

# THE RELATIONSHIP BETWEEN ORGANISATIONAL CULTURE AND SERVICE QUALITY IN PRIVATE HOSPITALS

Nicholas Ashley \*, Sanjana Brijball Parumasur \*\*

\* Corresponding author, University of KwaZulu-Natal, Westville Campus, Durban, South Africa  
Contact details: University of KwaZulu-Natal, Westville Campus, Private Bag X54001, Durban 4000, South Africa

\*\* School of Management, Information Technology and Governance, College of Law and Management Studies,  
University of KwaZulu-Natal, Westville Campus, Durban, South Africa



## Abstract

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The idea that organisational culture influences service quality, which, in turn, has an effect on both clients and employees, has gained extensive recognition in both academia and organisational practice. This study investigates the influence of organisational culture on service quality in private hospitals in Ghana. A positive organisational culture is significant for every firm as it increases employee commitment and impacts their performance (Fitria, 2018). The study adopted a mixed-methods 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 were selected using a purposive sampling method from selected private hospitals located in Accra, Ghana. The study 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, and mission) and service quality (reliability, assurance, tangibles, empathy, and responsiveness). This study specifies that there is no significant relationship between organisational culture and service quality in the context of private hospitals in Ghana.

**Keywords:** Organisational Culture, Service Quality, Private Hospitals, Mixed Approach, Ghana

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## 1. INTRODUCTION

Organisational culture has been one of the prevailing constructs in management for decades now. Organisational culture is a vital element in providing

quality services and a basis for achieving competitive advantage. A firm with a well-developed culture spends less money solving its problems as compared to one with a poorly developed one. Individuals come into the firm with diverse beliefs,

values, and methodologies for doing things. Creating an effective organisational culture is vital to improving quality services and engaging employees. In most corporations, providing quality is very important. The service industry regards service quality as a vital tool to sustain its competitive advantage in the business environment. The service industry is a developing sector, and it is a concern for service providers to guarantee that clients are satisfied. This justified the significance and focus of client satisfaction in the health sector. Most developing countries are faced with difficulties in delivering quality healthcare services due to various reasons, and Ghana is no exception.

The issue of organisational culture attracted more attention in the late 1980s as scholars examined the details of the collapse of organisations (Ojo, 2010). According to Botha (2016), organisational culture involves the beliefs and values shared by employees in an organisation. Numerous studies have demonstrated the influence of organisational culture on the quality of service (Beardsmore & McSherry, 2017; Frey et al., 2016). In addition, 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 depicts that the quality of service offered by organisations leads to the attraction of new clients, satisfaction, and engaged workers (Braimah, 2014; Zeithaml et al., 2013). However, given the importance of service quality in achieving organisational success, it is imperative to investigate the impact of organisational culture on service quality in Ghana. Therefore, this study aims to fill this gap by examining the relationship between organisational culture and service quality in Ghanaian private hospitals. In the Ghanaian context, there are a paucity of studies regarding the relationship between organisational culture and service quality, specifically in the healthcare sector. Additionally, most of such studies utilised a quantitative approach. Therefore, this paper aims to close these gaps by providing empirical evidence to address the relationship between organisational culture (involvement, consistency, adaptability, and mission) and service quality (tangibles, reliability, responsiveness, assurance, and empathy) and providing guidelines into enhancing organisational culture and service quality among healthcare employees in Ghana. Furthermore, the study also aims to measure the perception of organisational culture and service quality among employees and clients of private hospitals in Ghana. This current paper utilised a mixed-methods approach in investigating the perceptions and relationships between the organisational culture and service quality.

Thus, the research objectives of this study are:

- 1) to access the perceptions of organisational culture of employees at private hospitals;
- 2) to access the perceptions of service quality of clients at private hospitals;
- 3) to evaluate the relationship between organisational culture and service quality;
- 4) to investigate the intercorrelation between the sub-dimensions of organisational culture

(involvement, consistency, adaptability, mission) and service quality (reliability, assurance, tangibles, empathy, responsiveness), respectively;

5) to examine the managerial perceptions of organisational culture and service quality in private hospitals.

The following describes the paper's structure. The study's introduction and background are presented in Section 1. The review of pertinent literature and the conceptual framework that frames the study are presented in Section 2. The research methodology used to examine the relationship between organisational culture and service quality is described in Section 3. The results of the study are presented in Section 4. The study's findings are discussed in Section 5, which is followed by Section 6, which offers conclusions and guidelines for improving organisational culture and service quality.

