ORGANISATIONAL CULTURE AT PUBLIC HOSPITAL OF ALGARVE: INTERNAL MEDICINE STAFF PERCEPTION

Susana Soares Pinheiro PESCADA
University of Algarve, Faculty of Economics, Portugal
spescada@ualg.pt
(Corresponding Author)

Fernando Jose Calado e Silva Nunes TEIXEIRA
Polytechnic Institute of Beja, Portugal
Smart Cities Research Center, Instituto Polytechnico de Tomar
fernando.teixeira@ipbeja.pt

Weska Glacielly Resende PEREIRA
University of Algarve, Faculty of Economics, Portugal
weska.pereira@gmail.com

Abstract
Organisational culture has increasingly emerged as a pivotal focus in management and organisational studies over recent decades, given its substantial impact on institutional performance, adaptability, innovation, and long-term sustainability. Within the healthcare sector, understanding cultural dynamics is essential to fostering effective leadership, enhancing service quality, and promoting employee well-being. This study examines the organisational culture of the Internal Medicine Inpatient Unit at the Public Hospital of Algarve (PHA), aiming to support strategic change management and inform human capital development policies. A quantitative, cross-sectional research design was employed, utilising the well-established Organizational Culture Assessment Instrument (OCAI) developed by Cameron and Quinn (1999, 2011). The instrument was administered to a broad range of healthcare professionals, including physicians, nurses, technical assistants, and operational support staff. Findings indicate that the current culture is predominantly aligned with the Clan type, characterised by teamwork, trust, and a family-like working environment, followed by elements of a Hierarchical culture, reflecting the importance of structure, control, and formal procedures. Participants demonstrated a clear preference for reinforcing the Clan model, while acknowledging the strategic value of incorporating leadership attributes from all four cultural types: Clan, Hierarchy, Market, and Adhocracy. Notably, cultural perceptions were consistent across sociodemographic groups, highlighting a shared vision for a more collaborative, internally focused culture. The results underscore the importance of aligning organisational culture with leadership development, employee engagement, and institutional priorities. Based on these insights, the study proposes actionable recommendations to enhance organisational effectiveness, professional satisfaction, and cultural alignment within the healthcare context.

Keywords: Organisational Culture, Healthcare Management, Internal Medicine, Cultural Diagnosis, Organisational Change.

JEL Classification: H12, J24, I12, J13, M12, M14

Citation:
Pescada S., Teixeira F., Pereira W., 2025. "Organisational culture at public hospital of Algarve: Internal medicine staff perception", Sustainable Regional Development Scientific Journal, Vol. II, (1), 2025, pp. 11-21

1. Introduction

Organizational culture has emerged as a significant field of study since the 1970s, initially driven by American efforts to compete with Japanese corporate efficiency (Schein & Schein, 2017). By the 1980s, research had expanded to investigate the relationship between culture and organizational performance, establishing a foundation for systematic inquiry (Groysberg et al., 2018). Cameron and Quinn (2011) emphasise that culture plays a crucial role in determining long-term organisational success and effectiveness. The literature has explored various dimensions of organisational culture, including strategic alignment and employee engagement (Jensen et al., 2019; McCormick and Donohue, 2019; Wu et al., 2019). Multiple scholars have demonstrated that congruence between individual values and organisational expectations enhances performance and commitment (Seggewiss et al., 2019). Consequently, measuring and understanding culture has become essential for competitive advantage and strategic planning (Rua et al., 2018). The Competing Values Framework (CVF) developed by Cameron and Quinn's model (1999, 2011) identifies four cultural typologies, Clan, Adhocracy, Market, and Hierarchy, evaluated through six dimensions: dominant traits, leadership style, employee management, cohesion, strategic focus, and success metrics. Identifying the prevailing cultural type is considered fundamental for effective organisational change implementation (Schein, 2010; Cameron & Quinn, 2011).

