	11-15 years	24	3.963
	16-20 years	13	4.103
	>20 years	4	3.361
Employee engagement	0-5 years	64	4.086
	6-10 years	50	3.555
	11-15 years	25	4.045
	16-20 years	13	3.855
	>20 years	3	3.804
Vigour	0-5 years	65	4.072
	6-10 years	50	3.543
	11-15 years	25	4.040
	16-20 years	13	3.654
	>20 years	4	3.583
Dedication	0-5 years	65	4.240
	6-10 years	50	3.536
	11-15 years	25	4.264
	16-20 years	13	3.923
	>20 years	4	3.800
Absorption	0-5 years	65	4.125
	6-10 years	50	3.568
	11-15 years	25	3.609
	16-20 years	13	4.281
	>20 years	4	3.512

Table 5.18 depicts a significant difference in employees with tenure between 6–10 years from the rest of the workers; they are less convinced that their organisations have an outstanding culture. Additionally, employees who have worked for more than 20 years are significantly different from the rest of the employees in their levels of involvement and adaptability; they feel less involved and adapted to their organisation. These employees have low perceptions of organisational culture.

Furthermore, Table 5.18 shows that employees who have 6-10 years tenure are significantly different from the rest of the workers as they reflect significantly lower levels of employee engagement, vigour, dedication and dedication. Additionally, Table 5.18 also reflects that the level of engagement and vigour is highest amongst employees with a tenure between 0-5 years. In addition, from Table 5.18, the level of absorption is highest among employees with tenure between 16-20 years. Furthermore, from Table 5.18, the level of dedication is highest among employees who are 11-15 years in the hospitals. Employees with 0-5 years of tenure have high levels of levels of engagement, vigour and dedication as compared to employees who have worked longer in the hospitals. Further, employees with 16-20 years of tenure have the highest level of absorption as compared to employees who have worked for more than 20 years in the hospitals.

**Table 5.19 ANOVA: Organisational culture, employee engagement and service quality  
regarding Marital status**

<b>Dimensions</b>	<b>F</b>	<b>p</b>
<b>Organisational culture</b>	0.016	0.997
Involvement	0.288	0.834
Consistency	0.178	0.911
Adaptability	0.105	0.957
Mission	0.019	0.996
<b>Employee engagement</b>	0.099	0.960
Vigour	0.269	0.848
Absorption	0.489	0.691
Dedication	0.570	0.635
<b>Service quality</b>	0.090	0.965
Tangibles	2.267	0.082
Reliability	2.240	0.085
Responsiveness	2.139	0.097
Assurance	0.653	0.582
Empathy	2.358	0.073

Table 5.19 reflects that there is no significant difference in the perceptions of organisational culture of workers varying in marital status relating to involvement, consistency, adaptability, and mission respectively. Hence, the null hypothesis is accepted and the alternate hypothesis is rejected. Likewise, Table 5.19 shows that there is no significant difference in the engagement and its sub-dimensions (vigour, absorption, dedication) of workers varying in marital status. Thus, the null hypothesis is accepted and the alternate hypothesis is rejected. Furthermore, Table 5.19 reflects that there is no significant difference in the perceptions of clients varying in marital status regarding service quality, reliability, empathy, responsiveness, tangibles and assurance. Thus, the null hypothesis is accepted and the alternate hypothesis is rejected.

**Table 5.20 ANOVA: Organisational culture, employee engagement and service quality  
regarding Gender**

<b>Dimensions</b>	<b>T</b>	<b>Df</b>	<b>p</b>
<b>Organisational culture</b>	12.862	154	0.000*
Involvement	11.591	154	0.000*
Consistency	10.154	154	0.000*
Adaptability	13.634	154	0.000*
Mission	10.980	154	0.000*
<b>Employee engagement</b>	15.917	156	0.000*
Vigour	13.414	156	0.000*
Absorption	15.290	156	0.000*
Dedication	13.680	156	0.000*
<b>Service quality</b>	17.065	188	0.000*
Tangibles	11.008	188	0.000*
Reliability	15.673	188	0.000*
Responsiveness	11.670	188	0.000*
Assurance	13.886	188	0.000*
Empathy	15.062	188	0.000*

**\* p < 0.01**

Table 5.20 shows a significant difference in the perceptions of organisational culture, involvement, consistency, adaptability and mission between male and female employees at the 1% significance level. Thus, the alternate hypothesis is accepted and the null hypothesis is rejected. Likewise, Table 5.20 shows a significant difference in male and female workers on their levels of engagement, vigour, absorption and dedication, at the 1% level of significance. Therefore, the alternate hypothesis is accepted and the null hypothesis is rejected. Furthermore, Table 5.20 depicts a significant difference in the perceptions of male and female clients regarding service quality, reliability, empathy, responsiveness, tangibles and assurance respectively at the 1% significance



level. Therefore, the alternate hypothesis is accepted and the null hypothesis is rejected.

With the aim of assessing precisely where the significant differences are, mean differences were computed (Table 5.21).

**Table 5.21 Mean differences in organisational culture, employee engagement and service quality based on Gender**

<b>Dimension</b>	<b>Gender</b>	<b>N</b>	<b>Mean</b>	<b>Standard Deviation</b>
<b>Organisational culture</b>	Male	72	3.716	0.609
	Female	85	3.619	0.656
Involvement	Male	72	3.676	0.596
	Female	85	3.571	0.723
Consistency	Male	72	3.630	0. 619
	Female	85	3.479	0.713
Adaptability	Male	72	3.786	0.731
	Female	85	3.714	0.639
Mission	Male	72	3.772	0.815
	Female	85	3.673	0.818
<b>Employee engagement</b>	Male	72	3.931	0.691
	Female	85	3.842	0.692
Vigour	Male	72	3.854	0.759
	Female	85	3.849	0.802
Absorption	Male	72	3.838	0. 686
	Female	85	3.815	0.664
Dedication	Male	72	4.133	0.909
	Female	85	3.982	0.910
<b>Service quality</b>	Male	107	3.642	0.527
	Female	81	3.635	0.498
Tangibles	Male	107	3.528	0.688
	Female	81	3.531	0.632
Reliability	Male	107	3.645	0.601
	Female	81	3.694	0.563
Responsiveness	Male	107	3.584	0.711
	Female	81	3.617	0.708
Assurance	Male	107	3.706	0.639
	Female	81	3.597	0.673
Empathy	Male	107	3.716	0.684
	Female	81	3.677	0.582

Table 5.21 indicates that male employees at the hospitals exhibit higher (more positive) perceptions of organisational culture, involvement, consistency, adaptability and mission than female workers. This infers is that male workers are more cognisant of the culture of their organisation and view it in a more positive light. Furthermore, Table 5.21 indicates that male employees at the hospitals have higher levels of engagement, vigour, absorption and dedication than female employees. This infers is that male employees are more engaged, vigorous, absorbed and dedicated to their work. Lastly, Table 5.21 indicates that male clients are more convinced than female clients that the hospitals staff have empathy and assure clients of quality services. This implies that male clients are more content with the quality of services, the assurance the hospitals give them, as well as the empathy they receive and display at the hospitals. Furthermore, Table 5.21 also reflects that female clients are more convinced than male clients that the hospitals provide tangibles, reliability and responsive service to their clients.

#### **5.4.3 Factors influencing Service quality**

The extent to which organisational culture and employee engagement impacts service quality were statistically examined (Table 5.22).

#### **Hypotheses 4**

H<sub>0</sub>: Organisational culture and employee engagement do not significantly account for the variance in service quality.

H<sub>4</sub>: Organisational culture and employee engagement significantly account for the variance in service quality.

**Table 5.22 Multiple regression: Impact of organisational culture and employee engagement on service quality.**

Model Summary							
Model 1		R	R Square	Adjusted R Square	Std. Error of the Estimate		
		0.073 <sup>a</sup>	0.005	0.261	0.51262		
ANOVA							
Model		Sum of Squares		Df	Mean Square	F	p
Regression		0.251		2	0.125	0.477	0.621 <sup>b</sup>
Residual		46.248		176	0.263		
Total		46.499		178			
Model		Unstandardised Coefficients		Standardised Coefficients		T	p
		B	Std. Error	Beta			
1	(Constant)	3.438	0.266			12.946	0.000
	Organisational culture	0.005	0.066	0.056		0.079	0.938
	Employee engagement	0.054	0.057	0.075		0.938	0.349

Table 5.22 reveals that organisational culture and employee engagement significantly account for 26.1% of the variance in service quality (Adjusted R square = 0.261). Therefore, the alternate hypothesis is accepted and the null hypothesis is rejected. The remaining 73.9% could possibly be ascribed to issues which were not comprised in the study. Table 5.38 also indicates the Beta value (Beta = 0.075) that employee engagement significantly impacts service quality. The influence of organisational culture on service quality is also significant but based on the Beta value (Beta = 0.056), it is apparent that organisational culture has a smaller impact on service quality than employee engagement.

#### 5.4.4 Mediation analysis

In this study, a regression analysis was used to examine the hypothesis that employee engagement mediates the effect of organisational culture on service quality. In testing for the mediation hypothesis, a process macro for SPSS with a four-step multiple regression was utilised.

#### Hypotheses 5

H5<sub>0</sub>: Employee engagement does not mediate the relationship between organisational culture and service quality.

H5<sub>1</sub>: Employee engagement mediates the relationship between organisational culture and service quality.

#### Hypotheses 5a

H5a<sub>0</sub>: There is no significant relationship between organisational culture and employee engagement.

H5a<sub>1</sub>: There is a significant relationship between organisational culture and employee engagement.

**Table 5.23 Model summary relationship between organisational culture and employee engagement**

```
***** PROCESS Procedure for SPSS Version 4.2 beta *****
      Written by Andrew F. Hayes, Ph.D.      www.afhayes.com
      Documentation available in Hayes (2022). www.guilford.com/p/hayes3
*****
Model   : 4
Y       : Service quality (SQ)
X       : Organisational culture (OC)
M       : Employee engagement (EE)

Sample
Size:   346

*****
OUTCOME VARIABLE:
EE

Model Summary
      R      R-sq      MSE      F      df1      df2      p
      .4328      .1873      .4006     33.8832     1.0000    147.0000     .0000

Model
      coeff      se      t      p      LLCI      ULCI
constant    2.1390    .3050    7.0123    .0000    1.5361    2.7418
OC           .4779    .0821    5.8209    .0000    .3156    .6401

Standardized coefficients
      coeff
OC           .4328

*****
```

Firstly, employee engagement (mediating variable) is significantly associated with organisational culture (independent variable). The findings of the first analysis show the R square of 0.1873, denoting that 18.73% of the variance in organisational culture may be attributed to employee engagement. The model also indicated the coefficient of 0.4779 and p value of 0.000, thereby

depicting a significant relationship. Hence, the alternate hypothesis is accepted and the null hypothesis is rejected.

**Figure 5.1 Relationship between organisational culture and employee engagement**

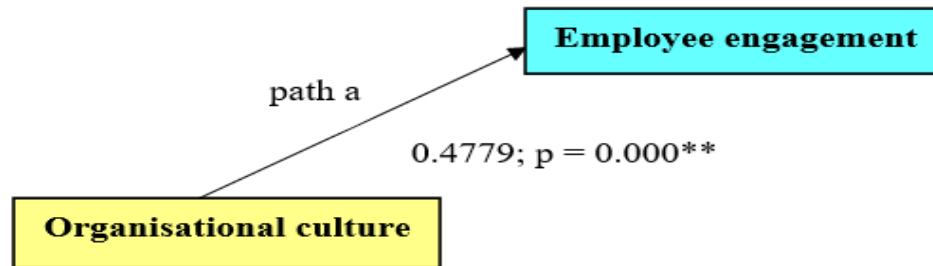


Figure 5.1 indicates that there is a significant relationship between organisational culture and employee engagement. The study concludes that the alternate hypothesis is accepted.

### **Hypotheses 5b**

H5b<sub>0</sub>: Organisational culture and employee engagement do not regress onto service quality.

H5b<sub>1</sub>: Organisational culture and employee engagement regress onto service quality.

**Table 5.24 Model summary of the regression of organisational culture and employee engagement on service quality**

```

*****
OUTCOME VARIABLE:
SQ

Model Summary
      R      R-sq      MSE      F      df1      df2      p
      .1208      .0146      .6307      1.0807      2.0000      146.0000      .3420

Model
      coeff      se      t      p      LLCI      ULCI
constant      3.5919      .4421      8.1242      .0000      2.7181      4.4657
OC              .1423      .1143      1.2456      .2149      -.0835      .3682
EE             -.1286      .1035     -1.2432      .2158     -.3332      .0759

Standardized coefficients
      coeff
OC       .1135
EE      -.1133
  
```

\*\*\*\*\*

In the second model, both organisational culture (independent variable) and employee engagement (mediating variable) are regressed onto service quality (dependent variable). The findings of the second analysis show the R square of 0.0146, denoting 1.46% of the variance. The model indicates F value of 1.0807 and p values of 0.2158 and 0.2149 for organisational culture and employee

engagement, respectively, depicting no significant relationship. Hence, the null hypothesis is accepted and the alternate hypothesis is rejected.

**Figure 5.2 Regression of organisational culture and employee engagement on service quality**

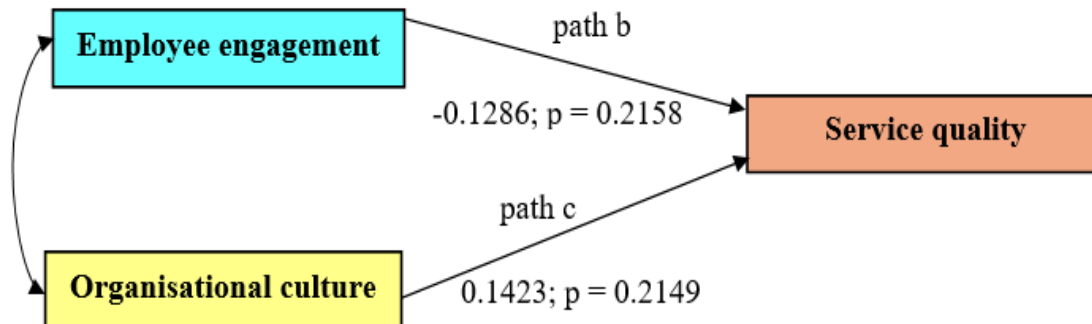


Figure 5.2 indicates that organisational culture and service quality do not regress onto service quality. Furthermore, the study also found no significant relationship between engagement and service quality. The study concludes that the null hypothesis is accepted and the alternate hypothesis is rejected.

### **Hypotheses 5c**

H5<sub>0</sub>: There is no significant relationship between organisational culture and service quality.

H5<sub>1</sub>: There is a significant relationship between organisational culture and service quality.

**Table 5.25 Total effect model of organisational culture on service quality**

```
***** TOTAL EFFECT MODEL *****
OUTCOME VARIABLE:
SQ

Model Summary

      R      R-sq      MSE      F      df1      df2      p
    .0645    .0042    .6330    .6137    1.0000   147.0000   .4346

Model

      coeff      se      t      p      LLCI      ULCI
constant  3.3167   .3834   8.6501   .0000   2.5590   4.0744
OC         .0808   .1032   .7834   .4346  -.1231   .2848

Standardized coefficients

      coeff
OC       .0645

*****
```

In the third model, the regression analysis of organisational culture (independent variable) did not significantly relate to service quality (dependent variable). The results of the third analysis show the R square of 0.0042, denoting that only 0.042% of the variance in service quality may be due to organisational culture, which is too negligible. The model further indicated an F value of 0.6137 and p value of 0.4346, depicting no significant relationship. Hence, the null hypothesis is accepted and the alternate hypothesis is rejected.

**Figure 5.3 Total effect model of the relationship between organisational culture on service quality**

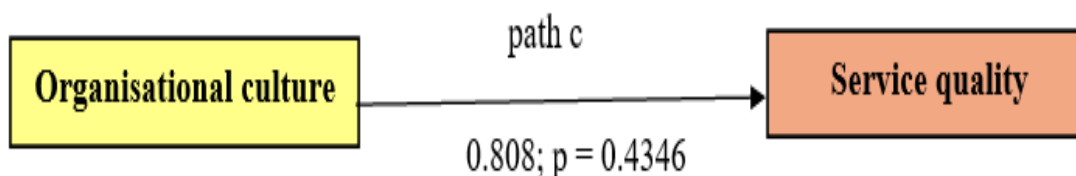


Figure 5.3 depicts that there is no significant relationship between organisational culture and service quality. The study concludes that the null hypothesis is accepted and the alternate hypothesis is rejected.

**Table 5.26 Model summary of total, direct and indirect effect of organisational culture on service quality**

***** TOTAL, DIRECT, AND INDIRECT EFFECTS OF X ON Y *****						
Total effect of X on Y						
Effect	se	t	p	LLCI	ULCI	c_cs
.0808	.1032	.7834	.4346	-.1231	.2848	.0645
Direct effect of X on Y						
Effect	se	t	p	LLCI	ULCI	c'_cs
.1423	.1143	1.2456	.2149	-.0835	.3682	.1135
Indirect effect(s) of X on Y:						
Effect	BootSE	BootLLCI	BootULCI			
EE	-.0615	.0395	-.1425	.0137		
Completely standardized indirect effect(s) of X on Y:						
Effect	BootSE	BootLLCI	BootULCI			
EE	-.0490	.0312	-.1119	.0116		
***** ANALYSIS NOTES AND ERRORS *****						

Table 5.25 also reveals the indirect effect of organisational culture (X) on service quality (Y) and reveals that “BootLLCI” and “BootULCI” display the values of -0.1425 and 0.0137. It further reveals that both the P value of the total effect 0.4346 and direct effect 0.2149 between organisational culture on service quality have no significant relationship. This further implies that



employee engagement is not significant and hence the mediation is not supported. According to Hayes (2017), if the confidence interval does not include 0, the indirect effect is significant and mediation is established.

**Figure 5.4 Total, direct and indirect effect of organisational culture on service quality**

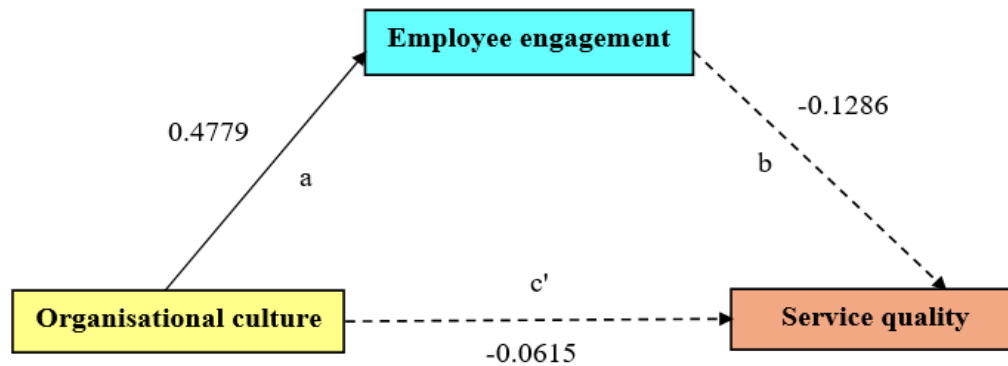
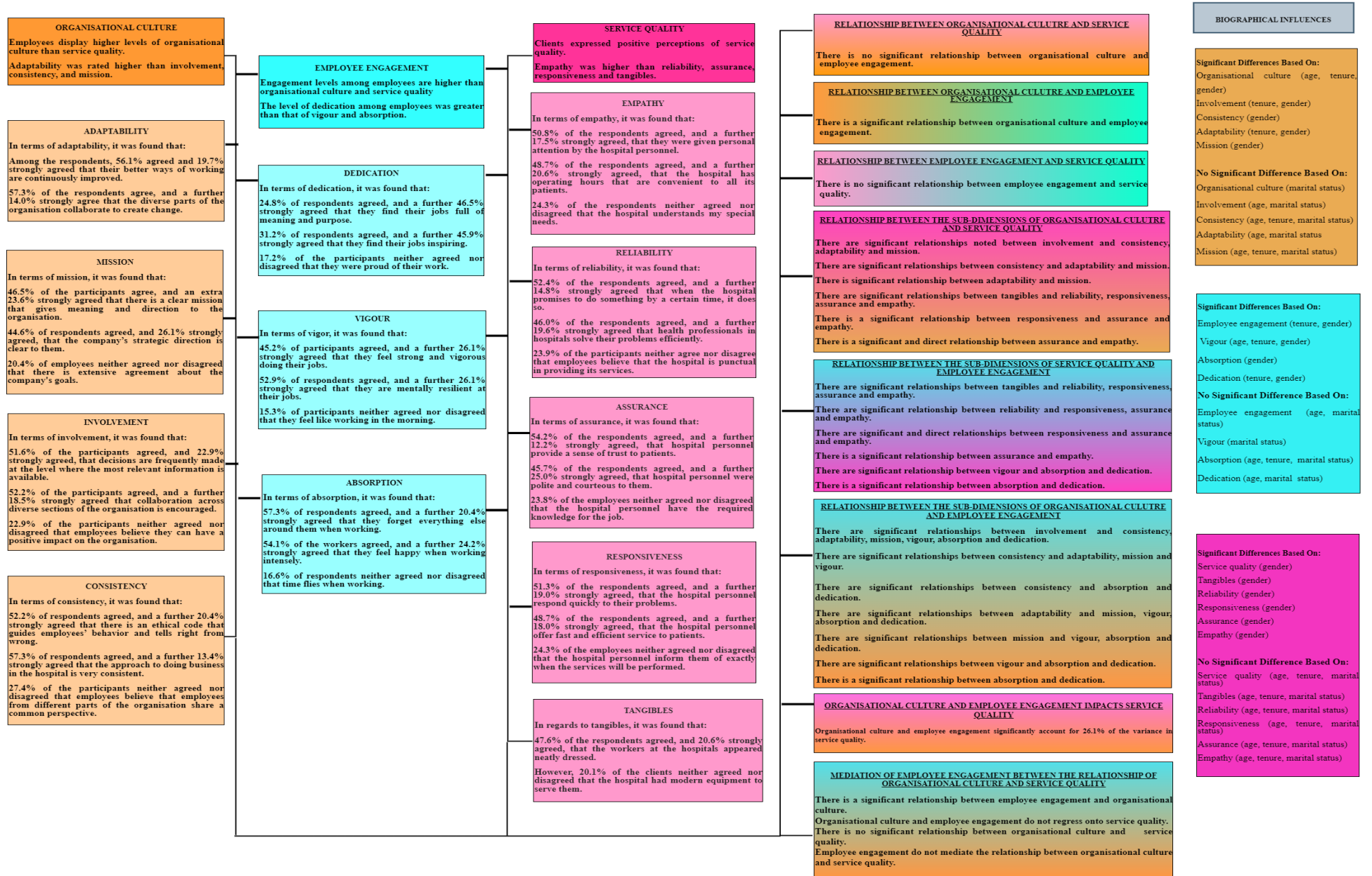


Figure 5.4 indicates that employee engagement did not mediate the relationship between organisational culture on service quality. Therefore, the null hypothesis is accepted and the alternate hypothesis is rejected.