## 2. LITERATURE REVIEW

### 2.1. Definition of service quality

Kumasey (2014) is of the view that service is an interaction between a vendor and a purchaser that renders the service to clients. According to Braimah (2014), "a 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 are done in real-time" (p. 40). Services may have an element of tangible products, but they are essentially performances that cannot be detached from the provider of the service. An organisation may find it problematic to comprehend how its customers measure service quality since it is intangible (Johnson, 2017). According to Daniel and Berinyuy (2010), "service quality is the degree to which clients believe the product or service offered will exceed their needs and expectations" (p. 7). Therefore, it is crucial for organisations to understand the importance of measuring and improving service quality to ensure customer satisfaction and loyalty. Additionally, by consistently providing high-quality services, businesses can differentiate themselves from competitors and establish a strong reputation in the market (Mohd-Shariff, 2013).

### 2.2. Service quality in the healthcare sector

According to Suki et al. (2011), "different hospitals provide similar types of services, but they do not provide the same quality of services" (p. 43). Patients' perceptions about the services provided by an exact hospital have an impact on the image and productivity of the hospital, as well as influence the patient's behavior (Irfan & Ijaz, 2011). According to Mosadeghrad (2014), "quality healthcare is constantly delighting the patient by providing successful, effective, and efficient healthcare services according to modern medical guidelines and standards that meet the patient's needs" (p. 78). Service quality in healthcare helps provide patients with what they need and want without mistakes, within high levels of instruction, by utilising a small number of resources, and without delays

(Kumaraswamy, 2012). Polska et al. (2011) revealed that private hospitals provided quality services with respect to the hospital environment, the appearance of nurses and doctors, accurate patient records, and the politeness of employees at the hospitals. Moreover, service quality is important not only for patient satisfaction but also for their health outcomes.

### 2.3. Evaluating service quality in hospitals using SERVPERF model

The application of the SERVPERF model is considered suitable for evaluating the services provided to clients by hospitals and has been used by many academics, most recently by Byju and Srinivasulu (2014) and Shafei et al. (2019). This study used this model since it comprises fewer questions and is simple to use (Kajan et al., 2012). 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 et al., 2012; Zeleke, 2012). The reliability dimension of service quality measures the effectiveness and efficiency of services provided to clients. Additionally, Johnson (2017) postulates that it is the ability to complete the pledged service precisely. Duffour et al. (2022) maintain that it is the ability to provide an assured service reliably and precisely to customers. Cheserek et al. (2015) maintain that assurance builds trust and confidence among clients by providing them with quality services. The authors further stated that this dimension comprises security, courtesy, trustworthiness, and competence. According to Al-Azzam (2015), empathy is the attention a company delivers to its clients. It includes giving attention to workers who comprehend the needs of their clients. Empathy is about care, attention, and providing services to clients (Pakurár et al., 2019). According to Liu et al. (2016), "responsiveness is the degree to which employees provide help to the clients and show a willingness to serve" (p. 468). Frimpong (2014) affirms that responsiveness means providing timely services to clients. In essence, tangibles, reliability, assurance, empathy, and responsiveness are crucial elements of customer service that companies must prioritize to ensure client satisfaction.

### 2.4. The significance of service quality

The significance of service quality goes as far back as twenty years ago when companies began scrutinising the quality of service as a sign of competitive advantage and distinctiveness. Mang'anyi (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). Furthermore, service quality is essential to building customer loyalty and retention. Customers are more likely to return and recommend a business that consistently provides high-quality services. Therefore, companies should prioritize service quality as a crucial aspect of their overall business strategy. 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. It can be a viable competitive advantage for a company to build client loyalty and achieve higher productivity.

### 2.5. Definition of organisational culture

According to Mohelska and Sokolova (2015), the culture of an organisation is the set of norms, values, deeds, and beliefs maintained in the company. The authors maintain that culture shapes and directs the conduct, as well as attitudes of workers and influences the company's actions in operating its business. Kuronzwi (2019) believes that organisational culture has always been present within the firm, but most firms pay less attention to it, which may influence the organisation's output. The culture of an organisation consists of qualities that give it a specific feel or climate. Additionally, culture is a very difficult concept to express clearly, but everybody recognizes it when they sense it (Dupré, 2018). According to Hauff et al. (2015), culture differs from one firm to another, making it tough to ascertain a uniform or general culture and tradition. 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 beliefs, values, norms, and language (Poirine et al., 2017).

### 2.6. Strong organisational culture

According to Asalf (2019), organisational culture is either weak or strong. A strong organisational culture is vital since it improves the success of the firm, as well as the financial performance of the companies, and motivates the workers in the firm (Huang & Teo, 2020; Labrague et al., 2018; Pathiranage, 2019). Therefore, it is crucial for companies to develop and maintain a strong organisational culture that aligns with their values and goals.