This research applied the CVF to examine the organisational culture within the Internal Medicine Inpatient Services of PHA. The study aligns with PHA's human capital strategy, addressing challenges such as declining motivation, psychosocial risks, and perceived detachment from institutional values. The investigation aimed to identify the existing cultural profile, analyse discrepancies between current and ideal perceptions, and develop strategic recommendations. Using a cross-sectional, quantitative methodology, the study employed the OCAI to collect data from 206 healthcare professionals across three medical units. Results revealed a dominant Clan culture (68%), followed by Hierarchy (58%), indicating a collaborative environment with internal focus, loyalty, and structural stability. Leadership was primarily characterised as supportive and developmental, while hierarchical elements reflected standardisation and formal procedures. The ideal cultural profile indicated a desire to strengthen all four CVF types, particularly Clan (81%) and Hierarchy (74%), while also enhancing Adhocracy and Market dimensions. This suggests staff envision a balanced culture integrating emotional support, structured control, innovation, and external competitiveness (Jacobs et al., 2013; Mannion and Davies (2018).

A dimension-specific analysis revealed that Clan culture predominated across all aspects of the current organizational profile, particularly in the areas of cohesion and success criteria (Runtu et al., 2019). Nonetheless, participants indicated a desire to increase Market-oriented behaviors, especially within strategic emphasis and cohesion dimensions (Johnson and May, 2015). Regarding leadership, the ideal profile reflected a modest preference for Hierarchical traits, emphasizing technical competence and structure, while maintaining the relational strengths of Clan culture (Figueroa et al., 2019). This suggests a vision for management that balances authority with empathy. Respondents demonstrated a strong internal focus, valuing collaboration, trust, and shared purpose. Simultaneously, they expressed aspirations for a more culturally versatile environment that sustains cohesion while enhancing innovation, differentiation, and structured performance monitoring. These findings offer strategic insights for the Public Hospital of Algarve’s cultural transformation and enrich the broader understanding of how organizational culture shapes effectiveness within complex healthcare systems (Braithwaite et al., 2018; Squires et al., 2023).

2. Literature Review

2.1 Organisational Culture

The concept of organizational culture has undergone significant evolution, with a variety of definitions and dimensions shaping its interpretation (Pincus, 2024). While early administrative writings touched upon cultural aspects (Scott et al., 2003), it was during the 1980s that scholarly attention centred on the subject, emphasizing its role in internal dynamics and strategic organizational development (Gradstein, 2024). Broadly defined, organisational culture represents shared values, beliefs, assumptions, and norms influencing members' perceptions and behaviours (Driskill, 2018). It reflects historical development through symbols, language, and rituals, functioning as both an identity mechanism and behavioural guide (Schein, 2010;

Robbins and Judge, 2018). From a managerial standpoint, culture plays a vital role in operational efficiency and strategic alignment, as demonstrated by Kotter and Heskett (1992) and Cameron and Quinn (1999), who linked cultural attributes directly to performance outcomes. Fuertes et al. (2020) defined organisational effectiveness as the capacity to achieve strategic goals, whilst Cooke et al. (2019) linked it to adaptability and quality. Culture plays a pivotal role in strategic planning, requiring alignment with internal competencies and external demands (Kloot and Martin, 2007). Mintzberg et al. (2020) argued that culture can reshape organisational architecture, functioning as an integrative force promoting coherence. Cameron and Quinn (2011) define culture as a predominantly implicit phenomenon, reflected in the way activities and processes are carried out, with this underlying nature establishing a social contract that shapes behaviour and reinforces shared expectations. A strong organisational culture fosters collective identity (Rovetta et al., 2025). Panagiotis et al. (2014) assert that cohesive cultures promote commitment to broader missions beyond individual agendas. Schein (2010) conceptualizes culture as comprising emotional, cognitive, and behavioural dimensions resulting from social interactions, while also highlighting its role as institutionalized assumptions transmitted to new members. Baek et al. (2019) introduced a dual perspective on culture, viewing it as both an organizational metaphor and a set of tangible attributes, thereby highlighting the complexity of operationalizing culture as simultaneously symbolic and actionable. Seminal research by Servi (2024) demonstrated how cultural dimensions' influence decision-making and leadership, establishing culture as a core topic in organisational management.

