

ORGANIZATIONAL CULTURE & PERCEIVED ORGANIZATIONAL SUPPORT

THE IMPACT OF ORGANIZATIONAL CULTURE ON PERCEIVED ORGANIZATIONAL
SUPPORT

BY

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DISSERTATION

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THE IMPACT OF ORGANIZATIONAL CULTURE ON
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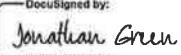
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This work, in addition to my entire academic career, is dedicated to both my parents and my children. I am just one mind in a long line of brilliant thinkers; humbled by what I have received and honored by what I am able to give.

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Abstract

Perceived organizational support is the belief that employees have about the level at which their organization cares about them as a collective whole and as individuals. While perceived organizational support has been linked directly to many beneficial operational outcomes, it is difficult to directly impact the perceptions of employees. Organizational culture has been researched extensively and can be viewed as the shared beliefs, social norms, and values of an organization. Organizational culture can be strategically planned and intentionally implemented, but it does not have the same clear outcomes as perceived organizational support. The ability to impact perceived organizational support through strategically planning and intentionally implementing specific organizational cultural elements would be beneficial across many organizations and industries. This study explores the relationship between organizational culture and perceived organizational support through a survey completed at Penn State Health. This organization is a mid-sized healthcare organization in central Pennsylvania and consists of multiple community hospitals and their correlated outpatient facilities. The survey used was a combination of Cameron and Quinn's 2011 Organizational Culture Assessment Instrument and Eisenberger's 1986 Survey of Perceived Organizational Support. Though there are four elements of Cameron and Quinn's conceptualization of organizational culture (competitive, collaborative, creative, and controlling), only three were found to have a significant correlation with perceived organizational support. Competitive and collaborative cultures were positively correlated, while controlling cultures were found to be negatively correlated with perceptions of support. The creative cultural parameter was found to be not correlated with perceptions of organizational support.

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Chapter 1: Introduction

Organizational culture, and the appropriate integration of such, is vitally important to successful operational processes. Culture can be viewed as the shared values, beliefs, norms, and agreed-upon behaviors in a group of people (Altaf, 2011). Though there are a variety of ways to measure organizational culture, this study used the Organizational Culture Assessment Instrument (OCAI), which is particularly useful in a multi-tiered healthcare organization (Chesley, 2020). The OCAI is a 6-question scenario-based survey that asks respondents to identify which of the presented scenarios is most like their organization (Chesley, 2020). These scenarios are representative of four subscales that make up the cultural framework: Team Cultures, Hierarchical Cultures, Entrepreneurial Cultures, and Relational Cultures (Chesley, 2020). It is expected that different tiers of an organization will have different cultural perceptions, and these differences need to be made overt so that they can appropriately be addressed during integration (Chesley, 2020).

The other side of a strong organizational culture, however, is the tendency of employees to see leadership as one (often) benevolent collective whole instead of seeing them as individual leaders with unique perspectives (Ballaro & Washington, 2016). Interestingly, a clan culture (like the CVF Team Culture) has been found to have the highest level of perceived leadership support (Ballaro & Washington, 2016), but there is the possibility that it is the most impacted by the integration of a competing organizational culture. Though organizational culture and perceived organizational support are well-researched, an increased understanding of the correlation between these dynamics would be beneficial for both basic and applied research purposes.

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Penn State Health Holy Spirit Medical Center (PSH HSMC) is a 306-bed acute care hospital in Central Pennsylvania. It includes a Level II Trauma Center in addition to a four-floor Heart Center focused on complex cardiac conditions. The hospital serves the greater Harrisburg, PA metro area, which includes two additional competing healthcare systems within a few miles radius. Holy Spirit, as it is often called, recently transitioned ownership from Geisinger Health to Penn State Health. The acquisition of a healthcare system brings myriad levels of trauma to the employees of both the acquired and acquiring organization. This was complicated further by the COVID-19 pandemic that the global healthcare community is navigating. The transition to Penn State Health occurred within 8 months of the onset of the pandemic and brought an additional layer of stress to an already exhausted staff and facility. Not only did the staff create an entirely new way of operating in a pandemic environment, but they had to learn new operating systems, peers, and policies with new ownership. The hospital system has been stressed in multiple ways and has not yet had a chance to recover. The seemingly overwhelming stress on the PSH HSMC organization has left it with multiple concerns that would benefit from targeted and immediately applicable research.

Statement of the Problem

While perceived organizational support has been linked directly to increased organizational effectiveness (Altaf, 2011), increased attention to quality control measures (De Bono et al., 2013), increased pro-social citizens' behaviors (Chiaburu et al., 2015), and higher psychological capital (Bilgetürk & Baykal, 2021), the relationship to organizational culture has not yet been mapped. Perceived organizational support is the assumption that an organization cares about the employees on an individual level (Chiaburu et al., 2015). This encompasses the idea that pro-organization behavior will be rewarded while anti-organizational behavior will

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either be ignored or punished (Bilgetürk & Baykal, 2021). When an employee feels as if their organization cares about them and their needs, they tend to respond with increased job commitment, satisfaction, and increased work performance (Ballaro & Washington, 2016). While organizational culture is becoming more well-known and utilized, the connection to perceived organizational support has not yet been determined.

Conceptual Framework

Though organizational culture and perceived organizational support have been tied to effectiveness, quality control, and psychological capital, they have not yet been mapped together. The suggested connection between the integration of organizational culture and perceived organizational support can be seen below. This framework ties together the strong connection demonstrated between organizational culture, the integration of cultures, and perceived organizational support in a way that is meaningful from both practical and theoretical perspectives. This provides the conceptual basis for the study of the correlation between the level of organizational cultural integration on perceived organizational support in a post-acquisition healthcare organization.

Figure 1: Conceptual Framework



Research Questions and Hypotheses

The relationship between organizational culture and perceived organizational support was assessed using the Organizational Culture Assessment Instrument (Cameron & Quinn, 2011) in conjunction with the Survey of Perceived Organizational Support (Eisenberger et al., 1986).

Research question

RQ1: What is the relationship between parameters of organizational culture and perceived organizational support?

Hypotheses

H_0 : There is no significant relationship between the facets of organizational culture and perceived organizational support.

H_1 : There is a significant correlation between the facets of organizational culture and perceived organizational support.

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Significance of the Study

Organizational culture has been thoroughly explored, measured, and conceptualized but remains overlooked in much of the world of healthcare. Though organizational culture is one of the biggest predictors of operational success, it is often considered at a superficial level, if at all (Chesley, 2020). Perceived organizational support is another overlooked measure of potential organizational success. Perceived organizational support, or the perception that an organization is supportive of its employees, is strongly correlated with increased psychological capital, overall effectiveness, and pro-organization behavior (Ballaro & Washington, 2016). While the correlation between strong organizational culture and operational success has been mapped thoroughly, the connection between this dynamic and perceived organizational support has been overlooked. Both organizational culture integration and perceived organizational support are amplified in the high-stress and high-risk field of healthcare. This study explores the relationship between organizational culture and perceived organizational support in a post-acquisition healthcare organization.

Assumptions

It is assumed that respondents of this study answered of their own free will and carefully considered the questions and their responses. It is also assumed that they believed the anonymous nature of the study and answered as honestly as possible. Participants were directed to consider Penn State Health as a whole when responding to the survey, and it is assumed that they did so. The survey was sent out to participants' work email addresses, and it is assumed that they took the survey themselves instead of having non-employees complete the survey.

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Limitations

The sample chosen for this study was limited by the operational needs of Penn State Health. The survey was given to the entirety of the organizational groups chosen but was presented as an optional survey, so respondents self-selected into the research. Though the researcher's role as an HR professional in the organization was not provided in the survey, employees may have assumed that the survey was distributed by HR due to the nature of the questions. In addition, the study is limited by the reliability of both the Organizational Culture Assessment Instrument and the Survey of Perceived Organizational Support.

Delimitations

This study was completed within the Penn State Health organization in the United States. Further, this study is further limited to only a few subcultures within the population. This is due to operational tolerance of the research as well as resource and accessibility limitations. This was completed in a recently acquired organization in addition to one that had just been built. Data were collected in 2022, and the impact of the recent COVID pandemic on organizational culture cannot be overlooked. To maintain a reasonable scope, the study is limited to a quantitative assessment of organizational culture and perceived organizational support. A future qualitative inquiry into the results would be beneficial.

Summary

This study explored the potential relationship between organizational culture and perceived organizational support. To do so, a quantitative analysis was done at Penn State Health in Central Pennsylvania. This is a post-acquisition healthcare system that is operating in a post-pandemic healthcare environment. Perceived organizational support and organizational culture have been researched separately, but the relationship between the two had not yet been explored.

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The independent variables of culture categorizations (collaborate, compete, create, and control cultures) were assessed through the Organizational Culture Assessment Instrument (Cameron & Quinn, 2011), while perceived organizational support was assessed by the Survey of Perceived Organizational Support (Eisenberger et al., 1986). This study not only advances the understanding of the relationship between the variables but is also directly applicable to operational decisions made at Penn State Health.

Chapter 2: Literature Review

Organizational Culture

Organizational culture, and the appropriate integration of such, is vitally important to successful operations. Culture can be viewed as the shared values, beliefs, norms, and agreed-upon behaviors in a group of people (Altaf, 2011). This is true of societies, families, and organizations, which all create their own unique cultural footprint. In the most basic sense, organizational culture is the way that things are done in an organization (Galdikiene et al., 2019). This ideological framework becomes engrained in the daily operations of an organization at all levels. Typically not explicit, organizational culture is a co-created list of unwritten rules and expectations that make sense of work and provide psychological safety for employees (Ng & Ng, 2014). It is a pattern of operational, conversational, meaning-making, and process norms that becomes locked into organizational life through inertia and is shaped by the individuals within the organization (Yang et al., 2019).

