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ORGANIZATIONAL CULTURE AND ASSOCIATED FACTORS IN FELEGE HIWOT COMPREHENSIVE SPECIALIZED HOSPITAL

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A THESIS RESEARCH SUBMITTED TO THE DEPARTMENT OF HEALTH SYSTEMS MANAGEMENT AND HEALTH ECONOMICS, SCHOOL OF PUBLIC HEALTH, COLLEGE OF MEDICINE AND HEALTH SCIENCES IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTERS OF PUBLIC HEALTH IN HEALTH SYSTEMS AND PROJECT MANAGEMENT

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ABSTRACT

Background: Organizational culture is a global issue affecting, job satisfaction, professional engagement, employee turnover, organizational commitment, and achievement of goals of healthcare organizations. Despite its significant effect on service outcomes, organizational culture is not studied in Felege Hiwot Comprehesive Specialized Hospital.

Objectives: To assess the organizational culture and associated factors in Felege Hiwot Comprehensive Specialized Hospital

Methods: A quantitative study design triangulated with qualitative method was used. The total sample size was 409 for the quantitative and 21 for the qualitative study. A stratified simple random sampling and purposive sampling were used to select participants for the quantitative and the qualitative study respectively. Data were collected with a structured self-administered questionnaire for the quantitative and an in-depth interview guide for the qualitative study. Quantitative data were entered with Epi-data version 3.1 and analyzed with SPSS version 23. Paired sample t test, independent t test, one way ANOVA and binary logistic regressions were used for quantitative data analysis. Open code 4.02 was used for thematic analysis of qualitative data.

Results: The current and preferred dominant organizational culture types of Felege Hiwot Comprehensive Specialized Hospital were Clan and Hierarchy with mean$\pm$sd of 29.6$\pm$10.2 and 30.0$\pm$11.9 respectively. A significant discrepancy between the current and the preferred organizational culture types was observed with (t=11.9, P=0.000). Service unit (B=15.6), position (B=-9.6) and acceptance from boss (B=3.7) were significant predictors of current dominant organizational culture while service unit (B=-10.1) and tenure (B=-5.3) were associated with preferred dominant organizational culture at levels of significance less than 0.05.

Conclusion: Clinical units had a relatively higher Clan type of OC and less attention to principles and rules while the functional units tended to the other extreme. This could negatively affect the internal integration and across functional units team work.

Recommendation: The hospital should consider an organizational culture change in a way to handle its employees and efficiently interact with the external environment. We recommend researchers to do qualitative as well as organizational culture change interventional studies in the hospital or similar settings.

ACRONYMS AND ABBREVIATIONS

ANOVA: Analysis of Variance

ANRHB: Amhara National Regional Health Bureau

CI: Confidence Interval

CVF: Competing values framework

FHCSH: Felege Hiwot Comprehensive Specialized Hospital

FMoH: Federal Ministry of Health

OC: Organizational Culture

OCAI: Organizational Culture Assessment Instrument

SPSS: Statistical Package for Social Sciences

WHO: World Health Organization

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF APPENDIXES

1. INTRODUCTION

1.1 Background

A scholar stated, "culture eats strategy for breakfast", to describe the far-reaching effect of organizational culture on organizational outcomes. Organizational culture affects quality of care, patient satisfaction, patient safety and mortality rates in healthcare organizations (1-5). Organizational commitment, job satisfaction, professional engagement and turnover in healthcare organizations are linked with organizational culture (6-8).

The concept of organizational culture emerged initially from two disciplinary roots: anthropology, considering organizations as cultures and sociology with the fact that organizations have cultures (9). It was in the early 1980s that organizational culture attracted the attention of organizational scholars (5, 10, 11).

Organizational culture is a pattern of shared basic assumptions that was learned by a group as it solved its problems of external adaptation and internal integration and taught to new members as the correct way to perceive, think, and feel in relation to those problems (12). Through this learning process, organizations tend to develop two pairs of competing values, internal focused-external focused and controlled-flexible in behavior (9). This in turn led to the commonest organization culture types, Clan, Adhocracy, Market and Hierarchy (9).

Hospital organizational culture outcomes are linked with the pattern of existence among the four types of organizational cultures (2, 4, 13). Identifying the existing and the desired organizational culture patterns of the four types and implementing organizational culture change is becoming one of the prominent recommendations of scholars as a solution for the improvement of hospital organizational outcomes (9, 14, 15).

The Ethiopian Hospital Services Transformation Guideline briefly prescribes hospitals to maintain an organizational culture that respects value and diversity, cultural competencies, promotes collaboration and team work, encourages professional and personal development of the staff, and commits to providing the highest quality of services (16).

1.2 Statement of the problem

For decades, organizational culture is a global issue affecting, job satisfaction, professional engagement, employee turnover, organizational commitment, and achievement of goals of healthcare organizations (6, 7, 14, 17, 18).

Effect of organizational culture is more noticeable in healthcare; as healthcare organizations are fractured by specialty, occupational groupings, professional hierarchies, and service lines (19). In healthcare organizations there are many subcultures where some cultural attributes might be widespread and stable, while others are shared only in subgroups or held only tentatively (1, 19). Therefore, healthcare organizational culture strongly influences the type and quality of care that patients experience (1, 3). Based on research findings, postive healthcare organizational cultures contribute for reduction of hospital acquired infections and mortality rates (2, 20).

Healthcare organizational outcomes are often related with the dominant organizational culture type they have. Clan organizational culture is known to have high positive correlation with patient safety and satisfaction while hierarchical organizational culture is negatively correlated (3, 4). Similarly, Clan organizational culture has a positive effect on health workers job satisfaction and retention while hierarchical type negatively affects (7, 13, 21, 22).

From studies around the globe, different factors are reported to affect organizational culture. Socio-demographic factors like age, gender, marital status and educational level, are reported to affect organizational culture (23, 24). Study findings support the effect of profession, unit membership and experience of employees on organizational culture (25, 26).

The Ethiopian National Health Sector Transformation plan of 2016-2019, mentioned six core values, namely, community first, collaboration, commitment, change, trust and continued professional development, where attaining all these would be difficult in the absence of well-established healthcare organizational culture (27).

In the study area, problems of healthcare organizational outcomes, high mortality rates, low patient satisfaction and poor guideline adherence have been reported (28-30). In the area, low staff satisfaction and poor physician to nurse collaboration are existing problems in Felege Hiwot Comprehensive Specialized Hospital (FHCSH) (31, 32).

From the principal investigators experience as a staff and a team leader, there is a high turnover, low satisfaction and limited cooperation of staffs in the hospital.

Despite all these, organizational culture of FHCSH and its associated factors is not yet known.

Therefore, this research will contribute in identifying the organizational culture types, the discrepancy between the current and preferred organizational culture patterns and the factors associated with it.

1.3 Significance of the study

This study will help primarily the hospital's top managers to understand the patterns of the organizational culture types, the dominant types, the discrepancy between the current and preferred organizational culture types, and the need for organizational culture change. It will also help them understand the associated factors for organizational culture of the hospital. All these will enable them manage their organization in a way that improve hospital outcomes.

Findings of the study will also be used for hospital employees to be conscious on their organizational culture and actively participate in organizational culture development.

The study will benefit health system managers of all levels to understand organizational culture types and associated factors for future healthcare outcomes improvement.

The research will also give inputs to researchers for future research in the area. It will provide evidence about the need to study organizational culture of hospitals.

2. LITERATURE REVIEW

Organizational culture is a very broad concept comprising of different meanings and streams, one of which is healthcare organizational culture (1). Healthcare organizational culture is a metaphor for some of the softer, less visible, aspects of health service organizations and how these become manifests in patterns of care (1, 33).

2.1 Organizational culture Dimensions

Over the last few decades different scholars undertook studies on organizational culture. They developed models and classified organizational culture into different dimensions.
Handy identifies four types of organizational cultures, power culture, role culture, task culture, person culture.(34) Schein classified organizational culture in three levels, artifacts, values and assumptions in a superficial to deeper order.(12)
Geert Hofstede, in his studies of organizational culture in two countries of 20 units, classified organizational cultural dimensions in two six. They are, process-results oriented, employees-job oriented, parochial- professional, and open-closed systems oriented (35).

Denison classified organizational culture in four general dimensions, mission, adaptability, involvement and consistency. Each of the four general dimensions has three sub dimensions; mission (strategic direction and intent, goals and objectives and vision and consistency), adaptability (creating change, customer focus and organizational learning), involvement (empowerment, team orientation and capability development), consistency (core values, agreement, integration) (36). The other organizational culture model is of Deal and Kennedy's model, created based on how quickly the organization receives feedback, the way members are rewarded, and the level of risks taken. This model classified organizational culture in to four dimensions. These are work-hard, play-hard culture (rapid feedback/reward and low risk), tough-guy macho culture (rapid feedback/reward and high risk), process culture (slow feedback/reward and low risk), bet-the-company culture (slow feedback/reward and high risk) (37).

Cameron and Quinn classified organizational culture, into four types, clan, adhocracy, market and hierarchy organizational cultures. They used the Competing Values Framework (CVF) in their classifications (9, 38, 39). From the same model, an Organizational Culture Assessment Instrument (OCAI) is developed by these two scholars (9).

The Organizational Cultural Assessment Instrument (OCAI) is a psychometric tool developed by Cameron and Quinn in 2006. Its purpose is to help organizations identify their current and preferred desired future culture. OCAI the most frequently used and commonest type of organizational culture model with wide application in healthcare organizations studies (25).

