International Journal of Social Science and Humanities Research-MIYR

ISSN(print): 2788-9092 ISSN(Online): 2788-9106

Volume 5. Issue 1. 2025.03

Exploring organizational culture: A comparative analysis of public and private hospitals in Mongolia

Doljinsuren Tserenbat • Gerelmaa Damba

MISHEEL
INSTITUTE FOR YOUNG RESEARCHERS

International Journal of Social Science and Humanities Research-MIYR
Volume 5, Issue 1, pp.15~37, 2025
ISSN(print): 2788-9092, ISSN(Online): 2788-9106
https://youngres.com https://doi.org/10.53468/mifyr.2025.05.01.15

Exploring organizational culture: A comparative analysis of public and private hospitals in Mongolia

Doljinsuren Tserenbat[1*] Gerelmaa Damba[2]

[1]MBA, Department of Business Management, University of Finance and Economy, Mongolia, doogiierdene@gmail.com
[2]Ph.D, Department of Business Management, University of Finance and Economy, Mongolia, gerelmaa.d@ufe.edu.mn

Abstract **-** Organizational culture is essential for achieving performance goals and driving success, particularly through its impact on leadership. In healthcare, it directly influences patient safety, treatment outcomes, and operational efficiency by fostering a supportive environment for person-centered care. This cross-sectional study examines the organizational cultures of 580 physicians and healthcare workers from three public and three private tertiary hospitals in Mongolia using the Organizational Culture Assessment Instrument (OCAI). Findings indicate that public hospitals predominantly follow a "hierarchy culture", characterized by rigid structures, strict regulations, and top-down management. In contrast, private hospitals lean towards a "clan culture", emphasizing teamwork, employee engagement, and patient-centered care. Notably, both public and private hospitals prefer a more collaborative model, indicating a shift away from hierarchical control towards a more dynamic, team-oriented approach. These results highlight an ongoing transformation in Mongolia's healthcare sector, with hospitals striving to create more flexible, engaging, and patient-focused work environments to improve both staff morale and patient outcomes.

Keywords **-** Healthcare organizational culture, Organizational culture assessment instrument (OCAI)

Received: 2025.03.17
Reviewed: 2025.03.18
Accepted: 2025.03.21
*Corresponding author: Doljinsuren Tserenbat

1. INTRODUCTION

Denison (1996) and Scott et al. (2003) defined organizational culture as a set of shared norms and perceptions deeply rooted in history, coherently maintained, and interrelated, which do not change easily [1]. Organizational culture is a critical factor in determining both business success and failure [2], and is often considered the driving force behind organizational success [1]. In hospital settings, organizational culture significantly impacts patient safety, treatment outcomes, and overall hospital performance, often implemented through quality management strategies [4], [3].

Before 2023, citizens in Mongolia were assigned a public hospital based on jurisdiction when they required urgent healthcare. Now, a legal framework has been established that allows citizens to choose their own healthcare provider, and public hospitals are funded through a case-based payment system. Additionally, both public and private hospitals can receive funding as long as they have a contract with a health insurance organization, increasing competition in the healthcare sector. As a result, hospitals are redefining their market position, differentiating themselves not only through the quality and safety of the healthcare they provide but also through service excellence and person-centered care. These changes will present significant challenges for hospitals in the future.

Organizational culture plays a crucial role in the successful management of an organization's operations. The first step in creating cultural and organizational change is to diagnose and assess the current culture. Every organization possesses a unique organizational culture, characterized by its distinct attributes [5]. Therefore, we believe that studying the organizational culture of hospitals is essential. Assessing organizational culture in both public and private hospitals, as well as identifying present and preferred cultures, will be crucial for planning the next steps to enhance performance and improve health outcomes in Mongolia's healthcare sector.

2. LITERATURE REVIEW

Elliot Jaques introduced key aspects of organizational culture in the English manufacturing industry in his 1951 book, The Changing Culture of Factory: A Study of Authority and Participation in an Industrial Setting. This work is considered the first to mention the concept of organizational culture from a business perspective [1].

While many definitions of organizational culture have emerged over time, there remains no clear consensus on what precisely constitutes organizational culture [1], and and the phenomena underlying it are not yet fully understood [6]. However, various scholars have proposed definitions. One of the most widely accepted is offered by Edgar Schein (1984), who defines organizational culture as "the underlying conceptual model of a group's external adjustment and internal integration problems, created, discovered, developed, and worked well enough to be considered valid during learning, and the way new employees understand, think, and experience these problems."

According to Davide Ravasi (2006), organizational culture is a collective set of perceptions that guide what happens within an organization by shaping appropriate behavior in various

situations [7]. Sokro (2012) found that a strong organizational culture enhances employee motivation [8], while Watkins (2013) famously described culture as "the immune system of the organization" [9].

Organizational culture encompasses the values, visions, and beliefs that leaders cultivate over time. It manifests both tangibly, in elements such as architecture, office layout, and appearance, and intangibly, in employee behavior, decision-making, policies, and procedures [10]. Additionally, organizational culture can be viewed as a system of shared values, beliefs, customs, and both written and unwritten rules that shape how employees behave and contribute to the organization's social environment [11].

Organizational culture can be summarized as: "the set of guiding principles that shape how employees conduct their work, expressed through the experiences, values, beliefs, and behaviors developed over time." It is led, shaped, and influenced by the organization's management. As hospitals are organizations, their culture can be understood in the same way.

Culture is one of the most challenging aspects to influence within an organization, yet it plays a pivotal role in shaping and improving organizational performance [12]. It strongly impacts performance and positively influences corporate governance and management [13]. Additionally, organizational culture significantly affects performance through leadership [12].

While organizational culture may not play a significant role in the development of certain countries [14], understanding it is crucial for success during periods of change [3]. However, a hospital's culture is a key factor in serious errors within healthcare delivery and is closely linked to employee behavior [15]. Hospital performance is shaped by employee attitudes, which, in turn, are heavily influenced by the organization's culture. This is because employee behavior and attitudes are guided by the values and norms of the organization [16]. Each employee holds deeply ingrained beliefs about various aspects of the organization, such as their colleagues, customers, competitors, and the industry as a whole [17]. According to Denison's model of organizational culture, these beliefs, assumptions, and the behaviors associated with them are what define the culture of an organization. Denison's model measures organizational culture through four key traits, each of which is further divided into specific indexes. The model identifies four essential characteristics that organizational CEOs and executives must create and implement: Mission, Adaptability, Involvement, and Consistency. These traits help assess and guide the development of the organization's culture, ensuring that it aligns with both internal goals and external challenges.