### 2.7. Denison's organisational culture model

This study was underpinned by Denison's (1990) organisational culture model. The Denison model assesses the connection between four cultural values and the effectiveness of a firm (Kirin et al., 2019). The authors 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 (Semu, 2020). According to Mahlet (2020), mission defines a significant and lasting direction for the firm. Pathiranage (2019) acclaims that mission refers to the degree to which an organisation has clearly defined or structured its purpose for existence. It improves the values and guides the behavior of employees in correspondence with organisational strategies and reflects an internal and stable focus (Menesha, 2020). According to Kirin et al. (2019), firms are more effective when they are consistent and well-integrated in attaining organisational goals. Consistency signifies the shared values and proficient systems

and procedures utilised by an organisation. Involvement as a dimension 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). Adaptability is another significant dimension of the Denison cultural model. Adaptability as a dimension enables workers to adapt, reorganise and reinstitute internal practices, actions, and attitudes in response to external demands (Xuan et al., 2019). It is a vital organisational cultural dimension in promoting the performance of the firm (Kirin et al., 2019).

## 2.8. The link between organisational culture and service quality

According to Indrastuti et al. (2020), organisational culture has a positive relationship with service quality. Furthermore, Shin and Lee (2016) found a connection between organisational culture and service quality. The authors further state that an organisational culture that is focused on clients, improves the quality of service provided by

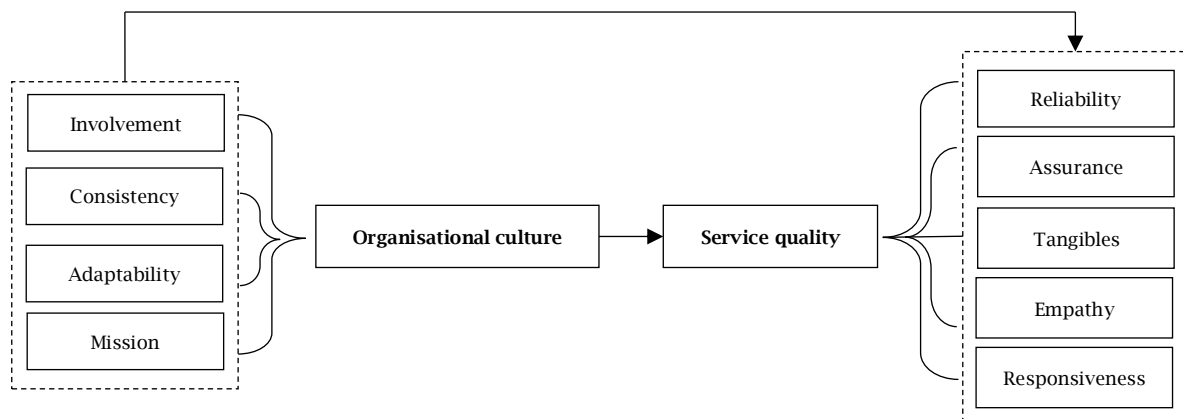
an organisation. Additionally, Khashkhuu (2016) affirms that there is a relationship between culture and service quality. This suggests that organisations should pay attention to organisational culture in order to improve the quality of their services. It is important for organisations to foster a culture that values customer satisfaction and prioritises meeting the needs of their clients. 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). For this study, the proposed hypotheses are as follows:

*H1: There is a significant relationship between organisational culture and service quality.*

*H2: There are significant intercorrelations among the sub-dimensions of organisational culture (involvement, consistency, adaptability, mission) and service quality (tangibles, reliability, responsiveness, assurance, empathy), respectively.*

In relation to the concept and objectives of the study, a conceptual framework was developed to investigate the relationship between the variables as stated above.

Figure 1. Conceptual framework



Organisational culture and service quality are variables that impact each other significantly (Khashkhuu, 2016). A conceptual framework was built to illustrate how these two variables are related. Figure 1 shows the conceptual framework that guided the study in understanding the influence of organisational culture on service quality. According to Parasuraman et al. (1988), service quality refers to the level of satisfaction that clients derive from the services provided by a firm and was measured using the following dimensions; reliability, assurance, tangibles, empathy, and responsiveness. On the other hand, organisational culture includes the shared beliefs, values, norms, and practices that guide the behavior of workers in a firm and is measured using involvement, consistency, adaptability, and mission (Denison et al., 2014). Firms that have a culture of employee empowerment may result in higher service quality as workers are motivated to provide better services. This conceptual framework will aid in understanding the relationship between organisational culture and service quality and provide insights into how firms can create a positive and supportive organisational culture to achieve better service quality.

## 3. RESEARCH METHODOLOGY

### 3.1. Research approach

The study adopted a mixed method approach using both qualitative and quantitative data. The researchers collected data electronically using both questionnaires and semi-structured interviews. The quantitative data was evaluated using both descriptive and inferential statistics and the qualitative data was examined using thematic analyses.