2.2 Dominant Organizational culture

In reviewing literatures, the dominant organizational culture in the developed world looks a dominant clan type (40, 41). A study among European hospitals, found out a 33% clan culture as a dominant culture type, 26% an open and developmental culture type, 16% a hierarchical culture type and 25% a rational culture type.(42) From a similar study in America, clan and hierarchical cultures found to be the most common (22). The same region, a study done in Canadian medical schools reported a dominant clan culture, followed by hierarchical culture (15).

Findings from a research in government hospitals of Jeddah city revealed hierarchal culture to be the dominant culture with (Mean =3.314± 0.741) followed by adhocracy and market cultures being equally prevalent (43). In Uganda, from study on health workers perception of private not for profit health facilities organization culture, showed that the organizational culture was predominantly hierarchical, with non-participative management styles which emphasized control and efficiency (7). From a research done in ART centers in Kenya, adhocracy culture type is dominant (2).

2.3 Factors associated with organizational culture

As per different findings of studies, socio-demographic factors were identified to associate with organizational culture. Age of employees' is associated with organizational culture, as it affects the experiences they have and their pattern of interaction (22, 44, 45). Gender is reported by studies to have association with organizational cultures (23, 26). Marital status also affects organizational culture of service delivery sectors (25). Level of education, profession, experience, and length of stay in an organization affect employees the way they perceive and act which ultimately affects organizational culture (25, 26, 44). The department they work or unit membership also affects organizational culture perceived by employees. In a single hospital medical ward nurses may have a different perception than that of the pediatrics wards (40, 46).

3. CONCEPTUAL FRAMEWORK

Socio-demographic factors	Service delivery unit membership	Factors related to working conditions
Sex, age, marital status Educational status Profession Tenure	Service unit, Belongingness, Acceptance by colleagues Respect by hierarchy Position	Working time Equipment availability

Organizational culture
Flexibility and discretion

Internal focus and integration

Clan culture

Adhocracy culture

Hierachical culture

Market culture

External focus and differentiation

Stability and Control

Figure 1: Conceptual framework for organizational culture and associated factors in FHCSH, 2019 (Adapted, Cameron and Quinn)

4. OBJECTIVES

4.1 General Objective:

To assess the organizational culture and associated factors in Felege Hiwot Comprehensive Specialized Hospital, 2019

4.2 Specific Objectives:

1. To identify the current and preferred organizational culture types in FHCSH, 2019
2. To show the discrepancy between the current and preferred organizational culture types in FHCSH, 2019.
3. To identify factors associated with organizational culture in FHCSH, 2019
4. To describe the organizational culture types in FHCSH, 2019

5. METHODS AND MATERIALS

5.1 Study setting/ area/context

The study was held in Felege Hiwot Comprehensive Specialized Hospital (FHCSH), located in Bahir Dar City, one of the largest Cities in Ethiopia. The hospital was the largest hospital in the region with a catchment of over seven million people. It had about 1022 employees of which 856 were clinical staffs and the rest 166 were support staffs.

5.2 Study Design and Period

A mixed study design was applied. Quantitative study was triangulated with qualitative study. The research was conducted from 27th October to 5th December 2019.

5.3 Source population

The source population was all employees of FHCSH.

5.4 Study population

Employees who were in their work place during data collection were the study population.

5.5 Eligibility criteria

Only employees are eligible for scoring the organizational culture of the hospital.
Being regular employee and tenure six months and above were the eligibility criteria (7).

5.6 Study Variables

The dependent variable was organizational culture having four categories, clan, adhocracy, market and hierarchy. The independent variables were, socio-demographic factors (age, gender, marital status, educational status), service unit and working condition factors(profession, position, sense of belongingness, sense of acceptance by colleagues, acceptance from boss, average daily working time and work equipment availability).

5.7 Operational definitions

Organizational culture: Organizational culture was used based on the CVF determined for clan, adhocracy, market and hierarchy types of organizational culture.

Current organizational culture: Current organizational culture represented the existing organizational culture during the study period.

Preferred organizational culture: The organizational culture of the hospital employees desired to happen for its future.

Dominant organizational culture: Referred among the four types with the highest mean score of the current and the preferred organizational cultures.

Organizational culture dimension: Stood for dominant characteristics, organizational leadership, management of employees, organizational glue, strategic emphasis and criteria of success.

Staff: was used for employees who have no any managerial role.

Service unit: was defined for working units and sub units in the hospital; functional unit where administrative work is done and clinical unit for the rest of all other units was applied (47).

5.8 Sample size determination

The sample size was calculated using G*Power 3.1.9.4 software, which is used for linear models of analysis (48). Test family of F tests, statistical test of linear multiple regression, Fixed model, R^2 deviation from zero were applied.
Giving the input parameters (Effect size f^2 =0.0625, α = 0.05, power = 0.9, number of predictors = 13) an output of 371 was obtained.
Taking non-response rate of 10%, a total sample of 409 was used for the quantitative study.
The sample size planned for the qualitative study was 21.

5.9 Sampling technique/procedure

For the quantitative study, study population was stratified as clinical unit and functional unit staffs. A total of 409 samples were planned to be distributed as 343 for clinical unit employees and 66 functional unit employees.

For the qualitative study, purposive sampling technique was used to get rich experience of organizational culture of the hospital.
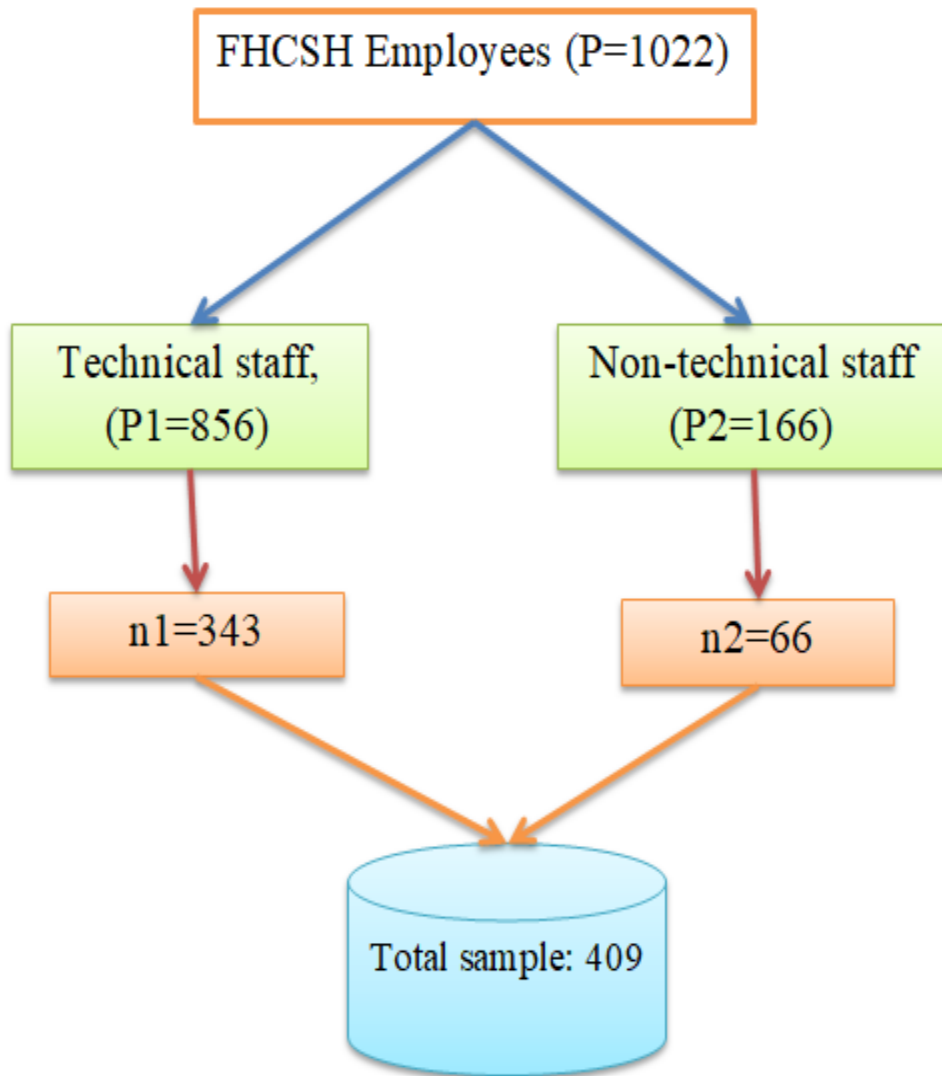
Figure 2: Sampling technique steps for organizational culture and associated factors in FHCSH, 2019

5.10   Data collection tools and procedures

Quantitative data were collected with a structured self-administered questionnaire having three parts. Part one and two were used to collect data about factors while part three was a tool for assessing organizational culture, an Organizational Culture Assessment Instrument (OCAI). This tool was developed by professors, Kim Cameron and Rober Quinn based on CVF (9). It helps individuals to describe the cultures of their organizations in the context of their underlying archetypes (9).

OCAI consists six key dimensions of organizational culture, dominant characteristics, organizational leadership, management of employees, organizational glue, strategic emphasis and criteria of success. There are four alternatives (A, B, C and D) for each of the six aspects with a total of 24 items. For each dimension, participants were asked to distribute 100 points among the four alternatives.