Organizational culture is a key factor in fostering person-centred care and reflects the extent to which healthcare is focused on the individual [18]. Person-centered care is grounded in values of respect, self-expression, mutual respect, and understanding, all of which are nurtured through organizational culture [19]. This approach leads to better outcomes and experiences for patients, caregivers, and families, serving as the foundation for safe, high-quality healthcare [18]. It is widely regarded as the gold standard in healthcare [20], and the entire healthcare system is gradually evolving toward more person-centered care [21]. A person-centred healthcare organization is characterized by seven key elements [18]:

1. comprehensive care delivery,
2. a clear purpose, strategy, and strong leadership
3. people, capability, and a person-centred culture
4. person-centred governance system

5. strong external partnerships
6. person-centred technology, and built environments
7. measurements for improvement

In summary, the culture of a hospital organization significantly impacts patient safety, clinical outcomes, and organizational performance. It also fosters environments that support the implementation of person-centered care, helping to achieve desired goals and create positive experiences for patients, caregivers, and families. Organizational culture influences various factors both directly and indirectly through executive leadership. The concepts of organizational culture, leadership, and person-centered care are interconnected; they coexist and support one another, emphasizing the importance of a cohesive approach in healthcare settings.

Internationally, healthcare organizations are commonly managed by physicians, and this is also true in Mongolia. This practice is linked to hospital director selection criteria, which typically require the director to be a physician. However, physicians who transition into management roles often face challenges in balancing clinical duties with administrative responsibilities, which can reduce the effectiveness of both roles [22]. Additionally, approximately 50% of healthcare executives lack knowledge in economics and management. According to international studies, this gap in expertise can lead to reduced effectiveness in management decisions and a decline in the overall health system үр дүн байна [23]. Therefore, it is crucial for managers to have a clear understanding of organizational culture, as their management style significantly impacts it. This is because their approach influences how the organization responds to the changing demands of the business environment [24].

These factors do not negate the fact that there are obstacles and limitations in improving, developing, and changing the culture of healthcare organizations. Assessing the current state of culture in healthcare organizations can provide insights into how staff collaborate to deliver care and identify areas for improvement [25]. For a healthcare organization to successfully navigate future cultural changes, it is essential to define its existing culture and understand how employees envision its development in the future [26].

This study aims to explore the differences in organizational culture between public and private hospitals in Mongolia. Specifically, it hypothesizes that public hospitals operate within a hierarchical culture, while private hospitals exhibit a clan culture. Moreover, it is expected that public hospital staff will express a preference for transitioning toward a more flexible and collaborative organizational structure, aligning with the values of clan culture.

3. MATERIALS AND METHOD

This study utilized a cross-sectional study, examining three public hospitals and three private hospitals that offer tertiary healthcare services. A total of 580 healthcare workers participated, comprising 358 employees from public hospitals and 222 from private hospitals. Data collection took place from February to April 2024.

The Law on Health defines 14 types of organizations that provide healthcare services. This research focused on a specialized hospital that offers nationwide referral healthcare services. Currently, nine state-owned specialized hospitals operate under the Ministry of Health. Among

these, three comparable hospitals, which provide the same type of care, were selected for the study based on their willingness to participate in data collection.

As of 2023, there are 239 private hospitals operating across the country, with 69.2 percent (165 hospitals) located in Ulaanbaatar (Center for Health Development, 2024). Within Ulaanbaatar, there are 32 private hospitals with 50 or more beds, and 8 hospitals with more than 89 beds. Of these eight hospitals, five were invited to participate in the study, and three agreed to take part.

The sample consisted of all physicians and healthcare workers employed at the three public hospitals and three private hospitals that agreed to participate in the study, with a confidence interval of 95%. Respondents were selected randomly.

3.1 THE INSTRUMENT

While various survey instruments can be employed to define organizational culture [5], there is no consensus on which instruments are best suited for measuring culture in healthcare settings [25].

The Organizational Culture Assessment Instrument (OCAI) is considered an acceptable alternative to other available tools [5] and has been used effectively without adjustments to assess the culture of healthcare organizations. OCAI evaluates the dominant culture within an organization by describing its shared values, norms, and common attitudes toward work [5].

The Competing Values Framework, developed by Robert Quinn and Kim Cameron, consists of four competing values that correspond to four types of organizational culture [27]. Specifically, this questionnaire is structured around a four-factor model that contrasts internal and external focuses, as well as flexibility and stability [5].

The questionnaire comprises a total of 24 questions grouped into six dimensions: dominant characteristics of the organization, organizational leadership, employee management, organizational glue, strategic emphases, and success criteria [5].

These six dimensions are described by the researcher Aspasia Goula as follows [28].

- Hospital dominant characteristics dimension reflects the organization's core values, attitudes, and processes.
- The organization leadership dimension refers to the behavior patterns and ways in which the organization’s employees exercise authority.
- Management of employees’ dimension reflects how human resources are organized and managed in hospitals.
- Organization glue is considered a mechanism that connects all employees of the organization and acts as a link.
- Strategy Emphases is to ensure that the organization is well integrated with its environment to ensure survival, growth, and prosperity.
- Criteria of success consist of factors that lead to success.

Each dimension consists of 4 statements, in which participants are asked to rate their organization as a whole in 2 parts: "present" and "preferred", each of which has a total of 100 points. Participants are encouraged to reflect on both the current and future organizational culture while scoring each component [5]. The instrument classifies organizations into four cultural types, recognizing that each organization embodies a mix of these types [27].

- Clan culture is flexible, internal, and people-oriented.
- Adhocracy culture is flexible but externally oriented, focused on innovation and creativity.
- Market culture is externally oriented, but values stability, specific results, targets and goals.
- Hierarchy culture places a high value on stability and focuses on internal efficiency, reliability, and clear structures and procedures.

3.2 STATISTUCAL ANALYSIS

Descriptive and inferential statistics were employed to analyze the survey data. A statistical analysis was deemed significant when $p < 0.05$. The mean, standard deviation, median, minimum, and maximum values were calculated for each dimension of the questionnaire and observation values.

In our study, we evaluated organizational culture in 2 groups: public and private hospitals. There was a need to analyze whether the demographic and professional characteristics of the participants in these 2 groups, such as age, gender, education, position, working department, and years of work in the healthcare institution differed. Therefore, we used the Pearson Chi-Square test to analyze differences between groups.

In each of the 2 research samples, 4 types of organizational culture were evaluated. It is necessary to determine how age, gender, education and position of the participants affect how the participants evaluate the 4 types of organizational culture. Therefore, One-way ANOVA test was used to determine whether the population means of the groups differed, so it was calculated using the one-way ANOVA test. Data analysis was performed using SPSS version 25.0.

4. RESULTS

Demographic and professional characteristics of the participants are presented in Table 1. Among the total participants, those in the 26-30 and 31-35 age groups each represent 19.5 percent, contributing to combined total 39 percent. The majority of participants, 80.4 percent (465), were women, and 64.8 percent (340) held a bachelor's degree. In terms of department distribution, 74.4 percent (413) of participants work in clinical departments providing healthcare, while 73.1 percent (419) are physicians and nurses. Regarding years of service in healthcare institutions, 417 participants have been employed for less than 10 years, representing 74.8 percent of the total.