The key results of the study, which have been examined, are graphically presented in Figure 5.5.

**Figure 5.5 Graphical representation of the results of the study**



## **5.5 Conclusion**

This chapter presented the results of the study hypotheses as described in the previous chapter. The findings of the study were presented using tables and graphical depictions, and all results were narratively construed. The results of this study were analysed using both descriptive to inferential statistics. In relation to the descriptive analysis, the results of the study revealed that employee engagement had the highest mean, followed by service quality, and lastly, organisational culture. In addition, the inferential analysis revealed a significant intercorrelation among the sub-dimensions of organisational culture and employee engagement. Furthermore, the study revealed that there is a significant relationship between organisational culture and employee engagement. The study also analysed the various relationships between the dimensions and the biographical profiles of the respondents. Finally, the study concluded that employee engagement does not mediate the relationship between organisational culture and service quality. Nonetheless, results are useless until they are compared and contrasted with the results of other academics in the field. This will be done in the next chapter.

## **CHAPTER SIX**

### **PRESENTATION OF QUALITATIVE RESULTS**

#### **6.1 Introduction**

As revealed in chapter four, fifteen (15) participants (i.e. hospital administrators, medical doctors and directors) in management positions were interviewed, which accounted for a 100% response rate. In this chapter, the researcher presents the analysis of the semi-structured interviews utilised in this study (Appendix D). The aim of the qualitative study was to supplement the findings of the quantitative study in relation to the objectives of the study. The qualitative study aimed to understand how the management of these private hospitals feel about the organisational culture and employee engagement, and to get an overview of how they impact the quality of services the hospitals provide to their clients.

The data from the respondents were transcribed and analysed using NVivo 12.0, and this enabled the researcher to generate graphical representations for the themes created. This tool helped to organise and analyse unstructured texts from the semi-structured interviews. Furthermore, thematic analysis was used to identify, analyse, and report the themes that arose from the data gathered. The respondents' convenience was taken into account when conducting the interviews. The interviews were conducted in English and lasted between 30 and 40 minutes. The data collected for this study are presented and interpreted below.

#### **6.2 Demographic characteristics of the participants**

Section A of the semi-structured interview grid was structured to elicit information of participants' biographical profiles (age, gender, tenure, marital status). The findings are described in Table 6.1.

**Table 6.1 Biographical profile of respondents (Semi-structured interviews)**

<b>Item</b>	<b>Biographical profile</b>	<b>Frequency (f)</b>	<b>Percentage (%)</b>
<b>Age</b>	18-25 years	4	26.7
	26-35 years	5	33.3
	36-45 years	2	13.3
	46-55 years	3	20.0
	56 years and over	1	6.7
	<b>Total</b>	<b>15</b>	<b>100</b>
<b>Gender</b>	Male	8	53.3
	Female	7	46.7
	<b>Total</b>	<b>15</b>	<b>100</b>
<b>Tenure</b>	0-5 years	6	40.0
	6-10 years	5	33.3
	11-15 years	2	13.3
	16-20 years	1	6.7
	>20 years	1	6.7
	<b>Total</b>	<b>15</b>	<b>100</b>
<b>Marital status</b>	Single	6	40.0
	Married	7	46.7
	Divorced/Separated	2	13.3
	Widowed	0	0
	<b>Total</b>	<b>15</b>	<b>100</b>

Table 6.1 reflects that the majority of the respondents were between 26-35 years (33.3%), closely followed by 18-25 years (26.7%), then 46-55 years (20.0%), then 36-45 years (13.3%), and 56 years and over (6.7%). The results show that most of the participants were males (53.5%), while 46.7% were females. Additionally, the majority of the respondents (40.0%) have worked in the hospital for 0-5 years, followed by 6-10 years of service (33.3%), then 11-15 years (13.3%), followed by 16-20 years (6.7%), and more than 20 years (6.7%). In addition, the results of the study revealed that most of the respondents were married (46.7%), followed by single respondents

(40.0%), then those who were divorced/separated (13.3%). None of the respondents were widowed.

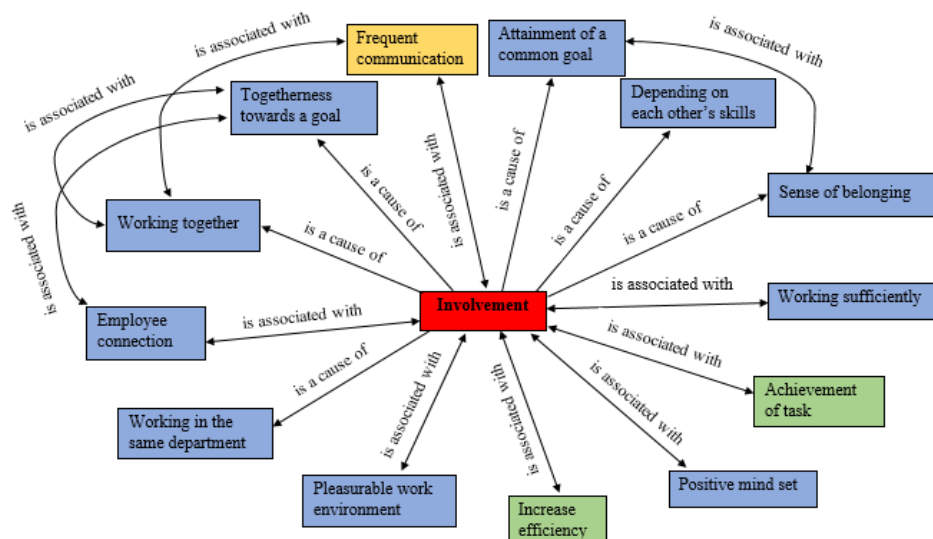
### 6.3 Perceptions of organisational culture

The respondents were asked questions relating to the perception of organisational culture of the employee in the hospital. The sub-dimensions of organisational culture (involvement, consistency, mission, adaptability) were critically investigated.

#### 6.3.1 Involvement

Three (3) key themes were recognised from the structured interviews as elements that contribute to involvement among employees in the hospital, namely, teamwork, communication and productivity. The results reflect that 73.4% of the participants unanimously responded positively that teamwork is a critical element that contributes highly to the involvement of employees at the hospital. Additionally, 13.3% of the participants unanimously responded and expressed their views that communication is a significant element that enhances the involvement of employees at the hospital. Furthermore, 13.3% of the participants also unanimously responded positively that productivity improves the involvement of employees at the hospital. The responses of the participants are graphically portrayed in Figure 6.1.

**Figure 6.1 Themes of involvement**



In relation to the involvement dimension of organisational culture, employees are motivated to work more when working together (Van Der Lippe & Lippényi, 2020). Researchers have

discovered that team members actually spur one another on to produce more (Hwang, 2018; Magpili & Pazos, 2018). Working together not only generates a larger pool of ideas among hospital employees but also fosters an enthusiasm for generating ideas that most employees do not experience on their own (Proctor, 2020). Employees are energised and the creative process is accelerated when they can share their ideas in the team with other members of the hospital. On the other hand, even if the skill sets of employees on a team are perfectly matched, personality conflicts might arise over time. Conflicts might sometimes occur because team members are unhealthily competing with one another or because of different working methods (Tripathy, 2018).

In relation to communication, the foundation of a cohesive team of employees is effective communication by employees in the firm (Martin, Khajuria, Arora, King, Ashrafian & Darzi, 2019). To improve cooperation and peer connections, leadership should serve as an example by actively encouraging clear, direct, and timely communication. Furthermore, clients of the firm also value open and transparent communication, which serves to strengthen client trust (Mohanty & Mohanty, 2018). In this current era, communication happens swiftly, but it does not guarantee that the full meaning has been communicated. Sometimes, in hospitals, communications can be brief and quick, making it challenging to understand what is being said or what the intention could be (Martin et al., 2019). Gianfredi, Grisci, Nucci, Parisi and Moretti (2018) are of the view that the status quo in the workplace can be maintained in large part through communication. People of many races, cultures, beliefs, and personalities frequently work in offices. It makes sense that there would occasionally be conflict given the wide range of opinions. However, a culture of open communication helps to lessen tension since individuals are more likely to hear other people out and express their perspectives, and this kind of constant conversation can help to resolve any conflicts. In addition, employees in an organisation function well together if proper communication channels are in place; it creates a favourable environment where patients and employees can easily have dialogue with patients. Establishing clear ground rules for communication will promote trust and team cohesion (Ratheeswari, 2018).

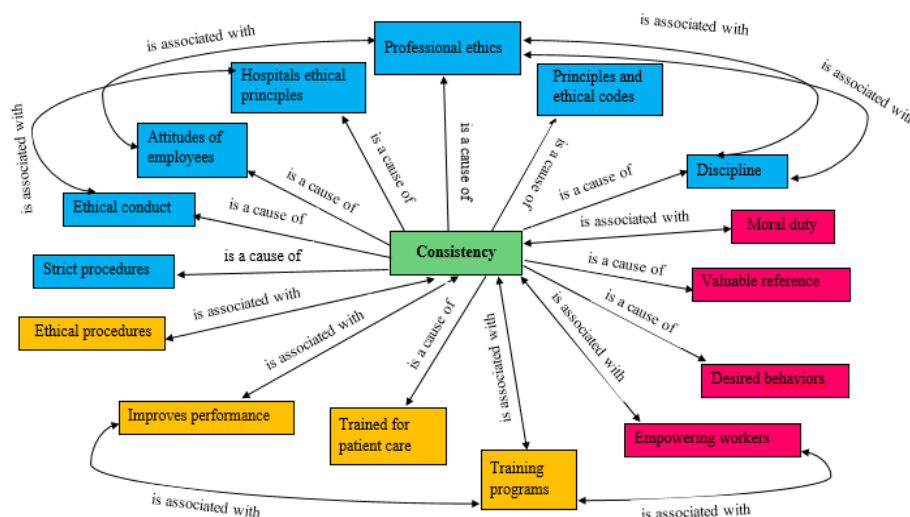
In terms of productivity, patients are considerably satisfied with the turnaround time and general efficiency when productivity is increased by employees at the hospital. Employees will have more time to work on other projects or activities if they complete jobs on time (Engelen, 2020). There is little doubt that if employees are productive and deeply involved in their work, both the quality

and quantity of work will improve. The hospital's output will increase, and it will accomplish more objectives. Nonetheless, when employees frequently lack clear knowledge of their roles or the hospital's objectives, they tend to be less productive. Employees can be too distracted or, worse yet, just give up if the rules of the organisation are constantly changing; thereby resulting in low productivity.

### 6.3.2 Consistency

In relation to consistency as a dimension of organisational culture, the qualitative study revealed that three (3) main keys were deduced from the gathered structured interviews from respondents at the hospital, namely, conduct and principles, training, and morals and values. The majority of the respondents (46.6%) expressed their opinions that employees at the hospital follow the conduct and principles put in place by the regulatory bodies that guide the attitude of the healthcare employees. Additionally, 26.7% of the participants expressed their opinions on training. Ethical training enables workers to judge the moral acceptability of their verdicts, assisting them to apply ethical moralities and standards in decision-making. The remaining 26.7% of participants expressed their opinions about morals and values. The findings reflected that morals and values are vital in establishing the ethical codes that guide the attitude of employees in this hospital. The responses of the participants are graphically portrayed in Figure 6.2.

**Figure 6.2 Themes of consistency**



Employees that pay attention to the conduct and principles at work are better able to face both good and bad issues that may arise in the hospital and among themselves. Employees have faith in



their ability to acknowledge and handle any situation that arises at the hospitals since they are guided by principles. The employees are well versed in the ethical principles and procedures that serve as a moral compass in directing them through tough disagreements. Maintaining a focus on the conduct and principles at the hospital makes management and employees more aware of how they wish to behave consistently (Krisnajaya, 2018). Though the codes of conduct and principles of the hospitals are created based on the professional ethics stated by the medical council as well as the hospital's ethical principles, the conducts and principles of a firm are not permanent and can be changed at any time to reflect the present needs and wants of the hospital, whether they be moral or not (Dibaba, 2020).

In terms of training, ethical training enables workers to judge the moral acceptability of their verdicts, assisting them to apply ethical moralities and procedures in decision-making. Training programs assist workers to gain the knowledge and skills they need to keep up with the changes occurring in the hospital as well as increase performance. These enhancements will have a positive impact on employee productivity, which boosts an organisation's profitability and effectiveness. Employees may receive training in a variety of programs, including safety, human relations, and work ethics (Qiu & Rooney, 2019). Employers and workers become more aware of how they want to act consistently, as a result of consistent training, to enable them to provide quality healthcare to patients. On the other hand, ethical training programs and ethics compliance programs can be expensive and time-consuming to create, implement, and maintain within the firm (Yasir & Rasli, 2018). As the firm expands, ethics policies need to be regularly revised to reflect changes in the law governing the workplace and changes in the company culture.

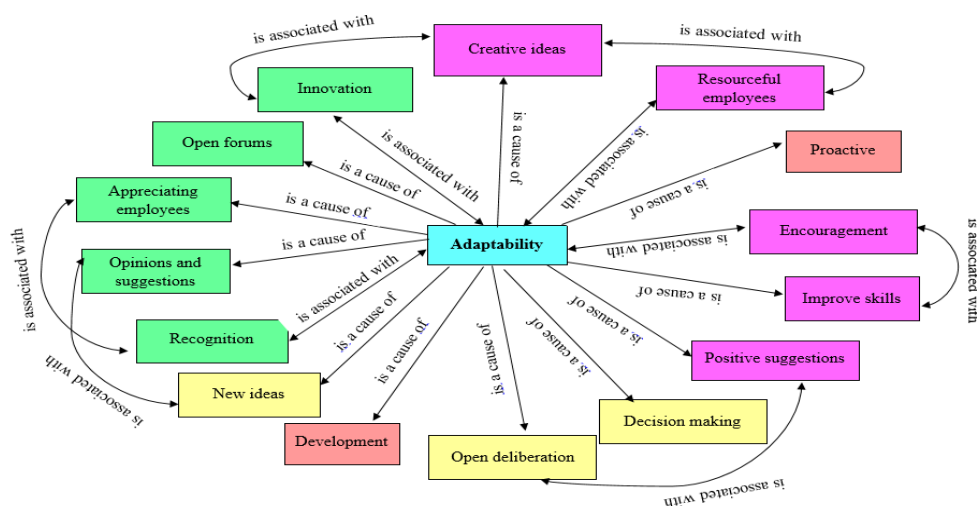
The values within the culture of the hospital impact the opinion of conditions, and the whole procedure of choice in making decisions sets restrictions to ethical conduct in decision-making. In order to empower employees and elicit desired behaviors from the staff, workplace morals and values are vital. It aids in bringing the ethics of the employees into line with the hospital's ethics. To achieve this alignment, the hospital must promote constant conversation among workers about the morals and values that guide the firm and strengthen their sense of belonging, morality, and candor (Sulaiman, Toulson, Brougham, Lempp & Haar, 2022). Through consistency, employees can strongly identify with their moral duties in the company. They demonstrate these emotions by working harder and being more motivated. Nonetheless, developing morals and values can take

time, especially if the company is trying to change its immoral business practices. Additionally, as a firm expands and the laws and regulations change, ethical procedures must be updated and aligned as well.

### 6.3.3 Adaptability

With regard to adaptability, the third dimension of organisational culture, the qualitative study revealed that the interviewees unanimously agreed that rewards, creativity, acknowledgment and employee contribution were key themes of adaptability. The study found that 33.3% of participants expressed their opinions that rewards inspire employees at the hospital to be more innovative. Employee rewards contribute to the hospital's goals and shows gratitude for employees' efforts; such rewards are essential in increasing productivity and reducing employee turnover. Furthermore, 33.3% of participants expressed that the acknowledgements they receive inspires them to be more innovative at the hospital. The aim of acknowledging employees in the workplace is to support specific behaviors and practices that result in high performance and optimal business outcomes. Additionally, 20.1% of the participants argued that employees' contributions enable them to be more innovative. The findings of the qualitative study indicate that employee contributions impact the adaptability of employees at the hospital. Finally, the remaining 13.3% of the participants expressed their views that employees at the hospitals are creative and their creativity is encouraged. Employee creativity is the ability to create new ideas that can lead to new services or work procedures. The responses of the participants are graphically portrayed in Figure 6.3.

**Figure 6.3 Themes of adaptability**



In relation to rewards, it is significant for management to reward employees for their good work since it encourages employees to perform well and helps employees to feel appreciated. These rewards help employees to improve their skills and be more innovative. According to Rai, Ghosh, Chauhan and Singh (2018), when people are rewarded for doing something well, they are more likely to continue doing it. When the achievements of employees are acknowledged, either orally or with a reward, workers are more motivated to do well at work. Employees working for a common goal are more productive since they use their time and resources more wisely to achieve their objectives and see tangible outcomes. On the other hand, the rewards employers give employees increase costs for the hospitals (Chen, Tyler & Bagnall, 2018). Whether the gift is a monetary bonus or a material thing, money must be spent to cover the cost of the gift, which lessens the firm's profits and may turn into a sizable cost if gifts are given to a lot of workers or more than once throughout the same fiscal year.

The study found acknowledgement to be another theme. Employees are more likely to desire to keep working where they are acknowledged for their efforts (Orebiyi, Adesina & Obalanlege, 2019). It promotes a positive and wholesome environment when employees are appreciated and have their opinions and suggestions accepted by the firm. Workers are more adaptable to the firm when they are recognised for their good work; they go above and beyond to ensure that the firm has a great culture. Some employees feel gratified to be a part of a positive workplace culture since they have the opportunity to participate in open forums. Nevertheless, a manager can only express gratitude so many times before it becomes empty and worthless. As a result, employee appreciation can rapidly create division within the organisation if one team member consistently receives more praise than the others. Employees may be envious of others since they believe that their labor is underappreciated while the efforts of others are constantly highlighted (Montani, Boudrias & Pigeon, 2020).

With regard to employee contribution, Boiral, Heras-Saizarbitoria and Brotherton (2019) maintained that employees who have contributed to their firm find their work to be more fulfilling. Firms that foster an adaptable culture always encourage new ideas from employees; this provides the opportunity for employees to be creative and share their opinions during meetings. Managers who concentrate on employee strengths are more likely to lead actively engaged workers than managers who concentrate on employee flaws. Giving employees a voice and listening to their

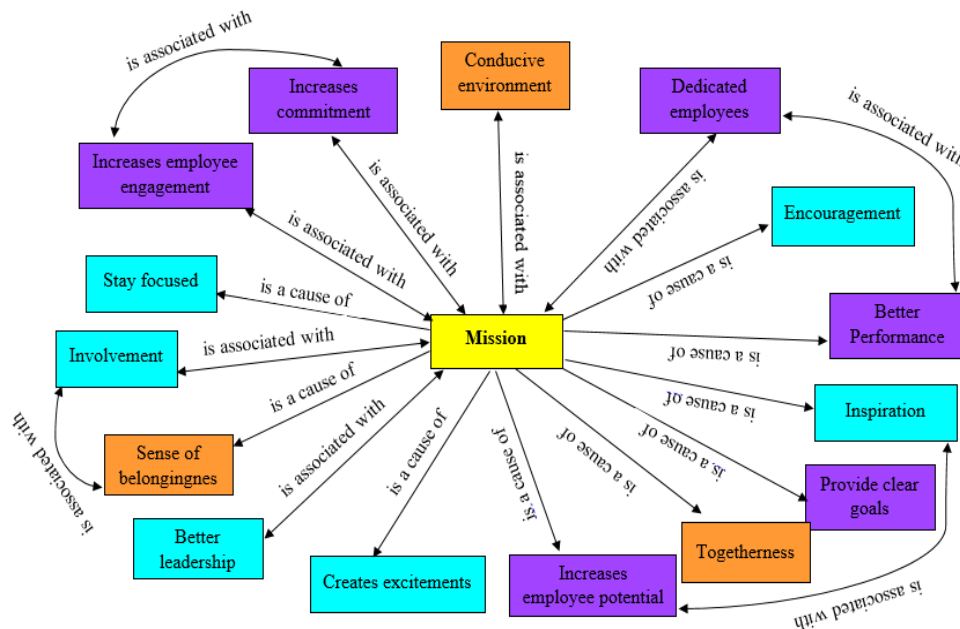
suggestions as well as engaging them in decision making can help retain them. Conversely, employees may become demotivated if they do not get to communicate with their peers appropriately or if they do not get credit for their efforts. Closing these communication gaps can be a serious challenge at a time when many firms are moving toward stable remote work.

In addition, creativity surfaced as a main theme of adaptability. A common sense of passion can be brought to the workplace by creativity. Working creatively may involve working alone, particularly if a task has been given to a certain employee with a specific combination of abilities or interests. Additionally, being creative is a special process which serves as an avenue for employees to channel and champion their creative ideas to help in the development and growth of the hospital. The firm has the capacity to provide concepts or modes of reasoning that are informed by the employees' own experiences, perspectives, and motivations (Chen, Liu, Tang & Hogan, 2021). Employees are encouraged in the organisation to be versatile and proactive in generating creative ideas in their various departments. On the hand, creativity and creative employees are challenging to manage (Liu, Zhu, Liu & Fu, 2020).

#### **6.3.4 Mission**

Finally, mission is the last dimension of organisational culture; the qualitative study revealed that three (3) themes were deduced from the gathered structured interviews from respondents at the hospital namely, employee performance, belongingness and encouragement. The findings of the study revealed that 40% of the participants believe that performance is a significant element that impacts the vision of employees, which creates excitement and motivation for them at the hospital. Also, from the interviews, 40% of participants mentioned that the encouragement of employees impacts the vision of employees, which creates excitement for them at the hospital. Lastly, 20% of the participants believe that the sense of belongingness of employees impacts employees' vision, which creates excitement and motivation for employees at the hospital. The findings reflected that sense of belongingness creates excitement and motivation for employees at the hospital. The responses of the participants are graphically portrayed in Figure 6.4.