This method of weighting is known as an ipsative rating/constant rating scale, which differs from the ordinary Likert scale. In likert scale, the respondents are usually asked to evaluate options on a scale from 1 to 5, or 1 to 7, from "completely disagree" to "completely agree." In their study, Cameron and Quinn used both types of scales. However, the constant rating scale has advantages over the Likert scale as follows: (i) the use of an ipsative rating scale differs from the Likert scale, which highlights the differences in organizational culture; (ii) when using the Likert scale, the respondents tend to rate all answers as high or low, while the total constant scale urges the respondents to promptly trade to choose what really exists in the organization (9).

At each choice of the 24 items (6 dimensions and 4 statements for each), the survey respondents were given the selection points in two columns. Points mentioned in the column "Now" correspond to the perception of the organization that the respondent currently has, while those mentioned in the "Preferred" column correspond to his/her expectations of the organization in the future.

5.11   Data quality assurance

Data quality was managed by training, pretesting and checkups. Training was given to a data collector. Very important was the pretest conducted at Debre Markos Referal Hospital, which

had a similar setup to the study area for this specific population. It had a significant advantage for developing a very clear direction on how to complete the OCAI questions. Thirdly, both qualitative and quantitative data were checked for completeness and errors after each of the data collection days.

5.12   Data processing and analysis

Quantitative data were checked for completeness, inconsistencies, cleaned, coded and then entered into Epi-Data version 3.1computer software and exported to SPSS version 23 for analysis.

Different methods of analysis were used to better describe the study. First, descriptive statistics were computed for mean scores and standard deviations of the six dimensions and the dominant organizational cultures. Second, paired sample t-test was done to see the differences among current and preferred organizational culture types (49, 50). Third independent t test and one way ANOVA were computed to measure mean differences for organizational culture among variables of two and more categories respectively. That was for comparison with different studies done at different study areas.

Finally binary logistic regression was fit both for the current and preferred dominant organizational cultures to see strengths of association by managing confounders. Forward variable selection method was used.

Qualitative data was transcribed and translated by the interviewer and finally analyzed with open code 4.02. Finally thematic analysis was used.

5.13   Ethical considerations

Ethical clearance was obtained from Bahir Dar University institutional review board and support letter was obtained from Amhara Institute of Public Health. The letter submitted to the hospital and official permission got. Written consent was provided to each of the study participants and got signed on data collection. For qualitative study, oral consent was obtained for each in-depth interview and each participant was informed about the right to refuse and withdraw from interview at any time.

6. RESULTS

6.1 Socio Demographic Characteristics

A total of 409 questionnaires were distributed and 381 returned with a 93.2% response rate. Age of the respondents ranged from 21 to 54 with a mean age ($\pm$sd) of 31.3 ($\pm$6.1) where 221(58%) were in early adult hood. From the study participants, 212(55.6 %) were female and 203 (53.3%) were married. Regarding educational status, majority 286(75.1%), were first degree holders while 206(54.1%) were nurses and midwifes in their profession (Table1).

Table1: Socio-demographic characteristics of study participants in FHCSH, 2019 (N=381)

Variables	Categories	Frequency	Percent	Mean$\pm$Sd
Sex	Female	212	55.6	
	Male	169	44.4	
Age group	Early adult hood	221	58.0	31.3$\pm$6.1
	Late adult hood	160	42.0	
Educational status	Diploma	60	15.7	
	First degree	286	75.1	
	Second degree and above	35	9.2	
Marital status	Single	133	34.9	
	Married	203	53.3	
	Divorced	27	7.1	
	Widowed	5	1.3	
	Missing	13	3.4	
Profession	Nurses and midwives	206	54.1	
	Physicians	56	14.7	
	Paramedical	72	18.9	
	Support staffs	47	12.3	

6.2 Service delivery unit membership and working condition factors

Majority of the study participants, 326(85.6%), were clinical staffs. From respondents, 35(9.2%) were managers. Most of the respondents 281(73.8%), reported as equipment is not available to accomplish their jobs. Sense of belongingness, acceptance by colleagues and acceptance from boss were reported as 357(93.7%, 345(90.6%) and 251(65.9%) respectively. The tenure ranged from 0.6 to 31 years with mean tenure ($\pm$sd) of 5.5($\pm$4.4) where most of the study participants 232(60.9%), worked for $\leq$ 5 years. Average daily working time was distributed with mean ($\pm$sd) of 8.7$\pm$ 1.7 and majority 294(77.2%) had an average daily working time of $\leq$8 hours (table2).

Table 2: Working unit and working condition related factors, FHCSH, 2019

Variables	Categories	Frequency	Percent	Mean$\pm$Sd
Working unit	Clinical Unit	326	85.6	
	Functional Unit	55	14.4	
Position	Staff	346	90.8	
	Manager	35	9.2	
Equipment availability	Yes	100	26.2	
	No	281	73.8	
Sense of belongingness	Yes	357	93.7	
	No	24	6.3	
Acceptance by colleagues	Yes	345	90.6	
	No	36	9.4	
Acceptance by bosses	Yes	251	65.9	
	No	130	34.1	
Tenure (years)	$\leq$ 5	232	60.9	5.5$\pm$4.4
	>5	149	39.1	
Daily working time(hour)	$\leq$8	294	77.2	8.7$\pm$1.7
	>8	87	22.8	

6.3 Organizational culture

6.3.1 Organizational culture across dimensions

Descriptive statistics of the four items of each dimension were computed (Table3). For the current organizational culture, Hierarchy was the dominant type in the dimensions of organizational leadership, management of employees, organizational glue, strategic emphasis and criteria of success with means 29.0, 29.0, 32.0, 30.9 and 30.1 respectively; while Clan type was dominant for the dimension of dominant characteristics with a mean score of 28.7. Across all the six dimensions, Adhocracy was the least organizational culture presented with means of 20.2, 20.5, 20.0, 19.4, 21.0 and 19.7 respectively (Table3).

Regarding the preferred organizational culture, Clan was the dominant type with means, 30.3, 29.5, 30.3, 30.4, 29.3 and 30.2; while Hierarchy type was the least preferred for all of the six dimensions with mean scores of 20.0, 23.7, 23.9, 23.0, 22.6 and 23.3 respectively of their presentation in (Table3).

Table3: Organizational culture across dimensions in FHCSH, 2019

Dimensions	Culture Type	Item	Current	Preferred
			Mean$\pm$ Sd	Mean$\pm$ Sd
Dominant characteristics	Clan	The hospital is a very personal place	28.7$\pm$15.4	30.3$\pm$17.0
	Adhocracy	The hospital is a very dynamic entrepreneurial place	20.2$\pm$10.3	25.5$\pm$12.1
	Market	The hospital is very results oriented	24.5$\pm$12.0	24.7$\pm$12.7
	Hierarchy	The hospital is a very controlled and structured place	26.8$\pm$14.2	20.0$\pm$13.8
Organizational leadership	Clan	Exemplify mentoring, facilitating, or nurturing	26.7$\pm$15.2	29.5$\pm$15.3
	Adhocracy	Exemplify entrepreneurship, innovating, or risk taking	20.5$\pm$10.2	25.2$\pm$11.7
	Market	Exemplify a no-nonsense, aggressive, results-oriented focus	23.6$\pm$10.3	21.2$\pm$9.7
	Hierarchy	Exemplify coordinating, organizing, or smooth-running efficiency	29.0$\pm$15.9	23.7$\pm$13.6

Table3 (Continued)

Dimensions	Culture Type	Item	Current	Preferred
Management of Employees	Clan	Characterized by teamwork, consensus, and participation	27.3$\pm$14.3	30.3$\pm$15.6
	Adhocracy	Characterized by individual risk-taking, innovation, freedom, and	20.0$\pm$9.8	22.3$\pm$10.0
	Market	Characterized by hard-driving competitiveness, high demands, and	23.3$\pm$9.7	23.7$\pm$11.0
	Hierarchy	Characterized by security of employment, conformity	29.0$\pm$14.4	23.9$\pm$12.0
Organizational glue	Clan	Commitment to this hospital runs high	23.3$\pm$14.9	30.4$\pm$17.0
	Adhocracy	Commitment to innovation and development	19.4$\pm$9.4	23.5$\pm$10.5
	Market	Emphasis on achievement and goal accomplishment	25.1$\pm$11.6	22.9$\pm$11.3
	Hierarchy	Formal rules and policies	32.0$\pm$16.5	23.0$\pm$13.2
Strategic emphasis	Clan	High trust, openness, and participation persist	24.3$\pm$14.3	29.3$\pm$14.1
	Adhocracy	Acquiring new resources and creating new challenges	21.0$\pm$10.7	26.2$\pm$10.8
	Market	Competitive actions and achievement	23.6$\pm$10.4	22.6$\pm$11.2
	Hierarchy	Permanence and stability	30.9$\pm$16.0	22.6$\pm$12.0
Criteria of success	Clan	Development of human resources, teamwork, employee commitment,	23.8$\pm$14.1	30.2$\pm$17.2
	Adhocracy	Concern for people	19.7$\pm$9.7	24.2$\pm$11.5
	Market	having the most unique or newest products	26.4$\pm$12.2	22.7$\pm$11.4
	Hierarchy	Winning in the marketplace and outpacing the competition	30.1$\pm$16.0	23.3$\pm$13.0

6.3.2 Dominant organizational culture

The mean scores of A, B, C and D items were computed for Clan, Adhocracy, Market and Hierarchy respectively. Here, the current and preferred types were separately computed. As displayed in (table4), the dominant type of current organizational culture of the hospital was hierarchy type with a mean$\pm$sd of 29.6$\pm$10.2 followed by market type of organizational culture while the least was adhocracy culture of score 20.2$\pm$ 6.0. For the preferred organizational culture, Clan was the dominant type with mean$\pm$sd score 30.0 $\pm$ 11.9 followed by adhocracy type. In that case, hierarchy type was the least preferred by staffs with mean $\pm$ sd of 22.8 $\pm$ 7.5.

