

Organisational Culture, Work Attitude and Quality Healthcare Delivery in Selected Public Healthcare Facilities in Lagos State, Nigeria.

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ABSTRACT

This study examines the effect of organisational culture on quality healthcare delivery in public healthcare facilities in Lagos State, Nigeria. Grounded in the Social Exchange Theory, it focuses on two cultural traits, involvement and consistency, from the Denison Organisational Culture Model. The study further investigates the mediating role of work attitude, specifically job satisfaction and organisational commitment. A cross-sectional survey design was employed, with 457 questionnaires distributed to healthcare workers in selected public healthcare facilities and 381 valid responses obtained. The data were analyzed using descriptive and inferential statistics, including frequency counts, means, standard deviations, and regression analysis. Findings indicate that both involvement and consistency traits significantly and positively influence quality healthcare delivery, with involvement explaining a larger proportion of the variance. Furthermore, job satisfaction and organisational commitment were found to partially mediate the relationships between the cultural traits and healthcare delivery, highlighting the role of positive work attitudes in translating cultural strengths into improved service outcomes. The study concludes that fostering employee participation and ensuring alignment across organisational practices enhances healthcare delivery in public facilities. It recommends that healthcare managers strengthen organisational culture through inclusive decision-making, teamwork, and coherent internal systems, while also supporting employee satisfaction and commitment to achieve sustained improvements in healthcare quality.

Keywords: *Consistency trait, involvement trait, quality healthcare delivery, organisational culture, work attitude*

1. INTRODUCTION

Background to the Study

For decades, the Nigerian healthcare system has faced persistent structural and systemic challenges, including poor infrastructure, insufficient funding, inadequate human resources, and ineffective management systems (Aregbeshola, 2021). These challenges have significantly impaired the quality of healthcare delivery and patient experiences. The frequent reliance of political leaders and elites on medical tourism highlights the perceived lack of confidence in local healthcare institutions. Lagos State, Nigeria's most populous and economically vibrant region, reflects many of these challenges. As the country's commercial capital and home to major public

healthcare facilities, Lagos struggles with overcrowding, long patient waiting times, and administrative inefficiencies, particularly in its public hospitals.

According to Sony, Antony, and McDermott (2022), quality healthcare delivery involves providing patients with appropriate and necessary services in a technically proficient manner, supported by effective communication, collaborative decision-making, and a strong sense of social and professional commitment. However, this cannot be accomplished without a supportive organisational culture. Research indicates that when employees share common norms and values within an organization, their performance tends to improve (Hofstede, 2001). Data also reveal that fewer than 50% of patients in Lagos public hospitals expressed satisfaction with the quality of care, citing delays, poor communication, and negative staff attitudes as major sources of dissatisfaction (Onotai & Nwankwo, 2019).

Organisational culture, the shared values, norms, and practices that shape behaviour within institutions, is recognised globally as a critical driver of healthcare quality and service delivery (Mullins & Rees, 2023). The Denison Organisational Culture Framework identifies traits such as Involvement, Consistency, Adaptability, and Mission as key to organisational effectiveness (Denison & Mishra, 1995). A positive culture promotes teamwork, effective communication, resource management, and patient-centred care, ultimately improving healthcare outcomes.

Work attitude refers to an employee's feelings, beliefs, and mindset regarding their job, tasks, colleagues, and company, which directly influence their behaviour, performance, and professionalism (Robbins & Judge, 2024). It comprises positive or negative evaluations that shape interactions and commitment. Key types include job satisfaction, organizational commitment, and overall enthusiasm. Organisational culture shapes these attitudes by influencing how staff interact, make decisions, and approach their responsibilities. In turn, positive work attitudes contribute to quality healthcare delivery by improving staff motivation, collaboration, and patient interactions.

Statement of the Problem

The role of organisational culture in driving healthcare improvement has been widely acknowledged in global health systems. However, Nigerian public hospitals, especially in Lagos State, continue to suffer from fragmented service delivery and low patient satisfaction. The extent to which the prevailing organisational culture contributes to healthcare outcomes is unclear, highlighting the need to address cultural dynamics for meaningful reform.