Culture as a concept was originally used by anthropologists to explain human behavior. It was then used by sociologists to explain repetitive social phenomena. It is now used almost universally across all industries (Ng & Ng, 2014). The application of culture in a work environment was initiated during the 1920s and grew as a method of union avoidance in the 1930s. Lewin's foundational work helped make the transition from sociologic uses to organizational application (Lewin, 1936; Lewin et al., 1939). After a lapse in interest, organizational culture became a major focus of business research as companies attempted to become more and more streamlined and efficient. The efficiency of Japanese auto manufacturing became the impetus for increased focus on organizational culture in 1980s and 1990s research (Ng & Ng, 2014).

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Hofstede's 1980 explanation of organizational culture was a seminal work introducing the concept to the academic community (Altaf, 2011). Although the additional dimension of Confucian dynamism was added later in his work, the original four dimensions of Hofstede's cultural theory are individualism/collectivism, uncertainty avoidance, masculinity/femininity, and power distance (Noorbehbahani & Salehi, 2021). These parameters have been the predominant conceptualization of culture since they were introduced in 1980 (Noorbehbahani & Salehi, 2021). This cultural analysis was initially intended to be representative of cultures at a national level but has since been used to observe and measure culture at levels from individual to organizational subgroups to global organizations. Despite the overwhelming preponderance of Hofstede's cultural theories, there are still some who question the validity of his construct (Blodgett et al., 2008). In response, there is an ongoing process of validating the usage of these cultural dimensions in a variety of scenarios, most notably in consumer behavioral analysis (Blodgett et al., 2008) and in the experience of an individual within a broader group (Yoo et al., 2011) and (Noorbehbahani & Salehi, 2021). It is important to remember that Hofstede's cultural dimensions have been criticized as being most applicable only to Western cultures as it does not fully understand the eastern experience (Yang et al., 2019). Though organizational culture is not a copy of the national culture of origin, an understanding of this context is helpful in assessing and making sense of an organization's unique culture. Though organizational cultures vary from company to company, they typically fall within the overall social restrictions or modeling of the country of origination (Ng & Ng, 2014).

Though continual validation is key to the appropriate application of any conceptual model, understanding the basics of Hofstede's cultural dimensions is appropriate for any discussion of organizational culture. The first of Hofstede's cultural dimensions is the

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individualism and collectivism spectrum. This dimension refers to the tendency of a target culture to address issues in either a collective or individualistic manner (Altaf, 2011). In the workplace, this is reflected in the broad expectation as to whether individuals will be addressed and cared for through individual connections or as a group (Blodgett et al., 2008). At the extremes of this dimension, the person is seen as either a wholly autonomous individual or as a member of a large body that cannot be broken into individual parts (Altaf, 2011).

The next dimension of Hofstede's cultural analysis is uncertainty avoidance. Groups that have high levels of uncertainty avoidance prefer predictable situations and are uncomfortable with risk (Altaf, 2011). This can result in a strong reliance on policies, rules, and procedures that are expected to be followed strictly and in conformity (Blodgett et al., 2008). Organizations and groups that have very low uncertainty avoidance are much more comfortable with recognizing the ambiguity of a situation and rely more on ad hoc decision-making rather than written policies and rules (Blodgett et al., 2008). In a healthcare organization, the impact of a high uncertainty avoidance represented in the clinical setting can be difficult to translate to the inevitable fluctuations and changes that occur within the American workplace.

Hofstede's cultural dimension of masculinity and femininity has been the most controversial due to the gendered explanation of cultural phenomenon (Yoo et al., 2011). Historically, this dimension has been explained by the dichotomy of cultures that are dominant and aggressive (labeled as masculine) or compassion and empathic (labeled as feminine) (Altaf, 2011). Highly masculine cultures tend to be less concerned about individualized feelings while valuing job performance (Altaf, 2011), personal accomplishment, and financial gains (Blodgett et al., 2008). Feminine cultures are conceptualized as being more interested in the working conditions of many, job satisfaction, and employee participation and engagement (Altaf, 2011).

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In addition, these cultures emphasize caring for others and maximizing the quality of life within and outside of the workplace (Blodgett et al., 2008).

Power distance is the final dimension of Hofstede's classic cultural dimensions. This metric measures the degree to which an organization or group accepts and tolerates the unequal distribution of power (Blodgett et al., 2008). High-power distant cultures accept that power and status are necessarily unequally distributed and see this as the appropriate application of power (Altaf, 2011). Though all of Hofstede's cultural dimensions are applicable across a diversity of people groups, power distance is most likely to be consistent across social classes or occupations (Altaf, 2011). This dimension, along with uncertainty avoidance, is most commonly high in a healthcare organization. Though healthcare dynamics have been changing, there is still a very strong assumption that physicians or advanced practitioners are the most powerful people in the clinical care of patients. This expectation that nursing and ancillary staff follow doctor's orders without modification is supported by social constructs, organizational policies, and federal and state licensing laws.

Though there are many ways to measure organizational culture, and it is helpful to research an organization's culture both quantitatively and qualitatively (Yang et al., 2019). Due to organizational and resource constraints, this study assessed organizational culture from a quantitative perspective using Cameron and Quinn's 2011 version of the Organizational Culture Assessment Instrument (OCAI). The OCAI is based on the competing values framework and asserts that every organization's culture lies along two spectrums with competing values at either end (Cameron & Quinn, 2006). The first value spectrum is between flexibility and discretion compared to stability and control. The second value spectrum is between internal focus and integration and external focus and differentiation (Cameron & Quinn, 2006). When these two

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parameters are superimposed on each other, they create a foursquare that describes four separate organizational cultures. These four distinct organizational cultures were originally labeled as clan, adhocracy, hierarchy, and market structures (Cameron & Quinn, 1999).

In the most recent iteration of their work, Cameron and Quinn (2011) have revised their Competing Values Framework to be more concise and approachable in their descriptions of organizational culture. Instead of clan, adhocracy, hierarchy, and market cultures, they now refer to these quadrants as collaborate, create, control, and compete, respectively. They have also streamlined the competing value dimensions to be flexible vs. focused and internal vs. external (Cameron & Quinn, 2011).

The OCAI creates an organizational profile that measures how much of each type of culture is represented in the target population in both the current and future/preferred state by creating a forced ordering of competing organizational values. The assumption is that all organizations have some qualities of each culture in both states. The forced ordering approach creates a volumetric representation of how relevant each culture is to the target population (Cameron & Quinn, 2011). Though Cameron and Quinn (2011) assume that all organizations have qualities of each of the following, the hypothetical pure version of each cultural explanation is helpful for understanding the dynamic of the competing values framework.

A collaborative culture is one that is focused on long-term development (Cameron & Quinn, 2011). The organizations are committed to community, collaboration, and cooperation. They want to be seen as the employer of choice and often focus on shared values and communication. Leaders typically build commitment by building a trusting relationship and engendering a sense of community. When not well balanced with other types of culture, they can become lax and permissive without creating a sense of urgency or a focus on quality. The

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opposite of a collaborative culture is a competitive culture (Cameron & Quinn, 2011). These organizations are focused on short-term development and are often seen as very fast-moving. They are aggressive and are focused on competition, achievement, speed, and measurable results. Winners and losers are highlighted over harmonious community. Leaders build commitment to the organization by clarifying objectives and improving competitive positioning for their teammates. When not well balanced by other types of culture, these organizations can become rife with conflict and are perceived to neglect the humanity of its' employees.

A creative culture is focused on breakthrough innovation and strives to do things first (Cameron & Quinn, 2011). These organizations are focused on change, creativity, innovation, vision, experimentation, flexibility, and champion forward-thinking individuals. They can survive in turbulent environments as they are comfortable recreating their purpose and meaning as needed. Leaders build commitment to these organizations by developing a compelling vision and focusing on new ideas and flexibility. When not well balanced with other types of culture, these organizations can be chaotic and can underestimate the importance of predictable outcomes and structure. The opposite of a creative culture is a controlling culture (Cameron & Quinn, 2011). These organizations are focused on doing things right and are rarely concerned about the speed at which this occurs. A controlling culture is focused on the predictable, dependable, systematic, careful, and practical and strives to run smoothly and efficiently. Leaders build commitment in these types of organizations by optimizing processes, cutting costs, and establishing clear policies and procedures. When not well balanced by other types of culture, these organizations can become stagnant and held back by red tape and bureaucracy.

The resources required in the exploration of organizational culture can often best be substantiated by the impact that it is having on operational effectiveness. As Altaf (2011)

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describes it, operational effectiveness is the ability of an organization to achieve its desired future state. As the American healthcare system goes through unprecedented and escalating changes, resource allocation and effectiveness are becoming increasingly important operational metrics. Not only does operational effectiveness have a financial impact, but effective organizational capabilities are essential to quality improvements in healthcare systems (Bernardes et al., 2020). Measurable improvements in quality metrics can result in increased funding, higher levels of accreditation, and improved patient outcomes.

Organizational culture impacts operational effectiveness in a variety of ways. The culture of an organization is inherently relational, and this is highlighted by the specific cultures that result in increased operational effectiveness in a healthcare environment. Overall, a collectivist culture is positively correlated to increased organizational culture (Altaf, 2011). In addition, flexible cultures that can modulate and adapt to situational changes are correlated with the adoption of authentic leadership models, participatory management, and increased operational effectiveness (Bernardes et al., 2020). On the contrary, high power distance is negatively correlated with organizational effectiveness (Altaf, 2011). In the typically high power distance environment of healthcare, this can have drastic impacts. A poor organizational climate is associated with poor quality care, nurse dissatisfaction with their jobs, nurse turnover, and nurse burnout (Galdikiene et al., 2019). In addition, RNs report experiencing the most stress when working in a less proficient organizational culture which can result in high turnover, poor quality of care, and progressive degradation of the overall cultural experience (Galdikiene et al., 2019).