### 3.2. Study population and sample size

The population in this study refers to the total group of workers in the selected private hospitals in Accra, Ghana. The projected population for the study was about 8,000 employees and clients. The target population comprised all the employees and clients of the three (3) selected private hospitals in Accra. A sample size of 367 was adequate for the study based on Sekaran and Bougie's (2016) population-to-sample size table. In relation to

the qualitative study, a sample of 15 participants consisting of hospital administrators, medical doctors, and directors at the hospitals were selected for the interviews. However, 367 (employees and clients) were selected for the quantitative study. The sample size was further described in terms of age, gender, tenure, and marital status. Most of the respondents in the hospitals fall between the ages of 26–35 years (33.2%), with male (55.5%) participants, tenure of 0–5 years (32.4%), and most of the respondents being married (51.2%).

### 3.3. Measuring instrument

This study developed closed-ended questionnaires for employees and clients. The questionnaires were randomly distributed to both employees and clients at the hospitals. The questionnaires for employees were divided into two (2) sections. Section A was designed to collect biographical data (age, tenure, gender, and marital status) on the employees. Furthermore, Section B consisted of items relating to organisational culture with an adjusted version of the Denison organizational culture survey designed in 1990 by Daniel Denison. Furthermore, there are nine (9) items measuring each dimension (involvement, consistency, adaptability, and mission), making a total of thirty-six (36) items for assessing organisational culture. Also, the questionnaires for the clients were divided into two (2) sections. Section A was designed to collect biographical data (age, tenure, gender, and marital status) on the clients. Section B was comprised of items relating to service quality. 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 the dimensions of *tangibles*, *responsiveness*, and *assurance*, as well as five (5) questions for the dimensions of *reliability* and *empathy*, making a total of twenty-two (22) questions for measuring service quality. The most extensively accepted service quality model is the 5-dimensional SERVQUAL instrument (Duffour et al., 2022).

### 3.4. Measures

Factor analysis was used in this study since it is a vital tool for evaluating the validity of the questionnaire. The results of the factor analysis provided valuable insights into the structure of the questionnaire and its ability to measure the intended constructs. In addition, a rotated component matrix was used in extracting factors; only items with loadings > 0.5 were considered for the study. In relation to the dimensions of organisational culture, four factors were derived from the factor loading matrix (Table 1). The Kaiser-Meyer-Olkin (KMO) test of organisational culture was 0.854, and this established the appropriateness and significance of the questionnaire.

**Table 1.** Validity of measuring instrument (Organisational culture)

Factor	Eigenvalue	Total variance (%)	Label
1	12.35	34.29	Mission
2	3.57	9.91	Involvement
3	2.04	5.67	Adaptability
4	1.82	5.04	Consistency

Table 1 indicates that Factor 1 has a total variance of 34.29%. Since the majority of the items relate to the mission, Factor 1 may be labeled similarly. Furthermore, Factor 2 has a total variance of 9.91%. Since most of the items relate to involvement, Factor 2 may be labeled similarly. Additionally, Table 1 shows Factor 3 with a total variance of 5.67%. Since this item relates to adaptability, Factor 3 may be labeled similarly. Finally, Table 1 shows Factor 4, with a total variance of 5.04%. Since this item relates to consistency, Factor 4 may be labeled similarly. From Table 1, it is evident that the measuring instrument truly measures the perceptions of the organisational culture, and all four dimensions surfaced in the factor analysis.

Furthermore, regarding the dimensions of service quality, four factors were also derived from the factor loading matrix (Table 2). Nonetheless, in terms of service quality, it is obvious that none of the factors were labeled responsiveness. The result of the KMO test was 0.840, which suggests that there is a high suitability for the items evaluating service quality.

**Table 2.** Validity of measuring instrument (Service quality)

Factor	Eigenvalue	Total variance (%)	Label
1	6.037	27.44	Empathy
2	1.48	6.71	Tangibles
3	1.32	5.99	Assurance
4	1.24	5.65	Reliability

Table 2 indicates that Factor 1 has a total variance of 27.44%. Since the majority of the items relate to empathy, Factor 1 may be labeled as such. Table 2 shows that Factor 2 has a total variance of 6.71%. Since tangibles have the highest average weighting, Factor 2 may be labeled similarly. Table 2 indicates that Factor 3 has a total variance of 5.99%. Since the majority of the items relate to assurance, Factor 1 may be labeled similarly. Finally, Table 2 indicates that Factor 4 has a total variance of 5.65%. Since the item relates to reliability, Factor 4 may also be labeled likewise. From Table 2, it is apparent that none of the variables appeared twice in the factor analysis. None of the factors were labeled 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.

In addition, Cronbach's alpha coefficient was also used to assess the reliability of the questionnaires (Table 3).