Inefficiencies such as bureaucratic delays, weak accountability structures, and substandard patient care remain widespread, compromising service quality and patient experiences. Observations in Lagos public hospitals suggest that delays often result not from medical complexity but from suboptimal work attitudes, as reflected in the healthcare workers' job satisfaction and organisational commitment.

Previous studies have examined the influence of organisational culture of the healthcare system on quality care in Nigeria (Bawa, 2025; Obiora, Onuorah, Arinze and Goodfaith, 2024; Owoeye, 2024; Pavithra, 2022). However, limited research has examined how specific cultural traits interact with employees' work attitudes to influence healthcare delivery, particularly in public hospitals in Lagos. Addressing this gap requires examining selected traits from the Denison Organisational

Culture Framework, specifically Involvement and Consistency, and their relationship with work attitudes in shaping healthcare service outcomes.

This study will therefore investigate the relationship between organisational culture and quality healthcare delivery, with a focus on the mediating effect of work attitude.

Aim and Objectives

This study investigates the effect of organisational culture on quality healthcare delivery in selected public healthcare facilities in Lagos State, with the mediating role of work attitude. The objectives of the study are to:

- i. Examine the effect of involvement trait on quality healthcare delivery
- ii. Assess the effect of the consistency trait on quality healthcare delivery
- iii. Investigate the combined effect of organisational culture traits on quality healthcare delivery
- iv. Evaluate the mediating effect of work attitude (job satisfaction and organisational commitment) on the relationship between organisational culture and quality healthcare delivery.

Research Hypotheses.

The following hypotheses guided this research work:

- i. Involvement trait has no significant effect on quality healthcare delivery.
- ii. Consistency trait has no significant effect on quality healthcare delivery.
- iii. Organisational culture traits do not have significant combined effect on quality healthcare delivery
- iv. Work attitude (job satisfaction and organisational commitment) has no mediating effect on the relationship between organisational culture and quality of healthcare delivery.

2. LITERATURE REVIEW

Conceptual Review

Quality Healthcare Delivery

Quality healthcare delivery refers to the standard of health services provided, from primary care to specialized treatments, shaped by policies, infrastructure, workforce, and financing (World Health Organization, 2020; Uford, 2026). It is commonly defined by key attributes, including effectiveness, safety, timeliness, efficiency, equity, and people-centeredness. In Lagos State, the public health system comprises 326 primary health centers, 31 secondary hospitals, and 5 tertiary hospitals, providing progressively advanced levels of care (Lagos State Ministry of Health, 2024).

High-quality care depends not only on facilities and technology but also on effective processes, adherence to clinical guidelines, and responsiveness to patient needs. Delivering high-quality services improves health outcomes, reduces errors and costs, and enhances institutional reputation. This concept includes technical aspects (effectiveness of care), interpersonal aspects (patient-centeredness and safety), and environmental factors (comfort and accessibility of facilities) (Al-Dossary, 2022; Akinwale & George, 2023). The ultimate goal is to provide appropriate care, at the right time, through the right means, achieving the best possible outcomes.

Organisational Culture

Organisational culture encompasses the shared values, norms, beliefs, and practices that guide an organization's structure, decision-making, and interactions among members, operating both formally and informally to influence healthcare delivery, including clinical decisions and patient-provider interactions (Tadesse-Bogale & Debela, 2024; Zhang, Zeng, Liang, Xue, & Cao, 2023). Denison (1990) describes it as a foundational system of shared values, beliefs, and assumptions reflected in practices, behaviors, and routines that guide employee actions and organizational performance. Organisational culture acts as a shared reality among members, shaping operational effectiveness (Scott, Mannion, Davies, & Marshall, 2003), and is considered a strategic resource contributing to sustainability and success (Kaarst-Brown, Nicholson, von Dran, & Stanton, 2004). Organisational culture influences organisational behavior, patient safety, performance, and quality of care (Uford, 2017; Mannion & Davies, 2023). This study focuses on Denison and Mishra's (1995) traits of involvement and consistency, which affect job satisfaction and organizational commitment, guiding employee behaviors critical for consistent, high-quality care.