**Figure 6.4 Themes of mission**



In relation to the theme performance, employees in the hospital appreciate hearing that they are doing a good job. The ideal forum for formalising and detailing praise is during performance reviews. Goal attainment is one of the most crucial aspects of employee success. Employees are of the view that the mission of the hospital provides clear goals and improves their performance. Successful workers are engaged, committed and enhance the company's reputation by satisfying clients. Paais and Pattiruhu (2020) maintained that those who are content at work are more dedicated. On the other hand, the subpar performance of employees can have a negative, cascading influence on the entire firm, causing prevalent demotivation, decreased productivity, and a drop in client satisfaction (Iskamto, 2021). A rise in absences and workforce turnover may result in other employees becoming resentful and disillusioned. When workers of the hospital do not do their jobs well, patients believe that the hospital does not care about them, and they will look elsewhere for assistance.

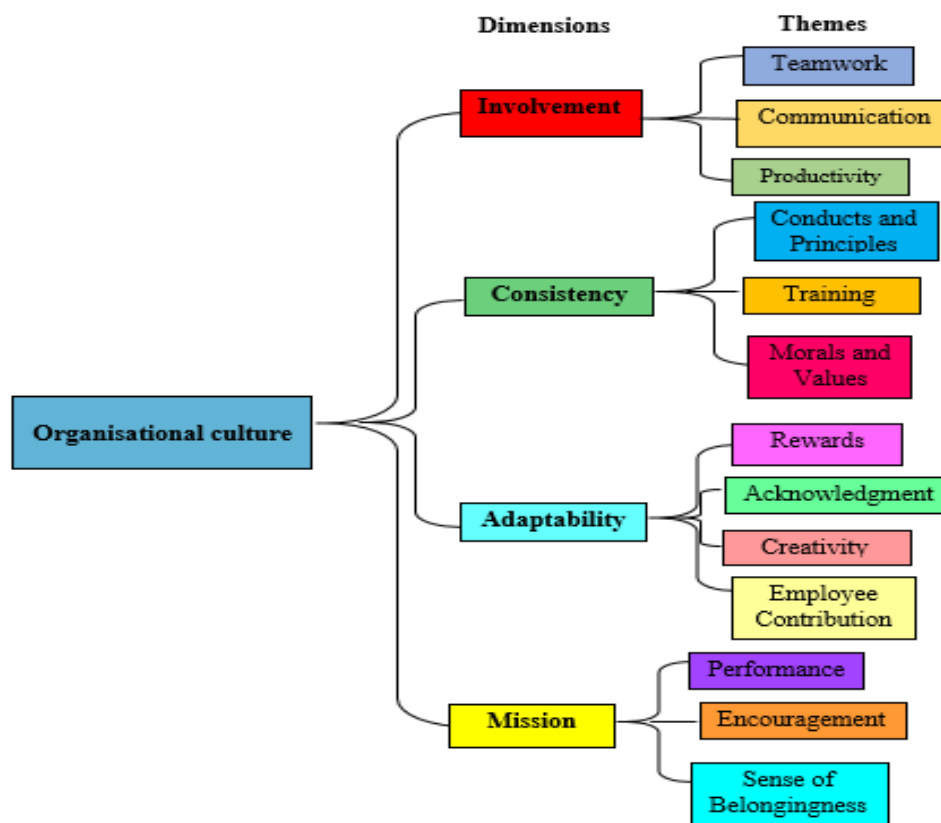
In term of encouragement, the mission of the hospital inspires and encourages, since it is crucial for workers to feel appreciated and involved in the workplace. The mission of the firm provides inspiration to employees, which enables the hospital to produce more. Hermina and Yosepha (2019) postulate that an inspired worker produces more. Employees stay focused in pursuing the goals and objectives of the hospitals, which helps both them and the hospital – the motivation is

basically internal. It is significant to note that the leadership and management of the hospital encourages the employees to abide by the mission of the hospital. Nevertheless, the encouragement of employees can lead to conflict and tension at work, which is one of its detrimental repercussions. This is because individuals who do not have the same level of inspiration may harbor resentment toward those who do, which can lead to conflict (Yuan, Wu, Hu & Lin, 2019).

In relation to the final theme, sense of belonging, workers that have a sense of belonging often feel interconnected and are more buoyant (Gillen-O’Neel, 2021). This gives employees the chance to upgrade their skills and bring them together in a way that supports their development. Workers become more satisfied, confident, and committed to the objectives of the organisation as a result of these encounters. Employee productivity usually rises with more job satisfaction and a conducive environment, boosting the expansion of businesses.

Figure 6.5 graphically represents the main themes of organisational culture found as a result of analysing the qualitative data of the study.

**Figure 6.5 Organisational culture and themes**



The four organisational culture dimensions (involvement, consistency, adaptability, mission) are vital in maintaining an effective culture in the hospitals. The culture of the hospital is a vital element in terms of the behavior of employees, mainly in trying to better comprehend the background of the firm as well as the employees within them. The objective of each hospital is to impact its culture and significantly influence the morale of employees and their productivity and to increase their engagement levels (Brenyah & Obuobisa-Darko, 2017). The culture of an organisation is shaped not only by basic suppositions but by a specific pattern. According to Njuguna (2016), a pattern is a repeated plan which reaches a point where it can be followed naturally.

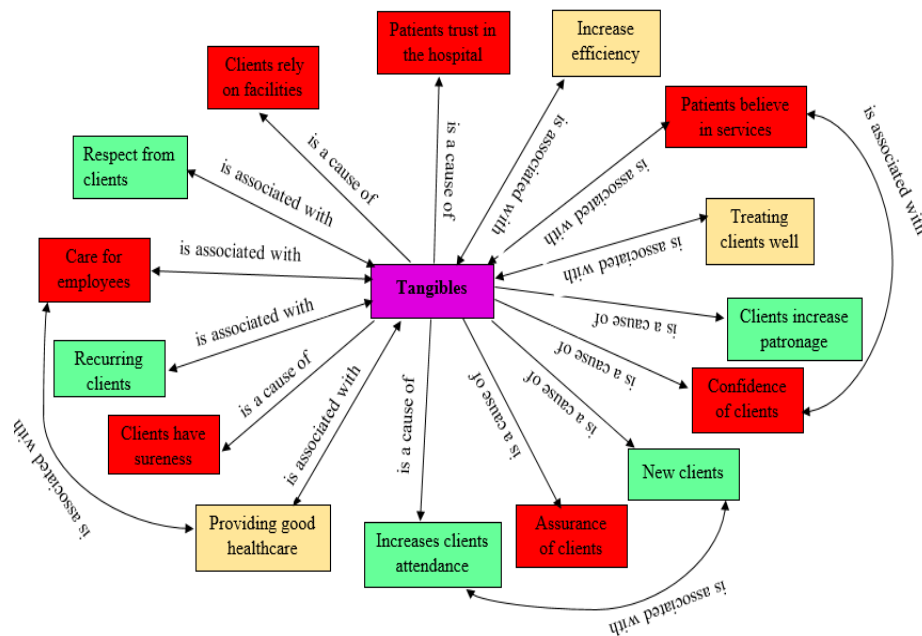
#### **6.4 Perceptions of Service quality**

The respondents were asked questions relating to the perception of the quality of service that employees provide to patients in the hospital. The sub-dimensions of service quality (tangibles, reliability, responsiveness, assurance, empathy) were critically investigated.

##### **6.4.1 Tangibles**

Three (3) key themes were recognised from the semi-structured interviews as factors that contribute to the tangibles of the hospital affecting service quality, namely, assurance, prospective clients and increased productivity. The results reflect that 46.7% of the participants articulated that the nice facilities, equipment and appearance in the hospital provide employees with the assurance that they perform well and this influences quality services. Additionally, 33.3% of the participants articulated that the nice facilities, equipment and appearance provide the hospital with prospective clients. Furthermore, some of the participants (20%) also communicated that the nice facilities, equipment and appearance in the hospital increases productivity and this influences quality services at the hospital. The responses of the participants are graphically portrayed in Figure 6.6.

**Figure 6.6 Themes of tangibles**



In relation to assurance, the employees in the hospital assure their clients that they have the necessary and sophisticated facilities and equipment that aids in the healthcare of employees. Assurance encourages the moral judgment of employees (Boiral, Heras Saizarbitoria, Brotherton & Bernard, 2019). According to Farooq and de Villiers (2019), loyalty and willingness to stick with a firm are boosted by assurance. The presence of assurance reduces tension and antagonism at work. Assurance overcomes opposition to change. The degree to which employees cooperate and work together on a single project is significantly influenced by assurance in the workplace.

In terms of prospective clients, employees sometimes grow weary of working with the same clients regularly. An influx of new clients may inspire an employee and their team to think carefully about concepts they might present to a new client to excite them and assist them in realising their objectives (Henryk, 2020). On the other hand, since the hospital is entirely focused on serving the needs of patients, the hospital may find it difficult to formulate creative ways of providing healthcare to patients. The management of the hospital may be reluctant to develop new ideas that can enhance the delivery of services; this may result in low patronage of services.

The study found increased productivity as another theme. Increased productivity translates into better client service through public-facing communication and interaction. This is so that each client receives a complete and satisfying experience. When staff operate effectively, they are

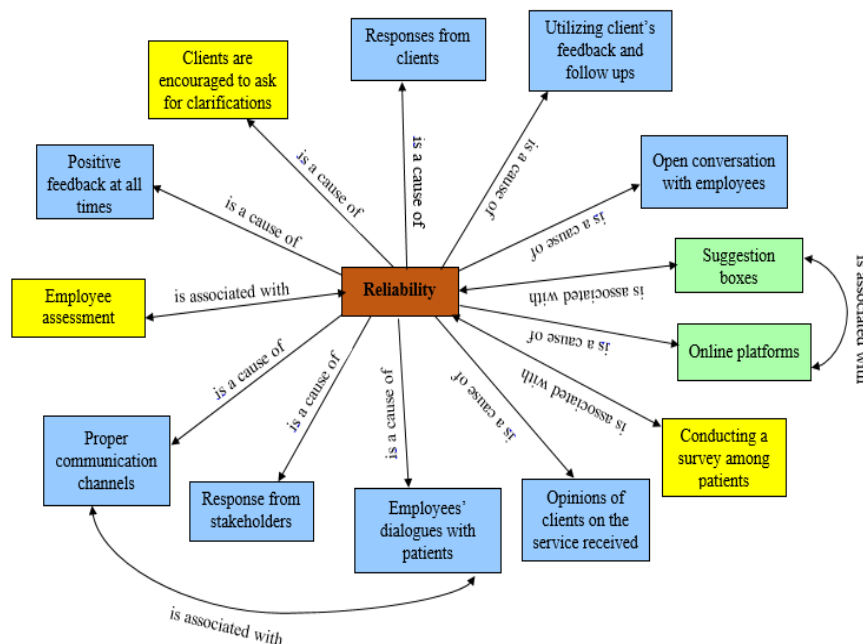


engaging in the proper activities. Also, increased productivity correlates with higher income or revenue for the hospital. In other words, profit is a direct result of productivity. The financial advantages may be invested in corporate growth, the acquisition of additional resources, or other endeavors. Conversely, some employees lack self-discipline by nature, which prevents them from being productive (Faid, Tariq, Ishtiaq, Zeynvand, Meyer & Máté, 2020). Without this quality, it will be difficult to produce high-quality work in the necessary amount of time.

### 6.4.2 Reliability

Three (3) main themes were inferred from the qualitative data as factors guaranteeing that the services delivered in the hospital have been served as promised. The themes are categorised into feedback, assessment and client reviews. The majority of the participants (66.7%) mentioned that the feedback from clients provided to employees at the hospital confirms that the service they received has been served exactly as promised. Additionally, 20% of the participants revealed that assessment is an element patients use to confirm that the service they received has been served exactly as promised. Finally, the interviews revealed that 13.3% of the participants indicated that client review is a factor that clients use to confirm that the service they received has been served exactly as promised. The responses of the participants are graphically portrayed in Figure 6.7.

**Figure 6.7 Themes of reliability**



The qualitative findings in relation to reliability revealed that feedback is a significant element that ensures that the service has been served as promised. According to Mahfoodh (2017), feedback is frequently misconstrued as criticism. Contrary to popular belief, constructive criticism is the most effective kind of feedback for assisting in the development of better judgments that will enhance and boost performance. Additionally, feedback encourages staff to perform better (Coogle, Ottley, Storie, Rahn & Kurowski-Burt, 2020). It also informs the firm if the clients are satisfied with the services received. Employee's value being solicited for their opinions that can aid in making decisions for the hospital, and they enjoy feeling valued. Additionally, the feedback from patients aids to inspire the development of better working relationships. Nonetheless, feedback may have the drawback of muddying and obscuring the information.

In relation to assessment, employee motivation and engagement can all be increased within an organisation by involving employees in a thorough performance assessment. Additionally, it can assist in better matching employee behavior with the objective of improving the working environment and building a resilient company. Additionally, employee morale is raised and job satisfaction is increased when employees receive praise or awards for their efforts as a result of assessment (Farias, Santos, Gohr, de Oliveira & da Silva Amorim, 2019). Furthermore, when management takes the time to assess, document, and have a conversation with their staff members about their performance, it communicates to the workforce that they are valued by the clients. An assessment is a way of making sure that employees are performing as expected to. On the other hand, a poorly conducted assessment can create a negative experience. Assessment reviews take a lot of time and can be overwhelming for managers with a large number of employees. It has the potential to ruin an experience if done incorrectly. Also, performance assessment takes a lot of time and can be overwhelming for managers and clients of large teams (Shavelson, Zlatkin-Troitschanskaia, Beck, Schmidt & Marino, 2019).

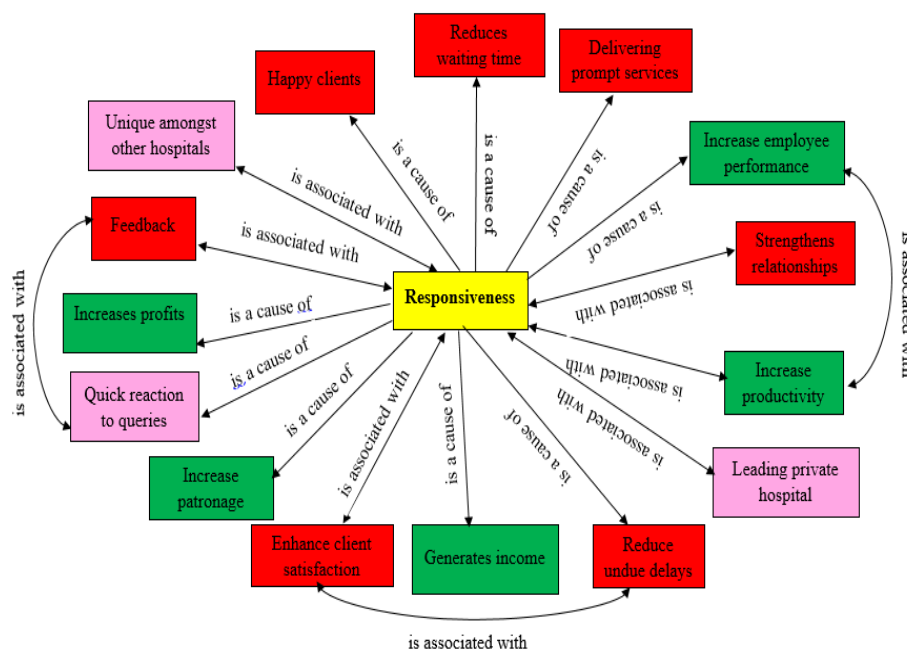
Clients' reviews surfaced as another significant theme in the study. Clients' reviews provide feedback on the overall performance of employees and the quality of health service provided to the client (Duvendack & Mader, 2020). These reviews enable the management to learn more about the perspectives on services provided. The shortcomings of employees will be revealed by the feedback, which will also assist management to resolve them. Additionally, every firm has a duty to decide how to run its business, not based on instinctive drive, but on insightful client reviews.

The suggestion boxes of the hospitals placed at vantage points enable clients to drop their reviews and suggestions about the services they received. The email and social media platforms of the hospital enable clients to write or post their reviews on services received.

### 6.4.3 Responsiveness

With regard to responsiveness, as a third dimension of service quality, the qualitative study revealed that three (3) themes were inferred from the interviews as factors that are significant for the hospital in delivering swift services to patients. The key themes of responsiveness are categorised into client satisfaction, increased revenue and competitive advantages. The findings concluded that the majority of the participants (46.7%) revealed that client satisfaction is significant in delivering swift services in the hospital. In addition, the findings indicate that 33.3% of the participants revealed that increases in revenue is vital in delivering swift services in the hospital. The increase in revenue also allows the hospital to create more income than its competitors. This helps the hospital to rise above the competition for a long period of time. Finally, the study found that 20% of the participants revealed that it is significant to be swift in delivering services since it increases the hospital's competitive advantage. The responses of the participants are graphically portrayed in Figure 6.8.

**Figure 6.8 Themes of responsiveness**



In relation to the theme client's satisfaction, when the clients are satisfied, they trust the hospital and stay loyal to it. These loyal clients are a big source of income and clients are encouraged to frequently visit the hospital when they need healthcare. The income and client turnover rates suffer greatly when the hospital loses customers. Customers who are satisfied with the services of the hospital are more likely to support it during hard times since they care about it and want to see it succeed (Jahmani, Bourini, & Jawabreh, 2020). They have faith in the reputation of the institution and accept any flaws or crises that may arise.

Competitive advantage is another significant theme found in the study. According to Distanont and Khongmalai (2020), a firm can outperform its rivals when it has a competitive advantage. This refers to elements that enable a business to produce services or items more effectively or at a lower cost than the competition, which may result in increased sales or profit margins. The hospital's competitive edge adds value to its stakeholders and can be challenging for rivals to imitate in order for it to be successful. On the other hand, Singjai, Winata and Kummer (2018) maintained that competitive advantage reduces a company's market share and reduces the pool of potential clients, particularly if demand is constrained.

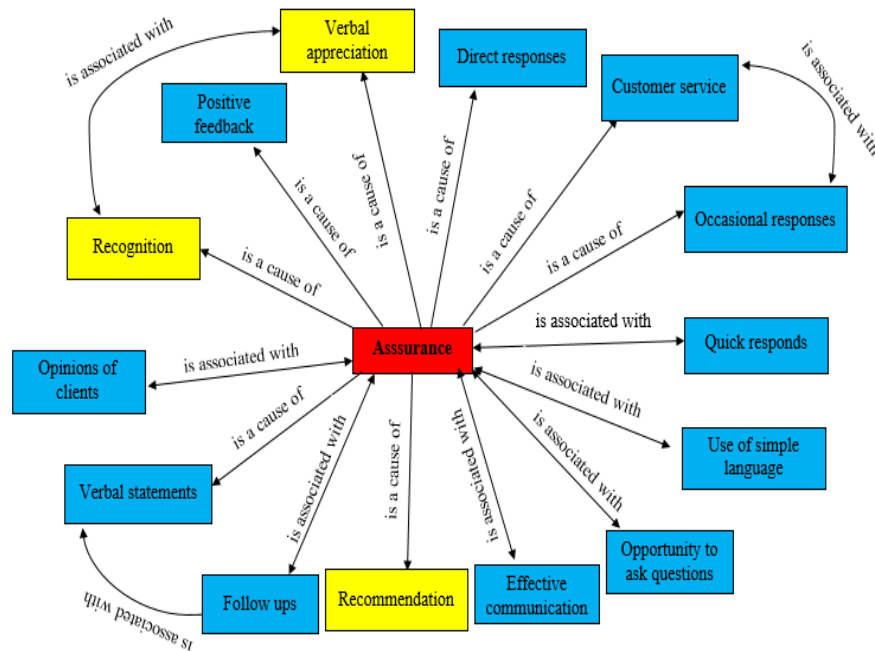
Increase in revenue is another theme vital to responsiveness in the study. An increase in revenue is significant since the hospital needs to generate income in order to make a profit. The increase in revenue is the main influence on profitability in the hospital (Oueida, Aloqaily & Ionescu, 2019). The profits of the hospital are more likely to increase as revenue increases. The hospital enhances earnings by increasing revenue and controlling costs so they maximise profits.

#### **6.4.4 Assurance**

Based on the findings of the study, the participants affirmed that the patients that visit the hospital felt confident and pleased with the services they were provided. Two main themes were deduced from the semi-structured interviews. The findings are categorised into communication and acknowledgement. The study reveals that 80% of the participants mentioned that communication among employees in the hospitals enables them to feel confident. Excellent communication skills between patients and employees are vital for a healthy business. Furthermore, the findings of the qualitative study revealed that 20% of the participants mentioned that the acknowledgements

patients give to employees enable them to feel confident and pleased with the services provided. The responses of the participants are graphically portrayed in Figure 6.9.

**Figure 6.9 Themes of assurance**



In terms of communication, effective communication has a great impact on the performance of employees and helps patients to build long-term relationships with employees (Amade, 2017). According to Newnam and Goode (2019), collaboration is facilitated by clear communication. Innovation flourishes when employees openly exchange ideas with their co-workers and the leadership. Internal problems are often resolved by teams with effective communication that encourages attentive, active listening, respectful and expert responses. The success of a team can only be enhanced by converting productive disagreements into fruitful and helpful discussions. Thus, the foundation of a cohesive team is excellent communication. On the other hand, good communication is not always enough to get your point through to others (Mercieca, 2019). The communication process may be influenced by the audience, environment, and the timing of messages. Negative acknowledgment is not avoided by a message that is delivered clearly.

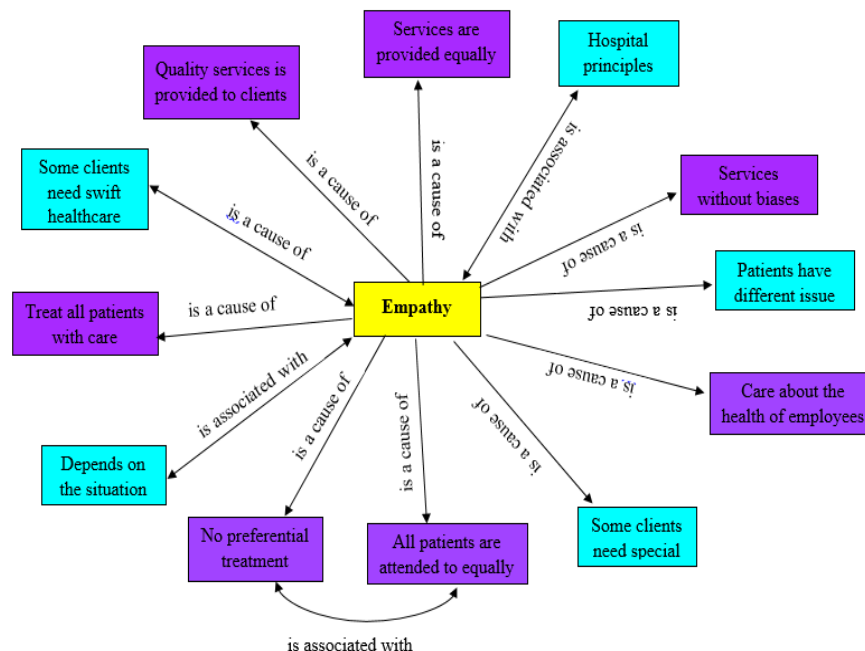
With regard to acknowledgement, the foundation of appreciative inquiry, a tried-and-true method for encouraging support of employees is essential for increasing performance. Sincere appreciation helps people remember their accomplishments and how they fit into the overall plan. Additionally,

it fosters connections and demonstrates interest in the recipient's accomplishments and potential for success. It also creates the foundation for highly productive teams where each worker feels appreciated, recognised and valued. Nonetheless, acknowledging employees may foster an atmosphere of favouritism in the hospital. This is particularly apparent when there are teams involved, when some groups are consistently applauded for their successes while those of others are ignored.