Table 4: Current and preferred organizational culture types of FHCSH, 2019 (N=381)

Dominant OC		Mean	Sd
Current OC types	Clan type current OC	25.7	14.5
	Adhocracy type current OC	20.2	6.0
	Market type current OC	24.4	5.8
	Hierarchy type current OC	29.6	10.2
Preferred OC types	Clan type preferred OC	30.0	11.9
	Adhocracy type preferred OC	24.5	6.3
	Market type preferred OC	23.0	6.6
	Hierarchy type preferred OC	22.8	7.5

6.3.3   Discrepancy between the current and the preferred organizational cultures

As displayed in figure 3, the area colored blue represented the current organizational culture while the blue shows the preferred organizational culture of FHCSH. The area in between represents the discrepancy between the two. It tends to the clan and adhocracy types.

Organizational culture plot of FHCSH, October to December 2019
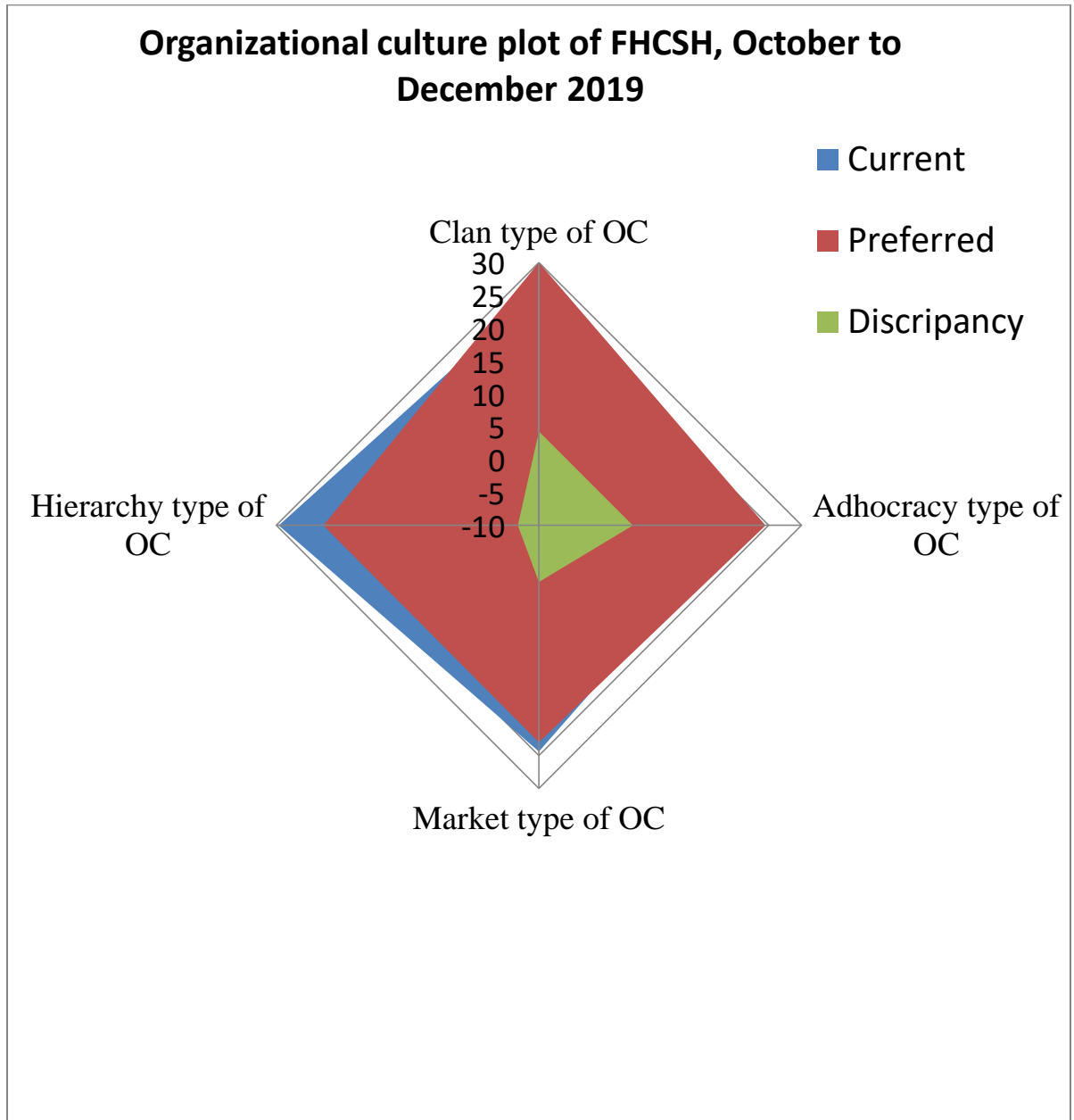
Figure 3: Plot for the discrepancy between current and preferred organizational culture types of FHCSH, 2019

A paired sample t test was computed for among the current and preferred organizational culture types. The four pairs, revealed a significant difference among the current and preferred organizational culture types of FHCSH with t statistic greater than the critical value and levels of significance much lower than p-value of 0.05. All the four organizational culture types existed during the study period were not in the desired mix-up (table5.

Table 5: Paired sample t test between current and preferred organizational culture types of FHCSH, 2019

Pairs	Paired differences					t	df	Sig. (2-tailed)
	Mean	Sd	Sd. error	95% CI of the difference				
				Lower	Upper			
Clan current OC – Clan preferred OC	-4.31	15.91	0.815	-5.92	-2.71	-5.29	380	.000
Adhocracy current OC - Adhocracy preferred OC	-4.32	8.43	0.43	-5.17	-3.47	-9.99	380	.000
Market current OC – Market preferred OC	1.46	8.77	0.45	0.578	2.34	3.25	380	.000
Hierarchy current OC - Hierarchy preferred OC	6.89	11.27	0.577	5.76	8.02	11.94	380	.000

Qualitative findings of the study were almost similar with the quantitative study. For example, a male senior physician from wards made the following remark on describing the current and preferred types of organizational culture of FHSC from employee management dimension.

"… I mean, mostly what currently exists is implementing policies come from up; what they want is just its implementation. ...but clinical service is different from others; for example, take working time…. you may stay working the whole day. If you are in OR and if a procedure is that much long you stay there working on it. It is not something you pause and resume the afternoon or any other day. Beyond this, it has a humanity component, you feel it…. For me it would be good if people of the hierarchy do supporting and facilitating than their strict controlling activities."

A male laboratory professional added:

"The hospital is poor on human development; for example there have been no long term trainings to staffs for the last two years, except for physicians. You have no government sponsor opportunities. … Even there is no library to read in or internet access to refer in the hospital…. anyways the hospital is not conducive for your development. It should come to focus on its people, the staff. I think it has no option."

A ward nurse on describing hierarchy type of culture from criteria of success dimension put the following:

"The activities we do are based on different standards sent down from the Federal Ministry of Health. The focus is just achieving the Key Performance Indicators (KPIs). It is a must to do them; other ways our ward performance will be degraded and then the hospital's. They expect grant achievements this way. Come on…(firmly), we are not machines. …. What I suggest is at least we have to discuss on it, to add values and to understand it before its implementation. "

A female Operations Room nurse said on the leadership dimension of organizational culture of the hospital:

"There is no timely response to questions, requested materials mostly will not be fulfilled, and at least they will have non-reasonable delays. We are working within this unfulfilled environment. To the expense of all these, they try to control us. They nag you for delayed reports and the like. I don't understand why they don't want to be supportive. "

6.4 Organizational culture and associated factors

First, one way ANOVA was computed for the current and preferred culture types with educational status, profession, and marital status. There was no significant association observed with a 0.05 level of significance (table6). Second, independent t test was run for the current and preferred organizational culture types with variables of two categories. Working unit, position, acceptance from boss and profession showed a significant mean difference for current organizational culture types. The preferred organizational culture types showed significant association with service unit, tenure and position with a 0.05 level of significance (table7).