Organizational Climate

While less readily recognized as organizational culture, organizational climate is another lens by which organizations can view the experience of their workforce. While organizational

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culture and climate are very similar, there are some nuanced differences that provide a more complete picture of the organizational environment. Originally brought to light in Schneider's pivotal 1975 article, organizational climate was introduced as a psychologically substantial description of the experience of an organization's practices, policies, and procedures. This concept originally flowed from Gestalt psychology's premise that people are continuously working to organize their perceptions in a way that makes sense of the world (Schneider, 1975). The post-modern revelation that perceptions, though subjective, ephemeral, and abstract, create concrete opinions and perspectives was championed throughout 70s psychology. It has had a slower integration into organizational research, perhaps due to the difficulty of quantifying climate experiences. Hopefully, research in this area will accelerate since organizational climate exerts a powerful influence on the way that employees think about their work environment and behavior in addition to being critical for any process improvement initiatives (Carlucci & Schiuma, 2012).

Organizational climate is the personal and individual process by which people make psychological sense of their environment through internal and external observations (Mishra & Tikoria, 2021). This often-subconscious construct is a somewhat superficial experience of an organization based on day-to-day observations (Hu et al., 2022). Essentially, organizational climate explains how organizations work and create value (Carlucci & Schiuma, 2012). There are a variety of concrete organizational elements that play into the creation of organizational climate, including management/leadership styles, participation in decision-making, distribution of challenging jobs, levels of boredom and frustration, benefit distribution, policies, career development opportunities, and working conditions (Thakre & Shroff, 2016). In addition to these overt processes, there are more conceptual elements that play into climate creation, such as

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autonomy, trust, cohesiveness, support, recognition, innovation, fairness, people interaction, and organizational structure (Carlucci & Schiuma, 2012). The intellectual awareness of the overt and covert organizational elements plays a major role in climate creation, as does the internal psychological response to the same (Ng & Ng, 2014). Though climate has a key role in the performance and behavior of employees and is often intuitively understood, many employees have a difficult time understanding the phenomenon consciously (Carlucci & Schiuma, 2014). Employees tend to understand the outwardly observable contributors of climate (i.e., policies and procedures) without understanding the collective whole (Carlucci & Schiuma, 2014). Interestingly, lower-level employees most easily impact climate since they can impact the direct observations of their peers. This is in contrast to organizational culture, which is most readily impacted by senior leadership (Mishra & Tikoria, 2021).

Culture and climate are interrelated but distinct, with climate being the superficial experience of culture (Carlucci & Schiuma, 2014). Organizational culture is the shared beliefs, values, and assumptions held by an organization which can only change slowly over time. Climate, however, presents social environments in static terms. While it is seen as fixed, it is often reactive and quickly changeable (Denison, 1996). Organizational culture is a representation of the way that things are done collectively within an organization, which is a corporate experience. This can be directly contrasted with organizational climate, which is the individualized experience of how an individual perceives their everyday working environment (Galdikiene et al., 2019). Culture is the basic assumptions of the world and the values that guide and organization, while climate is the meaning that people attach to these interrelated bundles of experience (Schneider et al., 2013). Not all researchers, however, recognize the difference between culture and climate and instead conceptualize them as two different perspectives on the

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same organizational phenomenon (Denison, 1996). Though not as heavily researched as culture, organizational climate's impact on business operations cannot be overstated. It is associated with job satisfaction, individual job performance, customers' perception of service quality, innovative behavior in top management teams, and innovation at the individual contributor level (Carlucci & Schiuma, 2014). As Carlucci and Schiuma (2012) point out, organizational climate plays a vital role in any organizational process. This is especially true when there is any process improvement that requires implementation of change and can be seen as a key intangible performance driver (Carlucci & Schiuma, 2012). Not surprisingly, these performance indicators are impacted by employee behavior. There is a significant difference in the role stress and job satisfaction of employees who work in a favorable vs. unfavorable organizational climate (Thakre & Shroff, 2016). It is both created by and directly impacts the employee's experience of the organizational as a whole. Beneficial organizational climate has a positive impact on work-related behaviors, attitudes, and efficiency (Schneider et al., 2013), in addition to being a driving antecedent to work engagement (Hu et al., 2022). Further, climate has been found to be directly related to job satisfaction and indirectly related to organizational performance (Khadivi et al., 2021).

Though relevant in all industries, organizational climate is especially important in healthcare. Healthcare workers, especially in a post-pandemic world, are perpetually stressed by the physical and emotional requirements of their role. While organizational climate has a significant impact on the innovative behavior of knowledge workers across industries (Xu et al., 2022), healthcare workers are particularly reactive to climate change. As Mishra and Tikoria (2021) point out, other industries can benefit from a positive organizational climate, but healthcare workers require a positive climate to maintain motivation, commitment, job

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satisfaction, and innovative behavior. Nurses, who often bear the brunt of a healthcare organization's stress, are particularly impacted by a negative organizational climate. A poor climate is associated with nurses providing lower-quality care, increased dissatisfaction with their jobs, increased turnover, and increased burnout (Galdikiene et al., 2019). In fact, Galdikiene et al. also found that nurses experience the most stress when working in a more resistant and less proficient organizational climate in addition to one that is perceived as stressful.

Unfortunately, violence between and towards healthcare workers continues to accelerate both between employees and between employees and staff. As of 2022, more than half of healthcare workers worldwide had experienced workplace violence (Hu et al.). Lateral bullying (when an employee bullies a peer) is an increasing problem, but bullying among nurses is negatively correlated with a beneficial organizational climate (Giorgi et al., 2016). In addition to physical violence, psychological violence is pervasive in the healthcare environment. Organizational climate plays a major role in the decrease of peer-to-peer violence, both physically and psychologically. As Hu et al. (2022) point out, psychological violence is negatively correlated with work engagement, and this relationship is mediated by the quality of the organizational climate.

Since organizational climate is so strongly connected with the individual perceivable experience of work, it naturally follows that it is most easily impacted by the employees' direct management. One of the major elements in the creation of organizational climate is the employee's perception of their management, including their decision-making and standardization of work (Hu et al., 2022). Employees look to their leaders for cues on how to navigate through an organization, including adherence to policies, responses to organizational culture, and the political environment internal and external to their departments. This creates the psychological

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matrix by which employees create their perceptions of organizational climate (Mishra & Tikoria, 2021). The impact of direct leadership cannot be overstated. As Stringer (2002) put it, “most studies have shown that the single most important determinant of an organization’s climate is the day-to-day behavior of its leaders.” Since organizational climate is fundamentally co-created at the lower levels of an organization, assessing and managing climate without the input of the employees involved is futile and undermines the benefit of the exercise (Carlucci & Schiuma, 2014).

One of the major contributors to a positive climate is an employee’s perception of fairness and equality throughout all areas of their employment. When employees feel an overall sense of equality and believe that their efforts will be rewarded fairly, they will be more comfortable and relaxed in their environment (Xu et al., 2022). This dynamic applies most obviously to pay, work distribution, and other benefits but fairness is also required in the perceptions of the availability of advancement. Carlucci and Schiuma (2014) found that employees adhere to policies less readily when they feel as if advancement is not equally available. The sense of fairness is impacted by, and reflects directly on, an employee’s perceptions of their direct leadership. The more ethical a leader is perceived to be, the better the organizational climate and the higher the commitment of the direct subordinates (Mishra & Tikoria, 2021).

As with organizational climate as a whole, the impact of leadership is heightened among healthcare workers. This is especially true in the limited resource conditions of a post-pandemic environment. Hu et al. (2022) found that RN managers can best impact organizational climate by building a fair, harmonious, and positive atmosphere in addition to reducing negative emotions, providing training, and creating fair assignments. In an ideal world, healthcare organizational

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climate is at its best when the workload is lightened, teamwork is at its best, there are defined roles, and reduced psychological violence (Hu et al., 2022). When assessing or implementing a climate initiative in a healthcare setting, it is imperative that healthcare workers know how the initiative will impact their daily work. They also require follow-up meetings to be assured that they are taken seriously (Carlucci & Schiuma, 2014). Though this was observed specifically among healthcare workers, the process of creating buy-in and ongoing feedback is good practice across any change initiative. Thankfully leaders don't need to create an ideal organizational climate on their own. Employees typically want to be involved in the creation of a strong climate and are willing to participate best when they feel empowered to create change (Carlucci & Schiuma, 2014). Creating a strong organizational climate is a long-term investment that requires persistent and iterative assessment and implementation (Xu et al., 2022), but it is critical to the operational well-being of an organization.

Perceived Organizational Support

Traditional methods of working have changed drastically since the technological revolution and are now more focused on the individual experience instead of the collective organizational experience (Adigüzel et al., 2021). Employees now operate as free agents and utilize this freedom to make an individual choice to respond positively to an organizational environment where they feel supported (Chiaburu et al., 2015). While perceived organizational support has been linked directly to increased organizational effectiveness (Altaf, 2011), increased attention to quality control measures (De Bono et al., 2013), increased pro-social citizens' behaviors (Chiaburu et al., 2015), and higher psychological capital (Bilgetürk & Baykal, 2021), the relationship to cultural integration has not yet been mapped. Perceived organizational support is the assumption that an organization cares about the employees on an

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individual level (Chiaburu et al., 2015) and contributes to an overall sense of well-being (Aggarwal-Gupta et al., 2010). When an employee feels as if their organization cares about them and their needs, they tend to respond with increased job commitment, satisfaction, and increased work performance (Ballaro & Washington, 2016). As Aggarwal-Gupta et al. (2010) explain, enhancing the well-being of the individuals in an organization will lead to a cumulative and collective impact on the increased affective reactions towards work, which results in operational impacts such as turnover and absenteeism. This dynamic can be seen through the lenses of psychological capital, pro-social behavior, and organizational effectiveness.

Bilgetürk and Baykal (2021) conceptualize psychological capital as self-efficacy, optimism, resilience, and hope. Each of these elements is impacted by an employee's perceptions of organizational support (Bilgetürk & Baykal, 2021). Healthy psychological capital requires that basic physiological needs be met (such as sufficient pay, healthy work culture, and safe working conditions) in addition to psychological needs (Adigüzel et al., 2021). The psychological needs of employees are most likely to be met in an environment where employees are empowered and authentic leadership is supported and able to thrive (Bilgetürk & Baykal, 2021). Increasing the perceptions of organizational support has a reciprocal relationship with psychological capital as it both creates an environment where employees can psychologically flourish and is positively impacted by their psychological health and sense of well-being.