2.2 Organisational Culture and Change

Organisational culture, despite its abstract character, plays a decisive role in facilitating or impeding change processes (Cameron and Quinn, 1999). Mannion and Davies (2018) underscore the importance of comprehending cultural assumptions during transitional periods. A considerable proportion of unsuccessful change initiatives stems not from resource constraints or strategic deficiencies (Scott et al., 2003), but from cultural incongruence (Cameron & Quinn, 2011). Culture functions as a profound cognitive framework through which organisational members interpret change, making its alignment with new strategic directions essential for successful implementation (Parmelli et al., 2011). As organisations respond to environmental transformations, technological advancements, or developmental phases, their cultural fabric often requires reconfiguration (Bianco-Mathis and Burrell, 2023). Cultural transformation extends beyond structural reorganisation, necessitating attitudinal and behavioural shifts, particularly from leadership (Choflet et al., 2021). Leaders serve as critical agents in articulating strategic vision, demonstrating target behaviours, and promoting alignment across organisational hierarchies (Spanos et al., 2024). Badanta et al. (2025) defines culture as an intangible yet actionable asset, arguing that it requires proactive management rather than passive observation. Cultural tension, resulting from discrepancies between existing and desired states, serves as a driver for change, particularly in sectors where adaptability is crucial, such as healthcare (Johnson et al., 2016). In the healthcare domain, empirical research confirms that cultural understanding is a fundamental requirement for the successful implementation of change (Biscaia, 2006; Rogers et al., 2020); De-María et al., 2024). Studies conducted in Portugal and internationally have examined cultural patterns across professional groups and institutional contexts, correlating them with outcomes including job satisfaction, leadership effectiveness, and care quality (Lourenço et al., 2017; Sasaki et al., 2017; Albino et al., 2022). A consistent finding is the recognition of cultural diagnosis as a strategic imperative (Willis et al., 2016; Davis and Cates, 2018). Mapping existing culture enables institutions to identify misalignments, engage stakeholders, and formulate targeted interventions (Mrkonjić et al., 2019; O'Neill et al., 2021). Consequently, culture transitions from theoretical construct to practical instrument of organisational development (Adams et al., 2017; Dickens et al., 2019). In summary, organizational culture, as a key facet of institutional identity and operational effectiveness, plays a pivotal role in transformational contexts, particularly in human-centric sectors like healthcare, where its influence can either drive innovation and resilience or impede progress, necessitating thorough cultural assessments within change strategies to align with organizational dynamics and secure stakeholder support (Pavithra, 2022; Tietschert et al., 2024).

3. Methodology

This research diagnosed the organizational culture within the Internal Medicine Inpatient Service at the PHA. The study established five objectives: identify the predominant cultural profile; explore divergences between

current and desired cultures; assess cultural congruence across units and demographic groups; determine most valued cultural elements; and propose strategic recommendations for cultural change. The CVF served as the analytical model, conceptualizing organizational culture through four typologies: Clan, Adhocracy, Market, and Hierarchy Cameron and Quinn (1999, 2011). The research employed a cross-sectional, quantitative design with a descriptive-correlational approach as supported by Pérez-Guerrero et al. (2024).