Table 6: Comparison of the mean scores using one way ANOVA for OC of FHCSH, 2019

Variables	Clan			Adhocracy			Market			Hierarchy		
	Current organizational culture											
	Mean square	F	sig	Mean square	F	Sig	Mean square	F	Sig	Mean square	F	Sig
Educational status (df=2)	9.7	0.49	0.61	16.0	0.72	0.49	127.2	4.73	0.04	0.6	0.01	0.99
Profession (df=2)	157.1	2.4	0.04	24.0	1.0	0.35	51.0	1.86	0.13	193.5	2.8	0.01
Marital status (df=3)	62.65	1.5	0.19	23.9	1.14	0.33	53.77	1.96	0.12	38.63	0.78	0.50
	Preferred organizational culture											
Educational status (df=2)	114.4	1.09	0.34	70.9	1.82	0.16	8.0	1.84	0.83	92.0	1.65	0.19
Profession (df=2)	142.7	1.83	0.09	89.4	2.31	0.08	167.2	3.95	0.09	177.0	5.46	0.07
Marital status (df=3)	197.9	2.916	0.08	34.6	0.90	0.44	87.0	2.09	0.10	86.8	1.56	0.20

Table 7: Comparison of the mean scores using independent t test for OC of FHCSH, 2019

Variables	values	Clan		Adhocracy		Market		Hierarchy	
		Curr	Prefer	Curr	Prefer	Curr	Prefer	Curr	Prefer
Sex (df=379)	t	-2.8	-1.6	1.0	1.0	2.4	1.6	0.98	0.9
	sig	0.67	0.10	0.31	0.30	0.02	0.11	0.32	0.77
Age group (df=379)	t	-0.7	3.4	0.2	0.4	1.1	-2.6	0.1	-3.0
	sig	0.47	0.09	0.84	0.69	0.26	0.7	0.90	0.71
Tenure (df=379)	t	0.2	5.2	0.3	-0.8	0.7	-4.3	-1.0	-3.7
	sig	0.82	0.000	0.79	0.42	0.47	0.000	0.30	0.000
Working time (df=379)	t	0.3	0.9	-2.5	1.8	1.0	-1.2	0.3	-1.7
	sig	0.75	0.34	0.081	0.07	0.33	0.21	0.73	0.09
Service unit (df=379)	t	5.4	6.6	9.3	-0.5	-0.06	-2.9	-12.2	-7.7
	sig	0.000	0.000	0.000	0.59	0.95	0.004	0.000	0.000
Position(df=379)	t	-9.7	1.6	2.0	0.04	4.4	-2.1	5.4	-0.5
	sig	0.000	0.11	0.005	0.97	0.000	0.03	0.000	0.62
Equipment availability (df=379)	t	-0.6	-2.3	-1.8	2.9	-0.5	-0.4	2.0	1.0
	sig	0.54	0.02	0.77	0.004	0.64	0.71	0.045	0.33
belongingness (df=379)	t	-1.1	0.3	0.3	0.2	2.3	-0.7	-0.5	-0.1
	sig	0.27	0.77	0.73	0.85	0.02	0.49	0.59	0.92
Acceptance by colleagues (df=379)	t	-0.3	1.3	-1.4	1.2	1.5	-0.1	-0.2	-2.6
	sig	0.78	0.20	0.17	0.24	0.15	0.94	0.86	0.01
Acceptance from boss (df=379)	t	3.2	0.1	2.0	-0.01	-0.6	0.1	-4.4	-1.0
	sig	0.002	0.93	0.48	0.99	0.58	0.93	0.000	0.29

A multiple linear regression model was computed for the current dominant organizational culture, hierarchy type, with 13 independent variables using a forward variable selection method. Only three were found to be significant predictors (table8). Participants from functional units had a significantly higher perception hierarchy type current organizational culture than their clinical counter parts (B=15.6, P=0.000). Managers had a -9.6 decrease in hierarchical score than staffs (P=0.000). Participants who didn't have acceptance from boss had a significantly higher perception of hierarchy type current organizational culture compared to those who had (B=3.7, P=0.000).

Table 8: Multiple linear regression for current dominant organizational culture of FHCSH, 2019

Variable		Unstandardized Coefficient (B)	P value	95% CI for B	
				Lower Bound	Upper Bound
Service Unit	Clinical(constant)				
	Functional	15.6	0.000	13.3	17.9
Position	Staff(constant)				
	Manager	-9.6	0.000	-12.4	-6.8
Acceptance by bosses	Yes(constant)				
	No	3.7	0.000	2.0	5.4

Similarly, a multiple linear regression model was computed for the preferred dominant organizational culture, clan type. Only three were found to be significant predictors (table9). Respondents from functional units had significantly lower preference to clan organizational culture type than those from clinical units (B=-10.1, P=0.000). The regression analysis revealed that senior participants had a significantly lower preference to clan organizational culture than their junior counter parts (B=-5.3, P=0.00) (table 9).

Table 9: Multiple linear regression of preferred dominant organizational culture of FHCSH, 2019

Variable		Unstandardized Coefficient (B)	P value	95% CI for B	
				Lower Bound	Upper Bound
Service Unit	Clinical(ref.)				
	Functional	-10.137	0.000	-13.3	-6.9
Tenure	≤5(ref.)				
	>5	-5.328	0.000	-7.6	-3.0

The qualitative part of the study revealed a similar result.

An ophthalmic nurse explained her unit as:

"We support each other; we feel as a family; we have coffee ceremony days. There is a high mutual understanding among us. We cover duties one another in case of social problems"

A pediatrics ward female nurse added:

"Our team work is different; we the nurses, the GPs, even the senior physicians, though they are few in number, we have a strong bond and team work."

In other ways, hierarchy and market types of organizational cultures got significantly higher scores from employees of functional units than of the clinical units with (F=4.5, P=0.003) and (F=7.2, P=0.007) respectively.

On describing this, a male functional unit staff put:

"Employees are managed by the civil service regulations. And there is a code of conduct which defines employees' rights and responsibilities. And there is an employee manual with which any new comer is oriented."

7. DISCUSSION

7.1 The current and preferred organizational culture types

Type of organizational culture in FHCSH was not of a specific type; it was rather a mix from the four types of organizational culture, clan, adhocracy, market and hierarchy. This is in line with studies done on public hospitals across the world (44, 51, 52). Known professors of the organizational culture concept, Cameron and Quinn, stated as the culture of organizations is mostly of the four types (9). In this work of them, they argued as the difference from organization to organization is rather their dominant culture type.

For the current organizational culture of FHCSH, hierarchy was the dominant type followed by clan with means 29.6 and 25.7 respectively. The finding was similar with studies on public hospitals in Benin, Egypt, Jeddah and Korea (43, 47, 53, 54). Studies on Vietnam, Mississippi and Croatia hospitals reported, dominant clan followed by hierarchy types of organizational culture (41, 51, 52). In all of these studies, there was a similarity on an internal focus character though they were different for their dominant culture type. The possible justification for the difference would be the human resource and leadership style differences among the nations (9). In this study, the current organizational culture of the hospital finding revealed as adhocracy was the least dominant type followed by market with means 24.4 and 22.2 respectively. That was similar with hospital organizational culture studies of Egypt and Croatia where adhocracy was reported the least scored type (51, 54).

Regarding the preferred organizational culture of this study, Clan was the dominant type with mean 30.0. Findings from Romania, Croatia and Vietnam reported Clan organizational culture type was dominantly preferred (49, 51, 52). The research findings were very natural for healthcare systems as it needs strong and inter disciplinary team work and mutual support (1). Employees' second preferred dominant type was Adhocracy with mean 24.5. This could be explained by the need for new technology medical equipment, new patient care procedures, and advanced treatment modalities (55).

7.2 Discrepancy between the current and preferred organizational culture types

The study revealed a statistically significant difference between the current and preferred organizational culture types of FHCSH with t statistic greater than the critical value and level of significance much lower than p-value of 0.05. All the four organizational culture types existed during the study period were not in the desired mix-up. The discrepancy showed a need for organizational culture change from majorly controlling and restricted type to flexible type and from dominantly internal focused to internal-external focused types of organizational culture. The discrepancy and change was in line with the competing values framework concepts for healthcare organizations (9, 14).

7.3 Association of organizational culture with factors

In the current organizational culture, being from the functional unit was associated with a higher perception of hierarchy type. Different justifications would be presented for this difference. First, clinical care is a team work than functional services. Second, members of clinical units are less likely to be familiar with strict administrative and financial rules of their hospitals. Third, they have a trend of having meal together, making coffee ceremonies in breaks and duty hours (1).

Being a manager was associated with a decreased score of hierarchy type of current organizational culture. This would be justified with the managers' perception of more participatory types of organizations they manage, a mentoring type of leadership they follow and their friendliness to their subordinates (56).

Participants who didn't have acceptance from boss had a significantly higher perception of hierarchy type current organizational culture compared to those who had. This could possibly be explained as acceptance from boss increases better understanding of participation, feeling of one's organization as home, and commitment which are manifestations of clan type of organizational culture (9, 44).

With regard to the preferred organizational culture of FHCSH, respondents from functional units tend to score decreased clan type than their clinical counter parts. This could be justified for their orientation of strict human resource and financial rules in public sectors while clinical unit members are less likely to have (56).

Tenure above five years was strongly associated with a significant decrease in preferred dominant clan type of organizational culture compared with their junior counterparts. People who had worked for a long have a tendency to maintain old procedures than their juniors. It would be more difficult for them to deviate from the statuesque and to adapt with new procedures and ways of thinking (1).

8. STRENGTH AND LIMITATIONS

As finding similar studies analyzed with regression methods, was difficult, the regression study findings were limited to justifications than comparison with studies across different hospitals.

Though scoring the OCAI is said to be very easy and most common, the study participants were unfamiliar for it and there was inconvenience on scoring.

9. CONCLUSION

Hierarchy and Clan types were the dominant current and preferred organizational culture types of FHCSH with means 29.6 and 30.0 respectively. There was a statistically significant difference between the current and preferred organization cultures of the hospital. Results of the study showed that factors of service delivery unit membership, position and acceptance from boss were significant predictors of hierarchy type of current OC with B 15.6, -9.6 and 3.7 respectively. For the preferred dominant organizational culture, clan, service unit and tenure were revealed to be significant predictors with -10.1 and -5.3 respectively.