International Journal of Social Science and Humanities Research-MIYR
Volume 5, Issue 1, pp.15~37, 2025
ISSN(print): 2788-9092, ISSN(Online): 2788-9106
https://youngres.com https://doi.org/10.53468/mifyr.2025.05.01.15

Table 1. Demographic and Professional Characteristics of the Participants

Variables	Public hospitals		Private hospitals		Total	
	n	per	n	per	n	per
Age (n=565)						
≤ 25	43	12.3%	30	14.0%	73	12.9%
26-30	57	16.2%	53	24.8%	110	19.5%
31-35	60	17.1%	50	23.4%	110	19.5%
36-40	48	13.7%	28	13.1%	76	13.5%
41-45	42	12.0%	21	9.8%	63	11.2%
46-50	60	17.1%	10	4.7%	70	12.4%
51-55	35	10.0%	14	6.5%	49	8.7%
56-60	6	1.7%	8	3.7%	14	2.5%
61 ≤	0	0.0%	0	0.0%	0	0.0%
total	351	100%	214	100%	565	100%
Gender (n=578)						
Male	65	18.2%	48	21.7%	113	19.6%
Female	292	81.8%	173	78.3%	465	80.4%
Total	357	100%	221	100%	578	100%
Education level (n=525)						
Professional Diploma	50	15.5%	28	13.9%	78	14.9%
Bachelors	204	63.2%	136	67.3%	340	64.8%
Masters	66	20.4%	29	14.4%	95	18.1%
PhD	3	0.9%	9	4.5%	12	2.3%
Total	323	100%	202	100%	525	100%
Occupation, position (n=573)						
Physician	116	32.7%	68	31.2%	184	32.1%
Nurse	157	44.2%	78	35.8%	235	41.0%
Other	82	23.1%	72	33.0%	154	26.9%
Total	355	100%	218	100%	573	100%
Department (n=555)						
Clinical	279	80.6%	134	64.1%	413	74.4%
Paraclinic	62	17.9%	33	15.8%	95	17.1%
Administrative, technical and others	5	1.4%	42	20.1%	47	8.5%
Total	346	100%	209	100%	555	100%
Years of work in the healthcare institutions (n=558)						
≤ 5	152	43.8%	124	58.8%	276	49.5%
6-10	93	26.8%	48	22.7%	141	25.3%
11-15	37	10.7%	24	11.4%	61	10.9%
16-20	31	8.9%	5	2.4%	36	6.5%
21-25	17	4.9%	5	2.4%	22	3.9%
26-30	12	3.5%	2	0.9%	14	2.5%
31 ≤	5	1.4%	3	1.4%	8	1.4%
total	347	100%	211	100%	558	100%

The average age of participants was 36.8 years, whit an average duration of employment in healthcare institutions of 7.8 years.

Table 2. Result of Chi-Square Tests

№	Variables	Pearson Chi-Square Tests	P value
1	Age	0.000	<0.05
2	Education level	0.020	<0.05
4	Years of work in the healthcare institutions	0.002	<0.05
3	Gender	0.301	>0.05

Chi-square tests were conducted to assess whether participant demographics and professional characteristics differed by hospital type. Significant differences were found in age, education, and years of employment in healthcare institutions between public and private hospitals ($p<0.05$). However, no significant gender differences were observed in the representation of physicians and healthcare workers across public and private hospitals ($p>0.05$).

Table 3. Present and Preferred Types of Culture in Hospitals

Type of culture	Mean value	Standard deviation	Median value	Minimum value	Maximum value
Present culture					
Clan	25.94	6.22	25.00	6.17	100.00
Adhocracy	24.34	4.01	24.60	0.00	50.00
Market	23.34	4.27	24.17	0.00	37.50
Hierarchy	26.39	5.86	25.80	0.00	72.50
Preferred culture					
Clan	28.49	6.35	25.83	0.00	70.00
Adhocracy	24.77	3.95	25.00	0.00	50.00
Market	22.63	4.72	24.17	0.00	36.67
Hierarchy	24.10	4.79	25.00	0.00	55.00

The present culture in the hospitals included in the study is characterized as a hierarchical culture, with an average score of 26.39. In contrast, employees expressed a desire to shift towards a clan culture, with an average score of 28.49, as illustrated in Table 3.

One way ANOVA test was empoloyed to compare whether the type of hospital (public or private) and participant demographics and professional characteristics (age, gender, educational level, occupation/position) differed between the present and preferred types of organizational culture (clan, adhocracy, market, hierarchy).

In both public and private hospitals, the four types of the present and the preferred organizational culture differ significantly ($p=0.000 <0.05$).

International Journal of Social Science and Humanities Research-MIYR
Volume 5, Issue 1, pp.15~37, 2025
ISSN(print): 2788-9092, ISSN(Online): 2788-9106
https://youngres.com https://doi.org/10.53468/mifyr.2025.05.01.15

Table 4. Result of One-way ANOVA Test

№	Variables	Present culture				Preferred culture			
		Clan	Adhocracy	Market	Hierarchy	Clan	Adhocracy	Market	Hierarchy
1	Type of hospital	0.000*	0.000*	0.000*	0.000*	0.000*	0.000*	0.000*	0.000*
2	Education level	0.941	0.835	0.721	0.970	0.678	0.981	0.840	0.967
3	Gender	0.100	0.173	0.019*	0.012*	0.592	0.934	0.887	0.032*
4	Occupation, position	0.261	0.580	0.404	0.870	0.345	0.584	0.792	0.508
5	Years of work in the healthcare institutions	0.047*	0.068	0.121	0.623	0.021*	0.183	0.102	0.118
6	Group of age	0.260	0.512	0.139	0.754	0.060	0.185	0.031*	0.074

Regarding the present culture, significant differences were found in several areas: participants' years of experience in the heathcare sector showed a significant difference in clan culture ($p=0.047 <0.05$), gender showed a significant difference in market culture ($p=0.019 <0.05$), and gender also differed in hierarchy culture ($p=0.012 <0.05$). As for the preferred culture, significant differences were observed in participants' years of experience in healthcare institutions for clan culture ($p=0.021 <0.05$), age in market culture ($p=0.031 <0.05$), and gender in hierarchy culture ($p=0.032 <0.05$).

In other words, participants' years of experience in the healthcare sector influence clan culture, while gender affects hierarchy culture. Additionally, present market culture is influenced by gender, whereas preferred market culture is shaped by age.

The present and preferred organizational cultures were analyzed by hospital type, and the results are displayed in Tables 5 and 7.

Table 5. Present and Preferred Types of Culture in Public Hospitals

Type of culture	Mean value	Standard deviation	Median value	Minimum value	Maximum value
Present culture					
Clan	25.99	6.88	25.00	6.17	100.00
Adhocracy	24.23	4.65	24.17	0.00	50.00
Market	23.03	4.77	23.33	0.00	37.5
Hierarchy	26.72	6.81	26.17	0.00	72.5
Preferred culture					
Clan	29.36	6.98	27.50	0.00	70.00
Adhocracy	24.69	4.71	25.00	0.00	50.00
Market	22.05	5.27	23.33	0.00	36.67
Hierarchy	23.89	5.60	25.00	0.00	55.00

The present culture of the public hospital is characterized as a hierarchy culture, with an average score of 26.72. This suggests that these hospitals operate within a framework of officially approved standards, rules and regulations, with strong emphasis on regular supervision of employees and strict management requirements. The focus on maintaining safety, reliability, stability, and operational efficiency.