The involvement trait

The involvement trait of organisational culture is the degree to which employees are actively engaged in their work, empowered to make decisions, and encouraged to contribute meaningfully to organisational processes (Denison, 1990). It encompasses empowerment, team orientation, and capability development. Empowerment involves granting staff, particularly frontline workers, the autonomy to make decisions within their roles. Team orientation promotes collaboration and shared responsibility, while capability development supports continuous learning and professional growth (Fey & Denison, 2003).

In the healthcare context, a strong involvement culture enhances staff morale, decision-making, and adaptability, which are crucial in dynamic care environments. Organisations fostering involvement traits tend to experience improved teamwork and enhanced service quality (Abubakar, 2022).

The Consistency Trait

The consistency trait of organisational culture emphasizes strong core values, internal agreement, and effective coordination across units (Denison & Mishra, 1995). Shared beliefs and norms foster cohesion and align organisational practices with strategic goals, even in complex healthcare environments. This trait entails internal consensus on values, policies, and practices (agreement) as well as smooth collaboration across teams and departments (coordination). In healthcare, where multidisciplinary cooperation is vital, cultural consistency supports reliable service delivery and institutional stability (Mannion, Davies, & Marshall, 2005). Communication and coordinated workflows reduce delays, improve patient transitions, and enhance staff trust in leadership, thereby strengthening accountability (Salihu & Ikonne, 2021).

Work Attitude

Work attitude reflects employees' emotional, behavioral, and cognitive dispositions toward their roles, colleagues, and institutions, influencing how healthcare professionals engage with duties and interact with patients (Ishiwu & Eze, 2023). Poor work attitudes, such as feelings of undervaluation or burnout, undermine service quality, whereas positive attitudes foster teamwork,

trust, and efficient patient care (Al-Refaei, Ali, Aldaba, & Zumrah, 2024). Among these, job satisfaction and organisational commitment are particularly critical for quality healthcare delivery. Job satisfaction is a positive emotional response to one's job, encompassing satisfaction with supervision, pay, work environment, and colleagues (Locke, 1976; Sugiono & Nurhasan, 2025). In healthcare, it motivates staff, promotes compassionate care, and ensures adherence to protocols, while dissatisfaction can lead to absenteeism, turnover, and lower care quality (Omaghomi et al., 2024). Organisational commitment reflects employees' alignment with organizational goals and their intention to stay, comprising affective, normative, and continuance forms (Meyer & Allen, 1991; Uford, et al., 2023; Robbins & Judge, 2024). Affective commitment indicates emotional attachment, normative reflects loyalty, and continuance involves staying due to perceived costs of leaving. In healthcare, high commitment ensures staff stability, continuity of care, and better patient outcomes. Committed health workers demonstrate stronger adherence to standards, better collaboration, and improved patient outcomes (Akinwale & George, 2020).