**Table 3.** Reliability of measuring instrument

<i>Organisational culture</i>		
<i>Dimension</i>	<i>Items</i>	<i>Cronbach's alpha</i>
<b>Organisational culture</b>	36	0.939
Mission	9	0.867
Involvement	9	0.758
Adaptability	9	0.820
Consistency	9	0.796
<i>Employee engagement</i>		
<i>Dimension</i>	<i>Items</i>	<i>Cronbach's alpha</i>
<b>Service quality</b>	22	0.866
Empathy	5	0.638
Tangibles	4	0.590
Assurance	4	0.575
Reliability	5	0.572
Responsiveness	4	0.621

Table 3 shows that the results revealed that the questionnaires adopted for the study were reliable. The coefficient alpha of organisational culture has a very high degree of inter-item consistency (0.939). Also, the coefficient alpha of the dimensions of organisational culture ranges from moderate (0.758) to high (0.867). Furthermore, Table 3 shows that the alpha coefficient of service quality reflects a high degree of inter-item consistency (0.866). The coefficient alpha of the dimensions of commitment ranges from moderate (0.572) to high (0.638).

### 3.5. Administration of the measuring instrument

For the purpose of this study, data was distributed and collected from the participants through an online questionnaire sent to their email addresses. The absence of the researcher during the collection of data was significant as it complied with the national imperative of social distancing during the period of the coronavirus.

### 3.6. Statistical analysis

The quantitative data was assessed using both descriptive and inferential statistics. The perceptions of employees concerning organisational culture and service quality were evaluated by asking participants to answer a survey on a 5-point Likert scale. Additionally, the qualitative data used thematic analysis to interpret the semi-structured interviews.

## 4. RESULTS

### 4.1. Quantitative results

This section provides the results of the study's descriptive statistics result. The descriptive study includes information on organisational culture and its sub-dimensions (adaptability, mission, involvement, and mission), as well as service quality (empathy, reliability, assurance, responsiveness, tangibles). This aids in assessing the perceptions of these variables (Table 4).

**Table 4.** Descriptive statistics: Key dimensions of organisational culture and service quality

<i>Dimension</i>	<i>Mean</i>	<i>95% Confidence interval</i>		<i>Std. Dev.</i>	<i>Min.</i>	<i>Max.</i>
		<i>Lower bound</i>	<i>Upper bound</i>			
<b>Organisational culture</b>	<b>3.665</b>	<b>3.563</b>	<b>3.768</b>	<b>0.634</b>	<b>1.00</b>	<b>4.92</b>
Adaptability	3.747	3.638	3.855	0.682	1.00	5.00
Mission	3.719	3.590	3.848	0.815	1.00	5.00
Involvement	3.620	3.514	3.725	0.668	1.00	4.89
Consistency	3.549	3.442	3.656	0.673	1.00	5.00
<b>Service quality</b>	<b>3.643</b>	<b>3.570</b>	<b>3.718</b>	<b>0.516</b>	<b>2.14</b>	<b>4.86</b>
Empathy	3.703	3.611	3.718	0.641	1.00	5.00
Reliability	3.672	3.588	3.795	0.588	2.00	5.00
Assurance	3.664	3.569	3.757	0.655	1.75	5.00
Responsiveness	3.606	3.503	3.708	0.714	1.00	5.00
Tangibles	3.529	3.434	3.624	0.714	1.50	5.00

Table 4 depicts 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 a positive perception of adaptability (Mean = 3.747), followed by mission (Mean = 3.719), involvement (Mean = 3.620), and lastly, consistency (Mean = 3.549), which has the least yet above-average impact. Furthermore, Table 4 also illustrates that clients have a positive perception of service quality (Mean = 3.643). Given a deeper investigation of the dimensions of service quality, clients at the hospitals display positive perceptions

of empathy (Mean = 3.703), followed by reliability (Mean = 3.672), assurance (Mean = 3.664), responsiveness (Mean = 3.606), and lastly, tangibles (Mean = 3.529), with the lowest yet above-average influence. Hence, it can be established that all the variables investigated in this study are significant.

With regard to organisational culture, in terms of adaptability, it was evident that 75.8% of the participants agreed that the hospitals have new and better ways of working that are incessantly adapted. Furthermore, 71.3% of the participants agreed that the diverse parts of the organisation collaborated to create change. However, 15.2% of the participants disagreed that innovation and

creativity are encouraged at the hospitals. In regards to mission, it was apparent that 70.1% of the participants agreed that there is a clear mission that gives meaning and direction to the hospitals. This result supports the findings of Bizuneh (2016), in which the author found that the majority of the participants agreed that the institution had a clear mission and vision and that its operations were periodically checked. However, 18.5% of the participants disagreed that there is a long-term purpose and direction for the hospitals. According to Addai and Prempeh (2020), institutions that are efficacious have a well-defined direction that defines the strategic objectives and purposes that express the organisation's vision for the future. In relation to involvement, it was apparent that 74.5% of the participants agreed that decisions are frequently made at the level where the best information is available. Furthermore, 31.3% of the participants disagreed that there was a continuous investment to develop the skills of employees at the hospitals. However, Laike (2017) concludes that the majority of the respondents indicated that they believed that the improvement in the efficiency and capability of employees was marginal. In terms of consistency, it is evident that 72.6% of the participants agreed that there is a moral code that governs the behaviour of workers and tells right from wrong. Also, 23% of the participants disagreed that when disagreements occurred, the employees worked hard to achieve "win-win" solutions.