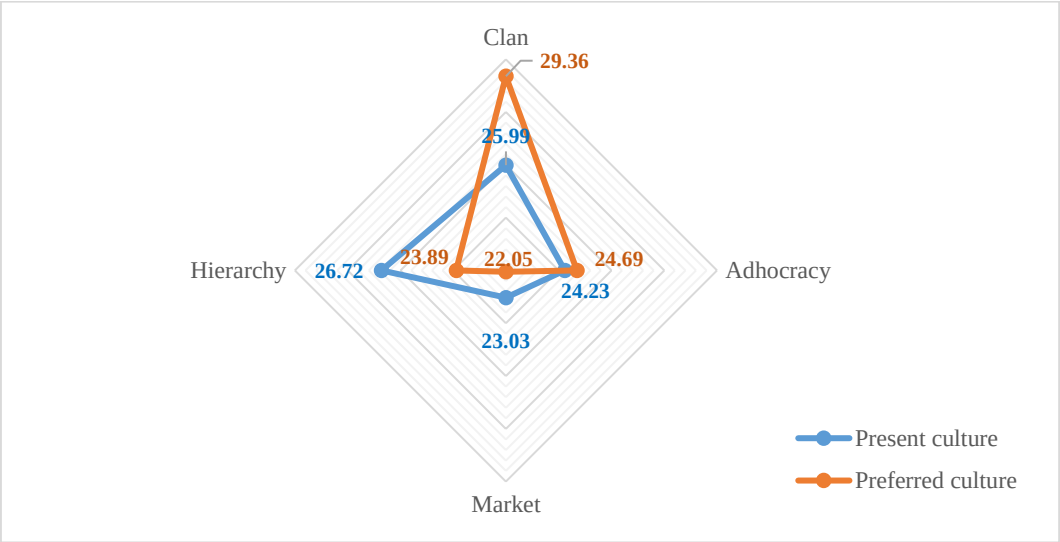

Figure 1. Present and Preferred Types of Culture in Public Hospitals

Rather than maintaining the current hierarchy culture, employees express a desire to shift towards a clan culture, with an average score of 29.36, as shown in Figure 1. This shift reflects a desire to move away from being bound by excessive rules and regulations and instead work collaboratively as a team toward the organization's vision and mission. In this preferred culture, top managers are seen as mentors and colleagues, employee participation in decision-making is increased, and there is a stronger focus on people-centeredness in organizational activities.

According to the mean value differences, the hierarchy culture is expected to decrease by 2.84 points, while the clan culture is desired to increase by 3.37 points.

Table 4 below provides a detailed analysis of the present and preferred culture in public hospitals across six dimensions.

International Journal of Social Science and Humanities Research-MIYR
Volume 5, Issue 1, pp.15~37, 2025
ISSN(print): 2788-9092, ISSN(Online): 2788-9106
https://youngres.com https://doi.org/10.53468/mifyr.2025.05.01.15

Table 6. Public hospitals culture, by dimension

Dimension	Type of culture	Present culture, mean value	Preferred culture, mean value
1. Dominant characteristics	clan	26.55	30.35
	adhocracy	24.11	24.81
	market	22.73	22.61
	hierarchy	26.90	22.66
2. Organizational leadership	clan	26.32	31.37
	adhocracy	24.06	25.35
	market	21.45	20.64
	hierarchy	28.14	22.64
3. Management of employees	clan	27.61	30.24
	adhocracy	21.48	22.82
	market	23.47	21.18
	hierarchy	27.66	26.13
4. Organization glue	clan	26.51	29.60
	adhocracy	26.19	28.23
	market	23.79	21.64
	hierarchy	23.56	20.93
5. Strategic emphases	clan	23.54	27.91
	adhocracy	24.78	24.43
	market	23.89	21.24
	hierarchy	27.82	26.47
6. Criteria of success	clan	25.49	29.85
	adhocracy	24.75	22.71
	market	22.94	21.35
	hierarchy	26.55	25.96

When evaluating the present culture of the public hospital across the six deminsions, a hierarchy culture dominates in the following areas: dominant characteristics of the organization (26.90), organizational leadership (28.14), management employees (27.66), strategic emphases (27.82), and criteria of success (26.55). However, in the dimension of organization glue (26.51), a clan culture is present. In contrast, when evaluating the preferred culture across these six deminsions, employees expressed a desire for a shift to clan culture in all areas.

Table 7. Present and Preferred Types of Culture in Private Hospitals

Type of culture	Mean value	Standard deviation	Median value	Minimum value	Maximum value
Present culture					
Clan	25.88	4.97	25.00	14.5	46.30
Adhocracy	24.51	2.67	24.95	15.00	33.80
Market	23.83	3.27	24.70	7.00	33.70
Hierarchy	25.85	3.81	25.30	11.00	44.20
Preffered culture					
Clan	27.08	4.88	25.00	19.17	58.33
Adhocracy	24.91	2.25	25.00	15.83	34.17
Market	23.57	3.48	25.00	8.33	34.17
Hierarchy	24.46	3.06	25.00	12.5	37.50

Figure 2 illustrates that the present culture of private hospitals is primarily a clan culture (25.88), though it closely aligns with the score for hierarchy culture, with only a 0.03-point difference. In other words, the existing clan culture shares many characteristics with hierarchy culture. This suggests that while the hospital values teamwork and people-centred approach, it also maintains a hierarchical structure with regular supervision of employees, prioritizing stable and efficient operations.

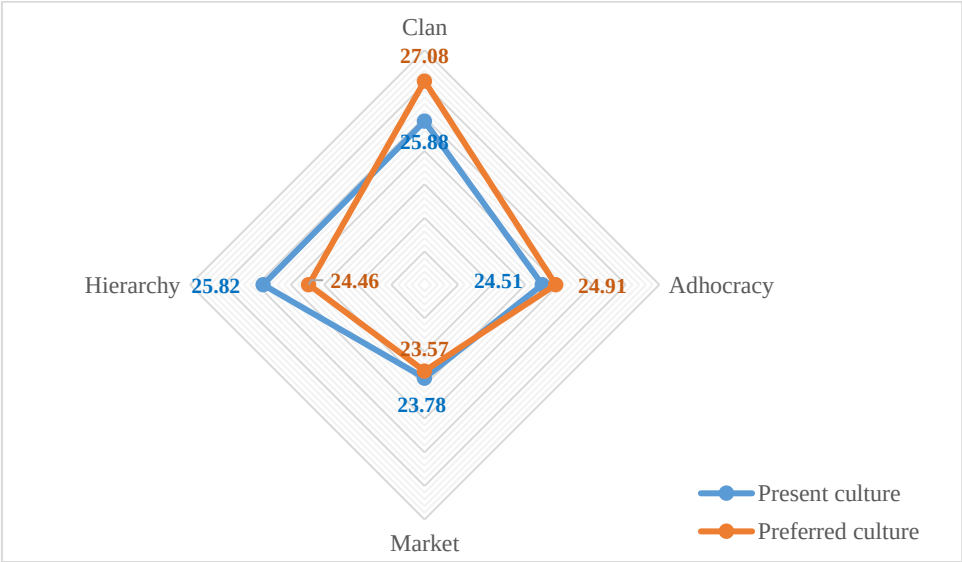

Figure 2. Present and Preferred Types of Culture in Private Hospitals

International Journal of Social Science and Humanities Research-MIYR
Volume 5, Issue 1, pp.15~37, 2025
ISSN(print): 2788-9092, ISSN(Online): 2788-9106
https://youngres.com https://doi.org/10.53468/mifyr.2025.05.01.15

Although employees want their organization's culture to remain clan culture (27.08), they seek to enhance it, aiming for improvement of 1.20 points. They desire to further develop the clan culture while reducing the influence of hierarchicy culture by 1.37 points.