#### 6.4.5 Empathy

Based on the qualitative data, two main themes were inferred from the semi-structured interviews. The themes are categorised into different treatment and equal treatment. The findings of the qualitative study revealed that 33.3% of the participants stated that the employees in the hospital provide the service differently due to the issues of the clients. Additionally, the findings of the qualitative study revealed that 66.7% of the participants stated that the employees in the hospital provide services equally to all clients despite their health issues. The responses of the participants are graphically portrayed in Figure 6.10.

**Figure 6.10 Themes of empathy**



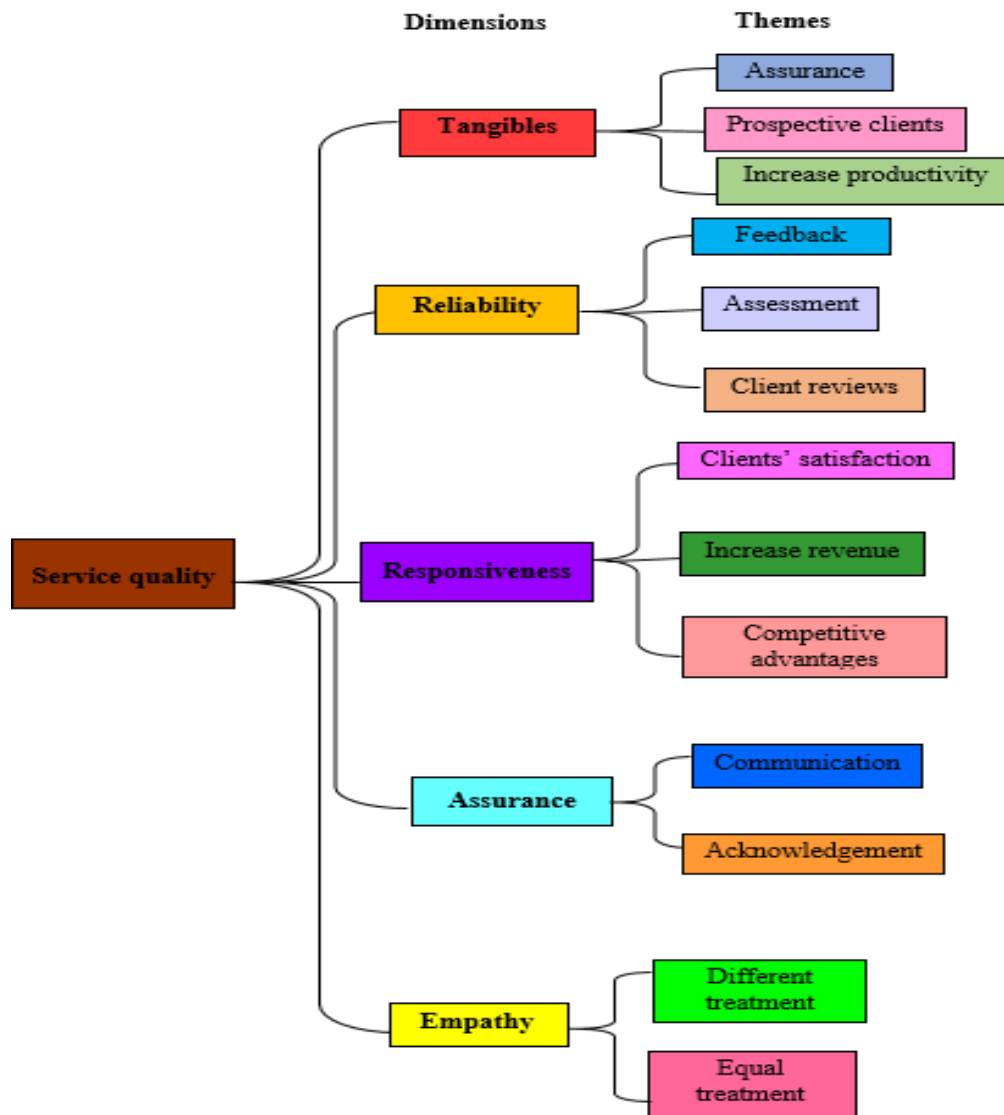
Depending on the industry a client is in, diverse services are expected. Clients visiting the hospital have diverse demands of the firm and hence have to be treated differently (Wijaya, Girsang,

Ramadhani, Nasution & Karo, 2022). Employees can treat more clients by meeting their expectations. When the needs of clients are met, they become pleased. Understanding clients will help serve them better, which has a number of positive effects. When clients are treated differently, it enhances employee morale. It increases the client's trust in the company; thus, providing excellent client service is the key to empowering the staff to satisfy the needs of clients.

By treating consumers equally, the hospital may minimise the risk of reputational harm, cut down on complaints, and increase client loyalty. This helps to strengthen the reputation of the company, which inspires more trust among customers (Soltani, Zareie, Milani & Navimipour, 2018). Treating patients equally with respect is the cornerstone of long-term loyalty because it gives them the impression that employees genuinely care about what they have to say. The interaction between the patients and employees becomes more intimate, which inspires repeat purchases. The ability to retain clients is one of the main advantages of providing excellent equal healthcare services to clients. There should not be any form of special or favourite treatment given to some clients, while excluding others. Long-term customer retention is a result of a positive experience. Customers will rush out the door after a bad experience. On the other hand, since patients visit the hospital with different healthcare issues, there is a need to treat them equally since they may have diverse healthcare issues which need different treatment procedures.

Figure 6.11 graphically represents the main themes of service quality found as a result of analysing the qualitative data of the study.

**Figure 6.11 Service quality and themes**



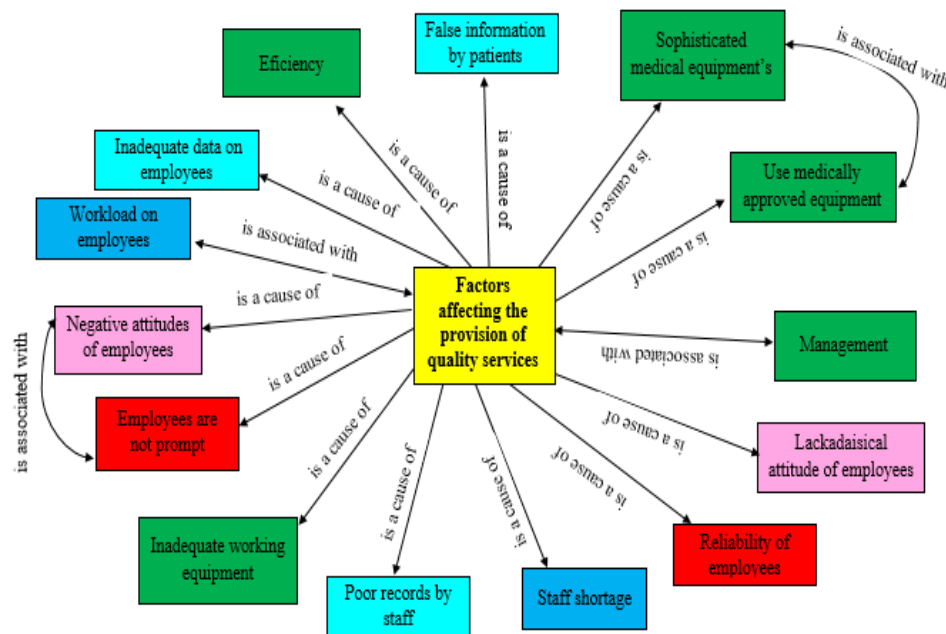
It is usually challenging to evaluate the quality of a service. In order to effectively manage service quality in a hospital, a method for obtaining feedback on the treatment given must be used. The findings indicate that providing quality service to patients retains them, appeals to new clients, enhances the image of the hospital, leads to an optimistic referral, and guarantees an increase in productivity (Anwar, 2017; Uppal, Ali & Gulliver, 2018). Hospitals have a duty to deliver the best services to their patients in order to have a viable competitive advantage. The clients' perceptions of service quality and their level of faith in the service provider determine how satisfied they are (Chui & bin Ahmad, 2016). An organisation can change how clients perceive the quality of services by offering them higher-quality services.



#### 6.4.6 Factors affecting the provision of quality services

The study examined the factors that affected the provision of quality services in this hospital. Based on the qualitative data, six main themes were inferred from the semi-structured interviews. The themes are categorised into attitudes of employees, punctuality, equipment, records, skills shortage and leadership. The results of the study indicated that the majority of the participants (26.7%) stated that equipment affects the provision of quality services in the hospital. Furthermore, 20% of the participants stated that the punctuality of employees affects the provision of quality services in the hospital. Punctual employees take their work seriously and provide quality services to their patients. Additionally, the findings of the study indicated that 20% of the participants stated that records of patients affect the provision of quality services in the hospital, and that 13.3% of the participants stated that the attitudes of employees affect the provision of quality services in the hospital. In addition, 13.3% of the participants stated that skills shortages affect the provision of quality services in the hospital. Finally, 6.7% of the participants stated that leadership in the hospital impacts the provision of quality services. The responses of the participants are graphically portrayed in Figure 6.12.

**Figure 6.12 Themes of factors affecting the provision of quality services**



In relation to equipment, sophisticated equipment in the workplace enables workers to work more quickly and eliminate manual labour and repetitive chores, therefore, sophisticated equipment can

boost productivity. Equipment accomplishes tasks more quickly, safely, and with higher quality while generating less waste, requiring less upkeep, consuming fewer resources, and requiring less human involvement (Cabral & Ag, 2019). The efficiency of equipment not only results in high-quality patient treatment but also in cost savings. Healthcare facilities must provide high-quality treatment at a lower cost with fewer resources. Nevertheless, hospital equipment costs a lot to purchase, maintain, and repair. Equipment, either new or old, may break down whether used constantly or not. Equipment requires expensive maintenance or repairs and is challenging to set up and use without prior experience.

In terms of punctuality, being on time to work increases the confidence in employees since they keep their end of the bargain, which allows employees to have higher expectations. Additionally, it also enables employees to be confident in any work they undertake. Furthermore, team morale in the workplace is directly connected with punctuality (Sundari & Vasantha, 2018). When employees arrive late repeatedly, the workflow is disturbed since employees must cover for their tardy colleagues. Furthermore, teamwork and relationships at work both benefit from being punctual to work. Employees reporting on time to work enables patients to value their presence, which enhances their opinions of employees (Anyanwu, 2020). Employees attending to patients on a timely basis can also demonstrate to them that employees are concerned about their well-being as a whole, which can improve their relationships. Conversely, trying to be punctual causes stress for employees. Workers who are stressed usually have low productivity and a high turnover rate.

With regards to records, effective record-keeping helps the medical team communicate and provide essential information (Abd-Alrazaq, Bewick, Farragher & Gardner, 2019). It also improves teamwork as a result. A full, complete, timely, and accurate record-keeping system is necessary for good nursing practice. There is a phrase in healthcare that “what is not recorded has not been done” because, without thorough recording, there is no way to demonstrate that the patient received treatment (Taiye, 2015). On the other hand, recordkeeping is a never-ending and extremely tiresome task in the healthcare industry since every patient has his/her personal record or folder. Keeping records becomes difficult for employees to maintain and sometimes has some errors.

In relation to the employee attitudes, according to Yaraya, Masalimova, Vasbieva and Grudtsina (2018), the attitude of employees is the key indicator of an employee's success at work. Instead of whining or making excuses for poor performance, employees with a good attitude constantly consider how to complete their duties well. Employees' success in the workplace is measured by their performance. Employees with a positive attitude always think of ways to accomplish their tasks in a well-defined manner instead of complaining or finding excuses for non-performance (Sankar & Kavitha, 2018). Additionally, workers are more likely to take pride in their work and deliver it when they have a positive attitude. As a result, they generate work of higher quality and with fewer mistakes. Employees produce more and are more productive as a result. On the contrary, workers with poor attitudes frequently perform below average and generally make very little contribution to the hospital. It is inevitable that the company will face a significant decline in productivity when a whole firm is impacted by a worker with a poor attitude.

With regards to skills shortages, developing a staffing plan involves many steps, one of which is determining the needs of the firm. It is important to create job descriptions and outline the jobs required within the firm to fulfil specific responsibilities. Staffing the firm also assists in identifying the need to hire more staff to guarantee the job is done effectively without overworking current employees. Additionally, employees are able to successfully accomplish the tasks and obligations of their work on schedule when a business is adequately staffed. While employing too many people to complete the different activities necessary to maintain the company's efficiency costs firms money, increased tasks and workloads caused by a staffing shortfall, will cause individual performance, client care, and eventually organisational performance to suffer.

Finally, the leadership of the hospital is a significant factor that impacts the provision of quality services. Strong company leaders inspire staff members, whether this comes in the form of monetary compensation like salary and bonuses or it takes the shape of implementing programs and incentive systems that are fair to all employees (Radi Afsouran, Thornton III & Charkhabi, 2022). When appropriate, they should also acknowledge effort and success to help employees feel valued for their work and inspired to keep up the good work. Additionally, leaders in the firm make sure that employees receive effective communication via emails or staff meetings, and hearing it from a point of authority will remove any doubt regarding the veracity of the information (Gareche, Hosseini & Taheri, 2019). To lessen the chance of miscommunication, it is crucial to

make sure that employees in the company are informed when major business choices, such as a new strategy or a change in direction, are made. On the other hand, sometimes leaders of the firm find it challenging to maintain coordination among employees. This results in low productivity in the firm.

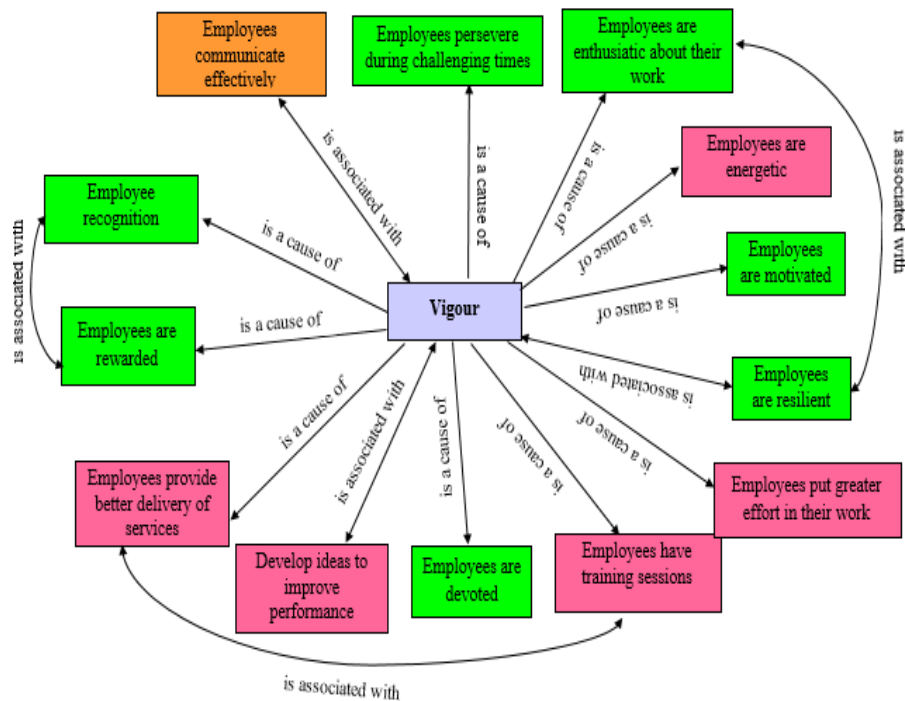
## **6.5 Perceptions of employee engagement**

The respondents were asked questions relating to their perception of the engagement of employees in the hospital. The sub-dimensions of employee engagement (vigour, absorption, dedication) were critically investigated.

### **6.5.1 Vigour**

Based on the results of the study, the participants were positive with the response that employees feel strong, energetic and vigorous in accomplishing their duties. Three themes were inferred from the results of semi-structured interviews. The themes are categorised into productivity, communication and motivation. The results of the study indicated that the majority of the participants (60%) specified that the employees feel strong and vigorous in accomplishing their duties at the hospital since they are motivated. Further, 33.3% of the participants indicated that the employees feel strong and vigorous in accomplishing their duties at the hospital; hence, there is high productivity. In addition, 6.7% of the participants specified that the employees feel strong and vigorous in accomplishing their duties at the hospital since there is good communication among employees. The responses of the participants are graphically portrayed in Figure 6.13.

**Figure 6.13 Themes of vigour**



In terms of motivation, according to Buil, Catalán and Martínez (2019), both employees' and teams' needs are met by motivation. Each employee, or group of employees, joins a firm to meet specific personal demands that they have. Workers who are motivated typically put in more effort, show up on time, and concentrate on their daily tasks. The overall output of a firm may increase and productivity levels may rise. Additionally, motivated employees are more inclined to work harder and to provide quality services (Van der Kolk, van Veen-Dirks & ter Bogt, 2019). People who work in service-related fields are also more likely to offer better customer service and have more job satisfaction. On the contrary, the motivation of employees can lead to conflict and tension at work, which is one of its negative repercussions. This is due to the possibility that individuals who do not experience the same level of motivation may harbour resentment toward those who do, which may lead to conflict.

With regard to communication, employees can get closer to each other as well as their clients when they have open, honest communication (Gupta, Pandla & Nautiyal, 2022). A more enthusiastic workforce is one where workers look forward to catching up with their colleagues. Strong teamwork and staff loyalty are a result of effective communication. Furthermore, communication is essential to both employees and clients. It is also important for a firm to effectively communicate

with its employees. Clients are more likely to remain loyal to a business if they feel that they have been heard and valued (Damghanian & Ghanbari Ghaleroudkhani, 2022). Similarly, companies with loyal clients develop a reputation for dependability and top-notch client care. Conversely, employees might be brought together through communication, but it can also make problems between them. Too much honesty might be detrimental to communication. For instance, it may be accurate to say that someone is a terrible, ineffective worker, yet saying so does not assist that individual become more productive. Hence, employees can get estranged if management is not careful about the communication language they use at the workplace.

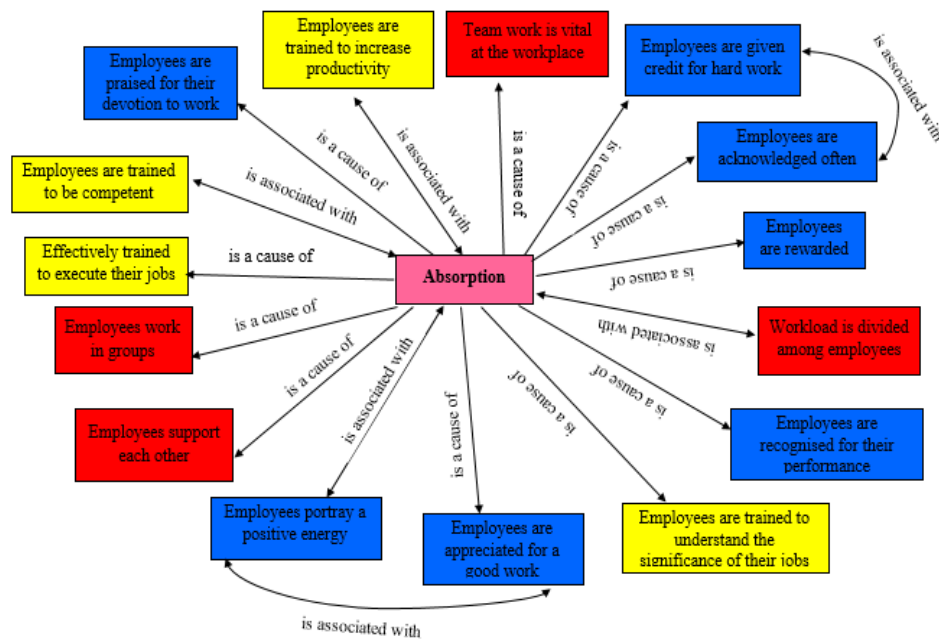
In relation to productivity, Bender, Bloom, Card, Van Reenen and Wolter (2018) maintained that high levels of productivity frequently translate into improved customer service. This means that each customer has a complete and satisfying experience, which is only possible when personnel operate effectively. When team members are coordinated, operations go more smoothly, and it is far less likely that clients will be forgotten or left out. Additionally, employees who are more productive are also more engaged and dedicated to attaining the objectives of the firm (Guzmán, Brun & Domínguez, 2019). Employee focus, dedication, and engagement are typically increased when they are organised. On the other hand, the downside of staff productivity is that long hours of hard labour can lead to fatigue and emotional stress.

### **6.5.2 Absorption**

The participants were asked if they felt employees at the hospital are wholly immersed in their work. Three key themes were realized from the semi-structured interviews as factors that encourage employees to be fully engrossed in their work at the hospital namely, recognition, training and team work. The findings of the study showed that the majority of participants (46.6%) stated that they believe the recognition enables employees to be totally immersed in their work. The aim of recognition is to strengthen specific behaviors or activities that result in positive business outcomes. Additionally, 26.7% of the participants stated that they believe that team work enables employees to be wholly immersed in their work. This indicates that teamwork aids to improve productivity and effectiveness as well as efficiency at the hospital. Finally, remaining 26.7% of the participants stated that they believe training enables the staff at the hospital to be wholly immersed in their work. Training programs help equip or teach personnel new skills that

aid in intensifying their absorption. The responses of the participants are graphically portrayed in Figure 6.14.

**Figure 6.14 Themes of absorption**



In relation to recognition, employees who feel valued at work and who also respect and value their co-workers are much more inclined to work together than those who do not believe their contributions count and who do not believe in or trust their teammates. Furthermore, the degree to which employees are happy and satisfied as a whole can also be greatly influenced by employee recognition. The motivation to perform at a high level and the desire to collaborate and support one another in achieving organisational objectives are both higher among contented, happy personnel. Elstad and Vabø (2021) maintain that employee recognition may be challenging depending on the size of the company. When an employee receives recognition occasionally but others go unnoticed, it may come across as random rather than significant and deliberate.