From the study we can conclude that the clinical units had a relatively higher Clan type of OC and less attention to principles and rules while the functional units tended to the other extreme. This could affect the internal integration and across functional units team work.

10.RECOMMENDATIONS

Our first recommendation is to FHCSH higher officials to understand the current and preferred organizational culture types of the hospital. The hospital should consider an organizational culture change in a way to handle its employees and efficiently interact with the external environment.

From the study, we recommend the FHCSH higher officials to understand the preferred organizational culture type by employees and manage organizational culture change accordingly. Our second recommendations is to ANRHB and MoH to look for a more participatory and innovative type of working system in hospitals of such type.

Finally, we recommend health systems researchers a deeper qualitative assessment and interventional organizational culture change studies of the hospital.

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ANNEXES

Annexes 1: Information sheet

Good morning/ afternoon?

My name is Addisu Mulugeta, I am a MPH student at Bahir Dar University College Medicine and Health Science, Department of health systems management and health economics. And now I am conducting a study to assess organizational culture and associated factors in Felege Hiwot Comprehensive Specialized Hospital, 2019

Title of the research: Organizational culture and associated factors in Felege Hiwot Comprehensive Specialized Hospital

Name of Principal investigator: - Addisu Mulugeta

Name of Organization: Bahir Dar University

Purpose of the research Project:-The aim of this study is to determine organizational culture and identify associated factors of organizational culture in Felege Hiwot Comprehensive Specialized Hospital

Benefit: When you are participating in this research, there may not be a direct benefit to you. However, your participation is very indispensible for us to know the organizational culture and associated factors in Felegehiwot comprehensive specialized hospital.

Risk and/or Discomfort: - There is no risk when you are participating in this research project except wasting of your time about 20 minutes.

Confidentiality: - The information collected for this research project will be kept secured. Your name will not be written in this format and never be used in connection with any of the information you are going to give.

Right to refusal or withdrawal: - You have an absolute right to refuse participating in this research and you are not obligated to answer any question that you do not want to answer and you may end it at any time you want to.

Contact person: If you have any question you can contact the principal investigator with the following address.

Addisu Mulugeta: Mobile: - +251910108041

Email: addiams06@gmail.com

Annexes 2: English consent form

Title of the research: Organizational culture and associated factors in Felege Hiwot Comprehensive Specialized Hospital

Name of Principal investigator: - Addisu Mulugeta

Name of Organization: Bahir Dar University

Purpose of the research Project:-The aim of this study is to determine organizational culture and identify associated factors of organizational culture in Felege Hiwot Comprehensive Specialized Hospital Procedure: - You are chosen by chance and we are inviting you to take part in the study. Your participation will help hospital managers understand dominant culture of their hospital and associated factors so that they could make appropriate changes. We are going to ask you some questions that are not difficult to answer. Your honest answers are very important to our study.

We would like to appreciate your help in responding to these questions.

Benefit: When you are participating in this research, there may not be a direct benefit to you. However, your participation is very indispensible for us to know the organizational culture and associated factors in Felegehiwot comprehensive specialized hospital.

Risk and/or Discomfort: - There is no risk when you are participating in this research project except wasting of your time about 20 minutes.

Confidentiality: - The information collected for this research project will be kept secured. Your name will not be written in this format and never be used in connection with any of the information you are going to give.

Right to refusal or withdrawal: - You have an absolute right to refuse participating in this research and you are not obligated to answer any question that you do not want to answer and you may end it at any time you want to.

Contact person: If you have any question you can contact the principal investigator with the following address.

Addisu Mulugeta: Mobile: - +251910108041

Consent: Are you willing to participate in the study?

Yes   ☐

No   ☐

Annexes 3: Amharic consent form

ለጥናት ተሳታፊዎች የፈቃደኝነት መቀበያ ሰነድ

በቅድሚያ የከበረ ሰላምታችንን እያቀረብን፣የጤና ሳይንስና እና ፕሮጀክት አመራር ትምህርት ክፍል የሁለተኛ ዲግሪ የመጨረሻ ዓመት ተማሪ የሆኑት አዲሱ ሙሉ ጌታ ጥናታቸውን በዚህ ተቋም ያደርጋሉ። ስለሆነም የሚከተለውን አንብበው ተረድተው በጥናቱ እንዲሳተፉ እንጋብዛለን።

አርእስት:- 'ተቋማዊ ባሕል እና ተያያዥ ጉዳዮች በፈለገሕይዎት አጠቃላይ ስፔሻላይዝድ ሆስፒታል'/Organizational culture and associated factors in Felege Hiwot Comprehensive Specialized Hospital/

ዋናው አጥኝ/Principal investigator:- አዲሱ ሙሉጌታ

ተቋም:- ባሕርዳር ዩኒቨርሲቲ

የጥናቱ ዓላማ:-የሆስፒታሉን ተቋማዊ ባሕል መዳሰስ እና ተዛማጅ ምክንያቶቹን መረዳት ነው።

የጥናቱ ሂደት:- በጥናቱ እንዲሳተፉ በዕጣ የተመረጡ ሲሆን፣ ለተሳትፎ ጋበዝንዎታል።የእርስዎ በጥናቱ መሳተፍ የሆስፒታሉን ኃላፊዎች እና ሠራተኞች ተቋማዊ ባህላቸውን እንዲያውቁ እና ተገቢውን ለውጥ ማምጣት እንዲችሉ ያግዛል። ለመመለስ ቀላል የሆኑ ጥቂት ጥያቄዎችን እንጠይቅዎታለን። ጥያቄዎቹን ከልብ መመለስዎ ለጥናታችን በጣም ይጠቅማል።

ጥቅም:- በዚህ ጥናት ውስጥ በመሳተፍህ ቀጥተኛ የሆነ ጥቅም አይኖርህም። ለእኛ ግን የሆስፒታል ተቋማዊ ባሕልን ለመረዳት በጣም ይጠቅመናል።

ሥጋት:- በጥናቱ በመሳተፍዎ የ20ደቂቃ ጊዜዎትን ከመውሰዱ ውጭ በእርስዎ ላይ ምንም ሥጋት/ችግር አያሳድርም።

ምሥጢራዊነት:- በጥናቱ የሚሰጡት መረጃ ምሥጢራዊነቱ የተጠበቀ ነው። ስምዎት በመጠይቁ ላይ አይጻፍም።

በጥናቱ ያለመሳተፍ ወይም ጥናቱን የማቋረጥ መብት:- በጥናቱ ያለመሳተፍ ወይም ጥናቱን በየትኛውም ሰዓት የማቋረጥ ሙሉ መብትዎ የተጠበቀ ነው።

ተጠሪ:- ምንም ዓይነት ጥያቄ ወይም ጉዳይ ካለዎት ዋናውን አጥኚ/Principal investigator በዚህ አድራሻ ማግኘት ይችላሉ።
አዲሱ ሙሉጌታ:- ስልክ +251910108041
ስምምነት:- በጥናቱ ለመሳተፍ ፈቃደኛ ነዎት?

    ☐   አዎ   ☐   አይደለሁም

Annexes 4: English questionnaire

<div align="right">
Date:---------------------------

Participant ID:---------------------
</div>

Direction1:- For part one and two, please put 'X' in the box of your appropriate choice or write a short answer on the blank spaces provided.

Part One: Demographic characteristics

1.   Age : --------------

2.   Gender: ☐Female   ☐Male

3.   Highest educational level obtained: ☐Diploma / Level IV   ☐First Degree   ☐Masters and above

4.   How long have you been in this organization (in years)? _____

5.   Marital Status; ☐Single   ☐Married   ☐Divorce   ☐Widow

6.   Profession you are working on: -------------------

7.   Managerial role in current hospital: ☐Yes   ☐No

Part Two: Work and related conditions

8.   Unit you are working in:

9.   Average daily working time in the hospital:

10.   Is there availability of working equipments?

11.   Do you have sense of belonging ness in the hospital?

12.   Do you feel you have acceptance among your colleagues?

13.   Do you have sense of acceptance by your immediate bosses?

Part 3: Organizational culture questionnaire

Direction2: The following six questions listed in the table have four items (A to D) with two columns. You are politely requested to distribute a 100 among the four alternatives in two rounds. In the first round, you score each alternative to the hospital for its current situations in the now column and you continue to the preferred column where you rate the same items for the hospital you want it to be in the future.