The study focused on 206 professionals who were permanently assigned to internal medicine units and had been in their roles for a minimum of one year. A purposive, non-probabilistic sampling method was used to select participants. Data collection relied on a structured questionnaire comprising two sections: a sociodemographic component and the Organizational Culture Assessment Instrument (OCAI). The OCAI had been specifically adapted and validated for application in the Portuguese context, as detailed by Lourenço et al. (2017). This approach enabled the researchers to explore organizational culture dynamics within a targeted and contextually relevant framework. Developed by Cameron and Quinn (1999, 2011), the OCAI, grounded in the CVF model, comprises 24 questions designed to evaluate culture across six distinct dimensions: Dominant Characteristics (DC), Organizational Leadership (OL), Employee Management (EM), Organizational Cohesion (OC), Strategic Emphases (SE), and Criteria for Success (CS). Each dimension offers four response alternatives, with each item corresponding to a specific type of culture. The first item represents the Clan culture, the second represents the Adhocracy culture, the third corresponds to the Market culture, and the fourth to the Hierarchical culture. A Likert-type version was implemented to enhance completion ease and comprehension (Choi et al., 2010; Heritage et al., 2014; Molina-Cabello et al., 2025).

Reliability testing, as detailed in Table 1, affirmed the instrument's robustness, with Cronbach's alpha values ranging from 0.88 to 0.93. Organizational Leadership displayed the highest reliability (α = 0.968), whereas Dominant Characteristics exhibited the lowest (α = 0.808); both reflect strong internal consistency.

Table 1: Cronbach's Coefficients by Dimension, by Type of Culture, and Overall (Current and Ideal)

Cronbach's α			
By Dimension – Current		**By Culture – Current**	
DC	0.808	Clan	0.926
OL	0.968	Adhocracy	0.907
EM	0.885	Market	0.891
OC	0.881	Hierarchy	0.882
SE	0.876		
CS	0.863	**Current Overall**	**0.968**
By Dimension – Ideal		**By Culture – Ideal**	
DC	0.814	Clan	0.915
OL	0.947	Adhocracy	0.905
EM	0.882	Market	0.899
OC	0.862	Hierarchy	0.908
SE	0.889		
CS	0.896	**Ideal Overall**	**0.967**

Source: Own elaboration

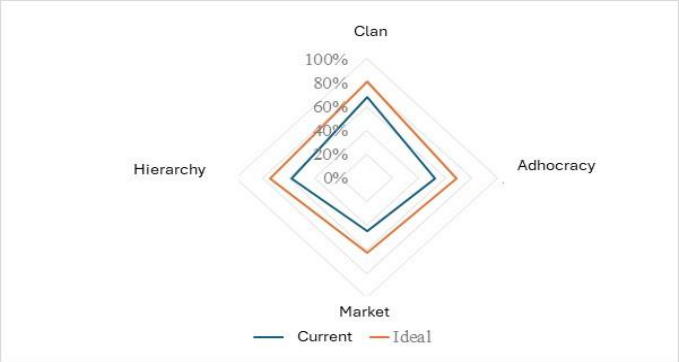
Quantitative analysis included descriptive and inferential statistics. Associations were tested using chi-square, Mann-Whitney U, and Kruskal-Wallis ANOVA with appropriate post-hoc tests. Statistical significance was set at α=0.05. Software utilized included Microsoft Office 365, Jamovi (v1.8), IBM SPSS Statistics (v28), and R Studio (v4.0). Ethical approval was obtained from PHA's Board of Directors and Ethics Committee. All participants provided informed consent, with voluntary participation, anonymity, and the right to withdraw fully guaranteed, respecting all ethical principles.

4. Results

This research diagnosed the organisational culture within the Internal Medicine Inpatient Unit at the PHA. The unit comprises three wards—Medicine 1, Medicine 2, and Medicine 3—integrated into a wider Department of Medicine. From a total of 222 professionals working across these wards (84 physicians, 90 nurses, 6 technical assistants, and 42 operational assistants), 206 met the inclusion criterion of minimum one year service. Participation patterns varied significantly across professional categories and wards. Technical assistants demonstrated the highest proportional engagement, while nurses represented the largest absolute participant group. Medicine 3 registered the highest ward-level participation (84% of eligible staff), contrasting with Medicine 1's considerably lower engagement (15%). Demographically, the sample was predominantly female (85%) and younger than 39 years (81%), with most participants under 30 and only 9% aged 50 or above. These figures align with broader national trends in the Portuguese healthcare workforce. The study utilized the OCAI, adapted for Portugal by Lourenço (2016), which is based on Cameron and Quinn's (1999, 2011) CVF model and evaluates organizational culture across four typologies (Clan, Adhocracy, Market, Hierarchy) and six dimensions (Dominant Characteristics, Leadership, Employee Management, Cohesion, Strategic Emphasis, Success Criteria).