Conceptual Framework

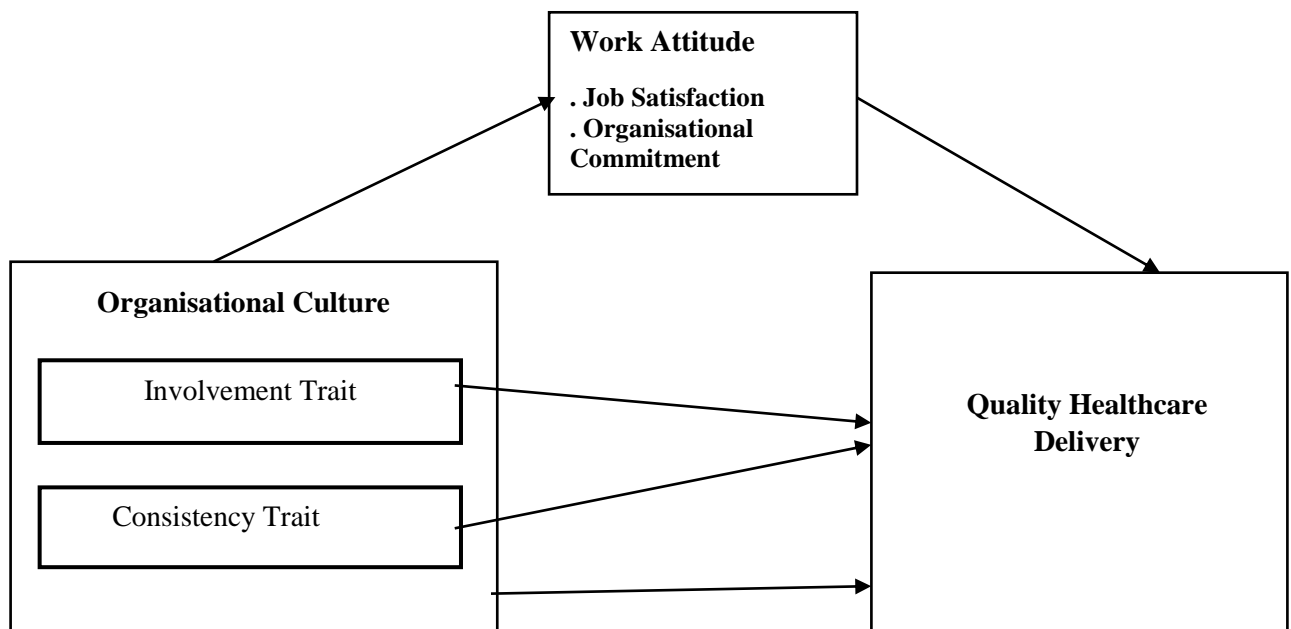


Figure 1: Conceptual model of the study

Source: Researcher (2025)

The model in Figure 1 illustrates how organisational culture, through the cultural traits of involvement and consistency, interacts with quality healthcare delivery via the mediating role of work attitude (job satisfaction and organisational commitment).

Theoretical Framework

Social Exchange Theory

Social exchange theory, formulated by Homans (1958) and further developed by Blau (1964) provides insight into how organisational culture influences the quality of relationships between

healthcare providers and patients within public healthcare systems. This theory posits that individuals engage in cost-benefit analyses when deciding how to behave or relate with each other. In healthcare settings, positive organisational cultures create environments where healthcare professionals perceive that their contributions are valued and reciprocated through meaningful work, professional development opportunities, and supportive working conditions. The application of social exchange theory to healthcare contexts reveals how cultural factors influence the psychological contracts between employees and organisations, affecting levels of commitment, engagement, and discretionary effort that directly impact service quality (Ahmad, Ishaq, Khan, & Ashraf, 2023; Ede et al., 2024). Social Exchange Theory (SET) is a key framework for understanding how organisational culture shapes workplace attitudes. This makes SET relevant to the study, as it illustrates how one party's actions elicit a reciprocal attitudinal or behavioral response from the other, thereby reinforcing their relationship. By explicitly linking theory to the study variables, SET provides the rationale for examining how supportive and well-structured organisational cultures can enhance healthcare workers' work attitudes, which in turn may improve service delivery outcomes in Lagos State public healthcare facilities.

Empirical Review

Juma, Ayub, and Ali (2023) examined organizational culture and its influence on public health service delivery in County Governments in Western Kenya. The study emphasised the importance of fostering effective service delivery by promoting a culture where all employees and stakeholders are actively engaged in strategic implementation. A survey and causal-comparative design were adopted, involving 966 health personnel across four counties in the region. Regression analysis revealed that organizational culture has a statistically significant positive effect on public health service delivery.

Abubakar (2022) examined the influence of organisational culture on quality service delivery among Health Information Managers (HIMs) in teaching hospitals in North-West Nigeria. The study adopted a survey research design, using structured questionnaires administered to 194 HIMs and 407 patients across six teaching hospitals. Organisational culture was assessed based on the Denison model, focusing on traits such as involvement, consistency, mission, and adaptability, revealed that involvement and consistency were highly rated among HIMs, and that organisational culture overall had a significant positive effect on service quality.