Table 6 below provides a more detailed assessment of the culture in private hospitals across the six dimensions.

Table 8. Private Hospitals' Culture by Dimension

Dimension	Type of culture	Present culture, mean value	Preferred culture, mean value
1. Dominant characteristics	clan	26.27	26.68
	adhocracy	23.40	25.12
	market	22.85	24.28
	hierarchy	27.48	23.91
2. Organizational leadership	clan	26.16	27.72
	adhocracy	24.59	25.11
	market	23.15	23.11
	hierarchy	26.05	24.05
3. Management of employees	clan	26.20	26.52
	adhocracy	24.89	24.93
	market	23.91	23.58
	hierarchy	25.00	25.02
4. Organization glue	clan	26.00	27.21
	adhocracy	25.59	25.92
	market	23.69	23.50
	hierarchy	24.81	23.39
5. Strategic emphases	clan	24.89	26.65
	adhocracy	23.85	24.47
	market	24.63	23.55
	hierarchy	26.61	25.33
6. Criteria of success	clan	25.76	27.63
	adhocracy	24.71	23.93
	market	24.48	23.41
	hierarchy	25.05	25.03

When evaluating the present culture of a private hospital by dimension, four dimensions exhibit a clan culture: organizational leadership (26.16), management of employees (26.02), organization glue (26.00), and criteria of success (25.76). However, two dimensions - dominant characteristics (27.48) and strategic emphases (26.61) – reflect a hierarchy culture. These dimensions indicate a consistent and efficient strategy, a hierarchicy culture, and emphases on control.

Despite this, the desired culture across all six dimensions is shift toward clan culture, emphasizing a more collaborative and person-centred approach.

Table 9. Differences in Hospital Culture Types

Type of culture	Present culture			Preferred culture		
	Public hospitals	Private hospitals	Gap	Public hospitals	Private hospitals	Gap
Clan	25.99	25.88	0.11	29.36	27.08	2.28
Adhocracy	24.23	24.51	-0.28	24.69	24.91	-0.23
Market	23.03	23.83	-0.80	22.05	23.57	-1.52
Hierarchy	26.72	25.85	0.87	23.89	24.46	-0.57

As shown in table 9, a hierarchical organizational culture (26.72) prevails in public hospitals, while a clan culture (25.88) is predominant in private hospitals. However, despite the dominance of clan culture in private hospitals, its score is nearly equivalent to that of the hierarchical culture type. We initially hypothesized that clan culture would be more dominant in private hospitals than in public hospitals, but the scores indicate almost no significant difference.

When comparing the cultures of public and private hospitals, hierarchical culture exhibits the largest score difference difference of 0.87. This indicates that public hospitals are more structured and hierarchically managed than private hospitals, where daily operations are conducted within a framework of approved standards, rules and regulations, emphasizing the importance of control.

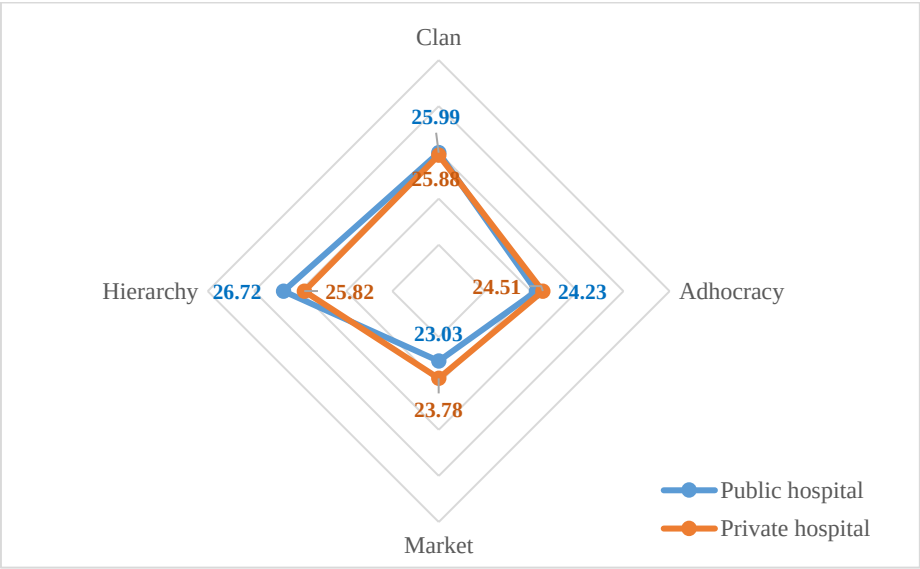

Figure 3. Present Types of Culture in Public and Private Hospitals

International Journal of Social Science and Humanities Research-MIYR
Volume 5, Issue 1, pp.15~37, 2025
ISSN(print): 2788-9092, ISSN(Online): 2788-9106
https://youngres.com https://doi.org/10.53468/mifyr.2025.05.01.15

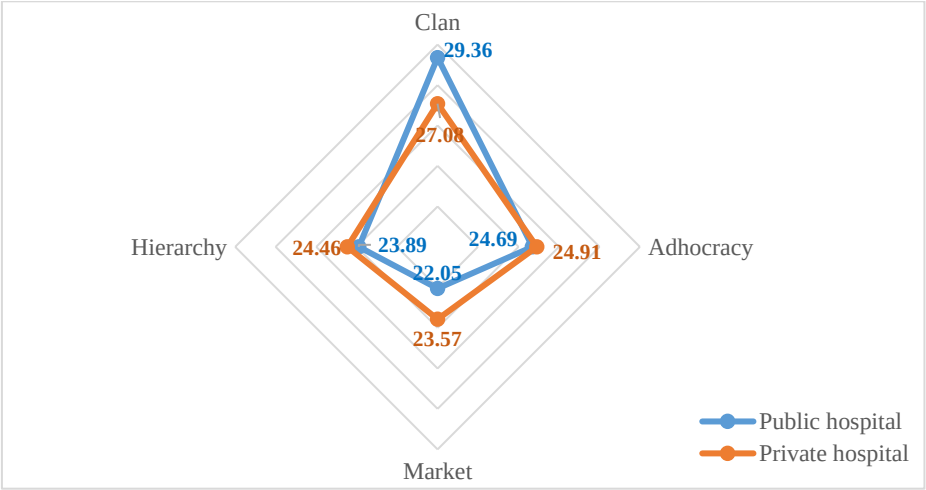

Figure 4. Preferred Types of Culture in Public and Private Hospital

The preferred organizational culture of both public and private hospitals is clan culture. However, the score for public hospitals (29.36) is higher than that of private hospitals (27.08), as shown in figure 3 and 4. This suggests that physicians and health workers in public hospitals are eager to foster a clan culture, moving away from present hierarchical and power-centred management structure. They prioritize teamwork over control, encourage employee engagement, and emphasize person-centred care rather than mere efficiency.