In contrast to the relationship between psychological capital and perceived organizational support, the psychological contract does not have a reciprocal relationship with POS (Coyle-Shapiro & Conway, 2005). Each employee has an unwritten and individualized social contract that outlines what they expect to get from the company in return for what they give. Though it would be expected that this would relate closely to the perception of organizational support,

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there is no direct correlation when looking at the social contract overall (Coyle-Shapiro & Conway, 2005). When broken into individual parts, however, a clearer pattern emerges. When the psychological contract is broken into its two parts (perceived employer obligations and inducements), a dichotomous relationship with POS emerges (Coyle-Shapiro & Conway, 2005). Employee perception that their companies are voluntarily and intentionally investing in them (inducements) relates directly to an increase in POS, while perceptions that the company is fulfilling the requirements that were promised (obligations) do not (Coyle-Shapiro & Conway, 2005). All components of organizational commitment are influenced by POS (Aggarwal-Gupta et al., 2010), which is clearly seen through the reduction of absenteeism and employee turnover (Eisenberger et al., 1986).

In addition to an increase in psychological capital and social contract fulfillment, POS is directly related to pro-social behaviors. Though often overlooked, pro-social citizenship behaviors are vitally important to perceptions of support since they provide social nourishment to the organization, decrease employee disputes, and increase efficiency (Adigüzel et al., 2021). Employees are more likely to demonstrate organizationally acceptable citizenship behaviors and have an increased sense of job control when they perceive that the organization is appropriately supporting them (Adigüzel et al., 2021). In part, this is supported by repetitive and predictable evidence that pro-organization behavior will be rewarded while anti-organizational behavior will either be ignored or punished (Bilgetürk & Baykal, 2021). In a more basic sense, the commitment to an organization demonstrated by pro-social behaviors is directly tied to perceptions that increased work results in increased material rewards (Eisenberger et al., 1986).

The downside of perceived organizational support, however, is the tendency of employees to see leadership as one collective whole instead of seeing them as individual leaders

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with unique perspectives (Ballaro & Washington, 2016). Employees see the attitudes and behaviors of the organization as representative of the organizational ‘superior mind’ instead of seeing them as individualized actions taken by specific leaders (Bilgetürk & Baykal, 2021). This can lead to a sense that interactions are collective or disingenuous, which decreases POS. This is particularly true of praise when given to a group or entire organization (Bilgetürk & Baykal, 2021). This can be counteracted by highlighting individual and voluntary organizational choices instead of focusing on external factors such as unionization (Eisenberger et al., 1986).

Summary

Organizational culture, organizational climate, and perceived organizational support have been a part of organizational psychological research since at least the 1970s. They are becoming more utilized in the current healthcare environment that requires more of its employees with increasingly limited resources. Organizational culture is the shared values, beliefs, norms, and agreed-upon behaviors in a team (Altaf, 2011). This is a deeply held foundational framework through which organizations operate. The more superficial interpretation of culture can be seen through organizational climate, which is the process by which people make psychological sense of their environment through internal and external observations (Mishra & Tikoria, 2021). Organizational climate is more easily and quickly modified since it is dependent on directly observable phenomena. Perceived operational support reflects the understanding that employees are most likely to demonstrate more positive social behaviors when they feel more supported by their organization. The relationship between organizational culture and perceived organizational support is not yet understood.

Chapter 3: Methodology

This study was completed by providing an online questionnaire to employees within the Penn State Health system. Their participation was voluntary but encouraged. The survey was open for two weeks and included the Organizational Culture Assessment and Survey of Perceived Organizational Support tools. Complete and timely data were analyzed using multiple regression analysis.

Population and Sample

This research was completed among Penn State Health employees who work at Holy Spirit Hospital, Hampden Hospital, Academic Outpatient Division, and the Community Medical Group. This represents a total sample of $N=5681$. Employees at all levels of the organization and in all positions were provided the opportunity to participate in the survey.

Power Analysis

An a priori power analysis was conducted using G*Power version 3.1.9.7 (Faul et al., 2009) for sample size estimation. With a significance criterion of $\alpha = .05$ and power = .95, the minimum sample size needed with this effect size is $N = 129$ for a linear multiple regression f -test. The projected sample size of $N = [5681 * 60\%]$ is more than adequate to test the study hypothesis.

Instrumentation

Organizational Culture was measured using the Organizational Culture Assessment Instrument (OCAI). The OCAI has been found to be both reliable and valid in many studies across many industries. In Quinn & Spreitzer's 1991 review, they found that the Cronbach alpha coefficients for each cultural type were as follows: .74 for collaborate culture, .79 for create culture, .73 for control culture, and .71 for the compete culture. Each coefficient was statistically

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significant and satisfactory compared to standard measures of reliability (Quinn & Spreitzer, 1991). The OCAI was found to be valid across multiple studies, but most notably in Cameron and Freeman's (1991) research across 334 institutions of higher education. They selected 12-20 individuals within each organization that could validate the culture of each organization compared to the data provided.

Perceived Organizational Support was measured using the shortened 8-question version of Eisenberger's Survey of Perceived Organizational Support (SPOS). This survey has been found to measure POS accurately and consistently as a distinct construct separate from other employee perspectives (Eisenberger et al., 1986). The full 36-question SPOS is unidimensional and has very high internal reliability, both of which allow for a shortening of the questionnaire (Rhoades & Eisenberger, 2002). Due to operational needs and the inclusion of the OCAI, the shorter version was most appropriate in this study.

Procedure

Emails were sent to all employees that work at Holy Spirit Hospital, Hampden Medical Center, and the Community Medical Group within Penn State Health with a link to a SurveyMonkey questionnaire. It was made clear through the introductory email and the survey instructions that participation was encouraged but was strictly voluntary. Participants were told that all individual responses were anonymous and confidential. The survey was open for two weeks, with a reminder email sent to those who had not yet completed the survey within the first week. Only complete and timely responses are included in the research.

Data Analysis

The data in this study were analyzed using regression analysis. Regression is an established method of identifying a relationship between variables (Gallo, 2015). A multiple

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regression analysis was done using SPSS software. Regression is the ideal statistical tool for similar studies as it determines a significant relationship between variables in addition to being more sensitive to the variability of an effect across individuals than to the effect's average size (Eisenberger et al., 1986).

Chapter 4: Results

The focus of this investigation was to determine the relationship between Organizational Culture and Perceived Organizational Support. The following section contains detailed results and an analytic analysis of testing each hypothesis. As stated previously, the data were analyzed using regression analysis, which is a means of characterizing the relationship between one variable and a set of variables. Regression is the statistical tool used for similar studies as it is more sensitive to the variability of an effect across individuals than to the effects' average size (Eisenberger et al., 1986). The hypotheses of the research are as follows.

H_0 : There is no significant relationship between the facets of organizational culture and perceived organizational support.

H_1 : There is a significant correlation between the facets of organizational culture and perceived organizational support.

Descriptive Statistics

Table 1 summarizes the demographic variables of the sample. The variables used for this study were age, gender, work location, position level, and job function. The total number of completed surveys was 240 out of a total of 5,681 surveys sent, which represents a response rate of 4.2%. This population covered employees who work at Holy Spirit Hospital, Hampden Hospital, Academic Outpatient Division, and the Community Medical Group.

The mean for each variable was calculated as depicted in Table 1. Collaborate ranged from 0.0-91.67 ($M = 25.14$, $SD = 16.55$), compete ranged from 0.0-58.33 ($M = 14.48$, $SD = 9.60$), control ranged from 0.0-100.00 ($M = 31.17$, $SD = 18.72$), and create ranged from 0.0 – 83.33 ($M = 29.21$, $SD = 14.04$). Perceived organizational support, the dependent variable ranged from -24.0 -24 ($M = -1.90$, $SD = 10.90$)

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Table 1: Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Collaborate	240	.00	91.67	25.14	16.55
Compete	240	.00	58.33	14.48	9.60
Control	240	.00	100.00	31.17	18.72
Create	240	.00	83.33	29.21	14.04
Gender ^a	228	.00	1.00	.85	.36
Age ^b	240	1.00	6.00	3.66	1.28
Valid N (listwise)	228				

a. males = 0, females = 1

b. 18-24 = 1, 25-34 = 2, 35-44 = 3, 45-54 = 4, 55-65 = 5, 65+ = 6

The respondent sample consisted of more females (80.8%) than males (14.2%), with 5% of the population choosing not to identify a gender. The respondents were relatively equally distributed across middle age, with 22.9% reporting their age as 35-44, 25.4% reporting as 45-54, and 24.2% reporting as 55-64. Only 27.4% of respondents were older or younger than the 35-60 range. Table 2 represents the reported work location of the sample. Almost half of the sample reported working in an in-patient environment (40%), as represented by those who work at Holy Spirit Hospital and Hampden Hospital. The sample was also skewed towards non-provider clinical (Table 3) individual contributor position level (Table 4) positions.

Table 2: Location

	N	%
Academic Practice Division	31	12.9%
Community Medical Group	67	27.9%
Hampden Hospital	19	7.9%
Holy Spirit Hospital	77	32.1%
Other (please specify)	46	19.2%

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Table 3: Job Category

	N	%
Administrative/Ancillary Services	41	17.1%
Clinical (non-physician/APP)	101	42.1%
Managerial	45	18.8%
Other (please specify)	38	15.8%
Physician/APP	15	6.3%

Table 4: Position Level

	N	%
Assistant Manager	13	5.4%
Director	5	2.1%
Individual Contributor	165	68.8%
Manager	51	21.3%
Senior Leadership	6	2.5%

Prior to the analysis, the parametric assessment of multiple regressions was performed, and it was found that there were no violations of the assumptions. The assumptions were independence of observation, linearity, homoscedasticity, multicollinearity, outlier detection, and normality. All assumptions were found not to correlate with residuals. The assumption of linearity was met based on the linear relationship found between each independent and the dependent variables.

Figure 2 indicates a linear relationship between collaborate culture and perceived organizational support.