Within service quality, in terms of empathy, it is evident that 68.3% of the participants felt that they were given personal attention by the hospital personnel. This finding can be inferred to mean that hospital clients expect loving and personalized care and the delivery of quality service. Nonetheless, 24.3% of the respondents neither agreed nor disagreed that the hospital understands their special

needs. In relation to reliability, it is apparent that 67.2% of the participants agreed that when hospitals promise to do something by a precise time, they do so. However, 15.8% of the respondents disagreed that the hospital performed 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. With regard to assurance, it is evident that 66.4% of the respondents agreed that hospital personnel provide a sense of trust to patients. However, 23.8% of the employees neither agreed nor disagreed that the hospital personnel have the required knowledge for the job. In relation to responsiveness, it is palpable that 70.3% of the respondents agreed that the hospital personnel respond quickly to their problems.

Inferring from the results of this study, the hospitals are making much effort to deliver a more rapid and quality service that is responsive. Nonetheless, 22.2% of the participants disagreed that the hospital personnel were willing to provide services to them. In terms of tangibles, it is apparent that 68.2% of the respondents 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 since this also influences the client's experience of the quality services provided. Furthermore, 32.8% of the participants disagreed that materials associated with services (i.e., health pamphlets) are available to patients as they wait.

*Hypothesis 1 (H1):* There exist significant intercorrelations among the sub-dimension of organisational culture (involvement, consistency, adaptability, mission) and service quality (tangibles, reliability, responsiveness, assurance, empathy), respectively (Table 5).

**Table 5.** Intercorrelation between the sub-dimensions of organisational culture and sub-dimensions of service quality

Dimension	r/p	Organisational culture				Service quality				
		Inv	Con	Ada	Mis	Tan	Rel	Res	Ass	Emp
Inv	r p	1.00								
Con	r p	0.696 0.000*	1.00							
Ada	r p	0.646 0.000*	0.679 0.000*	1.00						
Mis	r p	0.670 0.000*	0.739 0.000*	0.823 0.000*	1.00					
Tan	r p	0.064 0.424	-0.033 0.683	-0.120 0.137	-0.048 0.553	1.00				
Rel	r p	0.102 0.208	0.033 0.685	-0.007 0.931	0.038 0.642	0.525 0.000*	1.00			
Res	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		
Ass	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	
Emp	r p	0.051 0.524	0.030 0.714	-0.053 0.514	-0.012 0.514	0.429 0.000*	0.556 0.000*	0.536 0.000*	0.650 0.000*	1.00

Note: Inv = Involvement, Con = Consistency, Ada = Adaptability, Mis = Mission, Tan = Tangibles, Rel = Reliability, Res = Responsibility, Ass = Assurance, Emp = Empathy; \*  $p < 0.01$ .

Table 5 shows significant, strong, and direct relationships noted between involvement and consistency, adaptability, and mission, respectively, at the 1% significance level. This signified that the employees' involvement was associated with

consistency, adaptability, and mission in the private hospitals. This proposed that the association between involvement and improved consistency at work was vital to improving organisational culture at the hospitals. However, 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, adaptability, and mission, respectively, at the 1% significance level. Therefore, the alternate hypothesis is accepted and the null hypothesis is rejected. This finding revealed that an increase in consistency will correspondingly increase the employees' adaptability and mission. This implied that the employees' consistency was associated with adaptability and mission in the private 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, 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 portrayed that an increase in adaptability will correspondingly increase mission. This implied that the employees' adaptability was associated with a mission in the private hospitals. However, there are no significant relationships between adaptability and tangibles, reliability, responsiveness, assurance, and empathy respectively. Hence, the null hypothesis is accepted and the alternate hypothesis is rejected.

Table 5 further reflects a significant 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 showed that an increase in tangibles will correspondingly increase reliability, responsiveness, assurance, and empathy. This signified that tangibles are associated with reliability, responsiveness, assurance, and empathy in private hospitals.

Furthermore, there are significant relationships between reliability and responsiveness, assurance, and empathy respectively, at the 1% significance level. Therefore, the alternate hypothesis is accepted and the null hypothesis is rejected. This finding depicts that an increase in reliability will correspondingly increase responsiveness, assurance, and empathy. This means that reliability is associated with responsiveness, assurance, and empathy in private hospitals.

In addition, Table 5 indicates a significant relationship between responsiveness, assurance, and empathy, respectively, at the 1% significance level. Hence, the alternate hypothesis is accepted and the null hypothesis is rejected. This finding depicts that an increase in responsiveness will correspondingly increase assurance and empathy. This means that responsiveness is associated with assurance and empathy in private hospitals.