Hamidi, Shamsi, and Asgarian (2017) investigated the relationship between organisational culture and organisational commitment among healthcare employees in health centers in western Iran. The study employed a cross-sectional research design and collected data from 177 administrative healthcare staff using the Denison Organisational Culture Survey and the Meyer & Allen Organisational Commitment Questionnaire. Data were analysed using descriptive statistics and the Pearson correlation coefficient to examine the associations between culture dimensions and commitment levels. The results indicated that organisational culture traits, including involvement, consistency, adaptability, and mission, were significantly correlated with higher levels of employee commitment.

Jimoh and Tinuola (2023) examined the relationship between job satisfaction and quality of healthcare delivery among healthcare professionals in the Ogun State Hospitals Management

Board, Nigeria. The study adopted a cross-sectional survey design and collected data from 729 healthcare workers using a multi-stage sampling technique. Descriptive analysis revealed that a substantial proportion of healthcare workers reported low levels of job satisfaction, with only a minority expressing satisfaction with leadership and management practices. Additionally, respondents rated the quality of healthcare delivery as moderate, suggesting that workforce dissatisfaction may limit service effectiveness.

Ogala (2024) investigated the influence of health workers' attitudes on the efficiency of health service delivery in the Niger Delta states. The study adopted a survey research design, targeting health workers and patients in government hospitals across selected state capitals, with respondents selected using stratified random sampling. Findings revealed that positive attitudes among health workers significantly improved the efficiency, effectiveness, and productivity of healthcare services. The study concluded that fostering supportive behaviors and positive attitudes among healthcare employees can enhance service delivery, highlighting the critical role of employee disposition in improving healthcare outcomes in Nigeria.

3. METHODOLOGY

The research employed a quantitative design, structured around the *research onion* framework proposed by Saunders, Lewis, and Thornhill (2019). Grounded in a positivist paradigm and using a deductive reasoning approach, the study tested hypotheses derived from established theories through statistical analysis of quantitative data. A cross-sectional survey was conducted to collect primary data from a large sample, enabling the findings to be generalized and offering empirical evidence on the subject matter.

The target population comprised health workers from three public hospitals in Lagos State: Lagos University Teaching Hospital (LUTH), Lagos Island Maternity Hospital, and Gbagada General Hospital. The medical staff population of LUTH is 2,300, Island Maternity has a staff population of 488, and Gbagada General Hospital has a staff population of 720. In total, the study population consisted of 3,508 health workers. For this study, the targeted sample size was derived using the

Yamane formula (1979) to calculate the sample size. The formula is $n = \left(\frac{N}{(1+N(e^2))} \right)$

n = Sample size N = Total Population = 3508 e = Precision estimate. Confidence level is 95% and + or - 5%.

$$\left(\frac{3508}{(1+3508(0.05^2))} \right) = \left(\frac{3508}{(1+3508(0.0025))} \right) = 359.$$

To account for potential non-responses, a total of 467 questionnaires were distributed to selected health workers using a random sampling technique to ensure representation across the three hospitals. Of these, 381 were returned and deemed usable, representing a response rate of 81.6%. The questionnaire consisted of two sections: Section A captured demographic characteristics such as gender, age, marital status, and educational background, while Section B addressed the main study variables. A 7-point Likert scale was used to measure respondents' perceptions.

The research instrument's content validity was ensured by adapting validated scales from previous studies and reviewing them with expert input from management sciences and medical

professionals. Specifically, items on organizational culture were adapted from Denison's Organizational Culture Survey (Denison & Mishra, 1995), work attitude items were adapted from Spector (1985), Meyer and Allen (1991), and Konrad et al. (1990). The healthcare delivery section was adapted from elements of the HCAHPS framework and relevant dimensions to quality delivery. Reliability of the study instruments was assessed through a pilot study involving 20 healthcare workers. Internal consistency was evaluated using Cronbach's Alpha, with 0.70 considered the minimum acceptable threshold (Saunders et al., 2019). The results showed high reliability for all constructs: Involvement Trait ($\alpha = 0.930$), Consistency Trait ($\alpha = 0.912$), Job Satisfaction ($\alpha = 0.769$), Organisational Climate ($\alpha = 0.727$), and Quality Healthcare Delivery ($\alpha = 0.780$). This study used both descriptive and inferential statistical techniques to analyze the data. Descriptive analysis involved calculating frequency counts, means, and standard deviations, while simple regression, multiple regression analysis, and Bootstrapping were used to test hypotheses and measure statistical dependence between the variables using Statistical Packages for Social Science (SPSS) version 25.