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Figure 2: Scatterplot of Collaborative and Perceived Organizational Support

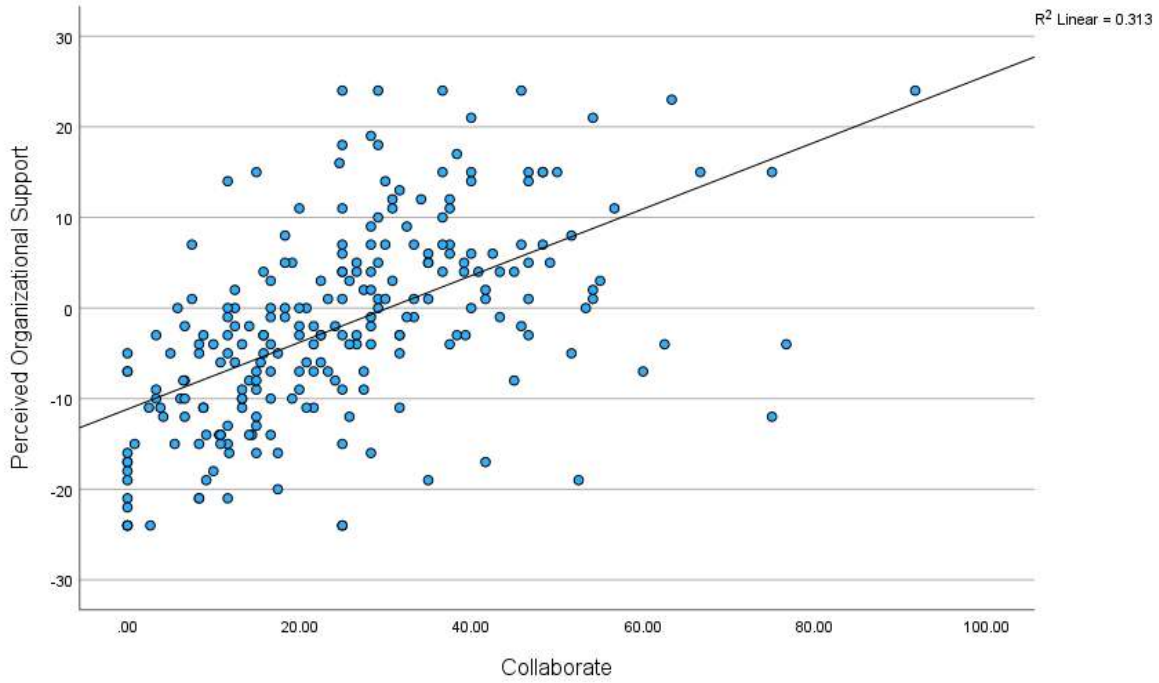
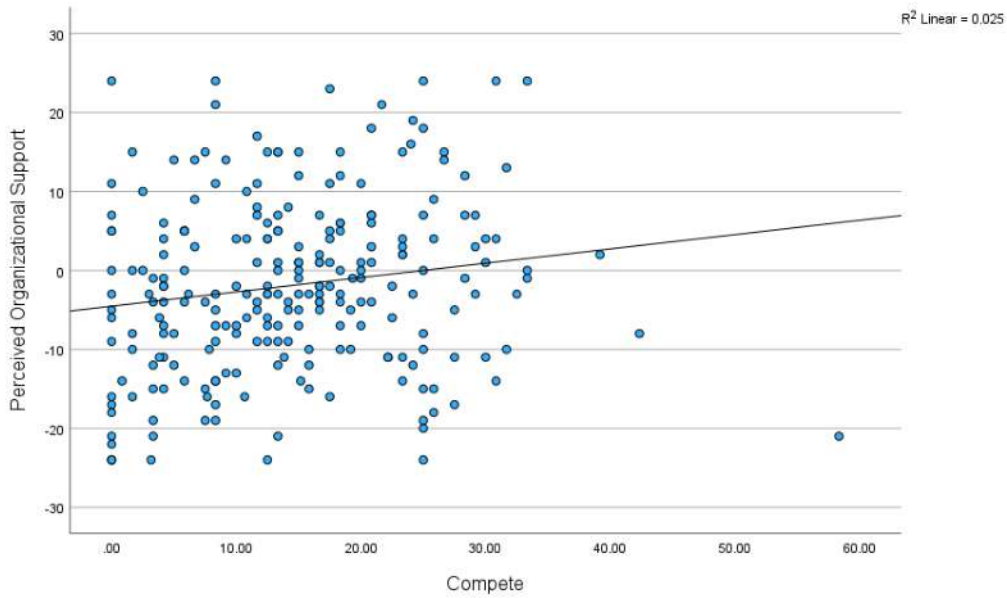


Figure 3 indicates a linear relationship between compete and perceived organizational support.

Figure 3: Scatterplot of Compete and Perceived Organizational Support



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Figure 4 indicates a linear relationship between control and perceived organizational support.

Figure 4: Scatterplot of Control and Perceived Organizational Support

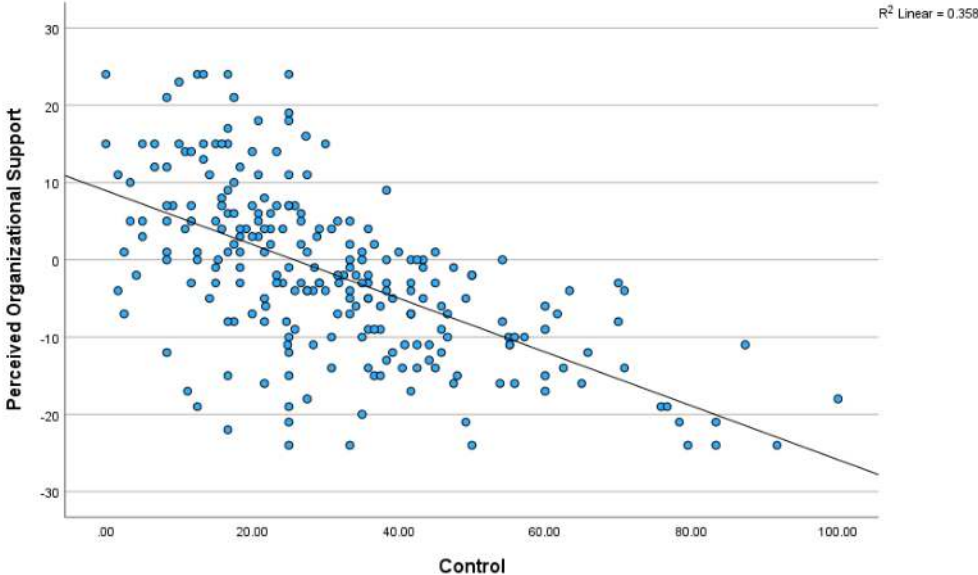


Figure 5 indicates that there is not a linear relationship between create and perceived organizational support.

Figure 5: Scatterplot of Create and Perceived Organizational Support

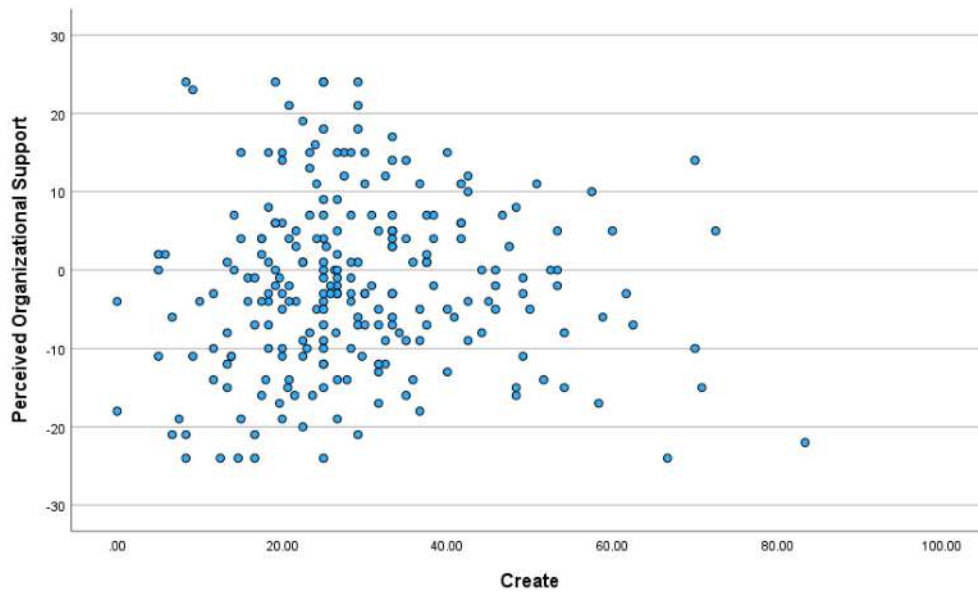
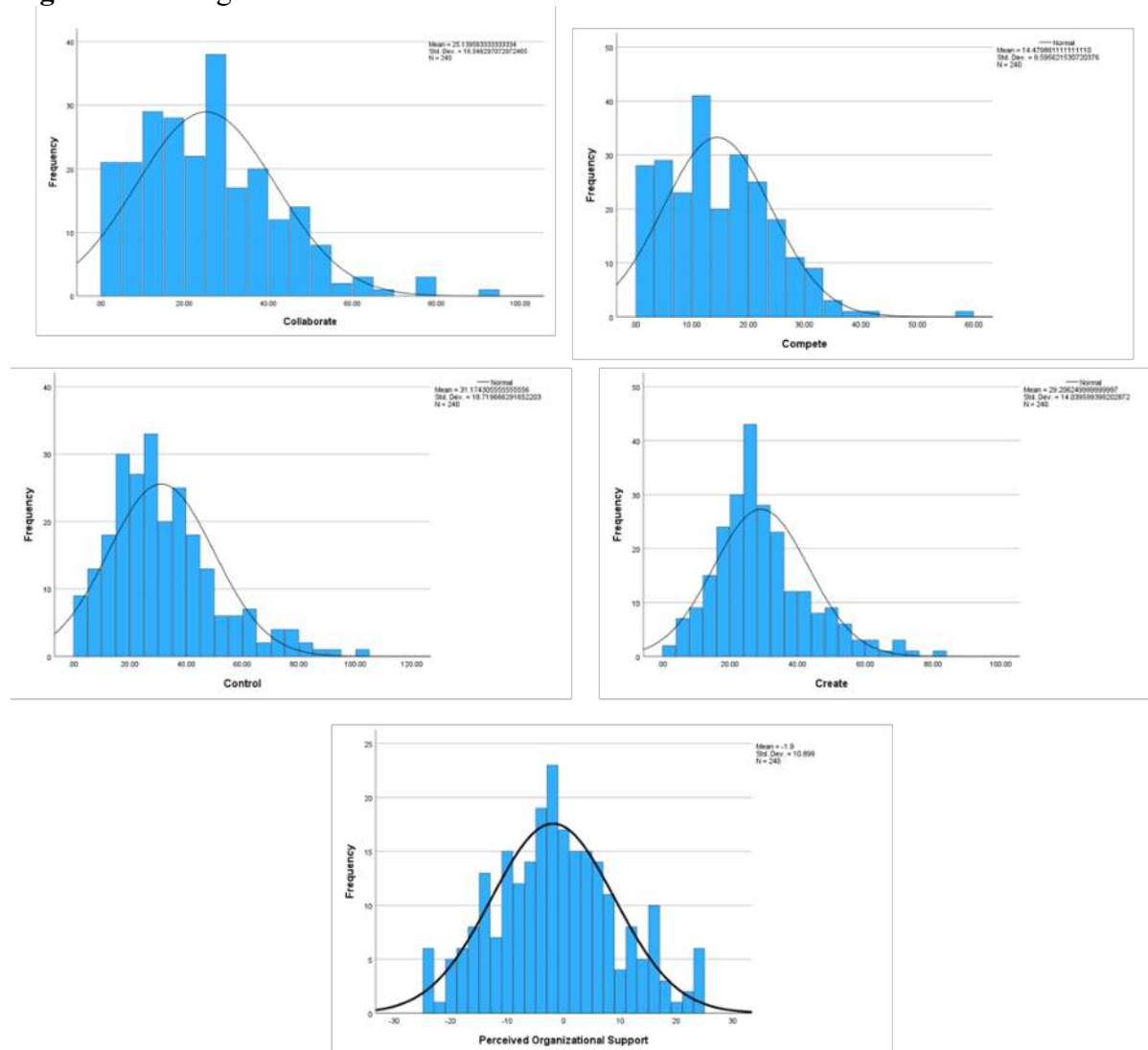