Dimensions and items		Now	Preferred
	1. **Dominant Characteristics**		
A	The organization is a very personal place. It is like an extended family. People seem to share a lot of themselves.		
B	The organization is a very dynamic entrepreneurial place. People are willing to stick their necks out and take risks.		
C	The organization is very results oriented. A major concern is with getting the job done. People are very competitive and achievement oriented.		
D	The organization is a very controlled and structured place. Formal procedures generally govern what people do.		
	Total		
	2. **Organizational Leadership**		
A	The leadership in the organization is generally considered to exemplify mentoring, facilitating, or nurturing.		
B	The leadership in the organization is generally considered to exemplify entrepreneurship, innovating, or risk taking.		
C	The leadership in the organization is generally considered to exemplify a no-nonsense, aggressive, results-oriented focus.		
D	The leadership in the organization is generally considered to exemplify coordinating, organizing, or smooth-running efficiency.		
	Total		
	3. **Management of Employees**		
A	The management style in the organization is characterized by teamwork, consensus, and participation.		
B	The management style in the organization is characterized by individual risk-taking, innovation, freedom, and uniqueness.		
C	The management style in the organization is characterized by hard-driving competitiveness, high demands, and achievement.		
D	The management style in the organization is characterized by security of employment, conformity, predictability, and stability in relationships.		
Total			
	4. **Organization Glue**		
A	The glue that holds the organization together is loyalty and mutual trust. Commitment to this organization runs high.		
B	The glue that holds the organization together is commitment to innovation and development. There is an emphasis on being on the cutting edge.		
C	The glue that holds the organization together is the emphasis on achievement and goal accomplishment. Aggressiveness and winning are common themes.		
D	The glue that holds the organization together is formal rules and policies. Maintaining a smooth-running organization is important.		
Total			
	5. **Strategic Emphases**		

A	The organization emphasizes human development. High trust, openness, and participation persist.		
B	The organization emphasizes acquiring new resources and creating new challenges. Trying new things and prospecting for opportunities are valued.		
C	The organization emphasizes competitive actions and achievement. Hitting stretch targets and winning in the marketplace are dominant.		
D	The organization emphasizes permanence and stability. Efficiency, control and smooth operations are important.		
Total			
	6. **Criteria of Success**		
A	The organization defines success on the basis of the development of human resources, teamwork, employee commitment, and concern for people.		
B	The organization defines success on the basis of having the most unique or newest products. It is a product leader and innovator.		
C	The organization defines success on the basis of winning in the marketplace and outpacing the competition. Competitive market leadership is key.		
D	The organization defines success on the basis of efficiency. Dependable delivery, smooth scheduling and low-cost production are critical.		

Annexes 5: Amharic questionnaire

<div align="right">

ቀን--------/-------/-------

የተሳታፊ መለያ ቁጥር-----------

</div>

መግለጫ1:- እባክዎትን በክፍል አንድ እና ሁሉት ከተዘረዘሩት ጥያቄዎች፣ አማራጭ ላላቸው በመረጡት ሳጥን የ'X' ምልክት ያድርጉ፤ ለክፍት ጥያቄዎች ደግሞ በባዶ ቦታው ላይ መልስዎትን በአጭሩ ይጻፉልን።

<mark>**ክፍል አንድ:- የተሳታፊዎች መደበኛ መረጃዎች/Demographic characteristics**</mark>

1. ዕድሜ(በዓመት):-   ---------------------
2. ፆታ: ☐ሴት   ☐ወንድ

3. የትምህርት ደረጃ: ☐ዲፕሎማ /(Level IV)   ☐የመጀሪያ ዲግሪ   ዲግሪ እና በላይ
4. የጋብቻ ሁኔታ:-   ☐ያላገባ   ☐ያገባ   ☐የፈታ   ☐የሞተበት

<mark>**ክፍል ሁሉት:- የስራ ሁኔታ እና ሌሎች**</mark>

5. በሆስፒታሉ ውስጥ ለምን ያክል ጊዜ ሰርተዋል (በዓመት)? _____
6. ሙያ(አሁን የሚሠሩበት) -----------------
7. የሚሠሩበት የስራ ክፍል----------
8. በሆስፒታሉ ውስጥ ያለዎት ድርሻ? ☐ሠራተኛ/ሙያተኛ ☐የስራ ክፍል አስተባባሪ ☐ የማኔጅመንት አባል
9. በሆስፒታሉ ውስጥ በቀን በስራ የሚያሳልፉት አማካኝ ጊዜ በሰዓት ----------
10. በቂ የስራ ቁሳቁስ ይሟላልዎታል?   ☐ አይሟላልኝም   ☐ ይሟላልኛል
11. ለሆስፒታሉ የባለቤትነት ስሜት አለኝ ብለዎ ያምናሉ?   ☐ አዎ   ☐ የለም
12. በስራ ባልደረባዎችዎ ተቀባይነት አለኝ ብለው ያስባሉ?   ☐ አዎ   ☐የለም
13. በስራ ኃላፊዎ ተገቢውን ክብር አገኛለሁ ብለው ያስባሉ?   ☐ አዎ   ☐የለም

<mark>**ክፍል ሦስት:- የተቋም ባህል /Organizational culture**</mark>

መግለጫ2:- ከዚህ በታች በሰንጠረዡ የተገለጹት 6 ጥያቄዎች እያንዳንዳቸው አራት አማራጭ ሃሳቦችን(ከ'ሀ-መ') በመያዝ በሁለት እረድፍ ተቀምጠዋል። በእያንዳንዱ ጥያቄ ከ'ሀ-መ' ለተቀመጡት ሃሳቦች በጣም ገላጭ ለሆነው ከፍተኛውን ውጤት ቀሪውን ደግሞ ለሌሎች አከፋፍለው ድምራቸው 100 እንዲመጣ እያደረጉ በሁለት ዙር ውጤት ይስጣሉ።

በመጀመሪያው ዙር '<u>አሁን/Now</u>' በሚለው እረድፍ ተቋምዎ አሁን ስላለበት ሁኔታ ሁሉንም ጥያቄዎች ሞልተው ካጠናቀቁ በኂላ፣ በሁለተኛው ዙር ደግሞ 'የሚፈልግ/Prefered' በሚለው እረድፍ ተቋምዎ ወደፊት እንዲሆን የሚፈልጉትን መሠረት በማድረግ ሆስፒታሉን በሚፈደፉት ልክ በራስዎ በማመዛዘን ውጤት ይስጡልን።

1. የተቋሙ ዋና ባሕሪይ (Dominant Characteristics)		አሁን ያለው /Now	የሚፈለግ/ Prefer red
ሀ	ተቋሙ እንደግለሰብ ቦታ ነው። ልክ እንደ አንድ ትልቅ ቤተሰብ ማለት ነው። ሠራተኛው ብዙ ነገሩን ይጋራል። The organization is a very personal place. It is like an extended family. People seem to share a lot of themselves.		
ለ	ተቋሙ በጣም ተለዋዋጭ የሥራፈጠራ ቦታ ነው። ሠራተኛው ከተለመደው ወጣ ያሉ ነገሮችን ለመሞከር እና ሥጋቶችን ለመውሰድ ፈቃኛ ናቸው። The organization is a very dynamic entrepreneurial place. People are willing to stick their necks out and take risks.		
ሐ	ተቋሙ ውጤት ተኮር ነው። ዋናው ትኩረቱ ሥራው እንዲሠራ ነው። ሠራተኛው በጣም ተወዳዳሪ እና ስኬት ተኮር ነው። The organization is very results oriented. A major concern is with getting the job done. People are very competitive and achievement oriented.		
መ	ተቋሙ በጣም ቁጥጥር የሚበዛበት እና መዋቅራዊ ቦታ ነው። በአብዛኛው መደበኛ የአሠራር ሥርዓቶች(ሂደቶች) የሠራተኛውን ተግባር ይገዛሉ(ይዳኛሉ)። The organization is a very controlled and structured place. Formal procedures generally govern what people do.		
	ጠቅላላ		
2. **Organizational Leadership**			
ሀ	በተቋሙ ውሥጥ ያለው አመራር ለማማከር፣ ማስተባበር እና መንከባከብ ተምሳሌት የሚሆን ነው። The leadership in the organization is generally considered to exemplify mentoring, facilitating, or nurturing.		
ለ	በተቋሙ ውስጥ ያው አመራር ለሥራ ፈጠራ፣ ሥጋት ለመውሰድ(ሥጋትን ለመደፈር) እና አዲስ ነገሮችን ለመፍጠር ተምሳሌት የሚሆን ነው። The leadership in the organization is generally considered to exemplify entrepreneurship, innovating, or		

	risk taking.			
ሐ	በተቋሙ ውስጥ ያው አመራር፤ ዋዛፈዛዛ የሌለበት ጠንካራ ውጤት ተኮርነት ተምሳሌት የሚሆን ነው። The leadership in the organization is generally considered to exemplify a no-nonsense, aggressive, results-oriented focus.			
መ	በተቋሙ ውስጥ ያው አመራር የማፃናጀት፤ ማደራጀት ወይም በትክክል ነገሮችን የማስኬድ ብቃት ተምሳሌት የሚሆን ነው። The leadership in the organization is generally considered to exemplify coordinating, organizing, or smooth-running efficiency.			
	ጠቅላላ			
3.	ሠራተኞችን ሥለማስተዳደር/Management of Employees			
ሀ	በተቋሙ ውስጥ ያለው የአስተዳደር ሥርዓት በቡድን ሥራ፤ በጉዳዮች መስማማት እና ተሳትፎ ይገለጣል። The management style in the organization is characterized by teamwork, consensus, and participation.			
ለ	በተቋሙ ውስጥ ያለው የአስተዳደር ሥርዓት በተናጠል በሚደረግ ሥጋቶችን መድፈር(ሥጋቶችን መውሰድ)፤ አዳዲስ ነገሮች ፈጠራ፤ ነጻነት፤ ለየት ማለት ይገለጻል። The management style in the organization is characterized by individual risk-taking, innovation, freedom, and uniqueness.			
ሐ	በተቋሙ ውስጥ ያለው የአስተዳደር ሥርዓት በጠንካራ ተፎካካሪነት፤ ከፍተኛ ፍላጎቶች እና ስኬት ይገለጻል። The management style in the organization is characterized by hard- driving competitiveness, high demands, and achievement.			
መ	በተቋሙ ውስጥ ያለው የአስተዳደር ሥርዓት በአስተማማኝ የሥራ ገበታ፤ ወጥነት ባለው፤ ሊተነበይ በሚችል፤ ቋሚ ግንኙነት ይገለጻል። The management style in the organization is characterized by security of employment, conformity, predictability, and stability in relationships.			
ጠቅላላ				
4.	ተቋማዊ መስተጻምር/Organization Glue			