4. RESULTS

Presentation of Data

Table 1 Distribution of Respondents' Social-Demographic Data

Gender	Frequency	%	Age	Frequency	%
Male	201	52.8	21-30yrs	68	17.3
Female	170	47.2	31-40yrs	177	46.5
Total	381	100.00	41-50yrs	82	21.5
			51years and above	56	14.7
			Total	381	100.00
Qualification			Levels of Manager		
Certificate/Diploma	94	24.7	Top/Senior level management	36	9.5
Bachelor's Degree	170	44.6	Middle level management	215	56.4
M.Sc/MBA	94	24.7	Lower/Junior level management	130	34.1
Ph.D..DBA	23	6.0	Total	381	100.00
Total	381	100.00			
Years of Service					
1-5yrs	30	7.9			
6-10yrs	202	53.0			
11-15yrs	96	25.2			
16-20yrs	19	5.0			
Above 20yrs	34	8.9			
Total	381	100.00			

Source: Field Survey, 2025

Table 4.1 presents the socio-demographic characteristics of the respondents. The majority of respondents are male (52.2%) and within the age group of 31–40 years (46.5%). Most respondents hold at least a bachelor's degree (44.6%), with notable proportions possessing a certificate/diploma

(24.7%) or an MSc/MBA (24.7%), while 6.0 % have a Ph.D./DBA. In terms of management levels, the majority are at the middle level (56.4%), followed by lower/junior level (34.1%) and top/senior level (9.5%). Over half of the respondents (53.0%) have between 6–10 years of service, with smaller proportions having 11–15 years (25.2%), above 20 years (8.9%), or 16–20 years (5.0%). These figures reflect a moderately experienced and educationally qualified workforce concentrated in middle-level management positions.

Descriptive Analysis

Table 2 Descriptive Statistics of Organisational Culture Variables

Organisational Culture Variables	N	Minimum	Maximum	Mean	Std. Deviation
Involvement Trait					
Empowerment	381	1.00	7.00	5.314	1.274
Team Orientation	381	1.00	7.00	5.574	1.208
Capability Development	381	1.00	7.00	5.279	1.194
Consistency Trait					
Core Values	381	1.00	7.00	5.411	1.261
Agreement	381	1.00	7.00	5.337	1.252
Coordination	381	1.00	7.00	5.306	1.223

Source: Field Survey, 2025

The results show that among the involvement traits, team orientation recorded the highest mean ($M = 5.574$, $SD = 1.208$), indicating slight agreement and relatively consistent perceptions of teamwork and collaboration. Empowerment ($M = 5.314$, $SD = 1.274$) and capability development ($M = 5.279$, $SD = 1.194$) also reflected slight agreement on employee empowerment and skill growth, with moderate variability. For the consistency traits, core values ($M = 5.411$, $SD = 1.261$), agreement ($M = 5.337$, $SD = 1.252$), and coordination ($M = 5.306$, $SD = 1.223$) similarly reflected positive but moderate levels of agreement on shared values, alignment, and interdepartmental cooperation. Overall, the findings suggest that respondents perceive a moderately positive organisational culture, with team orientation rated most favorably among the cultural dimensions.

Inferential Analysis

Test of Hypotheses 1 and 2

Regression analysis for hypotheses 1 and 2 is presented in Table 3.

Table 3 Regression analysis for hypotheses 1 and 2

Hypothesis	Independent Variable	R	R ²	β	F	T	P value	Decision
Hypothesis 1	Involvement Trait	.733	.538	.733	406.251	20.156	.000	Rejected
Hypothesis 2	Consistency Trait	.646	.417	.646	250.116	15.815	.000	Rejected

Dependent Variable: Quality Healthcare Delivery ($P < 0.05$)

Independent Variables: Involvement Trait; Consistency Trait

Source: Researcher's Computation (2025)

Table 3 presents the regression analysis of involvement and consistency traits on quality healthcare delivery in selected public healthcare facilities. For Hypothesis 1, involvement trait shows a strong positive relationship with quality healthcare delivery ($R = 0.733$, $R^2 = 0.538$), indicating that 53.8% of the variance in healthcare quality is explained by involvement trait. The regression model is statistically significant ($F = 406.251$, $p < 0.05$), and the predictor has a significant effect on healthcare quality ($t = 20.156$, $p = 0.000$). Therefore, the null hypothesis is rejected, and it is concluded that involvement trait significantly influences quality healthcare delivery.