Conversely, while public hospitals are more inclined to reduce hierarchical culture within their organizations, private hospitals maintain that a certain level of hierarchy necessary, as reflected in the higher score for hierarchical culture in private hospitals (24.46) compared to public hospitals (23.89).

5. DISCUSSION

Every organization possesses its own unique organizational culture, characterized by distinct traits [5]. The Organizational Culture Assessment Instrument (OCIA) identifies four types of culture: clan culture, adhocracy culture, market culture, hierarchy culture. Each organization embodies a mix of these cultural types [27].

Our study found that the present culture in hospitals predominantly hierarchical (26.39), while the preferred culture is clan culture (28.49). These results align with the findings of Aspasia Goula (2020), who reported a hierarchy culture score of 27.75 and a clan culture score 34.51 (Goula, 2020), as well as those of Gavrilescu Liviu, who found a hierarchy culture score of 30.98 and a clan culture score of 40.88 [29]. In comparison to the scores from the aforementioned studies, our research indicates a decrease in hierarchy culture by 2.29 points and an increase in clan culture by 2.55 points, while is relatively modest. This demonstrates that changing the current culture is possible. However, it's important to remember that cultural change is one of the most challenging aspects of change management.

In contrast, Aspasia Goula reported a more significant decrease in hierarchy culture by 8.72 points, with an increase clan culture of 7.84 points. Similarly, the study by Gavrilescu Liviu revealed a decrease in hierarchy culture of 12.8 points and an increase in clan culture of 15.45 points. However, these differences in scores may be too difficult to transfer between cultures.

In a study examining culture and change within a Greek public hospital organization, a hierarchy culture was found to prevail, with score of 36.86 [26]. This finding is similar to our results; however, it differs in the Greek study indicates desire to maintain the hierarchical culture while expressing a willingness to reduce its score by -3.05 points. This is because the daily operations of healthcare organization are conducted according to established rules, regulations, standards, guidelines, and instructions. In other words, operating within a hierarchical structure naturally fosters a hierarchical culture.

Additionally, the Organizational Culture Instrument Assessment Report identified a preferred clan culture (40.12) [30], and the Netherlands National Survey of Healthcare Organization Culture reported a clan culture score 38.65 [27]. These findings align with our study's results, which also favor clan culture as the desired organizational culture. However, it is important to note that the present culture types identified in these studies were market culture and clan culture, which differs from our findings that emphasize hierarchy culture. Healthcare organizations are shifting from a hierarchical culture to a clan culture in response to the evolving healthcare market. Challenges in the healthcare macro environment, such as an aging population, the rise of non-communicable diseases, frequent changes in healthcare policies, limited budgets, and the emergence of new business models like public-private partnerships, are driving this shift. These factors push managers to explore new ways to utilize resources effectively in today's competitive landscape.

The results of our study, categorized by hospital type, reveal that public hospitals predominantly exhibit a hierarchical culture, while private hospitals display a clan culture. Despite these differences, employees across both types of hospitals express a strong desire for a clan culture. Public hospital staff specifically prefer to transition from their current organizational culture, emphasizing the need for person-centred care to deliver quality and comprehensive healthcare. The desired characteristics of clan culture support and enhance the practicality of person-centred care. This approach empowers patients, their families, and caregivers to achieve their desired outcomes, ensuring they have the best possible experience while receiving safe, high-quality healthcare. Additionally, it provides service providers the opportunity to achieve better results at lower costs. Organizational culture plays a crucial role in shaping person-centered care, as effective leadership fosters an environment where this approach can thrive. In essence, strong leadership not only nurtures a robust organizational culture but also significantly contributes to the implementation of person-centred care within the organization.

Changing organizational culture is a challenging endeavor that demands significant effort from management. Implementing change requires more than just understanding [17]. Similarly, changing an organization's culture can be challenging for hospital executives, as it involves more than merely grasping the concept. Organizational culture change requires a shift in employees' thinking, values, and behaviors [24]. The most critical part of this process is transforming the cultural profile into actionable steps [24]. While there are no universal standards for cultural change, nor a single approach that can be applied [24], successfully changing an organization's culture can yield more impactful and positive results than any other type of change.

The leadership of executive staff plays a crucial role in this process, highlighting the importance of developing the competencies necessary for effective leadership. Competency encompasses a combination of knowledge, skills, behaviors, and attitudes that a manager must possess to perform their duties effectively. Thus, a competent executive is essential for successfully managing the organization's activities and driving cultural transformation.

In Mongolia today, the administrative staff of public hospitals often comprises doctors who excel in their clinical roles but may lack qualifications in management. This highlights the need for further development in the competencies of hospital administrative staff regarding healthcare management. Specifically, there is a necessity to enhance their understanding of organizational culture and the methods for effectively changing it. Additionally, training in good leadership practices is essential for successfully managing hospital operations, creating positive customer experiences, and improving overall hospital performance.

In future research, it is recommended that scholars explore the relationship between person-centred care and the leadership and management capabilities of hospital administrators when evaluating the organizational culture of hospitals.

Furthermore, we confirmed our hypothesis that the culture of a medical organization varies based on ownership type. However, it is important to note that there may not be a significant difference in scores. This is because, while ownership type influences culture, there is a common trend for physicians and health workers to begin their careers in public hospitals before transitioning to private hospitals after gaining experience. As a result, the culture of a private hospital may closely resemble that of a public hospital, as individuals carry with them the cultural traits of their previous workplaces. Researchers in this field should give due consideration to this phenomenon.

6. CONCLUSIONS

The current organizational culture across all hospitals participating in the study is hierarchical, with a mean score of 26.39. However, there is a strong desire to shift toward a clan culture, which has a mean score of 28.49. The data indicate a desired decrease in hierarchical culture by 2.84 points and an increase in clan culture by 3.37 points. This finding suggests that hospital operations are primarily conducted in accordance with standards, rules, and regulations set by the central government, with regular monitoring to ensure safe and reliable healthcare delivery while focusing on efficient hospital performance. Physicians and healthcare workers express a preference for transforming the existing organizational structure to implement people-centered activities and adopt measures that prioritize the needs of individuals.