Figure 6 demonstrates that all variables were relatively normally distributed with varying levels of skewness and kurtosis.

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Figure 6: Histogram of all Variables



Correlation

Correlations between the four parameters of organizational culture (collaborate, compete, create, and control) were run using bivariate two-tailed Pearson's correlation modeling. Table 5 shows us that collaborate, compete, and control organizational cultures are positively correlated with perceived organizational support while the create culture is not. In this context, collaborate (0.56) and control (-0.60) cultural profiles were significantly correlated with perceived organizational support at ≤ 0.01 , while a compete (0.16) profile was significant at a ≤ 0.05 level.

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As culture is seen as more collaborative or competitive, the level of perceived organizational support increases. The inverse is true of a controlling culture, while a create culture shows no significant impact on perceived organizational support. Therefore, the null hypothesis can be rejected as we see a variety of correlations between organizational culture and perceived organizational support.

Table 5: Correlations

		Collaborate	Compete	Control	Create	Perceived Organizational Support
Collaborate	Pearson	1.00	.04	-.71**	-.25**	.56**
	Correlation					
	Sig. (2-tailed)		.56	<.001	<.001	<.001
	N	240	240	240	240	240
Compete	Pearson	.04	1.00	-.25**	-.39**	.16*
	Correlation					
	Sig. (2-tailed)	.56		<.001	<.001	.01
	N	240	240	240	240	240
Control	Pearson	-.71**	-.25**	1.00	-.32**	-.60**
	Correlation					
	Sig. (2-tailed)	<.001	<.001		<.001	<.001
	N	240	240	240	240	240
Create	Pearson	-.25**	-.39**	-.32**	1.00	.03
	Correlation					
	Sig. (2-tailed)	<.001	<.001	<.001		.65
	N	240	240	240	240	240
Perceived Organizational Support	Pearson	.56**	.16*	-.60**	.03	1.00
	Correlation					
	Sig. (2-tailed)	<.001	.01	<.001	.65	
	N	240	240	240	240	240

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

Regression Analysis

Multiple linear regression was used to create a model of the relationship between organizational culture and perceived organizational support. Since create was not found to significantly impact perceptions of perceived organizational support, it was excluded from the regression modeling.

F-test shows whether the model is significantly better at predicting the dependent variable than using the mean without predictors. Table 6 shows the *F* statistic to be 51.611, $p < .001$, with the predictors of control, compete, and collaborative cultures. Since the $p < .001$, the model is a significant fit to the data. Table 6 demonstrates the test results for linearity using ANOVA. The assumption of linearity was met since the predictor variables have a linear relationship with the outcome variable. The results indicate that the regression model control, compete, and collaborate cultures statistically significantly predict perceived organizational support $F(3,236)=51.611, p < .001$.

Table 6: ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	11248.11	3.00	3749.37	51.61	<.001 ^b
	Residual	17144.68	236	72.65		
	Total	28392.80	239			

a. Dependent Variable: Perceived Organizational Support

b. Predictors: (Constant), Control, Compete, Collaborate

The estimates of *b*-values quantify the relationship between each independent variable and the dependent. All three predictors are correlated with perceived organizational support outcomes, with control being the only variable with a negative correlation (Table 7).

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Collaborate culture $b = 0.19$ (Table 7) indicates that as collaborate culture increases by one unit, perceived organizational support increased by 0.19. Standardized $\beta=0.29$ indicates that the dependent variable increased by 0.29 standard deviations when collaborate culture increases by one standard deviation. This interpretation is true only when the remaining considered independent variables are held constant.

Compete culture $b = 0.06$ (Table 7) indicates that as collaborate culture increases by one unit, perceived organizational support increased by 0.06. Standardized $\beta=0.05$ indicates that the dependent variable increased by 0.05 standard deviations when compete culture increases by one standard deviation. This interpretation is true only when the remaining considered independent variables are held constant.

Control culture $b = -0.22$ (Table 7) indicates that as collaborate culture increased by one unit, perceived organizational support decreased by 0.22. Standardized $\beta= -0.38$ indicates that the dependent variable decreased by 0.38 standard deviations when control culture increased by one standard deviation. This interpretation is true only when the remaining considered independent variables are held constant.

The independent variables are determined to not be correlated as the VIF is below ten and the tolerance above 0.1 for each predictor (Table 7).

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Table 7: Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	-.61	2.85		-.21	.83		
	Collaborate	.19	.05	.29	3.88	<.001	.47	2.12
	Compete	.06	.06	.05	1.00	.32	.90	1.11
	Control	-.22	.04	-.38	-5.01	<.001	.44	2.26

a. Dependent Variable: Perceived Organizational Support

Table 8 demonstrates that the overall regression was statistically significant, with 40% of perceived organizational support levels correlated to organizational culture elements ($R^2 = 0.40$, $F(3,236) = 51.61$, $p = <0.001$).

Table 8: Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.63 ^a	.40	.39	8.52	1.74

a. Predictors: (Constant), Control, Compete, Collaborate

b. Dependent Variable: Perceived Organizational Support

The fitted regression model is as follows:

$$\text{Perceived organizational support} = -0.61 + 0.19(\text{collaborate}) + 0.06(\text{compete}) - 0.22(\text{control})$$

Chapter 5: Discussion

Perceived organizational support and organizational culture have both been researched extensively, but the relationship between the two has not yet been investigated. An understanding of a link between the two could be valuable as more is being asked of organizations with increasingly limited resources. To achieve this end, a survey using a combination of previously validated questionnaires was used to determine the relationship between parameters of organizational culture and perceived organizational support.

Interpretation of the Findings

Based on Cameron and Quinn's work (1999, 2006, 2011), organizational culture can be broken into four varieties, and all organizations have some combination of the four profiles. These varieties are collaborative, creative, controlling, and competitive cultures. Three of these parameters have a statistically significant impact on perceived organizational support (collaborative, controlling, and competitive), while the creative culture parameter has no impact.

Collaborative cultures tend to focus on long-term development and are committed to community, collaboration, and cooperation (Cameron & Quinn, 2011). Employers tend to build this culture through shared values and clear, consistent communication. This cultural parameter is most highly aligned with leadership intervention as they set the standards of communication and collaboration. The care-giving focus of the healthcare field can be assumed to naturally align with a collaborative culture, which may be why this is most strongly correlated with an increase in perceived organizational support. The strong impact of a collaborative culture on perceived organizational support is to be expected since collaborative cultures have been found to be the most prevalent and most desired in healthcare settings (Van Huy et al., 2020).

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Competitive cultures are diametrically opposed to the collaborative culture. They tend to be focused on short-term developments and can be aggressively focused on achievement, speed, and measurable results (Cameron & Quinn, 2011). Though the competitive cultural dimension did not correlate as strongly with an increase in perceived organizational support, it still showed a significant impact. It can be assumed that the scientific and precision needed in the medical field, especially within the inpatient environments, lends itself to an achievement-based culture. The increase in perceived organizational support may be due to the assurance that is provided through structured and stringent quality measures.

Interestingly, a controlling culture was the only parameter to have a negative correlation with perceived organizational support. Controlling cultures tend to focus on doing things right and are not concerned with the speed at which this is done. They are often seen as predictable, dependable, and systematic but can often lead to stagnation and burdensome bureaucracy (Cameron & Quinn, 2011). This finding could potentially be strongly influenced by the limitations of the population. Penn State Health acquired Holy Spirit Hospital (32.1% of the sample) and built Hampden Medical Center (7.9% of the sample) within two years of this survey. Further, these hospitals joined the system during the COVID-19 pandemic. The combination of a healthcare acquisition, the building of a new facility, and a global pandemic created more oversight and bureaucracy than had been seen in the history of the organization. The impact of these factors may have played a part in the strong negative correlation between the controlling culture and perceptions of organizational support.