For Hypothesis 2, consistency trait also positively affects quality healthcare delivery ($R = 0.646$, $R^2 = 0.417$), with 41.7% of the variance explained. The model is statistically significant ($F = 250.116$, $p < 0.05$), and consistency trait is a significant predictor ($t = 15.815$, $p = 0.000$). Consequently, the null hypothesis is rejected, confirming that consistency trait significantly impacts healthcare delivery quality.

Comparing the two predictors, involvement trait ($\beta = 0.733$) has a stronger influence on quality healthcare delivery than consistency trait ($\beta = 0.646$), suggesting that strategies promoting employee participation, engagement, and empowerment may yield greater improvements in healthcare service delivery.

Hypothesis 3

Table 4: Multiple regression analysis

Model Summary

Model	R	R ²	Adjusted R ²	Std. Error (SE)
1	0.917 ^a	0.842	0.840	0.43976

ANOVA^a

Model	Sum of Squares	Df	Mean Square	F	Sig.
1 Regression	313.844	2	78.461	405.710	0.000 ^b
Residual	58.985	378	0.193		
Total	372.828	380			

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)0	0.633	0.124		5.101	0.000
Involvement Trait	0.345	0.045	0.378	7.636	0.000
Consistency Trait	0.335	0.049	0.359	6.762	0.000

a. Dependent Variable: Quality Healthcare Delivery.

b. Predictors: (Constant), Involvement Trait, Consistency Trait

Table 4 shows a strong positive relationship between the combined organisational culture traits (Involvement Trait and Consistency Trait) and quality healthcare delivery ($R = 0.917$). The R^2 value of 0.842 indicates that 84.2% of the variation in quality healthcare delivery is explained collectively by these two traits. The ANOVA results indicate that the regression model is statistically significant, $F(2, 378) = 405.710$, $p < 0.001$, confirming that organisational culture traits, taken together, significantly predict quality healthcare delivery. Examination of the coefficients shows that both Involvement Trait and Consistency Trait have positive relationships with quality healthcare delivery and are statistically significant (Involvement Trait: $t = 7.636$, $p < 0.001$; Consistency Trait: $t = 6.762$, $p < 0.001$). Therefore, the null hypothesis that organisational culture traits do not have a significant combined effect on quality healthcare delivery is rejected, and the alternate hypothesis is accepted. Overall, the analysis indicates that organisational culture traits jointly exert a strong and significant positive effect on quality healthcare delivery.

Hypothesis 4

Mediation Analysis

Table 5- Mediation Analysis summary

Path	Effect	Boot SE	Boot LLCI–ULCI	Significance
Total Effect (OC → QHD)	0.495	—	(0.430, 0.561)	$p < .001$
Direct Effect (OC → QHD)	0.284	—	(0.221, 0.347)	$p < .001$
Indirect Effect (Total)	0.211	0.046	(0.131, 0.315)	CI does not include 0
OC → JS → QHD	0.094	0.036	(0.036, 0.179)	CI does not include 0
OC → OCo → QHD	0.116	0.031	(0.060, 0.184)	CI does not include 0

The results in Table 4 show that organisational culture (OC) has a significant total positive effect on quality of healthcare delivery (QHD). When job satisfaction and organisational commitment are included as mediators, the direct effect of OC on QHD reduces (from 0.495 to 0.284), indicating partial mediation. Both mediators significantly influence the relationship, as their confidence intervals (CI) do not include zero. Therefore, the null hypothesis was rejected, and the alternative hypothesis, which states that work attitude (job satisfaction and organisational commitment) mediates the relationship between organisational culture and quality of healthcare delivery in selected public healthcare facilities, was accepted.