With regard to team work, a solid team can come up with a variety of potential solutions for each unique issue before collaborating to choose the best one, through input from all members and interactions. Employees will typically have a few options for solutions in their minds. Also, when employees feel safe in their team's membership, they are more ready to take chances. Employees are able to think more broadly and take greater chances because of the team encouragement and

support (Başoğlu, 2021). This increases the likelihood of more inventive ideas. Conversely, some employees put too much emphasis on the success of their team and fail to provide their own creative ideas. This can lead to a dearth of innovation. Some employees may succumb to peer pressure by holding back their own ideas out of concern for undermining a consensus (Logan & Michael Malone, 2018).

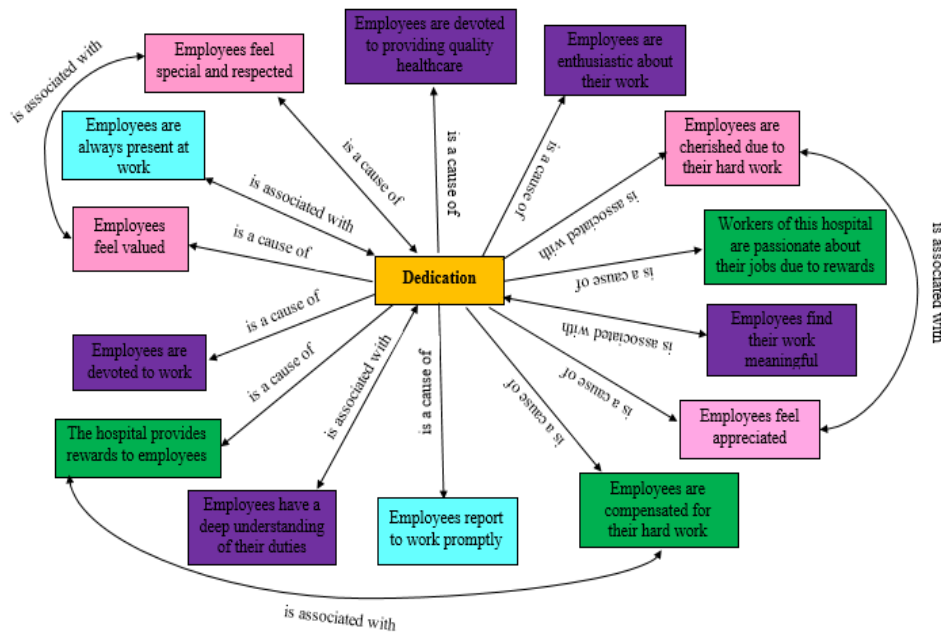
In terms of training, Tews and Noe (2019) maintained that when employees are provided with training programs, they tend to use their new knowledge and take on new challenges at work, which increases their level of excitement for their careers. Also, management can specify the information and skills they want their staff to possess by offering training and development opportunities. On the other hand, the cost of employee training might be prohibitive for some firms (Hammer, Wan, Brockwood, Bodner, & Mohr, 2019). Travel, training facilities, internal training development, and equipment expenses increase the cost of training.

### **6.5.3 Dedication**

The participants revealed that employees found their work meaningful and significant in the hospital. In relation to this, four key themes were realised from the semi-structured interviews as factors that contribute to the dedication among employees in the hospital, namely, appreciation, devotion, rewards and punctuality. The results highlighted that the majority of the participants (33.3%) specified that employees find their work meaningful and significant in this organisation since they are devoted. This shows that they find their work meaningful and significant in the hospitals. Also, 26.7% of the participants indicated that when employees are appreciated, they find their work meaningful and significant in this hospital. Additionally, the results depicted that rewards constituted a vital factor that influenced employees to find their work meaningful and significant in the hospital. Based on the interviews, 26.7% the participants stated that they find their work in the hospital meaningful and significant. Finally, the findings showed that 13.3% of the participants stated that punctuality constituted a vital factor that influenced employees to find their work meaningful and significant in the hospital. The responses of the participants are graphically portrayed in Figure 6.15.



**Figure 6.15 Themes of dedication**



In terms of devotion as a theme, Kasai, Mizuno, Sakakibara, Thu, Kyaw and Htun (2018) agreed that devoted workers motivate their co-workers to work hard and achieve success, to help in improving the workplace. The manager can notice and reward employees with prospects for career progress if the employees demonstrate that they actually care about their job. Also, management often takes notice of the extra efforts of employees who demonstrate devotion to their work. Employees may be granted chances of receiving a raise, promotion, or interesting new duties that arise as a result. On the other hand, one key drawback of devotion is that superiors constantly assign employees tasks that are difficult and challenging based on the employees' history of problem-solving, a positive attitude, and completion of a task (Garg & Saxena, 2020). As a result, some employees become overburdened with work.

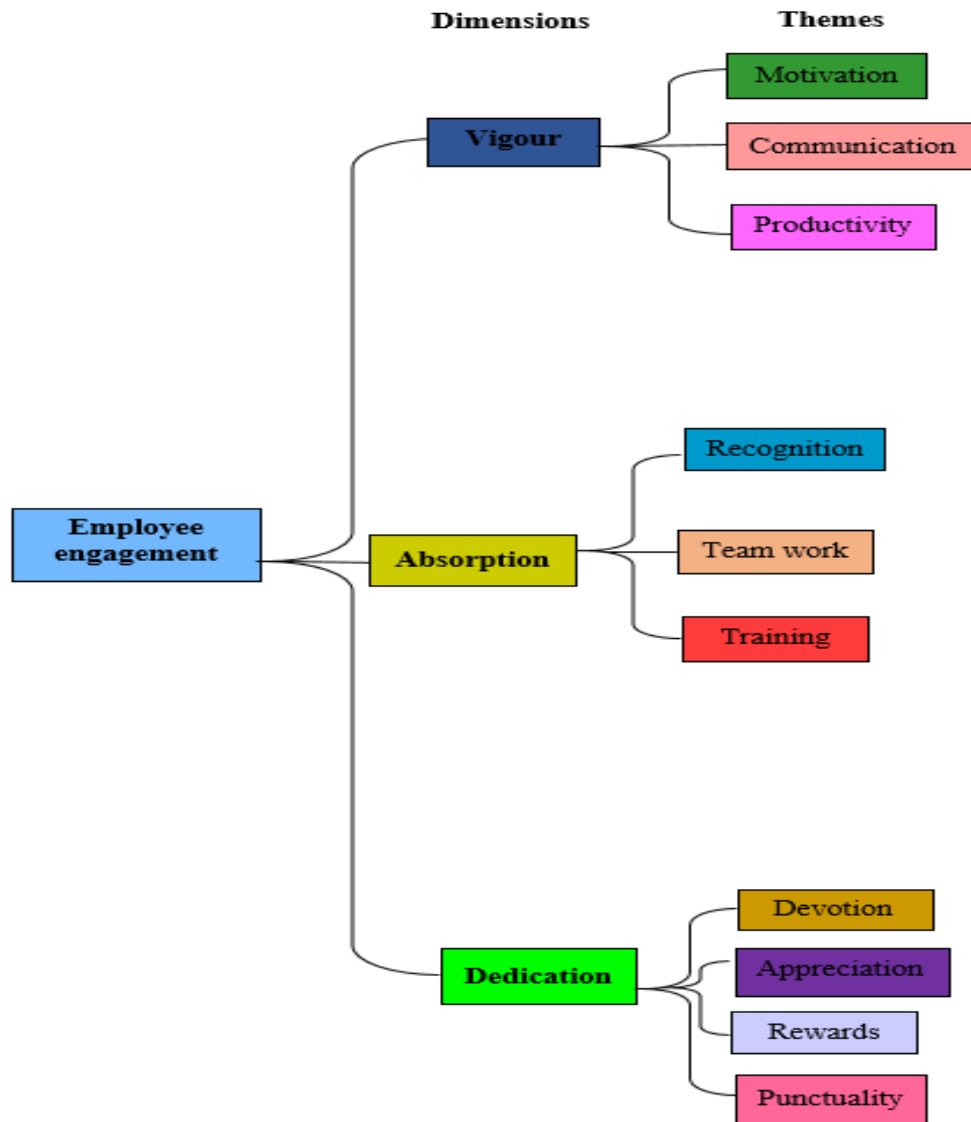
With regard to appreciation, when employees are content with their work, their morale is high, which has an impact on every moment of their day. Certainly, employees who get appreciated are happier, and even providing praise makes them very happy (Triarisanti & Purnawarman, 2019). Higher employee morale, performance, and business profitability are all accelerated by engagement. Everyone is kept connected to their job and the company's goals via regular appreciation. Therefore, it helps promote employee involvement. Additionally, employee well-being and mental health are improved when appreciation and acknowledgment are shown.

Employee engagement, interpersonal communication, and productivity are all enhanced by employee appreciation (Raza, Wisetsri, Chansongpol, Sontawinpongsai & Ramírez-Asís, 2020). On the other hand, after receiving excessive appreciation, workers who are predisposed to developing “big heads” may start acting destructively at work. People with egocentric perspectives may believe they are the only ones receiving accolades and that they are the best or most valuable employees at the firm.

The results of the qualitative study also concluded that rewards are a vital theme in relation to dedication. Offering rewards for good work will increase employee motivation, by helping staff stay on the task and to remain upbeat. When employees are rewarded for doing something well, they are more likely to continue doing it. Additionally, teams with employees that are happy, motivated and rewarded for their good work and value are not only more productive but also happier (Thibault Landry & Whillans, 2018). And those emotions spread, creating an environment at work where workers are happy and enthusiastic. Although cash bonuses and other gifts may offer staff member’s short-term motivation, their value gradually diminishes over time (Papachristopoulos & Xanthopoulou, 2019). When given cash, which is likely to be swiftly spent, the feeling of gratitude or other incentives that employees experience may disappear.

Figure 6.16 graphically represents the main themes of employee engagement found as a result of analysing the qualitative data of the study.

**Figure 6.16 Employee engagement and themes**



Al Mehrzi and Singh (2016) maintained that engaged workers are thoroughly engrossed in their job and positive mindset regarding the company and its principles. Employees who are engaged are characterised as being passionate about and loyal to their company. Such workers are useful to the hospital since they are highly productive and motivated in accomplishing their duties. When workers think about their safety and the safety of their patients, the engagement of employees become feasible. To increase engagement in employees, hospitals should motivate and train employees (Salamon, Blume, Tóth-Király, Nagy & Orosz, 2022).

## **6.6 Conclusion**

This chapter presented the qualitative data from the management of the hospital (hospital administrators, medical doctors and directors) examined using a thematic analysis approach. Frequencies and percentages were used to present and evaluate the demographic data. The chapter critically deduced themes for each interview question and these were also demonstrated in graphical flow charts. The findings revealed: that employees at the hospital worked as a team; that the hospital is guided by ethical codes that guide the attitude of employees; that participants felt that the patients who visit the hospital felt confident and pleased with the services they were provided; that employees were affirmed and felt strong, energetic and vigorous in achieving their duties at the hospital; and that the attitudes of employees, punctuality, equipment, records, skills shortages and leadership affected the provision of quality services in this hospital.

## **CHAPTER SEVEN**

### **DISCUSSION OF RESULTS**

#### **7.1 Introduction**

This chapter presents a discussion of results presented in both the quantitative and qualitative analysis chapters, in connection with the study's objectives as well as the hypotheses formulated. A discussion is provided on the degree to which the results substantiate or refer to preceding literature and theories on the relationship between organisational culture and service quality and the mediating effect of employee engagement. This chapter also deliberates on the factors that affect the provision of service quality in private hospitals.

#### **7.2 Discussion of results**

The research objectives and hypotheses utilised in this study were structured to link to each other in such a way that when the research objectives are met, the hypotheses will also be answered. Additionally, the research hypotheses were tested and decisions were taken on whether to accept or reject the hypotheses. Discussions on the findings in relation to the research objectives and hypotheses of the study are presented.

##### **7.2.1 Discussion on organisational culture, service quality, and employee engagement**

The perceptions of employees regarding organisational culture (involvement, consistency, adaptability, mission) and employee engagement (absorption, dedication, vigour) as well as perception of clients regarding service quality (reliability, tangibles, assurance, empathy and responsiveness) were evaluated by asking participants to respond to items using a Likert scale.

##### **7.2.1.1 Organisational culture and sub-dimensions**

The results established that the employees at the hospital display positive views of the organisation's culture (Mean = 3.665). Similar studies by Bizuneh (2016) and Shologu (2019) affirm the findings of this study. A deeper investigation of organisational culture revealed that the highest-level employees display is adaptability (Mean = 3.747), followed by mission (Mean = 3.719), then involvement (Mean = 3.620) and lastly, consistency (Mean = 3.549). The results of the study further revealed that the majority of the employees agreed that the hospitals have new and better ways of working, these are continuously adapted, and that the diverse parts of the

organisation collaborate to create change in the hospital. A solid organisational culture is vital for every firm as it increases commitment and strength, as well as influences the attitudes and goals of employees (Al Issa, 2019; Aranki, Suifan & Sweis, 2019; Fitria, 2018; Nelson, Taylor & Walsh, 2020; Tedla, 2016). Additionally, the employees indicated that the comments of clients have led to change and impacts decision making at the hospitals, while some employees disagreed that innovation and creativity are encouraged at the hospitals. The culture of a firm is a major factor that can aid an organisation's survival, and also form good connection among employees as they share a mutual understanding and feel gratified to work for the firm (Elsbach & Stigliani, 2018; Metin & Coşkun, 2016; Pathiranage, 2019; Warrick, 2017). The qualitative part of the study indicates that the majority of the participants unanimously agreed that rewards, acknowledgement and creativity inspire employees at the hospital to be more adaptable to the organisational culture. Rewards and acknowledgements contribute to showing appreciation for the hard work of employees (Fakhri, Pradana, Syarifuddin & Suhendra, 2020; Zhang & Min, 2021).

This current study also found that the majority of the employees agreed that there is a clear mission that gives meaning and direction in the hospitals, and some employees agreed that the strategic direction of the hospital is clear to them. The mission of a firm provides clear goals that aid in improving employee performance (Agyare, Yuhui, Abrokwah & Agyei, 2019; Alegre, Berbegal-Mirabent, Guerrero & Mas-Machuca, 2018; Mohammed, 2019; Olughor, 2014). However, some employees disagreed that there is a long-term purpose and direction of the hospitals, and some employees do not believe that there is extensive agreement about the goals of the hospital. If workers do not understand the mission of the company, it will be hard to attain the goals of the organisation (Laran, Janiszewski & Salerno, 2016; Ogbeibu et al., 2018). Furthermore, the qualitative study indicates that performance, encouragement and sense of belongingness of employees are vital factor that impacts the mission of employees.

In addition, the majority of the participants agreed that decisions are frequently made at the level where the best information is available while some employees agreed that collaborating across diverse sections of the hospital is encouraged. Similar studies affirm the results of this study and maintain that a high involvement indicates a sense of ownership and opportunity to add to the success of the company (Bizuneh, 2016; Camps & Luna-Arocas, 2009; Kefelegn, 2020; Murunga & Karugu, 2019; Sinabisi, 2019; Sinha & Dhall, 2020). Some of the employees indicated they are

uncertain whether they have a positive impact on the hospital, whilst some disagreed that there is continuous investment to develop the skills of employees at the hospitals. Additionally, the qualitative study findings indicated that to the majority of the participants, teamwork, communication and productivity are vital elements that contribute greatly to the dimension of involvement among employees. Employees in a firm function well and work as a team if proper communication channels are put in place as it creates a positive environment and increases productivity (Moletsane, Tefera & Migiro, 2019; Rosen, DiazGranados, Dietz, Benishek, Thompson, Pronovost & Weaver, 2018; Smith, Patmos & Pitts, 2018).

This study revealed that most of the employees agreed there is a moral code that governs the behaviour of workers and tells right from wrong. Some employees agreed that the approach to doing business in the hospital is very consistent. The shared opinions and morals aid employees to reach an agreement and take concerted action that has a positive influence on effectiveness (Roscoe, Subramanian, Jabbour & Chong, 2019). Also, some of the employees disagreed that when disagreements occur, the employees work hard to achieve “win-win” solutions. The qualitative results found that conduct and principles, training as well as morals and values were significant in the consistency culture. Sendawula et al. (2018) and Cumyn, Ouellet, Côté, Francoeur and St-Onge (2019) are of the view that training assists employees to gain skills and increase performance, while the codes of conduct of the firm assist employees to be ethically guided.

In summary, the culture of a firm is a vital element, mainly in trying to better comprehend the context of the firm as well as the employees. Therefore, if the culture of the hospital supports the idea that employees are adaptive, involved and consistent, this enables them to strive through any challenging task. Also, the morals and the ethical principles of a firm are significant in every organisation since it guides the behaviour of the employees.

#### **7.2.1.2 Employee engagement and sub-dimensions**

The results of this study indicated that employees had positive views on the levels of engagement (Mean = 3.883). This means that employees are very engaged in their work; however, it can be still be enhanced. When employees are engaged, they derive meaning from the work they do, feel excited by it and have a strong sense of belonging (Meintjes & Hofmeyr, 2018; Nazir & Islam,

2017; Nwiyokpugi, 2015). In a similar study by Dlamini (2018), the employees were highly engaged. Furthermore, an in-depth investigation of the dimensions of employee engagement revealed that engaged employees demonstrate signs of dedication (Mean = 3.982), vigour (Mean = 3.851) as well as absorption (Mean = 3.826) when performing their duties. The findings of the study revealed that the majority of the employees agreed that they find their jobs full of meaning and purpose at the hospital. In addition, the findings of the qualitative study discovered that appreciation, devotion, rewards and punctuality are factors that contribute to employee engagement. Engaged workers are enthusiastic and have an effective link with their jobs, and they are able to deal with the difficulties of their work (Sun & Bunchapattanasakda, 2019). In addition, some employees agreed that they find their jobs inspiring while some employees disagreed that they find their jobs very challenging. Dedicated workers feel cherished by the firm and support the firm in attaining set objectives (Motyka, 2018; Roseline & Konya, 2019).

The current study also found that the majority of the employees agreed that they feel strong and vigorous doing their jobs. Employees with high vigour have vibrant energy, resilience, and passion during work, whereas those with low vigour have low vitality, passion, and resilience (Lapoint & Liprie-Spence, 2017). Also, some employees agreed that they are mentally resilient at their jobs. The qualitative study revealed that the majority of the participants were of the view that productivity, communication and motivation enabled employees in being vigorous in performing their duties. Sittar (2020) and Tshionza et al. (2022) maintain that communication aids employees to be vigorous by generating positive vitality among staff, which motivates them to perform. According to Jaya and Ariyanto (2021), vigorous employees are prepared and ready to endure difficult situations. Furthermore, some of the employees are uncertain about going to work in the morning, whilst some employees disagreed that they can continue working for longer periods. Low levels of engagement are a result of a lack of trust, and the sense of being underrated by the firm (Dash & Mohanty, 2019; Soni & Rastogi, 2019).

The current study also found that the majority of the participants agreed that they forget everything else around them when they are working, and some employees agreed that they feel happy when they are working intensely at the hospital. The employees are so immersed in their work that they find it hard to disconnect from their work (Al Mehrzi & Singh, 2016; Jaya & Ariyanto 2021). However, some of the workers are uncertain that time flies when they are working, and some of



the workers disagreed that they find it difficult to detach themselves from their jobs. Sun and Bunchapattanasakda (2019) maintained that employees who are absorbed are effective at their jobs. The qualitative study revealed that employees' recognition, training and team work enables them to be immersed in their work. Elstad and Vabø (2021) argue that employee recognition may be challenging depending on the size of the company.

In summary, the study revealed that employee engagement is a vital construct in the healthcare industry since it improves the quality of care and has an impact on the community from both an economic and health point of view. Employee engagement is significant since it increases staff retention, and improves productivity and customer service. As a business seeks to effectively engage workers and provide suitable outcomes, clear organisational objectives and goals lessen aspirations to leave the firm.

#### **7.2.1.3 Service quality and sub-dimensions**

In this study, the clients displayed perceived service quality to be adequate (Mean = 3.643). Similar studies revealed that the majority of clients had positive perceptions of service quality (Khiba, 2018; Mtshali, 2019). The dimensions of service quality among the clients at the hospitals varied, with empathy being the highest (Mean = 3.703), then reliability (Mean = 3.672), assurance (Mean = 3.664), responsiveness (Mean = 3.606) and lastly, tangibles (Mean = 3.529). The majority of the participants agreed that the hospital has operating hours convenient to all its patients. Some participants also agreed that they were given personal attention. The qualitative study further indicated that services are provided equally to all clients irrespective of their health issue. Clients need to be understood and feel valued by service providers (Mufudza, 2018; Tolpa, 2011). Nonetheless, some of the participants are not certain that the hospital understands their special needs, and some of the participants disagreed that their best interest is held at heart by employees and that they provide service differently due to the issues of the clients. Nonyani (2018) maintains that clients can easily tell if the service delivered to them lacks care from employees, and this impacts the clients' perception of service quality. Treating patients equally with respect gives them the impression that employees are empathetic.

In this current study, the majority of the participants agreed that when the hospital promises to do something by a precise time, it does so. Some respondents agreed that the health professionals

solve their problems efficiently. Clients want to be involved with organisations that have the capacity to execute services satisfactorily by displaying trust, courtesy and confidence in their services to clients (Al-Neyadi, Abdallah & Malik, 2018; Min, Khoon & Tan, 2012; Oodith & Parumasur, 2015). Additionally, some of the respondents agreed that health professionals in the hospitals solve their problems efficiently. Some participants are not certain that employees at the hospital are punctual in providing services. According to Marimon, Mas-Machuca, Berbegal-Mirabent and Llach, (2019), a vital element for retaining clients is the impression employees give to clients as they depend on them to receive quality services. The qualitative study indicated that the feedback and clients' reviews confirm that the services they received has been served exactly as promised. Feedback inspires employees to perform better in their duties even though it is often misinterpreted as criticism (Mahfoodh, 2017; Sleiman, Sigurjonsdottir, Elnes, Gage & Gravina, 2020).

The results of this study also show that the majority of the respondents believe that the hospital personnel were polite and courteous to them and some of the respondents agreed that the hospital personnel provide a sense of trust for the patients. When employees exhibit genuine concern, seriousness and interest towards the needs of clients, it inevitably increases the levels of client satisfaction (Alhelalat, Ma' moun & Twaissi, 2017). However, some of the clients were not certain that the hospital personnel had the required knowledge for the job, and some disagreed that the attitudes of the hospital personnel instil confidence in clients. Kwabena-Asare and Ibrahim (2017) are of the view that employees with the required knowledge and skills needed in the firm increases productivity. The qualitative study indicates that acknowledgements and communication enable employees to feel confident. Carnevale and Hatak (2020) and Ratheeswari (2018) maintained that communication and acknowledgement promote connections among the employees.