A creative culture was the only one that did not significantly impact levels of perceived organizational support. Creative cultures are focused on innovating in their industry and lead through change, creativity, experimentation, and flexibility (Cameron & Quinn, 2011). This may

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be another parameter that is strongly impacted by the industry researched. The risk of malpractice and negative patient outcomes increases with creative “out of the box” thinking in the medical field. Though there are areas of medicine that lend themselves to this type of development (notably research hospitals and for-profit medical innovation organizations), the outpatient and community hospital environments included in the population are more focused on the standard of medical care.

The research was completed in an organization that had recently undergone significant changes through acquisitions and new building. The research was also completed in the last quarter of 2022 in the United States, which was just recovering from the COVID-19 pandemic. These influential factors cannot be ignored when inferring the broad applicability of the results. The COVID-19 pandemic alone had significant impacts on the healthcare industry as a whole, resulting in lingering increases in patient safety issues, reduced perceptions of teamwork, and ultimately a reduction in staffing levels (Brborović et al., 2022). Holy Spirit Hospital was acquired during the pandemic (November 2020), while Hampden Medical Center opened right after the pandemic had waned (October 2021). Though the OCAI (Cameron & Freeman, 1991) and the Survey of Perceived Organizational Support (Eisenberger & Stinglhamber, 2011) have been found to be both reliable and valid across multiple industries, the impact that these complicating factors have had on the results cannot be overlooked.

Though the operational impact of perceived organizational support has been linked directly to increased organizational effectiveness (Altaf, 2011), increased attention to quality control measures (De Bono et al., 2013), increased pro-social citizens’ behaviors (Chiaburu et al., 2015), and higher psychological capital (Bilgetürk & Baykal, 2021), perceptions of support are not very easily manipulated. The significant positive correlation between collaborative and

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competitive cultures and perceived organizational support provides an avenue through which leaders can directly impact perceptions of organizational support. Creating an environment where healthcare workers feel as if they are being encouraged to work at their peak performance (compete culture) within a collaborative and supportive environment (collaborative culture) without unnecessary regulations (control culture) provides the best opportunity for increased perceptions of organizational support.

Limitations

This study is limited by the geographic, organization, and industrial limitations of the sample. The population from which the sample was self-selected was within Penn State Health, a single mid-sized healthcare organization within central Pennsylvania. Further, the population was limited to specific organizations within the broader PSH company due to operational accessibility limits. Within this broader population, the sample used self-selected into the research by responding to the voluntary survey. The data for this study was collected in 2022, which can be assumed to carry the impact of the COVID pandemic. This is especially true since the research was completed within a healthcare setting.

Future Research

The geographic, industry, and entity-specific limitations provide ample opportunity for future research. The relationship between organizational culture and perceived organizational support has the potential to broaden the understanding of the evolving workforce on a large scale. The landscape of work has been changing drastically over the past 5 years, and forging a strong, individualized, and ongoing relationship with employees is becoming increasingly more relevant across industries (Chiaburu et al., 2015). It would also be beneficial to study the relationship between variables in various countries and/or multicultural teams. It would also be

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beneficial to research the relationship between the variables in larger healthcare organizations and within other industries. A qualitative analysis of the findings would also be beneficial to provide the lived experience of respondents regardless of the industry.

Conclusions

Perceived organizational support has been linked directly to increased organizational effectiveness (Altaf, 2011), increased attention to quality control measures (De Bono et al., 2013), increased pro-social citizens' behaviors (Chiaburu et al., 2015), and higher psychological capital (Bilgetürk & Baykal, 2021). Despite the clear operational benefits of strong perceptions of organizational support, it is very difficult to directly impact. Organizational culture, however, can be a chosen operational strategy based on intentionally chosen shared values, beliefs, norms (Altaf, 2011). The ability to increase perceptions of organizational support, and reap the operational benefits, by modifying organizational culture is highly promising.

Through a survey of a subset of Penn State Health community hospitals and outpatient facilities, a correlation between organizational culture and perceived organizational support has been demonstrated. Both collaborative and competitive cultures (as defined by Cameron & Quinn, 2011) positively impact perceptions of organizational support, while a controlling culture negatively impacts perceptions. Creative cultural perceptions had no significant impact on organizational support perceptions. Though more research is needed to ascertain the broad applicability of the findings, the ability to impact perceived organizational support through an intentional blend of organizational culture is very promising as organizations are being asked to do more with increasingly fewer resources.

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Appendix A – Organizational Culture Assessment Instrument

1. <i>DOMINANT CHARACTERISTICS</i>	<i>NOW</i>	<i>FUTURE</i>
A. The organization is a very personal place. It is an extended family. People seem to share a lot of themselves.	A _____	A _____ like
B. The organization is a very dynamic and entrepreneurial place. People are willing to stick their necks out and take risks.	B _____	B _____
C. The organization is very results oriented. major concern is with getting the job done. People are very competitive and achievement oriented.	C _____	C _____ A
D. The organization is a very controlled and structured place. Formal procedures generally govern what people do.	D _____	D _____
	<i>Total</i>	<i>100</i>
		<i>100</i>
 2. <i>ORGANIZATIONAL LEADERSHIP</i>	<i>NOW</i>	<i>FUTURE</i>
A. The leadership in the organization is generally considered to exemplify mentoring, facilitating, or nurturing.	A _____	A _____
B. The leadership in the organization is generally considered to exemplify entrepreneurship, innovating, or risk taking.	B _____	B _____
C. The leadership in the organization is generally considered to exemplify an aggressive, results-oriented, no-nonsense focus.	C _____	C _____
D. The leadership in the organization is generally considered to exemplify coordinating, organizing, or smooth-running efficiency.	D _____	D _____
	<i>Total</i>	<i>100</i>
		<i>100</i>

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3.	<i>MANAGEMENT OF EMPLOYEES</i>	<i>NOW</i>	<i>FUTURE</i>
A.	The management style in the organization is characterized by teamwork, consensus, and participation.	A _____	A _____
B.	The management style in the organization is characterized by individual risk-taking, innovation, freedom, and uniqueness.	B _____	B _____
C.	The management style in the organization is characterized by hard-driving competitiveness, high demands, and achievement.	C _____	C _____
D.	The management style in the organization is characterized by security of employment, conformity, predictability, and stability in relationships.	D _____	D _____
	<i>Total</i>	<i>100</i>	<i>100</i>
4.	<i>ORGANIZATIONAL GLUE</i>	<i>NOW</i>	<i>FUTURE</i>
A.	The glue that holds the organization together loyalty and mutual trust. Commitment to this organization runs high.	A _____	A _____ is
B.	The glue that holds the organization together commitment to innovation and development. There is an emphasis on being on the cutting edge.	B _____	B _____ is
C.	The glue that holds the organization together the emphasis on achievement and goal accomplishment. Aggressiveness and winning are common themes.	C _____	C _____ is
D.	The glue that holds the organization together formal rules and policies. Maintaining a smooth-running organization is important.	D _____	D _____ is
	<i>Total</i>	<i>100</i>	<i>100</i>

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5. STRATEGIC EMPHASES	<i>NOW</i>	<i>FUTURE</i>
A. The organization emphasizes human development. High trust, openness, and participation persists.	A _____	A _____
B. The organization emphasizes acquiring resources and creating new challenges. Trying new things and prospecting for opportunities are valued.	B _____	B _____ new
C. The organization emphasizes competitive actions and achievement. Hitting stretch targets and winning in the marketplace are dominant.	C _____	C _____
D. The organization emphasizes permanence stability. Efficiency, control and smooth operations are important.	D _____	D _____ and
	<i>Total</i>	<i>100</i>
		<i>100</i>

6. CRITERIA OF SUCCESS	<i>NOW</i>	<i>FUTURE</i>
A. The organization defines success on basis of the development of human resources, teamwork, employee commitment, and concern for people.	A _____	A _____
B. The organization defines success on the basis of having the most unique or the newest products. It is a product leader and innovator.	B _____	B _____
C. The organization defines success on the basis of winning in the marketplace and outpacing the competition. Competitive market leadership is key.	C _____	C _____
D. The organization defines success on the basis of efficiency. Dependable delivery, smooth scheduling, and low cost production are critical.	D _____	D _____
	<i>Total</i>	<i>100</i>
		<i>100</i>

Appendix B – Survey of Perceived Organizational Support

Listed below and on the next several pages are statements that represent possible opinions that YOU may have about working at _____. Please indicate the degree of your agreement or disagreement with each statement by filling in the circle on your answer sheet that best represents your point of view about _____. Please choose from the following answers:

1. _____ values my contribution to its well-being.
2. _____ fails to appreciate any extra effort from me. (R)
3. _____ disregards my best interests when it makes decisions that affect me. (R)
4. _____ really cares about my well-being.
5. Even if I did the best job possible, _____ would fail to notice. (R)
6. _____ cares about my general satisfaction at work.
7. _____ shows very little concern for me. (R)
8. _____ takes pride in my accomplishments at work.

Appendix C – Permissions

Organizational Culture Assessment Instrument (OCAI)

7/3/22, 2:02 PM

Gmail - OCAI Permissions



Rebecca Hollenbach <hollenbachrm@gmail.com>

OCAI Permissions

Meredith Smith <meredithbusiness@gmail.com>
To: hollenbachrm@gmail.com

Mon, Jun 27, 2022 at 11:04 AM

Dear Rebecca,

Thank you for your inquiry regarding the Organizational Culture Assessment Instrument (OCAI). Kim Cameron copyrighted the OCAI in the 1980s, but because it is published in the Diagnosing and Changing Organizational Culture book, it is also copyrighted by Jossey Bass.

The instrument may be used free of charge for research or student purposes, but a licensing fee is charged when the instrument is used by a company or by consulting firms to generate revenues. As a student you may use it free of charge. Please be sure all surveys and your dissertation include the appropriate copyright information (© Kim Cameron). Professor Cameron appreciates you sharing your results with him when you finish your study.