When examining organizational culture by hospital type, public hospitals exhibit a hierarchical culture with a mean score of 26.72, whereas private hospitals demonstrate a clan culture with a score of 25.88. Physicians and healthcare workers in public hospitals express a desire to transform the current hierarchical culture into a clan culture, with a target score of 29.36. In contrast, those in private hospitals wish to preserve their existing clan culture, which has a score of 27.08. Statistical analysis confirms significant differences between the present and preferred organizational cultures across all four types of organizations in public and private hospitals ($p=0.000 < 0.05$). This shift aims to move away from being constrained by excessive rules and regulations toward a collaborative team environment that aligns with the organization's vision and

mission. There is a strong desire for top management to act as mentors and colleagues, increase employee participation in the decision-making process, and prioritize a people-centered approach in all organizational activities.

These findings suggest that hospital administrators in Mongolia, particularly in public institutions, shoud prioritize efforts to shift toward a more clan-based culture to improve patient outcomes and staff engagement.

Participants' years of experience in the healthcare sector influence clan culture, while gender affects hierarchical culture. Additionally, the present market culture is influenced by gender, whereas the preferred market culture is shaped by age. Regardless of the type of organization, the key factors in reducing the existing hierarchical culture and fostering the desired group culture are years of service in the healthcare sector and gender. Therefore, it is essential to maintain a balanced representation of employees' years of service and strive for a more equal gender ratio.

A detailed examination of the present culture in hospitals reveals that hierarchy culture dominates public hospitals in terms of organizational characteristics, leadership, management, strategic emphasis, and success criteria. Similarly, in private hospitals, hierarchy culture prevails in both dominant characteristics and strategic emphasis. To transition these aspects toward a clan culture, it is advisable to implement the following common measures.

To effectively manage hospital operations in a changing environment, directors must continuously improve and evolve the organizational culture. For successful cultural management, it is essential for directors with medical degrees to develop management expertise. On the other hand, in a competitive market, it may be necessary to reconsider the requirement that hospitals must be managed by doctors.

Successful organizational culture change relies on the involvement of all employees, and today’s organizations are increasingly adopting a people-centered approach. Therefore, the organization’s vision and the strategic plan for achieving it should be developed with employee participation. This approach unites the workforce, fostering a shared understanding, a sense of value in their work, and increased motivation and productivity. International research has confirmed that an organization's internal environment and management attitudes influence employee engagement [31]. Additionally, it should focus on identifying the values and behaviors the organization will adopt to achieve its vision, listening to the needs of both employees and customers, and defining how executives will lead the change.

REFERENCES

[1] Eric Barends, Denise Rousseau. "Organizational Culture and Performance: An evidence review. Scientific summary". Chartered Institute of Personnel and Development. London, 2022.

[2] Stephen L. Walston, Kenneth L. Johnson. "Organizational Behavior and Theory in Healthcare: Leadership perspectives and management applications". Health Administration Press, Chicago, Illinois (2022).

[3] Hatem Hesham, Çağdaş Erkan. "Organizational culture health care organization: A systematic review". Journal of Ankara Health Sciences, 1 (2019): 83-109.

[4] Robyn Clay-Williams, Natalie Taylor, Hsuen P.Ting, Gaston Arnolda, Teresa Winata, Jeffrey Braithwaite. "Do quality management systems influence clinical safety culture and leadership? A study in 32 Australian hospitals". International journal for Quality in Health care, 1.32 (2020): 60-66. DIO: https://doi.org/10.1093/intqhc/mzz107

[5] Samuel N J David, Sonia Valas, R Raghunathan. "Assessing Organization Culture – A Review on the OCAI Instrument". International Conference on Management and Information Systems, (2018): 182-188. URL: https://www.icmis.net/icmis18/ICMIS18CD/pdf/S216-final.pdf

[6] Gibson Manalu. "Identifying an Organizational Culture Model/Framework for an Effective Approach to Quality Management: a Comprehensive Literature Review". Journal Multidisiplin Madani, 2.12 (2022): 4250-4259. DIO: https://doi.org/10.55927/mudima.v2i12.2038

[7] Davide Ravasi, Majken Schultz. "Responding to organizational identity threats: Exploring the role of organizational culture". Academy of Management Journal, 49.3 (2006): 433-458. DIO: https://doi.org/10.5465/amj.2006.21794663

[8] Gamini Weerasinghe. "Organization culture impacts on employee motivation: A case study on an apparel company in Sri Lanka". International Journal of Multidisciplinary and Development, 4.4 (2017): 59-62. URL: http://www.allsubjectjournal.com/archives/2017/vol4/issue4/4-3-69

[9] Micheal D. Watkins. "What Is Organizational Culture? And Why Should We Care?". (2013). URL: https://hbr.org/2013/05/what-is-organizational-culture

[10] Mamatha S.V, Geetanjali P. "Founder Leaders and Organization Culture: A Comparative Study on Indian and American Founder Leaders Based on Schein's Model of Organizational Culture". IIM Kozhikode Society & Management Review, 9.1 (2020). DIO: https://doi.org/10.1177/2277975219890932

[11] Georgiana Alexe. "Managing performance through organizational culture". (2020). URL: https://www.performancemagazine.org/managing-performance-organizational-culture/

[12] Elena Azzolini, Walter Ricciardi, Muir Gray. "Healthcare organizational performance: why changing the culture really matters". Ann Ist Super Sanita, 4 (2018): 6-8. DIO: 10.4415/ANN_18_01_03

[13] Yasas L. Pathiranage, Lakmini V. K. Jayatilake, Ruwan Abeysekera. "A Literature review on Organizational Culture towards Corporate performance". International journal of Management, Accounting and Economics, (2020): 522-544. URL: A Literature Review on Organizational Culture towards Corporate Performance

[14] Gulali Donald Indiya, Johnmark Obura, J.K Mise. "Effect of Organization Culture on organization performance on Public Universities in Kenya". European Scientific Journal, 14 (2018): 15-35. DIO: https://doi.org/10.19044/esj.2018.v14n19p15

[15] Dominic Simpson, Sharon Hamilton, Robert McSherry, Rebecca McIntosh. “Measuring and Assessing Healthcare Organisational Culture in the England's National Health Service: A Snapshot of Current Tools and Tool Use”. Healthcare journal, 4.7 (2019). DIO: https://doi.org/10.3390/healthcare7040127

[16] Putra, T. Roli Ilhamsyah. “The Model of Forming Employee Commitment In General Hospital Tgk Chik Ditiro in Pidie”. International Journal of Business and Economic Sciences Applied Research, (2019). DIO: 10.25103/ijbesar.121. 04

[17] Denison Consulting LLC. “Denison organizational culture survey- interpretation guide”. W.Washington, United States.

[18] NSQHS, Australian Commission on Safety and Quality in Health Care. “Review of key attributes of high-performing person-centred healthcare organisations”. Sydney (2018).