Discussion of Findings

The study revealed some key findings in relation to the research objectives and existing literature. Firstly, the involvement and consistency traits of organisational culture together have a significant positive effect on the quality of healthcare delivery. This finding corroborates Abubakar (2022), who reported that high involvement and consistent organisational practices among Health Information Managers in Nigerian teaching hospitals enhanced service quality, and Juma, Ayub, & Ali (2023), who found that actively engaging staff and maintaining aligned policies improved public health service delivery in Western Kenya. Secondly, work attitude, comprising job satisfaction and organisational commitment, partially mediates the relationship between

organisational culture and healthcare quality. This finding aligns with Hamidi, Shamsi, & Asgarian (2017), who found that positive culture traits are associated with higher employee commitment, Jimoh & Tinuola (2023), who noted that low job satisfaction can limit service effectiveness, and Ogala (2024), who emphasized that supportive attitudes among health workers improve service efficiency and productivity. Overall, the study shows that organisational culture through strong involvement and consistency traits, reinforced by positive work attitudes, enhances healthcare delivery quality. This underscores the importance of fostering employee participation, aligned practices, and supportive dispositions in healthcare organisations.

Implications for theory, practice, and policy

The findings have important implications for theory, practice, and policy. Theoretically, the study extends Denison's framework by demonstrating that involvement and consistency traits influence healthcare quality partly through the mediating role of job satisfaction and organisational commitment, highlighting the need to integrate employee attitudes into models linking culture and performance. Practically, the results emphasise that healthcare managers should foster participatory cultures that empower staff and promote alignment through shared values, standardised protocols, and effective communication, while also enhancing job satisfaction and organisational commitment through recognition, professional development, and supportive leadership. At the policy level, the study suggests that organisational culture and workforce attitudes should be embedded into quality assurance frameworks and healthcare reforms, with regulators prioritising cultural assessments, workforce engagement, and investments in staff motivation as key drivers of sustainable improvements in healthcare delivery.

5. CONCLUDING REMARKS

Conclusion

This research highlights the crucial role of organisational culture, specifically the dimensions of involvement and consistency, in enhancing quality healthcare delivery in public healthcare facilities. The findings show that fostering employee participation and engagement, alongside promoting alignment through shared values, internal agreement, and coordinated efforts, are key drivers of improved healthcare outcomes. Moreover, the results indicate that the quality of healthcare delivery is further enhanced when mediating factors such as job satisfaction and organisational commitment are strengthened.

Recommendations

Based on the study's findings, the following key recommendations are proposed

- i. Healthcare organisations should foster a participatory culture by engaging healthcare workers in policy formulation, clinical decisions, and operational planning.
- ii. Hospitals should standardise policies, communication, and care protocols to ensure consistency across departments, supported by regular training and clear institutional values.
- iii. Managers should implement initiatives to enhance job satisfaction and organisational commitment, such as staff engagement programs, recognition schemes, and leadership development. These initiatives should initially be implemented as pilot interventions (e.g., culture-building workshops, staff recognition schemes, and value-based training modules) to assess their effectiveness before wider adoption.

- iv. Regulators should integrate assessments of organisational culture and employee attitudes into quality improvement frameworks and allocate resources to support cultural development and staff growth.
- v. Healthcare organisations should establish ongoing evaluation mechanisms to monitor culture and workforce attitudes, enabling timely adjustments to meet evolving service and organisational needs.

Limitations of the study

This study examined only two of Denison's cultural traits, involvement and consistency, excluding adaptability and mission, which could also have implications for healthcare quality. It considered only work attitudes (job satisfaction and organisational commitment) as mediators, overlooking other psychological or organisational factors. In addition, the study did not account for external influences such as policy, funding, or leadership, which may also shape healthcare outcomes.

Suggestions for further research

Future research should explore additional cultural dimensions, compare public and private or regional healthcare systems to capture contextual differences, and use qualitative or mixed methods to deepen understanding of how organisational culture shapes worker attitudes and performance. Furthermore, longitudinal research designs are suggested to better assess causal relationships over time.

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