ሀ	ተቋሙን አንድ አድርጎ የያዘዉ መስተጻምር ታማኝነት እና መተማመን ነዉ፡፡ ለተቋሙ ከፍተኛ ቁርጠኝነት ይታያል፡፡ The glue that holds the organization together is loyalty and mutual trust. Commitment to this organization runs high.		
ለ	ተቋሙን አንድ አድርጎ የያዘዉ መስተጻምር ለፈጠራ እና ዕድገት የተሰጠዉ ቁርጠኝነት ነዉ፡፡ የዘመነ ሥራ እና አሠራር እንዲኖር ትልቅ ትኩረት አለ፡፡ The glue that holds the organization together is commitment to innovation and development. There is an emphasis on being on the cutting edge.		
ሐ	ተቋሙን አንድ አድርጎ የያዘዉ መስተጻምር ለዉጤታማነት እና ዓላማን ለማሳካት የተሰጠዉ ትኩረት ነዉ፡፡ ጨክኖ መሥራት እና ማሸነፍ የጋራ መፈክሮች ናቸዉ፡፡ The glue that holds the organization together is the emphasis on achievement and goal accomplishment. Aggressiveness and winning are common themes.		
መ	ተቋሙን አንድ አድርጎ የያዘዉ መስተጻምር መመሪያ እና ፖሊሲ ነዉ፡፡ በሥርዓት የሚሄድ ተቋምን ማስቀጠል መሠረታዊ ጉዳይ ነዉ፡፡ The glue that holds the organization together is formal rules and policies. Maintaining a smooth-running organization is important.		
ጠቅላላ			
5. ሥልታዊ ትኩረት/Strategic Emphases			
ሀ	ተቋሙ ለሰዉ ሀብት ልማት ትኩረት ያደርጋል፡፡ ከፍተኛ መተማመን፣ ግልጽነት እና ተሳትፎ ይሰፍናሉ፡፡ The organization emphasizes human development. High trust, openness, and participation persist.		
ለ	ተቋሙ አዳዲስ ሀብቶችን ማግኘት እና አዳዲስ ለዉጦችን ማምጣት ላይ ያተኩራል፡፡አዳዲስ ነገሮችን መሞከር እና ዕድሎችን ቀድሞ መቃኘት ዋጋ ይሰጣቸዋል፡፡ The organization emphasizes acquiring new resources and creating new challenges. Trying new things and prospecting for opportunities are valued.		
ሐ	ተቋሙ ፉክክር ያለባቸዉ ድርጊቶች እና ዉጤት ላይ ያተኩራል፡፡ የተሰጠዉ ግቦችን ማሳካት እና በዘርፉ ተወዳድሮ ማሸነፍ በተቋሙ ዉስጥ ይንላሉ፡፡		

	The organization emphasizes competitive actions and achievement. Hitting stretch targets and winning in the marketplace are dominant.			
መ	ተቋሙ ዘላቂነት እና መረጋጋት ላይ ያተኩራል። ብቃት፣ ቁጥጥር፣ በሰላም ተግባርን መከወን መሠረታዊ ነገሮች ናቸው። The organization emphasizes permanence and stability. Efficiency, control and smooth operations are important.			
ጠቅላላ				
6. የስኬት መገለጫዎች/ Criteria of Success				
ሀ	ተቋሙ ስኬትን የሚተረጉመው በሰው ሀብት ልማት፣ በቡድን ሥራ፣ በሠራተኞች ቁርጠኝነት፣ ለሠራተኛ በማሰብ ላይ ተመሥርቶ ነው። The organization defines success on the basis of the development of human resources, teamwork, employee commitment, and concern for people.			
ለ	ተቋሙ ስኬትን የሚተረጉመው በጣም የተለየ ወይም አዲስ አገልግሎት በማቅረብ ላይ ተመሥርቶ ነው። በአገልግሎት አሰጣጥ ቀዳሚነው፣ አዳዲስ አገልግሎቶችንም ይፈጥራል። The organization defines success on the basis of having the most unique or newest products. It is a product leader and innovator.			
ሐ	ተቋሙ ስኬትን የሚተረጉመው በአገልግሎት አሰጣጥ ተወዳዳሪ እና አሸናፊ ከመሆን አንጻር ነው። ተወዳዳሪ አገልግሎት የመስጠት አመራር ቁልፍ ጉዳይ ነው። The organization defines success on the basis of winning in the marketplace and outpacing the competition. Competitive market leadership is key.			
መ	ተቋሙ ስኬትን የሚተረጉመው በብቃት/ሀብት አጠቃቀም ብቃት/ ላይ ተመሥርቶ ነው። ፍላጎትን መሠረት ያደረገ አቅርቦት፣ ሰላማዊ መርሐግብር እና ወጪ ቆጣቢ አገልግሎት አሰጣጥ ወሳኝ ጉዳዮች ናቸው። The organization defines success on the basis of efficiency. Dependable delivery, smooth scheduling and low-cost production are critical.			
ጠቅላላ				

Annexes 6: In-depth interview guide English

1. Age_____

2. Sex_____

3. Educational status_____

4. Marital Status_____

5. Experience in the hospital _____

6. Profession-------------------

7. Managerial role/position-----

8. Unit you are working in-------

9. Average daily working time in the hospital-------

10. Availability of working equipment------

11. Sense of belonging ness in the hospital---------

Part 2: Organizational culture questionnaire

1. What do you think is the dominant characteristics of the hospital

2. What type of leadership do you think the hospital follows?

3. How do you see the management of employees in the hospital?

4. What do you think the cohesive force that holds the hospital together

5. What strategic emphases does the hospital have?

6. What are the criteria of success for the hospital?

7. How do you see employee management of the hospital (with proving questions a to d)
   a. Participatory
   b. Team work
   c. Human resource development
   d. Arranging a good working condition for staffs

8. How do you characterize the hospital from creative and innovative perspectives (with probing points, a to c)
   a. Searching and implementation of new procedures and ways of doing things
   b. Adapting its service with external situations

9. How do you describe the hospital from achievement orientation perspective
   a. Competitiveness with other hospitals
   b. From being planned and continuous self-evaluation perspective

     c.   Competition between colleagues and among units

10. How do you see the hospital from being structured, organized, rules and regulations adherence and control perspective

11. For you, to which one do you think the hospital has more inclination and how?

Annexes 7: In-depth interview guide Amharic

የኩነታዊ ጥናት የቃለምልልስ መምሪያ:-

1. ሙያ _____
2. አሁን የሚሠሩበት ክፍል-------
3. በሆስፒታል ውስጥ የአገልግሎት ዘመን ------------------
4. ኃላፊነት እና የኃላፊነት ልምድ-----
                         ዋና

12. የሆስፒታሉን የሠራተኞች አያያዝ እንዴት ይገልጹታል:-
    a. ከአሳታፊነት አንጻር
    b. በጋራ ከመሥራት() አንጻር
    c. የሠራተኞችን ዐቅም ከማሳደግ አንጻር
    d. ለሠራተኞች ምቹ ሁኔታ ስለማመቻቸት

13. አዳዲስ አሠራሮችን እና አገልግሎቶችን በመፍጠር በኩል ሆስፒታሉን እንዴት ያዩታል?
    a. አዳዲሥ አሠራሮችን ከመቀበል እና ከመተግበር አንጻር
    b. ከሠራተኞች እና ከደንበኞች የሚመጡ አዳዲስ ሀሳቦችን ከመጠቀም አንጻር
    c. ዘመኑን ስለመዋጀት እና አገልግሎቶችን ከወቅታዊ ሁኔታዎች ጋር ከማላመድ አንጻር

14. ውጤት ተኮር ከመሆን አንጻር
    a. ከአቻ ተቋማት ጋር ተወዳዳሪ እና ቀዳሚ ከመሆን አንጻር ሆስፒታሉን እንዴት ያዩታል
    b. ዐልሞ ዐቅዶ ውጤትን እየገመገሙ ከመሄድ አንጻር
    c. በሠራተኞች መካከል እና በሥራ ክፍሎች መካከል ፉክክር እንዲኖር ከማድረግ አንጻር

15. መዋቅራዊነት እና ቁጥጥር የሚፈነበት ከመሆን አንጻር ሆስፒታሉ እንዴት ይታዋታል
    a. በማቀናጀት፣ በማደራጀት፣ በሕግ እና በደንብ ስለመመራት ያብራሩልኝ
    b. ስለቁጥጥር ሥርዓቱ ይግለጹ

16. በእርስዎ ዐይታ ተቋሙ ከአራቱ(ሠራተኛ ተኮር፣ ፈጣራ ተኮር፣ ውጤት ተኮር እና ሥርዓት ተኮር) ለየትኛው የበለጠ ዝንባሌ እንዳለው ያስባሉ? እንዴት?

17. የትምህርት ደረጃ_____
18. ዐድሜ_____
19. የጋብቻ ሁኔታ_____
20. ጾታ_____

Declaration

I, the under signed, declared that this is my original work, has never been presented in this or any other University, and that all the resources and materials used for the research, have been fully acknowledged.

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