In this current study, the majority of the respondents believed that the hospital personnel responded quickly to their problems. The qualitative study further indicated that the responsiveness of employees increases the hospital's competitive advantage. Dladla (2019) concurs with the findings of this study that clients wish to conduct business with firms that are willing to provide them with rapid services. Some of the participants were of the view that the hospital personnel offer fast and efficient services to patients; the qualitative study added that delivering swift services increases the revenue of the hospital. The increase in revenue also allows the hospital to create more income

than its competitors. According to Tamilselvi (2019), hospitals with quality services deliver prompt services without making clients wait for long periods. However, some of the clients were unsure when exactly they would be attended to and some disagreed that the hospital employees were willing to attend to them. The non-responsiveness of employees at the hospital negatively influences the client's perception of service quality (Nonyani, 2018; Shokohyar & Kavyani, 2015).

The findings of the study indicated that the majority of the respondents agreed that the workers at the hospitals appeared neatly dressed and that the hospitals had appealing physical facilities, providing clients with assurance and increasing productivity in the hospital. Some of the clients were uncertain that the hospital had modern equipment to serve them. And some disagreed that the hospital provided them with healthcare magazines as they waited. The appearance of healthcare employees, a serene environment and healthcare magazines plays a significant part in the curative process of clients and employees (Amporfro, Boah, Yingqi, Cheteu Wabo, Zhao, Ngo Nkondjock & Wu, 2021; Huisman, Morales, Hoof & Kort, 2012).

Finally, the best way to assess service quality is to comprehend the service attributes of the firm by paying attention to the client's needs. Companies should improve the quality of service they provide, ascertain the difficulties they face swiftly through feedback and research, and should try to evaluate client satisfaction effectively since service quality has become a vital concept in the field of service sectors like healthcare.

### **7.2.2 The intercorrelations between the sub-dimensions organisational culture, employee engagement and service quality**

The hypotheses of the study were tested in relation to the intercorrelation between the sub-dimensions of organisational culture, employee engagement and service quality, and the results were compared and contrasted with the results of preceding studies.

- **H<sub>1</sub>:** There are significant intercorrelations between the sub-dimensions of the key dimensions of the study (organisational culture, employee engagement, service quality).

This study indicates that the sub-dimensions of organisational culture (involvement, consistency, adaptability, mission) and service quality (tangibles, reliability, responsiveness, assurance, empathy) did not significantly correlate with each other, and as a result the alternate hypothesis is

rejected. This implies that any changes in the sub-dimensions of organisational culture (involvement, consistency, adaptability, mission) do not have an impact on the sub-dimensions of service quality (tangibles, reliability, responsiveness, assurance, empathy), respectively. However, a study by Gantsho and Sukdeo (2018) contradicts the findings of this study. Furthermore, employees are able to recognise the importance of promoting teamwork and working in coordination with one another through the dimensions of organisational culture, with the ultimate potential to influence the delivery of quality services (Al-Musadieg, Raharjo, Solimun & Achmad Rinaldo Fernandes, 2018; Famiyeh, Asante-Darko and Kwarteng, 2018).

Furthermore, this present study found that the sub-dimensions of organisational culture (involvement, consistency, adaptability, mission) significantly correlate with employee engagement (vigour, absorption, dedication), respectively, and as a result, the alternate hypothesis is accepted. This infers that any change in the sub-dimensions of organisational culture (involvement, consistency, adaptability, mission) have an impact on employee engagement (vigour, absorption, dedication), respectively. A similar study by Pandya (2021) concurs with the findings of this study. Furthermore, creating a meaningful or positive organisational culture helps with employee engagement since a supportive workplace encourages people to work hard and promote good working relationships among employees (Pepra-Mensah & Kyeremeh, 2018; Saleem, Shenbei & Hanif, 2020; Sirisetti, 2012).

In this study, the findings also revealed that sub-dimensions of service quality (reliability, assurance, responsiveness, tangibles, empathy) do not significantly correlate with employee engagement (vigour, absorption, dedication), respectively, hence, the alternate hypothesis is rejected. This implies that any change in the sub-dimensions of service quality do not have an impact on the sub-dimensions of employee engagement. An employee needs to be energetic, devoted and absorbed in their work in order to be engaged. The studies of Anitha (2014) and Lawler III (2017) maintain that employers view their workforce productivity and performance favourably when they receive higher ratings on the determinants of engagement. According to Naidoo and Mutinta (2014), firms must place more emphasis on service quality since it can perhaps “make or break” a firm and has the propensity to create an adverse impression of the firm.

### 7.2.3 The relationships between organisational culture, employee engagement and service quality

- **H<sub>2</sub>:** There is a significant relationship between organisational culture, service quality and employee engagement respectively.

From this study, it is apparent that there is no significant relationship between organisational culture and service quality, hence, the alternate hypothesis is rejected. The results of this study infer that a positive view of organisational culture of employees does not have an influence on the perceptions of employees' engagement. This result concurs with that of other researchers (Gantsho & Sukdeo, 2018; Hadian, 2017; Indrastuti, Tanjung, Agustin, Fispol & Hafni, 2020); Khashkhuu, 2016), whilst studies by Al-Otaibi et al. (2020) and Alshemmari (2020) contradicts the results of this study. However, Botha (2016) is of the view that a well-organised, optimistic, reliable and long-standing organisational culture enhances unwavering and sustainable service quality that is in accordance with the firm's objectives.

This current study revealed a significant and positive relationship between organisational culture and employee engagement; thus, the alternate hypothesis is accepted. This implies that a positive view of the organisational culture of employees will consequently increase the perceptions of employee's engagement. Several studies have confirmed a connection between culture and engagement (Dasgupta & Dey, 2021; Mewafarosh, Tripathi & Gupta, 2020; Pepra-Mensah & Kyeremeh, 2018). When organisational culture matches the expectations of workers, their engagement will be high, and vice versa (Fidyah & Setiawati, 2020; Mewafarosh et al., 2020, Putri, Nimran, Rahardjo & Wilopo, 2021; Tannady et al., 2019; Umemezia & Osifo, 2021).

Furthermore, the current study also found no significant relationship between employee engagement and service quality; therefore, the alternate hypothesis is rejected. The results of this study indicate that positive perceptions of employee engagement do not have an impact on clients' views on service quality. Similar studies contradict the findings of this study (Barkhuizen, Mogwere & Schutte, 2014; Kang & Sung, 2017; Othman Hamzah, Abas & Zahuan, 2017). According to Hinzmann, Rasticova and Sacha (2019), engaged workers find their job to be easier and more fascinating than challenging, and they were more dedicated, vigorous, and engrossed in their work by providing excellent service to clients.

### 7.3 Influence of biographical profiles

This section deliberates on the impact of biographical profiles (age, gender, tenure, marital status) on organisational culture (involvement, consistency, adaptability, mission), employee engagement (vigour, absorption, dedication) and service quality (reliability, responsiveness, tangibles, empathy, assurance), respectively.

- **H<sub>3</sub>:** There is a significant difference in the perceptions of employees varying in biographical profiles (age, gender, tenure, marital status) regarding organisational culture, employee engagement and service quality and their respective sub-dimensions.

#### 7.3.1 Organisational culture and biographical variables

- **Age**

The results of this study found a significant difference in the organisational culture of workers varying in age. In particular, the result reveals that employees between the ages of 36–45 years display the most positive perception of the organisational culture. Possibly, they are passionate and feel workers are given the liberty to work unconventionally. However, the findings of the study indicate no significant difference between ages of workers relating to involvement, consistency, adaptability and mission respectively. A similar study by Sayli, Baytok and Soyballi (2010) affirmed the findings of this study. A company with a wider age demographic has a range of special skills as well as experiences and can attain higher productivity (Shim & Steers, 2012; Tran, 2020; Volkova & Chiker, 2020). On the contrary, Maamari and Saheb (2018) found a significant difference between mission and age.

- **Gender**

The current study also reveals a significant difference between male and female workers' perceptions of organisational culture, involvement, consistency, adaptability and mission, respectively. The study concludes that male employees at the hospitals exhibit more positive perceptions of the organisational culture, involvement, consistency, adaptability and mission than female workers. Perhaps, the male workers are more acquainted with the culture of the hospital as compared to the female workers, or perhaps the organisation's policies, practices and day-to-day operations are more suited to male employees. Likewise, Coetzee and Harry (2015) agreed that there is a significant link between adaptability and gender of employees. According to Utoft

(2020), culture shapes the expectations about the qualities and actions that define women's and men's roles as well as about the relationships between them.

- **Tenure**

This study shows a significant difference between the perceptions of organisational culture, involvement and adaptability amongst employees varying in tenure. The study further concluded that there is a significant difference among employees with tenure between 6–10 years in relation to organisational culture, and > 20 years of tenure in relation to involvement and adaptability, respectively. Perhaps their expectations are inconsistent with the tactical priorities of the hospital and its culture. Samuel (2015), however, believes that there is no link between organisational culture and tenure. The employee's tenure in the firm impacts the relationship in terms of adaptability (Jiang, Hu & Wang, 2018). Furthermore, this study revealed that there is no significant difference between the perceptions of consistency and mission amongst employees varying in tenure. Employees with longer years of service are inclined to feel more stable in their professions, increasing both motivation and efficiency within the firm.

- **Marital status**

This study also found no significant difference between organisational culture, involvement, consistency, adaptability and mission with varying marital status, respectively. However, a similar study by Akyel and Burmaoglu (2019) contradicts the results of this study. According to Mujajati (2016), female employees are less probable to get married or bear children due to the workload usually caused by demands of their work life. However, married employees usually have a clear understanding of their job duties and obtain much higher performance reviews than unmarried employees (Snir, 2018). According to Ledimo (2015), individual differences aid the organisation in creating new subcultures.

The findings of this current study in relation to the significance difference between the sub-dimensions of organisational culture and biographical data of employees are graphically represented in Figure 7.1.

**Figure 7.1 Summary of the impact of the sub-dimensions of organisational culture on biographical variables**

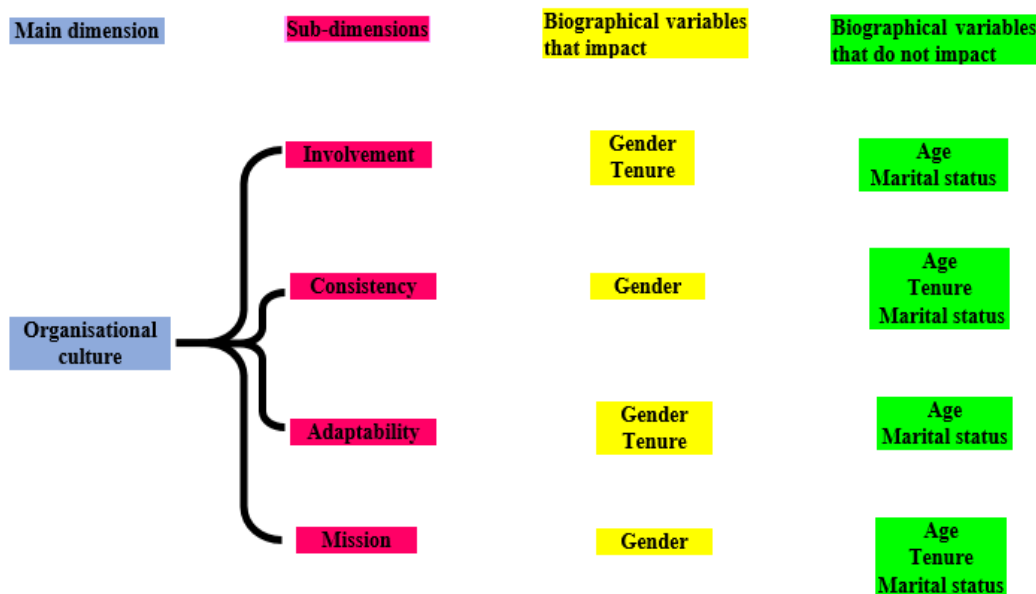


Figure 7.1 depicts a summary of the graphical representation of the impact of the sub-dimensions of organisational culture on the biographical variables of employees.

### 7.3.2 Employee engagement and biographical variables

- **Age**

This study found no significant difference in employee engagement, absorption and dedication with varying ages. Similar studies concur with the findings of this study (Dlamini, 2018; Kaliannan & Adjovu, 2015; Mokhine & Geyser, 2020; Victor & Patil, 2016). Conversely, Garg (2014) opposes the results of this study. A study by Ashley (2018) among bank officials in Ghana reveals that younger employees are more engaged as compared to elder workers. Also, the findings of this study revealed a significant difference between vigour and age of workers. The study indicates that workers between 36-45 years show higher vigour levels than the other age groups. Perhaps they are assertive in accomplishing their designated tasks since they are energetic and have experience. Similar studies by Obuma and Worlu (2017) and Sharma, Goel and Sengupta (2017) revealed that there is a significant difference in the levels of vigour among workers, varying in age. However, Victor and Patil (2016) oppose the results of this study.



- **Gender**

The current study also found a significant difference between engagement, vigour, absorption and dedication between male and female workers. Male employees in hospitals are more engaged, vigorous, absorbed and dedicated than female workers. Perhaps the male employees place more effort and concentrate on their jobs since they are more confident and zealous. Similar studies by researchers (Obuma & Worlu, 2017; Shukla, Adhikari & Singh, 2015) concur with the findings of the current study. Nevertheless, studies by other researchers (Eghlidi & Karimi, 2016; Gera, Sharma & Saini, 2019; Mulaudzi & Takawira, 2015) contend with the findings of this study.

- **Tenure**

This study found a significant difference between employee engagement, vigour, absorption and dedication amongst employees varying in tenure. The study further revealed that employees who worked between 6–10 years in the hospital are significantly different from the rest of the workers as they reflect significantly lower levels of employee engagement, whilst employees with 16–20 years of tenure have the highest level of absorption in hospitals. Furthermore, the results of the study revealed that employees with 0–5 years of tenure have high levels of dedication as compared to employees who have worked longer in the hospitals. Perhaps they feel passionate about their jobs since they recently gained employment and want to display their skills and abilities. However, Albdour and Altarawneh (2014) and Chaudhary and Rangnekar (2017) contend with the verdict of this study. According to Prottas, Fossen, Cleaver and Andreassi (2017), the long tenure of employees in a firm demonstrates dedication and loyalty to the firm.

- **Marital status**

This study indicates that there is no significant difference in engagement, vigour, absorption and dedication varying in the marital status of employees. Other studies concur with the findings of this study (Anand, Banu, Rengarajan, Thirumoorthy, Rajkumar & Madhumitha, 2016; Ashley, 2018; Chi, Saldamli & Gursoy, 2021; Mokhine & Geyser, 2020). According to Shukla et al. (2015), married workers are more engaged as compared to unmarried workers; however, Deligero and Laguador (2014) maintain that single employees are more devoted to their work as compared to married employees since they have fewer duties.

The findings of this current study in relation to the significance difference between the sub-dimensions of employee engagement and biographical data of employees are graphically represented in Figure 7.2.

**Figure 7.2 Summary of the impact of the sub-dimensions of employee engagement on biographical variables**

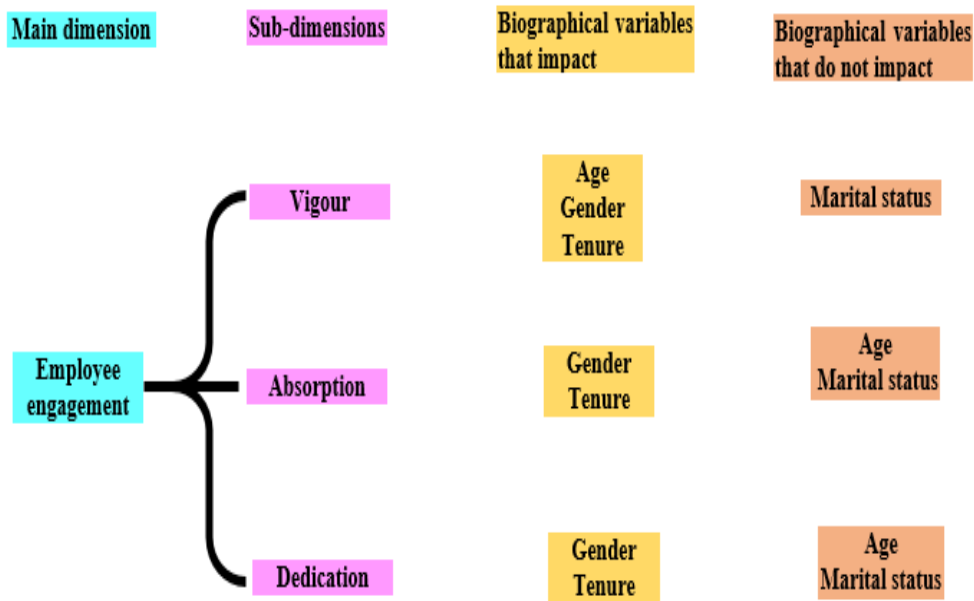


Figure 7.2 depicts a summary of the graphical representation of the impact of the sub-dimensions of employee engagement on the biographical variables of employees.

### 7.3.3 Service quality and biographical variables

- **Age**

The results of this study found no significant difference in the perceptions of service quality, tangibles, reliability, responsiveness, assurance and empathy varying in age of clients. Similar studies concur with the findings of this study (Ahmad & Sungip, 2008; Bhengu, 2015; Grazhdani & Merollari, 2015; Ismail, Abdullah & Francis, 2009; Redda & Surujlal, 2019). Other studies, however, contradict the findings of these studies (Christia & Ard, 2016; Devi & Muthuswamy, 2016; Herath & Ranjani, 2011; Paposa, Ukinkar & Paposa, 2019). Pakurár et al. (2019:5) state that “assurance means keeping clients informed in their inherent language and listening to them irrespective of their age.”

- **Gender**

The results of this study found a significant difference in the perceptions of service quality, tangibles, reliability, responsiveness, assurance and empathy varying in gender of clients. This study indicated that male clients have higher perceptions of service quality, tangibles, assurance and empathy than female clients, whilst the study found that female clients are more convinced than male clients that the hospitals are reliable and responsive to their needs. Perhaps the female clients believe that the hospitals respond to their requests swiftly without any inconvenience, or perhaps the male clients become sympathetic and are ready to do anything to get well. According to Löffler and Greitemeyer (2021), females are more empathic than male clients. Likewise, studies by several researchers concur with the findings of this study (Bhengu, 2015; Jelčić, 2015; Rumi, Makhdom, Rashid & Muyeed, 2021; Wang & Kim, 2019). Conversely, studies by numerous researchers opposed the findings of the study (Abu-Salim, Mustafa, Onyia & Watson, 2019; Ghazwani, Alshowkan & Alsaleh, 2022; Omar Ariffin & Ahmad., 2016; Rashmi, Pallavi & Adarsha, 2021).

- **Tenure**

The results of this study found no significant difference in the perceptions of service quality, tangibles, reliability, responsiveness, assurance and empathy amongst clients varying in tenure, respectively. A similar study by Bhengu (2015) and Kattara, Weheba and Ahmed (2015) corresponds to the results of this study. According to Hanaysha, Dileep and Hilman (2012), firms provide services to clients by providing what they assure they will do during a specific period. Clients with long service can aid in identifying and correcting issues before they turn into problems.

- **Marital status**

The findings of this study found no significant difference in the perceptions of service quality, tangibles, reliability, responsiveness and empathy varying in the marital status of clients. Similar studies affirm the results of this study (Ahmad & Sungip, 2008; Prithivirajan & Elangovan, 2021; Rahim, 2018). Melkis, Hilmi and Mustapha (2014) found that married clients had higher perceptions of service quality as compared to single clients. However, other studies opposed the findings of this study (Devi & Muthuswamy, 2016; Paposa et al., 2019; Prithivirajan & Elangovan, 2021; Yusefi, Davarani, Daneshi, Bastani, Mehralian & Bastani, 2022).

The findings of this current study in relation to the significance difference between the sub-dimensions of service quality and biographical data of clients are graphically represented in Figure 7.3.

**Figure 7.3 Summary of the impact of the sub-dimensions of service quality on biographical variables**

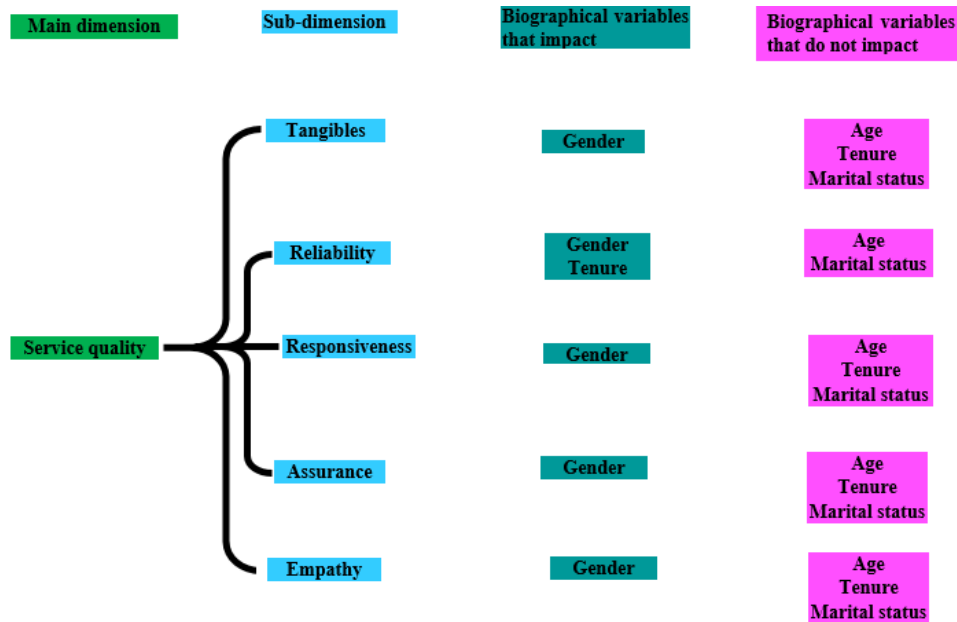


Figure 7.3. portrays a summary of the graphical representation of the impact of the sub-dimensions of service quality on the biographical variables of clients.

#### 7.4 Organisational culture and employee engagement accounts for a variance in service quality

- **H4:** Organisational culture and employee engagement significantly account for the variance in service quality.