[19] Brendan McCormack, Tanya V. McCance. “Development of a framework for person-centred nursing”. Wiley Online Library, (2006). DIO: https://doi.org/10.1111/j.1365-2648.2006.04042.x

[20] Yunxia Yang, Hui Li, Lily Dongxia XIAO, Wenhui Zhang, Menghan Xia, Hui Feng. “Resident and staff perspectives of person-centered climate in nursing homes: a cross-sectional study”. BMC Geriatrics, (2019). DIO: https://doi.org/10.1186/s12877-019-1313-x

[21] Bashayer Al-Sahli, Abdelmoneim Eldali, Mohammed Aljuaid, Khaled Al-Surimi. “Person-Centered Care in a Tertiary Hospital Through Patient’s Eyes: A Cross-Sectional Study”. 15 (2021):761-773. DIO: https://doi.org/10.2147/PPA.S286237

[22] Juan Herrera, Carlos De Las Heras-Rosas, Pedro Mota Veiga. “Editorial: Healthcare management: challenges for improving performance and quality of patient services”. National Library of Medicine, (2023). DIO: 10.3389/fpsyg.2023.1272083

[23] Katarzyna Rojewska. D-Labs. (2024). URL: https://dlabs.ai/blog/10-biggest-challenges-facing-the-healthcare-industry/

[24] Danial R.Denison, William S.Neale. "Denison Organization Culture Survey- facilitator guide”. Denison Consulting LLC, United States

[25] Council, BC Patient Safety and Quality. “Using Surveys to Measure Culture in Health Care Settings- A Rapid Review of the Literature”. British Columbians (2021).

[26] Anna Bista, Panagiotis Prezerakos, Ioannis Moisoglou, Angeliki Dreliozi, Charalampos Platis. “Organizational Culture and Change: The case of a Greek Public Hospital”. International Journal of Health Research and Innovation, (2018): 1-9.

[27] MScBA, M.M.W. Bremer. “ealth care sector examined with OCAI. Diagnosis: dissatisfied- A National Survey in the Netherlands”. OCAI online, (2010).

[28] Aspasia Goula. “The Present and the Desired Organizational Culture Model of Greek Public Hospitals”. Journal of Human Resource and Sustainability Studies, (2020): 203-218. DIO: https://doi.org/10.4236/jhrss.2020.83012

[29] Gavrilescu Liviu, Barbul Claudia. “Assessment of the Organizational Culture of the Country Emergency hospital "Dr. Constantin opris", Baia Mare”.

[30] UT Tyler. “Report of Organizational Culture Assessment Instrument”. OCAI online, (2018).

[31] Gandulam Ganbold, Enkh-Otgon Dorjgotov, Hyeong Yu Jang. “Employees’ Entrepreneurship and Organizational Innovation: Case of Koean Private Hospitals”. International Journal of Social Science and Humanities Research-MIYR, (2021): 38-51. https://doi.org/10.53468/mifyr.2021.01.01.38

[32] Kim S. Cameron, Robert E. Quinn. Diagnosing and Changing Organiztional Culture. The Jossey-Bass Business and Management Series, 2006.

International Journal of Social Science and Humanities Research-MIYR
Volume 5, Issue 1, pp.15~37, 2025
ISSN(print): 2788-9092, ISSN(Online): 2788-9106
https://youngres.com https://doi.org/10.53468/mifyr.2025.05.01.15

Appendix

"The Organizational Culture Assessment Instrument" questionnaire

№		1. Dominant Characteristics	Now	Preferred
1	A	The organization is a very personal place. It is like an extended family. People seem to share a lot of themselves.		
2	B	The organization is a very dynamic and entrepreneurial place. People are willing to stick their necks out and take risks.		
3	C	The organization is very results-oriented. A major concern is with getting the job done. People are very competitive and achievement-oriented.		
4	D	The organization is a very controlled and structured place. Formal procedures generally govern what people do.		
		Total	100	100
		2. Organizational Leadership	Now	Preferred
5	A	The leadership in the organization is generally considered to exemplify mentoring, facilitating, or nurturing.		
6	B	The leadership in the organization is generally considered to exemplify entrepreneurship, innovation, or risk taking.		
7	C	The leadership in the organization is generally considered to exemplify a no-nonsense, aggressive, results-oriented focus.		
8	D	The leadership in the organization is generally considered to exemplify coordinating, organizing, or smooth-running efficiency.		
		Total	100	100
		3. Management of Employees	Now	Preferred
9	A	The management style in the organization is characterized by teamwork, consensus, and participation.		
10	B	The management style in the organization is characterized by individual risk taking, innovation, freedom, and uniqueness.		
11	C	The management style in the organization is characterized by hard-driving competitiveness, high demands, and achievement.		
12	D	The management style in the organization is characterized by security of employment, conformity, predictability, and stability in relationships.		
		Total	100	100

	4. Organization Glue		Now	Preferred
13	A	The glue that holds the organization together is loyalty and mutual trust. Commitment to this organization runs high.		
14	B	The glue that holds the organization together is commitment to innovation and development. There is an emphasis on being on the cutting edge.		
15	C	The glue that holds the organization together is the emphasis on achievement and goal accomplishment.		
16	D	The glue that holds the organization together is formal rules and policies. Maintaining a smoothrunning organization is important.		
		Total	100	100
	5. Strategic Emphases		Now	Preferred
17	A	The organization emphasizes human development. High trust, openness, and participation persist.		
18	B	The organization emphasizes acquiring new resources and creating new challenges. Trying new things and prospecting for opportunities are valued.		
19	C	The organization emphasizes competitive actions and achievement. Hitting stretch targets and winning in the marketplace are dominant.		
20	D	The organization emphasizes permanence and stability. Efficiency, control, and smooth operations are important.		
		Total	100	100
	6. Criteria of Success		Now	Preferred
21	A	The organization defines success on the basis of the development of human resources, teamwork, employee commitment, and concern for people.		
22	B	The organization defines success on the basis of having the most unique or newest products. It is a product leader and innovator.		
23	C	The organization defines success on the basis of winning in the marketplace and outpacing the competition. Competitive market leadership is key.		
24	D	The organization defines success on the basis of efficiency. Dependable delivery, smooth scheduling, and low-cost production are critical.		
		Total	100	100

Source: Kim S. Cameron, Robert E. Quinn "Diagnosing and Changing Organiztional Culture" [32]

International Journal of Social Science and Humanities Research-MIYR
Volume 5, Issue 1, pp.15~37, 2025
ISSN(print): 2788-9092, ISSN(Online): 2788-9106
https://youngres.com https://doi.org/10.53468/mifyr.2025.05.01.15

AUTHOR'S INTRODUCTION

1. First Author and Coressponding Author

Doljinsuren Tserenbat doogiierdene@gmail.com

2008, Bachelor of health economics, Mongolian National University of Medical Sciences
2011, Master of business administration, Handong Global University, Republic of Korea
Work: Head of Finance and Economics Department, National Center for Pathology in Mongolia

Work field: Healthcare sector

2. Co-Author

Gerelmaa Damba gerelmaa.d@ufe.edu.mn

1988, Master degree in Economics, Moscow Communication University, Russia

2003, PhD in Management, Management Academy of Mongolia
Work: Professor, Department of Business Management, University of Finance and Economy, Mongolia

Work field: Education sector