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

Hence, *H1* may be partly accepted, as there are both significant and non-significant relationships between some sub-dimensions.

*Hypothesis 2 (H2):* There is a significant relationship between organisational culture and service quality (Table 6).

**Table 6.** Pearson product-moment correlation: Correlation between organisational culture and service quality

<i>Dimension</i>	<i>r/p</i>	<i>Service quality</i>
<i>Organisational culture</i>	r	0.025
	p	0.767

Table 6 indicates that there is no significant relationship between organisational culture and service quality. Therefore, *H2* may be rejected.

## 4.2. Qualitative results

As mentioned previously, 15 participants (medical doctors, administrators, and directors) agreed to take part in the semi-structured interviews, which resulted in a 100% response rate. The participants were probed on issues about their perceptions of organisational culture and service quality at their hospitals. The qualitative study was aimed at understanding how the management of the private hospitals perceives the organisational culture of employees and clients' perceptions of service quality (Table 7).

The four organisational culture dimensions (involvement, consistency, adaptability, and mission) are vital to maintaining an effective culture in hospitals. The objective of the hospitals is to impact their culture, significantly influence the morale of employees, increase productivity, and increase engagement levels (Brenyah & Obuobisa-Darko, 2017). With regard to service quality, the findings indicated that providing quality service to patients helps to keep 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 et al., 2018). The service sector, such as hospitals, has the duty to deliver the best services to their patients in order to achieve viable competitive advantages. The results from the qualitative study are consistent with the findings of the quantitative study.



Table 7. Findings of qualitative results

<i>Dimensions</i>	<i>Themes</i>	<i>Responses</i>
<b>Organisational culture</b>		
Involvement	Teamwork	Sense of belonging, employee connection, togetherness towards a common goal, depending on each other's skills
	Communication	Frequent and open communication channels
	Productivity	Achievement of tasks, increased efficiency
Consistency	Conduct and principles	Hospital ethical principles, discipline, professional ethics
	Training	Trained for patient care, improves performance
	Morals and values	Empowering workers, moral duty, desired behaviours
Adaptability	Rewards	Creative ideas, resourceful employees, improves employee skills
	Creativity	Proactive employees, development of ideas
	Acknowledgement	Increases employee innovation, recognition of employees appreciating employees
	Employee contribution	New ideas, open deliberation, decision making
Mission	Employee performance	Dedicated employees, provides clear goals, increase commitment and engagement
	Encouragement	Creates excitements, involvement, better leadership
	Belongingness	Conducive environment, sense of belongingness
<b>Service quality</b>		
Tangibles	Assurance	Patients trust in the hospital, clients have sureness, car for employees
	Prospective clients	New clients, increase in clients attendance, clients patronage
	Productivity	Providing good health care, increase efficiency
Reliability	Feedback	Responses from clients and stakeholders, open conversation with employees
	Assessment	Conducting surveys among employees, clients are encouraged to ask for clarifications
	Client reviews	Suggestion boxes, online platforms
Responsiveness	Client satisfaction	Enhance clients satisfaction, delivering prompt services, happy clients
	Increase revenue	Increase profits and patronage, generate income
	Competitive advantages	Quick reaction, leading private hospital
Assurance	Communication	Use simple languages, quick responds, direct responses, verbal statements
	Acknowledgement	Recognition, verbal appreciation, recommendation
Empathy	Treated differently	Patients have different issues, some patents need special attention, and hospital principles
	Treated equally	Services are provided without biases, no preferential treatment, treat all patients with care

## 5. DISCUSSION

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 employees display the highest level of adaptability (Mean = 3.747), followed by mission (Mean = 3.719), 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 and are incessantly adapting and that the diverse parts of the organisation collaborate to create change in the hospital. A sturdy organisational culture is vital for every firm; hence, it increases commitment and strength as well as influences the attitudes and goals of employees (Al Issa, 2019; Aranki et al., 2019; Nelson et al., 2020; Tedla, 2016). 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. This current study also found that the majority of the employees agreed that there is a clear mission that gives meaning and direction to 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 et al., 2019; Alegre et al., 2018; Mohammed et al., 2019; Olughor, 2014). Some of the employees disagreed that when disagreements occurred, the employees worked hard to achieve "win-win" solutions, while the qualitative results

found that conduct and principles, training, as well as morals and values, were significant in the consistent culture of employees. Sendawula et al. (2018) and Cumyn et al. (2019) are of the view that training assists employees in gaining skills and increasing performance, whereas the codes of conduct of the firm assist employees in being 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.

In regards to service quality, respondents displayed fairly suitable perceptions of service quality (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), display reliability (Mean = 3.672), assurance (Mean = 3.664), responsiveness (Mean = 3.606), and lastly, tangibles (Mean = 3.529).