This study reveals that organisational culture and employee engagement significantly account for 26.1% of the variance in service quality (Adjusted R square = 0.261) and hence the alternate hypothesis is accepted. This study also indicates the Beta value (Beta = 0.075) indicates that employee engagement significantly impacts service quality. Furthermore, the effect of organisational culture on the quality of services was also significant, based on the Beta value (Beta = 0.056). In this study, it was evident that employee engagement and organisational culture has

influence on service quality, however, employee engagement had greater influence as compared to organisational culture. Nevertheless, a similar study by Ngugi et al. (2021) revealed that organisational culture has a greater influence on service quality than employee engagement. A productive work culture fosters engagement, increases employee contentment, and increases production. In contrast, a hostile organisational culture can lower productivity, increase the turnover of employees, and make workers feel disengaged at work. Building an organisational culture that is favourable to the engagement of workers becomes vital for optimum service quality. According to Chaudhary (2017), it is vital to build an appropriate culture in a firm to help improve employee engagement. The author adds that it is vital for management to help improve the culture of the firm since it encourages workers and increases productivity. Clients are vital for an organisation, and they help describe the quality of services provided (Hartono, 2019). Service quality is closely connected to the culture of the firm (Marlian, Sumadinata & Sari, 2021; Wimmer, Pereira, Ronzhyn & Spitzer, 2020).

### **7.5 Employee engagement mediates organisational culture and service quality**

- **H<sub>5</sub>:** Employee engagement mediates the relationship between organisational culture and service quality.

The results of this study revealed that employee engagement does not mediate the relationship between organisational culture and service quality. According to Latta (2020), a nurturing culture of a firm is positive and it impacts the engagement of workers, thereby retaining them in the organisation for a longer time. Similarly, Ngugi et al. (2021) found no moderating effect between the relationship of culture and service quality. A similar study by Nawangsari and Sutawidjaya (2019) revealed that employee engagement can be influenced by organisational culture. Babu and Mohan (2020) maintain that it is vital to place the needs of clients first and to get their reactions, to increase levels of employee engagement. Ibrahim and Mohammed (2020) are of the view that employee engagement has a significant influence on service quality. The culture of an organisation might oppose change, which may have a negative impact on the quality of services provided in that organisation (De Feo, 2015). Also, the author states that the lack of competition and the collapse of the company may have an impact on the decline in the quality of services provided to

clients. However, Mensah et al. (2014) argues that organisational culture has a weak relationship with service quality.

## **7.6 Understanding factors that affect the provision of quality services in private hospitals**

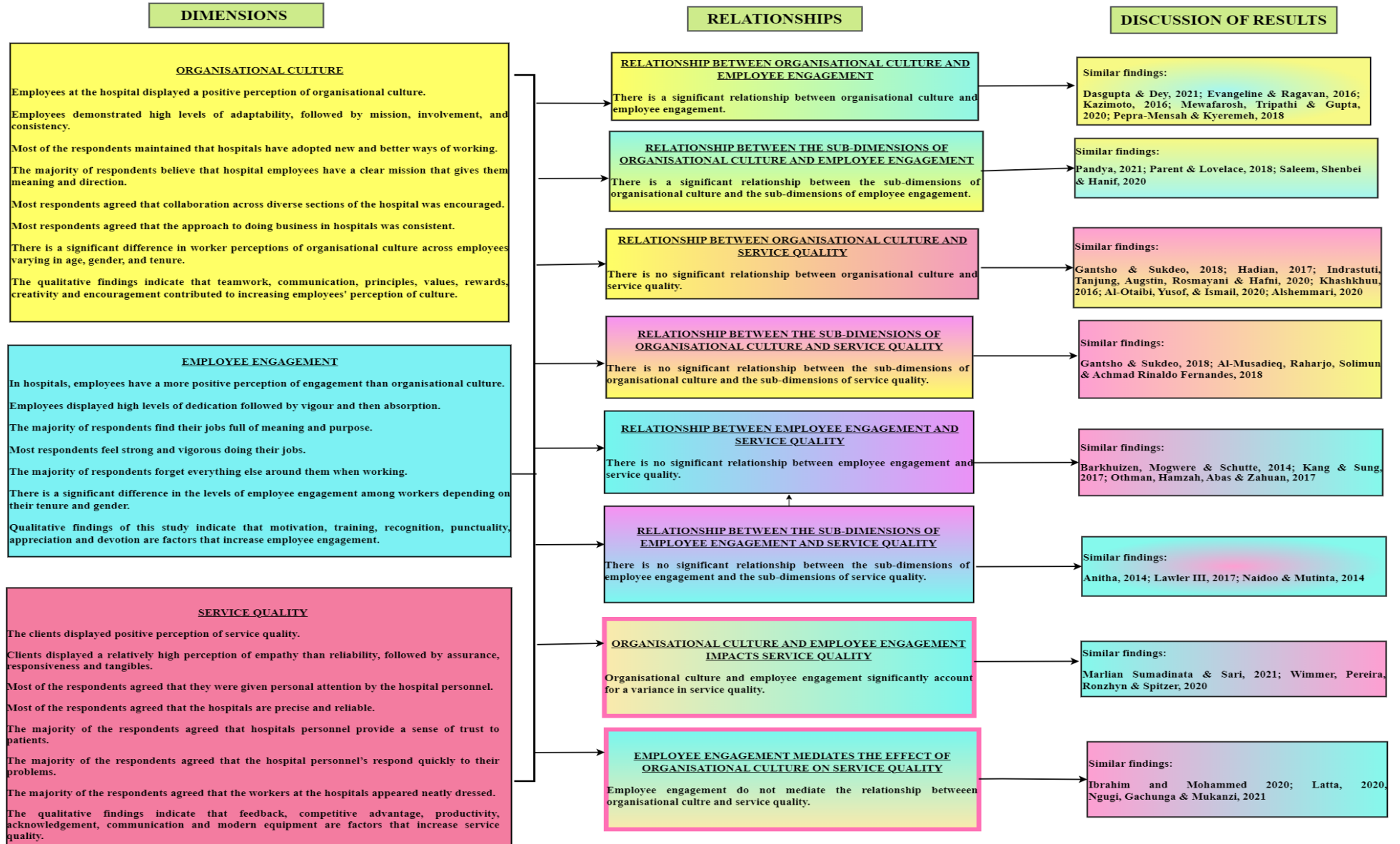
The following findings arose from the qualitative survey. Employees mentioned the attitudes of employees, punctuality, equipment, records, skills shortage, and leadership as factors that impact the provision of quality services. Discussion on the findings in relation to the research objective of the study are presented below:

- **Attitudes of employees:** Employee attitudes, particularly those relating to work, have an impact on how successfully employees perform. The quality of service is significantly and directly influenced by the attitude of employees since it is one of the vital skills of employees (Hanafi, 2019; Kloutsiniotis & Mihail, 2018). Firms must determine ways to manage their clients and make sure that the actions and attitudes of employees contribute to the delivery of service quality (Lloyd & Luk, 2011; Soko, 2019).
- **Punctuality:** Being on time demonstrates professionalism and establishes credibility, dependability, and trustworthiness of employees. According to Widarko and Anwarodin (2022), employee attendance and punctuality are crucial because skipping work negatively impacts both productivity and the morale of employees.
- **Equipment:** Accessibility of medical equipment and allocation of time influence the quality of healthcare services. Studies by other authors agree with the findings of this study that medical equipment greatly influences the service quality of hospitals (Khiba, 2018; Zamzam, Abdul Wahab, Azizan, Satapathy, Lai & Hasikin, 2021). According to Meesala and Paul (2018), quality services require quality inputs.
- **Records of patients:** From the qualitative study, the records of patients were found to influence the provision of quality service. Patient records offer a legally sound foundation for arranging patient care and treatment, which results in service quality (Akhu-Zaheya, Al-Maaitah & Bany Hani, 2018). Additionally, the records of patients promote effective patient-doctor communication, improve the general standard of patient treatment, and offer a deeper understanding of particular illnesses.

- **Skills shortage:** The qualitative findings also indicated that the shortages of skill influence the provision of quality services in the hospitals. According to Maphumulo and Bhengu (2019), shortages of skills among employees may have an impact on the quality of services delivered.
- **Leadership:** Lastly, the qualitative findings revealed that leadership influences the provision of quality services. Mostly, leaders keep an eye on the level of service quality and safety to ensure that the standards are clinically effective in the hospitals. It has been suggested that leadership affects the efficiency of the service delivery process, leading to higher levels of service quality being offered to clients (Sfantou, Laliotis, Patelarou, Sifaki-Pistolla, Matalliotakis & Patelarou, 2017).

The findings of the study are graphically depicted in Figure 7.4.

**Figure 7.4 Key results and discussion of results of the study**





## 7.7 Conclusion

This chapter explored both the quantitative and qualitative findings of the study for organisational culture and the sub-dimensions (involvement, consistency, adaptability, mission), for employee engagement and its sub-dimensions (vigour, absorption, dedication), and for service quality and its sub-dimensions (reliability, assurance, tangibles, empathy, responsiveness) in comparison with other study outcomes. Furthermore, the perceptions and views of employees and clients were discussed. The following results were realised from the study using private hospitals in Ghana as a reference point:

- The findings of the study found no significant intercorrelations among the sub-dimensions of organisational culture (involvement, consistency, adaptability, mission) and service quality (tangibles, reliability, responsiveness, assurance, empathy), respectively. In addition, the findings of the study found no significant intercorrelations among the sub-dimensions of service quality (reliability, assurance, responsiveness, tangibles, empathy) and employee engagement (vigour, absorption, dedication), respectively. However, the results also depict significant intercorrelations among the sub-dimensions of organisational culture (involvement, consistency, adaptability, mission) and employee engagement (vigour, absorption, dedication) respectively.
- The study revealed no significant relationship between organisational culture and service quality. The findings also showed no significant relationship between employee engagement and service quality. Nevertheless, the study indicated a significant relationship between organisational culture and employee engagement.
- The study revealed that organisational culture differed significantly only across age, tenure and gender profiles of employees. It was also found that involvement, adaptability and mission differed significantly amongst employees varying in tenure. The study revealed that involvement, consistency, adaptability and mission differed significantly between employees varying in with gender. Additionally, employee engagement differed significantly with only the tenure and gender of employees. The study revealed that vigour differed significantly amongst employees varying in age, and further shows that vigour, absorption and dedication differed significantly between male and female employees. Also, vigour, absorption and dedication differed significantly across employees varying in tenure. Perceptions of service quality differed significantly only between male and female clients,

while perceptions of tangibles, reliability, responsiveness, assurance, and empathy differed significantly between male and female clients.

- The results revealed that employee engagement followed by organisational culture significantly account for the variance in service quality.
- The study depicted that employee engagement does not mediate the relationship between organisational culture and service quality.
- The findings indicated that the attitudes of employees, punctuality, equipment, records, shortage of skilled employees and leadership affected the provision of skilled employees.

This chapter deliberated on the findings stemming from this study in association with several other studies to corroborate the outcomes attained in the study. The findings of the study contribute to the concepts of management. The succeeding chapter formulates meaningful recommendations for improving the perceptions of organisational culture, employee engagement and service quality.

## **CHAPTER EIGHT**

### **RECOMMENDATIONS AND CONCLUSION**

#### **8.1 Introduction**

This chapter incorporates and merges the results from the discussion chapter and makes recommendations for this study. The chapter concludes the study, grounded on the study results and informed by a comprehensive review of current literature. The chapter presents recommendations and conclusions found from the empirical evidence indicated by this study on understanding the influence between organisational culture and service quality in private hospitals in Ghana. Based on the research outcomes, the chapter also makes recommendations for further research. This chapter also presents a graphical representation of the recommendations for the study to enhance organisational culture, employee engagement and service quality in the hospitals.

#### **8.2 Recommendations based on the results of the study**

The recommendations made are expected to persuade the management of healthcare institutions to implement the suggestions, to enable them to retain employees and to also provide quality services to clients. These are made to ensure that hospitals achieve their objectives, and to inspire the management of the hospitals to ensure that the requests of both the healthcare employees and clients are fulfilled. The impact of this study can be acknowledged since it adds to the present studies on the influence of organisational culture on service quality with the mediating effect of employee engagement. Based on the study's findings, suggestions are provided for how organisations might effectively manage and improve employees' perceptions about organisational culture, and improve employee engagement, to enable employees to provide quality services to clients. The management of hospitals and healthcare staff should consent to these recommendations and ensure that they are appropriately implemented. From the findings of this study, it is apparent that employee engagement is the highest-ranked dimension among the workers in the hospital, followed by organisational culture, and finally, the service quality according to clients. Nevertheless, employee engagement, organisational culture and service quality in the selected hospitals could be better. The objective of this chapter is to recommend ways to improve organisational culture and employee engagement and to provide quality services.

### **8.2.1 Recommendations based on organisational culture and its sub-dimensions**

The culture of a firm is a vital feature used to decide how well a worker fits into the organisational context. The culture of an organisation not only strives to attain organisational objectives, but also guarantees that the needs of the employees are met. The following recommendations are made for the hospitals to efficiently sustain and improve the perceptions of organisational culture.

#### **❖ Adaptability**

- Some of the respondents mentioned that management must allow teammates to combine efforts on specific tasks; this may promote creativity and teamwork. This study recommends employees should collaborate and interact with one another often since they are more likely to generate original ideas by drawing inspiration from one another. It is common for creativity to flourish among employees and creativity enables the organisation to attain its goals.
- The study revealed that some employees were of the view that their opinions lead to changes as well as impact decision-making in the hospitals. The study recommends that management should create a space where their staff can voice their opinions. This will help improve the adaptability of the hospital. Also, employees should be provided with leadership that is approachable and real, who solicit their opinions and take them into account. It is essential for leaders and staff to have open discussions because it fosters a culture of trust, promotes productive working relationships, and enables employees to be more adaptable.
- The findings from the study revealed that hospitals have new and better ways of working that are continually adapted. The study recommends that managers should inspire creativity among employees, adopt new ways to do work, understand the desires of clients, and promote organisational learning and teamwork. This will enable workers to adjust to an adaptable environment.

#### **❖ Mission**

- Some employees revealed that the hospitals had a clear mission that gives meaning and direction. This study recommends that since communication is a vital element in every organisation, management should communicate well with employees to enable them to understand the mission, vision as well as values of the hospitals. A firm that

prioritises morality, ethics and social responsibility will always be ahead of the curve in fostering these principles in each and every worker.

- Furthermore, some employees were of the view that the hospitals' strategic direction was not clear to them. The study recommends that management should keep the lines of communication open with its workers through a variety of channels. Sharing the hospital's strategic direction with employees is crucial. The strategic direction and plans of the hospitals should be shared, posted, and followed by employees.
- It is apparent from the study that employees were uncertain that there is an extensive agreement about the goals of the hospitals. This study recommends that management should reassess their current culture with the aim of recognizing specific negative features, while also looking for ways to get rid of them and instill more good components that can help in fostering the ideal environment for organisational success.
- The management of the hospitals should provide the necessary information, tools, support, control, and decision-making freedom for their employees. Leaders must establish expectations, and equip staff with the tools and information they need to meet the goals of the hospitals.

#### ❖ **Involvement**

- The findings revealed that some participants agreed that collaboration across diverse sections of the hospital is encouraged. The researcher recommends that the appropriate number of employees should be assigned to execute a task successfully and efficiently, and management should decentralise assignments to the most appropriate level. The management should also involve human resource experts in the planning and execution of improvements inside the hospital.
- The study also indicated that employees were not sure if they had a positive impact on the hospital. This research recommends that management should develop planned developmental programs that will improve workers' skills, knowledge, and conduct, this intervention strategy will help employees develop their abilities.

- Additionally, the study revealed that employees disagreed that there was continuous investment to develop the skills of employees at the hospitals. The researcher recommends that employees should be encouraged through consistent training and development programs as well as rewards since organisational culture suitably influences the skills and performance of employees. The performance of employees hinges entirely on the level of motivation from managers and the culture that the firm contributes to the attainment of organisational goals (Beltrán-Martín & Bou-Llusar, 2018).

#### ❖ Consistency

- The results of the study revealed that some employees agreed that there is a moral code that governs the behaviour of workers and tells right from wrong. The researcher recommends that management should organise seminars and workshops to advance workplace ethics and moral codes. These seminars will serve to reaffirm the organisation's moral codes to employees, define what actions are allowed and not allowed, and provide a forum to discuss potential ethical conundrums.
- The study indicates that some employees disagreed that when disagreements occurred, the employees worked hard to achieve 'win-win' solutions. The study recommends that the management should communicate efficiently to reduce confusion among employees and resolve disputes amicably. Workers are more inclined to work hard when they understand their roles and duties, and the goals of the organisation (Mathews & Khann, 2016).

#### **8.2.2 Recommendations based on employee engagement and its sub-dimensions**

Some works in the literature relating to employee engagement caution that being overly engaged can be harmful and may lead to emotional exhaustion, workaholism as well as burnout (Imperatori, 2017; Moeller, Ivcevic, White, Menges & Brackett, 2018; Purcell, 2014). Hence, firms should emphasise to workers to avoid being overly engaged by: (a) having enough time for breaks; (b) going on vacation and; (c) providing a safe environment for workers (Shuck, 2019).

### ❖ **Dedication**

- Some of the respondents said they find their jobs at the hospital full of meaning. The study suggests that this can be improved by offering employees advanced training and development programs that will help them comprehend the duties of their positions and provide them with the opportunity to learn enough information about their profession. Also, in order to identify and address the actual areas in which employees need training, management should conduct a well-structured training needs assessment.
- Additionally, the study revealed that some employees disagreed that they find their jobs very challenging. The study recommends that the management of the hospitals should give workers challenging but doable tasks. To encourage employees to go above and beyond to attain their goals, the management should set achievable goals.

### ❖ **Vigour**

- The results revealed that employees feel strong and vigorous doing their jobs at the hospitals. The study recommends that the hospitals may improve this if they continue to reward workers with financial incentives and encourage them through recognition.
- Additionally, the study indicated that the employees at the hospitals are not certain if they feel like going to work in the morning. This study recommends that management should foster a helpful work environment that demonstrates concern for employees' emotions, offers constructive feedback and aids in advancing new skills to solve job-related issues.
- Furthermore, the study indicates that some employees are unsure that they can continue working for very long periods of time at the hospital. The study recommends that management should treat employees well and have them at heart since this will increase their energy levels and ability to work for long periods. Additionally, this study also suggests that if workers are given an environment that is enabling and encouraging, they can sustain their enthusiasm for their profession.

### ❖ **Absorption**

- The findings revealed that some employees agree that they forget everything else around them when they are working. To improve this, the study recommends that management can improve the absorption of employees if they give them access to sufficient resources. Additionally, this study recommends that hospital management should provide better working conditions for employees and place emphasis on their employees' professional growth as well as promote a healthier work-life balance for healthcare employees.
- Furthermore, the results of the study indicated that workers of the hospital feel happy when they work intensely. The research recommends that management should inform employees of the importance of their job and the value the hospital placed on them. Management also should make work exciting for employees by organising social events and excursions for employees.
- In addition, the study revealed that employees were not certain that time flies when they are working. This study recommends that management should make work exciting for employees. Management should organise social events and outings for employees.

### **8.2.3 Recommendations based on service quality and its sub-dimensions**

These are recommended to be certain that the hospitals accomplish their aims, and to inspire the management of the hospitals to ensure that the requests of both the hospital employees and patients are satisfied. The recommendations towards enhancing quality of healthcare services at hospital are as follows:

### ❖ **Empathy**

- The results indicated that clients are given attention by the hospital employees. Healthcare staff are a central factor in providing quality service to clients. This research recommends that employee and client relationships should be considered a priority by hospital management. The role of healthcare employees in delivering quality services is significant and hospital directors should value good service, which will result in pleased and devoted workers who value their clients.



- However, the study revealed that the clients were not sure if the healthcare employees understood their special needs. The study recommends that healthcare employees should possess the capacity to efficiently communicate and cooperate with each other, as well as with their patients, with a mutual objective of creating better healthcare and improving the health of patients.
- Additionally, the study revealed that some clients disagreed that their best interest is held at heart by employees at the hospitals. This research recommends that hospital employees should show care and concern about their clients since this can make a great impact on their clients. Also, this study recommends that clients' complaints and requests should be carefully listened to by healthcare employees, to demonstrate that they are interested in the healthcare of the clients. Furthermore, the study suggests that complaints boxes should be made available and easily accessible and placed in strategic places in the hospitals; for example, the reception area.

#### ❖ **Reliability**

- The study revealed that health employees in hospitals solve clients' problems efficiently. The study recommends that hospitals should give healthcare workers more training on service quality so they can better grasp how to take care of clients since this directly affects clients' perceptions.
- In addition, the study found that some clients disagree about the hospital providing services punctually. This study recommends that management should put measures in place to enable employees to provide services punctually to clients. Also, management should encourage employees to inform their supervisors ahead of time if they might be late to work. According to Pollock, Wilkinson, Perry-Young, Turner and Schneider (2021), clients want service provided to them punctually. In healthcare, punctual service often implies survival and can be the determinant between life and death in some cases.
- Furthermore, the study found that some clients disagreed on employees performing the service right the first time. Hence, it is recommended that management put systems in place, such as good communication channels between clients and healthcare employees, to make sure that promises to clients are sustained all the

time. Nonyani (2018) maintains that firms must keep their promises to their clients and provide the right quality services the first time. The necessity to deliver dependable service quality must be given top priority by hospitals.

#### ❖ Assurance

- The study revealed that hospital personnel provide a sense of trust to their patients. The study recommends that hospital employees should be trained to keep their client information confidential, and to prioritise providing healthcare to clients. Additionally, employees should have the clients' best interests at heart and be welcoming and polite when dealing with clients. Vital features such as a welcoming smile should be incorporated into delivering healthcare services.
- Furthermore, the study indicated that the behaviour of healthcare employees does not instill confidence in patients. The research recommends that healthcare employees should be cognisant of the significance of building trust and confidence in dealing with clients, to gain a competitive advantage and win clients' allegiance.

#### ❖ Responsiveness

- The study revealed that hospital personnel offer fast and efficient services to clients. This study recommends that clients' problems should be resolved swiftly and treated on time, and in the event of any inconveniences, apologies should be made. According to Mutinda (2020), responsiveness to client enquiries and grievances may have an impact on customer satisfaction, regardless of the result of the resolution procedure. Healthcare employees should be trained to react to clients' health needs promptly.
- Furthermore, the study indicated that some of the clients maintained that the hospital personnel inform them of exactly when the services will be performed. This study recommends that healthcare employees should inform their clients through the medium of telephone calls or short messages to remind clients about their next appointment at the hospital.