We do have a local company (BDS, Behavioral Data Services, 734-663-2990, Sherry.Slade@b-d-s.com) which can distribute the instrument on-line, tabulate scores, and produce feedback reports for a fee. These reports include comparison data from approximately 10,000 organizations—representing many industries and sectors, five continents, and approximately 100,000 individuals.

I hope this explanation is helpful. Congratulations on your program, and I wish you well on your project.

Best wishes,

Meredith Smith

Assistant to Kim Cameron

Survey of Perceived Organizational Support (SPOS)

Dr. Michael Eisenberger passed away on May 9th, 2022. His personal website gives tacit permission for his work to be used for educational purposes. The following information can be found at <http://classweb.uh.edu/eisenberger/perceived-organizational-support/>.

Information about assessing POS and downloadable articles are provided below. More information on POS can be obtained from my recent book with Florence Stinglhamber entitled *Perceived organizational support: Fostering enthusiastic and productive employees*. Washington, DC: American Psychological Association Books.

A link for a copy of the 36-item Survey of Perceived Organizational Support (SPOS) is given in the table below. The items indicated by an asterisk are a 16-item short form. The reference for the scale is:

Eisenberger, R., Huntington, R., Hutchison, S., & Sowa, D. (1986). Perceived organizational support. *Journal of Applied Psychology*, 71, 500-507.

If a still shorter 8-item version of the scale is needed, another version selected from high loading items from the original SPOS may be used (please see the table below). This scale follows the recommendation of Rhoades and Eisenberger (2002, p. 699) that “Because the original scale is unidimensional and has high internal reliability, the use of shorter versions does not appear problematic. Prudence nevertheless dictates that both facets of the definition of POS (valuation of employees’ contribution and care about employees’ well-being) be represented in short versions of the questionnaire.”

The above 1986 article should be referenced if you are going to use the 8-item version. Item numbers refer to the 1986 article.

Appendix D – Survey

PSH Dissertation Questionnaire

The Competing Values Culture Assessment - Current State

These six questions ask you to identify the way you experience your organization right now, and, separately, the way you think it should be in the future if it is to achieve its highest aspirations. In the survey, “the organization” refers to Penn State Health.

Please rate each of the statements by dividing 100 points between alternatives A, B, C, and D depending on how similar the description is to your firm. (100 would indicate very similar and 0 would indicate not at all similar). The total points for each question must equal 100. The assessment uses this method to better demonstrate how moving toward one profile also requires moving away from its opposite. That is, it demonstrates the inherent tradeoffs of any approach to culture change.

First, rate how you perceive the organization to be at the present time. You will rate the future state in the next set of questions.

You may divide the 100 points in any way among the four alternatives in each question. Some alternatives may get zero points, for example. Remember that the total must equal 100.

* 1. Dominant Characteristics

The organization is a very personal place. It is like an extended family. People seem to share a lot of themselves.

The organization is a very dynamic and entrepreneurial place. People are willing to stick their necks out and take risks.

The organization is very results-oriented. The major concern is with getting the job done. People are very competitive and achievement-oriented.

The organization is a very controlled and structured place. Formal procedures generally govern what people do.

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* 2. Organizational Leadership

The leadership in the organization is generally considered to exemplify mentoring, facilitating, or nurturing.

The leadership in the organization is generally considered to exemplify entrepreneurship, innovating, or risk taking.

The leadership in the organization is generally considered to exemplify an aggressive, results-oriented, no-nonsense focus.

The leadership in the organization is generally considered to exemplify coordinating, organizing, or smooth-running efficiency.

* 3. Management of Employees

The management style in the organization is characterized by teamwork, consensus, and participation.

The management style in the organization is characterized by individual risk-taking, innovation, freedom, and uniqueness.

The management style in the organization is characterized by hard-driving competitiveness, high demands, and achievement.

The management style in the organization is characterized by security of employment, conformity, predictability, and stability in relationships.

* 4. Organizational Glue

The glue that holds the organization together is loyalty and mutual trust. Commitment to this organization runs high.

The glue that holds the organization together is commitment to innovation and development. There is an emphasis on being on the cutting edge.

The glue that holds the organization together is the emphasis on achievement and goal accomplishment. Aggressiveness and winning are common themes.

The glue that holds the organization together is formal rules and policies. Maintaining a smooth-running organization is important.

ORGANIZATIONAL CULTURE & PERCEIVED ORGANIZATIONAL SUPPORT

* 5. Strategic Emphases

The organization emphasizes human development. High trust, openness, and participation persists.

The organization emphasizes acquiring new resources and creating new challenges. Trying new things and prospecting for opportunities are valued.

The organization emphasizes competitive actions and achievement. Hitting stretch targets and winning in the marketplace are dominant.

The organization emphasizes permanence and stability. Efficiency, control, and smooth operations are important.

* 6. Criteria of Success

The organization defines success on the basis of the development of human resources, teamwork, employee commitment, and concern for people.

The organization defines success on the basis of having the most unique or the newest products. It is a product leader and innovator.

The organization defines success on the basis of winning in the marketplace and outpacing the competition. Competitive market leadership is key.

The organization defines success on the basis of efficiency. Dependable delivery, smooth scheduling, and low cost production are critical.

PSH Dissertation Questionnaire

The Competing Values Culture Assessment - Future State

Now that you have assessed the current state of Penn State Health, rate the organization again in the FUTURE depending on how you think your organization must be if it is to accomplish its highest objectives and achieve spectacular success.

You may divide the 100 points in any way among the four alternatives in each question. Some alternatives may get zero points, for example. Remember that the total must equal 100.

ORGANIZATIONAL CULTURE & PERCEIVED ORGANIZATIONAL SUPPORT

* 10. Organizational Glue

The glue that holds the organization together is loyalty and mutual trust. Commitment to this organization runs high.

The glue that holds the organization together is commitment to innovation and development. There is an emphasis on being on the cutting edge.

The glue that holds the organization together is the emphasis on achievement and goal accomplishment. Aggressiveness and winning are common themes.

The glue that holds the organization together is formal rules and policies. Maintaining a smooth-running organization is important.

* 11. Strategic Emphases

The organization emphasizes human development. High trust, openness, and participation persists.

The organization emphasizes acquiring new resources and creating new challenges. Trying new things and prospecting for opportunities are valued.

The organization emphasizes competitive actions and achievement. Hitting stretch targets and winning in the marketplace are dominant.

The organization emphasizes permanence and stability. Efficiency, control, and smooth operations are important.

* 12. Criteria of Success

The organization defines success on the basis of the development of human resources, teamwork, employee commitment, and concern for people.

The organization defines success on the basis of having the most unique or the newest products. It is a product leader and innovator.

The organization defines success on the basis of winning in the marketplace and outpacing the competition. Competitive market leadership is key.

The organization defines success on the basis of efficiency. Dependable delivery, smooth scheduling, and low cost production are critical.

ORGANIZATIONAL CULTURE & PERCEIVED ORGANIZATIONAL SUPPORT

* 10. Organizational Glue

The glue that holds the organization together is loyalty and mutual trust. Commitment to this organization runs high.

The glue that holds the organization together is commitment to innovation and development. There is an emphasis on being on the cutting edge.

The glue that holds the organization together is the emphasis on achievement and goal accomplishment. Aggressiveness and winning are common themes.

The glue that holds the organization together is formal rules and policies. Maintaining a smooth-running organization is important.

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The organization defines success on the basis of efficiency. Dependable delivery, smooth scheduling, and low cost production are critical.

ORGANIZATIONAL CULTURE & PERCEIVED ORGANIZATIONAL SUPPORT

Survey of Perceived Organizational Support

Listed below and on the next several pages are statements that represent possible opinions that YOU may have about working at Penn State Health. Please indicate the degree of your agreement or disagreement with each statement by choosing the answer that best represents your point of view about Penn State Health.

* 13. Penn State Health values my contribution to its well-being.

0 Strongly Disagree	3 Neither Agree or Disagree	6 Strongly Agree	<input type="checkbox"/>
<input type="radio"/>			

* 14. Penn State Health fails to appreciate any extra effort from me.

0 Strongly Disagree	3 Neither Agree or Disagree	6 Strongly Agree	<input type="checkbox"/>
<input type="radio"/>			

* 15. Penn State Health would ignore any complaint from me.

0 Strongly Disagree	3 Neither Agree or Disagree	6 Strongly Agree	<input type="checkbox"/>
<input type="radio"/>			

* 16. Penn State Health really cares about my well-being.

0 Strongly Disagree	3 Neither Agree or Disagree	6 Strongly Agree	<input type="checkbox"/>
<input type="radio"/>			

* 17. Even if I did the best job possible, Penn State Health would fail to notice.

0 Strongly Disagree	3 Neither Agree or Disagree	6 Strongly Agree	<input type="checkbox"/>
<input type="radio"/>			

* 18. Penn State Health cares about my general satisfaction at work.

0 Strongly Disagree	3 Neither Agree or Disagree	6 Strongly Agree	<input type="checkbox"/>
<input type="radio"/>			

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* 19. Penn State Health shows very little concern for me.

0 Strongly Disagree 3 Neither Agree or Disagree 6 Strongly Agree

* 20. Penn State Health takes pride in my accomplishments at work.

0 Strongly Disagree 3 Neither Agree or Disagree 6 Strongly Agree

PSH Dissertation Questionnaire

Demographics

21. What gender do you identify as?

- Male
- Female
- Prefer Not to Answer
- Please specify if not represented above.

22. What is your age?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

* 23. At which location do you work?

- Allt Luter
- Other (please specify)

ORGANIZATIONAL CULTURE & PERCEIVED ORGANIZATIONAL SUPPORT

* 24. What is your function?

- Administrative
- Clinical
- Managerial
- Other (please specify)

* 25. What is your administrative role?

- Admin Assistant
- Other Choices as appropriate
- Other (please specify)

* 26. What is your clinical role?

- Physician
- RN
- Other choices as appropriate
- Other (please specify)

* 27. What is your managerial role?

- Manager
- Director
- Other choices as appropriate
- Other (please specify)