It is evident that the majority of the participants agreed that the hospital has convenient operating hours for all its patients, whereas some participants also agreed that they were given personal attention, and the qualitative study further indicated that services are provided equally to all clients irrespective of their health issues. Clients need to be understood and feel valued by service providers (Mufudza, 2018; Tolpa, 2012). Some of the respondents agreed that health professionals in hospitals solve their problems efficiently, whereas some participants are not certain that employees at the hospital are punctual in providing services. According to Marimon et al. (2019), a vital element for retaining clients is

the impression employees give clients, as they depend on them to receive quality services. The study also depicts 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 to patients. When employees exhibit genuine concern, solemnity, and keenness toward the needs of clients, it inevitably increases levels of client satisfaction (Alhelalat et al., 2017).

In this current study, the majority of the respondents believe that hospital personnel respond quickly to their problems, and 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 clients were uncertain that the hospital had modern equipment to serve them, while others disagreed that the hospital provided them with healthcare magazines as they waited. The appearance of healthcare employees, a serene environment, and healthcare magazines play a significant role in the curative process of clients and employees (Amporfro et al., 2021; Huisman et al., 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.

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 employees' positive views of organisational culture do not influence their perceptions of employee engagement. This result concurs with that of other researchers (Gantsho & Sukdeo, 2018; Hadian, 2017; Indrastuti et al., 2020; Khashkhuu, 2016), while studies by Al-Otaibi et al. (2020) and Alshemmari (2020) contend with 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 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 null hypothesis is accepted. This implies that any change in the sub-dimensions of organisational culture (involvement, consistency, adaptability, and mission) does not have an impact on the sub-dimensions of service quality (tangibles, reliability, responsiveness, assurance, and 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, which have the ultimate potential to influence the delivery of quality services (Al-Musadieq et al., 2018; Famiyeh et al., 2018).

## 6. CONCLUSION

In conclusion, the study found positive perceptions of organisational culture and service quality in Ghana. This is influenced by the sub-dimensions of both variables. However, there is no study without limitations. Since the study was only conducted in Ghana, this has implications for the generalisability of the study results across geographical borders. In addition, 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.

Organisational culture is an integral part of healthcare facilities, and it is essential for providing quality care to patients. In Ghana, hospitals have unique organisational cultures, influenced by factors such as the country's social, political, and economic environment. Organisations in Ghana strive to maintain a sense of unity, loyalty, and respect for hierarchy among employees. The culture of teamwork, communication, and collaboration is also emphasized, and employees are encouraged to participate in decision-making processes. There is also a recognition of the importance of values such as integrity and accountability in fostering a positive organisational culture. However, there are still challenges to be addressed, including the need for greater diversity and inclusion in the workplace and the problem of corruption and nepotism. The study also provided guidelines to persuade the management of healthcare institutions to implement them to enable them to improve organisational culture and also provide quality services to clients. 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 that employees should collaborate and interact with one another often since they are more likely to generate original ideas by drawing inspiration from one another. Also, some employees revealed that the hospitals had a clear mission that gave 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, and values of the hospitals. Nonetheless, the study concludes that employees have a positive perception of organisational culture in Ghana.

Service quality is an essential aspect of healthcare delivery in Ghana. This study concludes that clients have positive perceptions of service quality in private hospitals in Ghana. However, the country has much work to do in delivering high-quality services to clients. Achieving sustainable improvements in service quality requires a long-term commitment from all stakeholders, including the government, health professionals, and patients. Overall, it is clear that service quality is an important factor in shaping the perceptions and experiences of clients in Ghana. By prioritizing the improvement of service quality across all sectors, businesses, and policymakers can work towards creating a more positive and satisfying customer experience for Ghanaians. This study indicated that the behaviour of healthcare employees does not instill confidence in patients. The research recommends that healthcare employees should be

cognizant of the significance of building trust and confidence in dealing with clients to gain a competitive advantage and win clients' allegiance. Additionally, 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 swiftly and meaningfully extended. This research recommends that employee and client relationships be given primacy by hospital management. The study revealed that health employees in hospitals solve clients' problems efficiently.

Additionally, this study contributes empirical evidence of the connection between organisational culture and service quality. The study demonstrates that organisational culture and service quality could manifest in diverse ways. This infers that the study aids in understanding diverse dimensions of organisational culture and service quality. This study

serves as the underpinning for future studies to test the model in diverse organisational settings. Although the literature suggests that there should be a positive relationship between organisational culture and service quality, the findings of this study do not support this hypothesis. There could be several reasons for this outcome, including the fact that the employees may not believe in the hospital's culture or that clients may not be satisfied with the services provided. Overall, this study underscores the importance of further research in this area to identify the underlying causes of the lack of a relationship between organisational culture and service quality. It also highlights the need for hospitals to focus on ways to enhance the motivation and commitment of their employees towards providing high-quality services to their patients, even in the absence of a strong organisational culture.

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