### ❖ Tangibles

- The study indicated that healthcare workers at the hospitals were neatly dressed. This study recommends that management should encourage employees to keep on dressing appropriately for the job. Healthcare workers should keep dressing well and decent since it influences the perception of clients.
- The study revealed that the hospitals had appealing physical facilities. This study recommends that the atmosphere of the hospitals can also be upgraded by ensuring proper hygiene and a favourable atmosphere with suitable amenities like water dispensers, television sets and serene waiting areas for clients. Common areas should always be kept in good condition; it is advised that cleaning service hours be expanded to include weekends, and more trash cans be added at vantage points in the hospitals. Also, management should consider providing an enclosed parking space to protect clients' cars from hostile weather conditions.
- In addition, the study indicated that materials associated with services (such as health pamphlets) were not readily available to clients as they waited. This study recommends that the management of the hospitals should make available health pamphlets and magazines for clients to read as they sit and wait for their consultations with the doctor.
- Furthermore, the study indicated that some of the clients were of the opinion that the hospitals did not have modern equipment to serve them. This study recommends that the hospital should procure modern equipment, which is relevant today and will serve the needs of the clients in a long term.

Figure 8.1 Graphical representation based on the recommendations for the study



### **8.3 Recommendations for future research**

This research attempted to construct a detailed investigation into an area where there is limited research, in Ghanaian private hospitals. Furthermore, only employees and clients situated at the selected private hospitals were investigated. This study used a mixed-method approach to examine the relationship between organisational culture and service quality utilising employee engagement as a mediating variable.

- This research was conducted in private-sector hospitals. Hence, the findings of this study may be restricted to private hospitals in Ghana only. Comparative studies can be conducted in public hospitals and other industries to create insights with respect to the findings of the study provided. Incidentally, replicating this study in diverse sectors would be worthwhile, to create the objectivity and generalisability of this study's findings across varied settings.
- The present study examined three private hospitals in Ghana. Future studies could consider increasing the number of private hospitals for further investigation into the relationships among the variables.
- In addition, future studies may consider other intervening variables, in order to offer a comprehensive clarification on the connection between organisational culture and service quality in hospitals, as well as other sectors that are critical to the development of the Ghanaian economy.
- The objective of this study does not contribute to the inverse connection on the relationship between organisational culture and service quality. Therefore, future studies may examine inverse causation in this relationship in order to extend the knowledge of this area of research.
- There are numerous models and precursors of organisational culture and employee engagement that could be investigated, to extend the scope of their effect on service quality within the Ghanaian healthcare industry.
- Future studies could consider a comparative study between private and public hospitals in Ghana relating to service quality or even across hospitals in developed and emerging economies.

## 8.4 Conclusion

The purpose of this study was to evaluate the influence of organisational culture on service quality in private hospitals. The information attained from this study specifies that the objectives of the research have been achieved. The significance of the study findings has been established through the recommendations presented by the researcher.

- The first objective of the study was to evaluate the the intercorrelations between the sub-dimensions of the key dimensions of the study (organisational culture, employee engagement, service quality). This relationship was examined using quantitative analysis. The study utilised a Pearson product moment correlation coefficient to examine the relationship between the variables. The results show that sub-dimensions of organisational culture and sub-dimensions of service quality did not significantly relate to one another. The sub-dimensions of organisational culture (involvement, consistency, adaptability, mission) do not impact the sub-dimensions of service quality (reliability, assurance, tangibles, empathy, responsiveness). Furthermore, the results depict that sub-dimensions of organisational culture and sub-dimensions of employee engagement are significantly intercorrelated with one another. The results revealed that sub-dimensions of organisational culture and sub-dimensions of employee engagement have a significant and direct relationship with one another. The findings of the study also revealed that sub-dimensions of employee employment and sub-dimensions of service quality did not significantly relate to one another.
- The second objective of the study was to investigate the relationship between organisational culture, service quality and employee engagement. This relationship was tested using quantitative analysis. The study utilised a Pearson product moment correlation coefficient to examine the relationship between the variables. The variables of organisational culture and service quality also did not significantly relate to one another. In addition, the results did not show a significant relationship between employee engagement and service quality. However, the results showed a significant relationship between organisational culture and employee engagement.
- The third objective of the study investigated the influence of biographical data (age, gender, tenure, marital status) on perceptions of organisational culture, employee engagement and service quality and their respective sub-dimensions. The study revealed that organisational

culture differed significantly with only age, tenure and gender of employees. It further showed that involvement and adaptability differed significantly amongst employees varying in tenure. The study revealed that involvement, consistency, adaptability and mission differed significantly amongst employees, varying with gender. Furthermore, the findings showed that employee engagement differed significantly amongst employees varying in tenure and gender. The study revealed that vigour differed significantly with age of employees. Further, vigour, absorption, and dedication differed significantly amongst employees varying in gender and tenure. The findings revealed that service quality differed significantly amongst clients, varying by gender. Reliability differed significantly amongst clients varying in tenure, and tangibles, reliability, responsiveness, assurance, and empathy differed significantly amongst clients, varying by gender.

- The fourth objective of the study was to investigate the impact of organisational culture and employee engagement on service quality in private hospitals in Ghana. This relationship was examined using quantitative analysis. The study utilised multiple regression to investigate the relationship among the variables. The results revealed that organisational culture and employee engagement significantly account for a variance in service quality.
- The fifth objective of the study examined whether employee engagement mediates the effect of organisational culture on service quality. This relationship was examined using quantitative analysis. The study utilised multiple regression with a process procedure v4.2 beta to investigate the mediation between the variables. The findings showed that employee engagement does not mediate the relationship between organisational culture and service quality.
- Finally, the last objective of the study examined the factors that affected the provision of quality services in private hospitals in Ghana. This objective was addressed using a qualitative approach to find answers to the objective. The study found that the attitudes of employees, punctuality, equipment, records, shortage of skilled employees and leadership affected the provision of skilled employees.

In conclusion, the results of this study show that it is vital for the employees of the hospital to have positive perceptions of the organisational culture and for the entire personnel to be fully engaged

continuously, in order to ensure the provision of quality services. This means that the selected private hospitals have to allocate several policies to keep the employees engaged and to have a positive work culture, in order to attain quality service. Management should communicate often with employees since it helps to clarify the objectives and duties vital to workers; this aid them to achieve their duties, which enables them to have a positive work culture and engaged. However, the study showed that there is no link between organisational culture and service quality. This infers that paying more attention to the role of the organisational culture and giving attention to its dimensions does not enhance service quality and its sub-dimension. Also, the study indicated that there is no link between employee engagement and service quality. This implies that employee engagement and its sub-dimensions are not likely to increase service quality. Furthermore, the study revealed that there is a link between organisational culture and employee engagement. This infers that paying more attention to the role of the organisational culture and giving attention to its dimensions enhances employee engagement and its sub-dimensions. The study also revealed that organisational culture and employee engagement significantly account for a variance in service quality. Finally, the study showed that employee engagement does not mediate the relationship between organisational culture and service quality. Management should communicate often with employees since it helps to clarify the objectives and duties vital to workers; this aid them to achieve their duties, which permits them to have a positive work culture and engaged.



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**APPENDIX A: COVERING LETTER AND INFORMED CONSENT**

**UNIVERSITY OF KWAZULU-NATAL  
SCHOOL OF MANAGEMENT, INFORMATION TECHNOLOGY AND  
GOVERNANCE**

**Researcher:** Nicholas Ashley (+233 55 735 3309 or +27 60 492 9873)

**Supervisor:** Professor Sanjana Brijball Parumasur (+27 31 260 7176)

Greetings,

My name is Nicholas Ashley a Ph.D. (HRM) student in the Discipline of Human Resource Management and Industrial Relations, in the School of Management, Information Technology and Governance at the University of KwaZulu-Natal.

You are being invited to consider participating in a study that involves **Understanding the influence of organisational culture on service quality private hospitals in Ghana**. The aim and purpose of this research is to measure the extent which employee engagement mediates the relationship between organisational culture and service quality in private hospitals in Ghana. The study is expected to include 367 participants in private hospitals in Ghana. It will involve the following procedures (i.e. on-line questionnaires and semi-structured interviews). The duration of your participation if you choose to participate in the study is expected to be 20 minutes.

The study will provide no direct benefits to participants. The results of the survey are intended to contribute to academic knowledge in the management field about the influence of organizational culture on employee engagement and service quality. Your participation in this project is voluntary. You may refuse to participate or withdraw from the project at any time with no negative consequence. There will be no monetary gain from participating in this survey.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number- HSSREC/00003430/2021).

In the event of any problems or concerns/questions you may contact the researcher at +233 55 735 3309 or +27 60 492 9873 or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

## **HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION**

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

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Tel: 27 31 2604557- Fax: 27 31 2604609

Email: [HSSREC@ukzn.ac.za](mailto:HSSREC@ukzn.ac.za)

Your participation in the study is voluntary and by participating, you are granting the researcher permission to use your responses. You may refuse to participate or withdraw from the study at any time with no negative consequence. There will be no monetary gain from participating in the study. Your anonymity will be maintained by the researcher and the School of Management, I.T. & Governance, UKZN and your responses will not be used for any purposes outside of this study.

All data, both electronic and hard copy, will be securely stored during the study and archived for 5 years. After this time, all data will be destroyed.

If you have any questions or concerns about participating in the study, please contact me or my research supervisor at the numbers listed above.

Sincerely

A black rectangular box used to redact the signature of Nicholas Ashley.

Nicholas Ashley

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## CONSENT TO PARTICIPATE

I ..... have been informed about the study entitled  
Understanding the influence of organisational culture on service quality private hospitals in Ghana  
by Nicholas Ashley.

I understand the purpose and procedures of the study.

I have been given an opportunity to ask questions about the study and have had answers to my  
satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any  
time without affecting any of the benefits that I usually am entitled to.

If I have any further questions/concerns or queries related to the study I understand that I may  
contact the researcher at +233 55 735 3309 or +27 60 492 9873.

If I have any questions or concerns about my rights as a study participant, or if I am concerned  
about an aspect of the study or the researchers then I may contact:

## **HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION**

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**Signature of Participant**

---

**Date**

## **APPENDIX B: QUESTIONNAIRE FOR EMPLOYEES**



### **MEASURING THE LEVELS OF ORGANISATIONAL CULTURE AND EMPLOYEE ENGAGEMENT IN PRIVATE HOSPITALS IN GHANA.**

The following questionnaire is based on determining the levels of organisational culture of employees in private hospitals in Ghana. This questionnaire consists of three sections which are Section A, Section B and Section C. Section A consists of the biographical data which requires your age, gender, tenure, marital status and level of education. Section B & C consist of items which will require you to rate the statements provided on a scale of 1 to 5. You will be required to place a cross (X) against the statement which applies to you. All answers provided will be kept confidential. This questionnaire will take approximately 20 minutes. The completed questionnaire will then be collected by the researcher. Please note that this questionnaire is anonymous and you are not required to provide your personal information.



## **QUESTIONNAIRE**

### **SECTION A: BIOGRAPHICAL DATA**

Mark a cross (X) in the box that best describes you.

---

#### **1. AGE**

18-25 years		<b>1</b>
26-35 years		<b>2</b>
36-45 years		<b>3</b>
46-55 years		<b>4</b>
56 years and over		<b>5</b>

#### **2. GENDER**

Male		<b>1</b>
Female		<b>2</b>

#### **3. TENURE**

0-5 years		<b>1</b>
6-10 years		<b>2</b>
11-15 years		<b>3</b>
16-20 years		<b>4</b>
>20 years		<b>5</b>

#### **4. MARITALSTATUS**

Single		<b>1</b>
Married		<b>2</b>
Divorced/Separated		<b>3</b>
Widowed		<b>4</b>

## **SECTION B: ORGANISATIONAL CULTURE**

In Section B statements 36 are provided regarding the culture of employees in the organisation. This section requires of you to mark the option that best suits your opinion with an 'X', in accordance to the scale provided. The following rating scale applies:

1 – Strongly Disagree (SD)    2 – Disagree (D)    3 – Neither Agree nor Disagree (N)  
4 – Agree (A)    5 – Strongly Agree (SA)

No.	INVOLVEMENT	SD 1	D 2	N 3	A 4	SA 5
1.	Decisions are usually made at the level where the best information is available.					
2.	Employees believes that they can have a positive impact on the organisation.					
3.	Information is widely shared so that employees can get the information they need.					
4.	Collaboration across different parts of the organisation is encouraged.					
5.	Teamwork, rather than hierarch, is used to get work done in this organisation.					
6.	Employees work like they are part of a team.					
7.	There is continuous investment to develop the skills of employees.					
8.	The capabilities of employees are viewed as an important source of competitive advantage.					
9.	Authority is delegated so that employees can act on their own in the organisation.					
	<b>CONSISTENCY</b>					
10.	Management does "practice what they preach".					
11.	There is a clear and consistent set of values that govern the way employees do business.					
12.	There is an ethical code that guides employees' behavior and tells right from wrong.					
13.	When disagreements occur, employees work hard to achieve a "win-win" solutions.					
14.	There is a clear agreement regarding the right way and the wrong way to do things.					

The following rating scale applies:

1 – Strongly Disagree (SD)    2 – Disagree (D)    3 – Neither Agree nor Disagree (N)

4 – Agree (A)    5 – Strongly Agree (SA)

		<b>SD 1</b>	<b>D 2</b>	<b>N 3</b>	<b>A 4</b>	<b>SA 5</b>
15.	It is easy to reach consensus, even on conflicting issues.					
16.	Employees from different parts of the organisation share a common perspective.					
17.	It is easy to coordinate projects across different parts of the organisation.					
18.	The approach to doing business is very consistent.					
	<b>ADAPTABILITY</b>					
19.	New and improved ways to do work are continually adapted.					
20.	Different parts of the organisation cooperate to create change.					
21.	Employees respond to competitors' actions and other changes in the business environment.					
22.	Clients' comments lead to changes and influences decision making					
23.	Employees understand clients' wants and needs.					
24.	Clients' inputs directly influence organisational decisions.					
25.	Innovations and creativity are encouraged in this organisation.					
26.	Learning is an important objective in a day-to- day work of the company.					
27.	Employees view failures as an opportunity for learning and improvement.					
	<b>MISSION</b>					
28.	There is a clear mission that gives meaning and direction.					
29.	Our strategic direction is clear to me.					

The following rating scale applies:

1 – Strongly Disagree (SD)    2 – Disagree (D)    3 – Neither Agree nor Disagree (N)

4 – Agree (A)    5 – Strongly Agree (SA)

		<b>SD 1</b>	<b>D 2</b>	<b>N 3</b>	<b>A 4</b>	<b>SA 5</b>
30.	There is a long-term purpose and direction of the company.					
31.	Leaders set goals that are ambitious, but realistic in this organisation.					
32.	Employees continuously track their progress against the stated goals.					
33.	There is widespread agreement about the goals of the company.					
34.	Employees have a shared vision of what the organisation will look like in the future.					
35.	Leaders have a long-term viewpoint in this organisation.					
36.	Our vision creates excitement and motivation for employees.					

*Thank you for your time and participation. Have a productive day!*

## **APPENDIX C: QUESTIONNAIRE FOR CLIENTS**



### **MEASURING THE LEVEL OF SERVICE QUALITY PERCEIVED BY CLIENTS IN PRIVATE HOSPITALS IN GHANA.**

The following questionnaire is based on determining the levels of organisational culture of employees in private hospitals in Ghana. This questionnaire consists of three sections which are Section A, Section B and Section C. Section A consists of the biographical data which requires your age, gender, tenure, marital status and level of education. Section B & C consist of items which will require you to rate the statements provided on a scale of 1 to 5. You will be required to place a cross (X) against the statement which applies to you. All answers provided will be kept confidential. This questionnaire will take approximately 20 minutes. The completed questionnaire will then be collected by the researcher. Please note that this questionnaire is anonymous and you are not required to provide your personal information.

## **QUESTIONNAIRE**

### **SECTION A: BIOGRAPHICAL DATA**

Mark a cross (X) in the box that best describes you.

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#### **1. AGE**

18-25 years		<b>1</b>
26-35 years		<b>2</b>
36-45 years		<b>3</b>
46-55 years		<b>4</b>
56 years and over		<b>5</b>

#### **2. GENDER**

Male		<b>1</b>
Female		<b>2</b>

#### **3. TENURE**

0-5 years		<b>1</b>
6-10 years		<b>2</b>
11-15 years		<b>3</b>
16-20 years		<b>4</b>
>20 years		<b>5</b>

#### **4. MARITAL STATUS**

Single		<b>1</b>
Married		<b>2</b>
Divorced/Separated		<b>3</b>
Widowed		<b>4</b>

## **SECTION B: SERVICE QUALITY**

In Section B, 22 statements are provided regarding the perception of quality of services received by patients. This section requires of you to mark the option that best suits your opinion with an 'X', in accordance to the scale provided. The following rating scale applies:

1 – Strongly Disagree (SD)    2 – Disagree (D)    3 – Neither Agree nor Disagree (N)

4 – Agree (A)    5 – Strongly Agree (SA)

<b>SERVICE QUALITY</b>						
<b>No.</b>	<b>TANGIBLES</b>	<b>SD 1</b>	<b>D 2</b>	<b>N 3</b>	<b>A 4</b>	<b>SA 5</b>
1.	The hospital has contemporary equipment's to serve me					
2.	Materials associated with services (i.e. health brochures and pamphlets) are available to patients as they wait.					
3.	The hospital personnel appear neatly dressed.					
4.	The hospital has appealing physical facilities.					
	<b>RELIABILITY</b>					
5.	When the hospital promises to something by a certain time, it does so.					
6.	The health professionals solve my problems efficiently.					
7.	The hospital performs its services right the first time.					
8.	The hospital provides is punctual in providing its services.					
9.	The hospital insists on error-free records					
	<b>RESPONSIVENESS</b>					
10.	The hospital personnel inform you exactly when services will be performed.					

1 – Strongly Disagree (SD)    2 – Disagree (D)    3 – Neither Agree nor Disagree (N)

4 – Agree (A)    5 – Strongly Agree (SA)

		<b>SD 1</b>	<b>D 2</b>	<b>N 3</b>	<b>A 4</b>	<b>SA 5</b>
11.	The hospital personnel inform you exactly when services will be performed.					
12.	The hospital personnel offer fast and efficient service to me.					
13.	The hospital personnel's respond quickly to my problems.					
14.	The behaviour of hospital personnel instil confidence in patients.					
15.	The hospital personnel have required knowledge for the job.					
16.	The hospital personnel provide some sense of trust to patients.					
17.	The hospital personnel were polite and courteous to you.					
	<b>EMPATHY</b>					
18.	I was given personal attention by the hospital personnel.					
19.	The hospital has operating hours convenient to all its patients.					
20.	My best interest is held at heart by employees of the hospital.					
21.	Employees at the hospital exhibit care towards me.					
22.	The hospital understands my special needs.					

*Thank you for your time and participation. Have a productive day!*



## **APPENDIX D: INTERVIEW SCHEDULE FOR HOSPITAL MANAGEMENT**



### **UNDERSTANDING THE INFLUENCE OF ORGANISATIONAL CULTURE ON SERVICE QUALITY IN PRIVATE HOSPITALS IN GHANA.**

The following semi-structured interview is based on determining the organisational culture and service quality of employees in private hospitals. This structured interview consists of three parts which are Part 1, 2, 3 & 4. Part 1 consists of the biographical data. Parts 2, 3 & 4 consist of questions relating to organisational culture, employee engagement and service quality. You will be required to indicate your perceptions of organisational culture, service quality and employee engagement in your organisation. This will take approximately 25 minutes. They will then be collected by the researcher when completed. Please note that this interview is anonymous and you are not required to provide your personal information.

## **SEMI-STRUCTURED INTERVIEW**

### **SECTION A: BIOGRAPHICAL DATA**

Mark a cross (X) in the box that best describes you.

---

#### **1. AGE**

18-25 years		<b>1</b>
26-35 years		<b>2</b>
36-45 years		<b>3</b>
46-55 years		<b>4</b>
56 years and over		<b>5</b>

#### **2. GENDER**

Male		<b>1</b>
Female		<b>2</b>

#### **3. TENURE**

0-5 years		<b>1</b>
6-10 years		<b>2</b>
11-15 years		<b>3</b>
16-20 years		<b>4</b>
>20 years		<b>5</b>

#### **4. MARITAL STATUS**

Single		<b>1</b>
Married		<b>2</b>
Divorced/Separated		<b>3</b>
Widowed		<b>4</b>

## **PART 2: ORGANISATIONAL CULTURE**

Please read each question carefully and answer in the space provided below each question as to how you perceive organisational culture in your organisation.

1. Do employees in this organisation work as a team? Justify (Involvement)

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2. Does the hospital have an ethical code that guides the attitude of employees' and tells right from wrong? Justify (Consistency)

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3. To what extent do you think the innovations of your employees are encouraged? Justify (Adaptability)

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4. Do you think the vision of the hospital creates excitement and motivation for employees? Justify (Mission)

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5. Do you think the organisational culture in this hospital improves the quality of service provided in this hospital? Justify

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**PART 3: SERVICE QUALITY**

Please read each question carefully and answer in the space provided below each question as to the provision of service quality in your organisation.

1. Do you think the physical facilities, equipment and appearance affect the services provided in this organisation? How do they affect the service? (Tangibles)

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2. How do you guarantee that the service has been served exactly as promise? (Reliability)

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3. Do you think it is significant to be swift in delivering services? Why? (Responsiveness)

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4. Do you think the patients feel confident and pleased with your services? Why?  
(Assurance)

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5. Do you provide the service equally or depend on the issue of the client? Why? (Empathy)

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6. What factors affect the provision of quality services in this hospital?

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#### **PART 4: EMPLOYEE ENGAGEMENT**

Please read each question carefully and answer in the space provided below each question as to how you perceive the engagement of your employees.

1. Do you feel your employees feel strong and vigorous in accomplishing their duties?  
Justify. (Vigour)

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2. Do you feel your employees are wholly immersed in their work? Justify. (Absorption)

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3. Do you think employees find their work meaningful and significant in this organisation?  
Justify. (Dedication)

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***Thank you for your time and participation. Have a productive day!***

## APPENDIX E: ETHICAL CLEARANCE



06 October 2021

Nicholas Ashley (217077630)  
School Of Man Info Tech & Gov  
Westville Campus

Dear N Ashley,

Protocol reference number: HSSREC/00003430/2021

Project title: Understanding the influence of organisational culture on service quality in private hospitals in Ghana  
Degree: PhD

### **Approval Notification – Expedited Application**

This letter serves to notify you that your application received on 30 August 2021 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. **PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

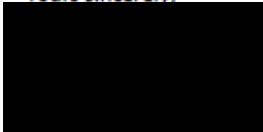
This approval is valid until 06 October 2022.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

All research conducted during the COVID-19 period must adhere to the national and UKZN guidelines.

HSSREC is registered with the South African National Research Ethics Council (REC-040414-040).

Yours sincerely,



Professor Dipane Hlalele (Chair)

/dd

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### **Humanities and Social Sciences Research Ethics Committee**

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