Analysis revealed a current cultural profile dominated by Clan (68%) and Hierarchy (58%) types. This indicates a workplace perceived as collaborative and people-oriented, yet structured with clear internal focus. Clan attributes such as trust, flexibility, and participation coexist with hierarchical elements characterised by order, structure, and centralised control. The preferred cultural profile demonstrated desire for enhancement across all four culture types, with Clan remaining dominant (81%). Notably, respondents indicated stronger preferences for Adhocracy (innovation) and Market (competitiveness) dimensions. The largest discrepancy appeared in the Market culture, with an 18% gap between current and ideal states, reflecting aspirations for greater external focus and goal orientation (Figure 1).

Figure 1: Organizational Culture of the Internal Medicine Services at PHA – Current and Ideal.



Source: Own elaboration

Dimension-specific analysis reinforced these patterns (Figure 2). Clan culture predominated in Cohesion and Success Criteria dimensions, emphasising loyalty, commitment, and mutual support. Leadership was characterised as primarily facilitative (Clan attribute), though structured efficiency (Hierarchical element) was also evident. Interestingly, in the ideal scenario, leadership was the only dimension leaning more toward Hierarchy, suggesting the perceived need for both structure and support.

Figure 2: Organizational Culture of the Internal Medicine Services at PHA – By Dimension – Current and Ideal.

Source: Own elaboration

Sociodemographic variables influenced cultural perceptions. Female respondents' views aligned with overall trends, while male professionals reported an absence of Adhocracy (Table 2).

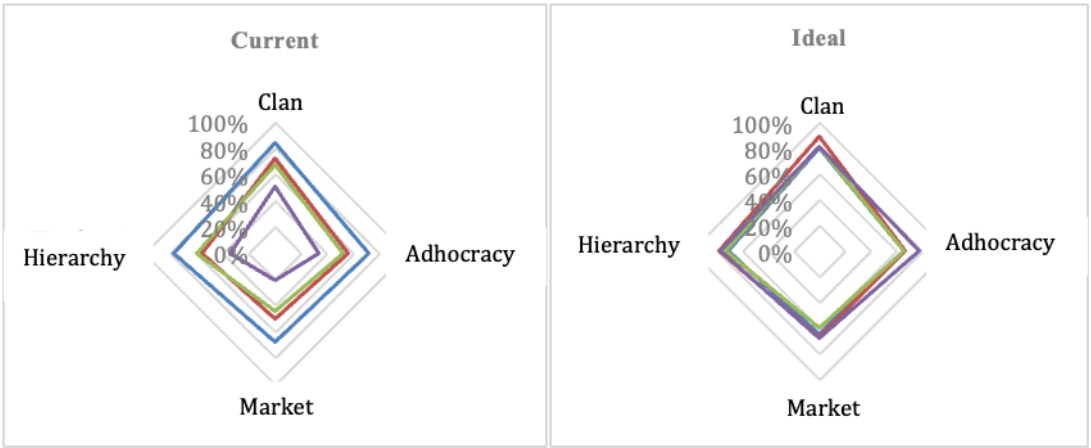
Table 2: Organizational Culture of the Internal Medicine Services at PHA – by Gender Current and Ideal

Culture	Female		Male	
	Current	Ideal	Current	Ideal
Clan	45%	36%	48%	29%
Adhocracy	20%	23%	0%	23%
Market	8%	15%	11%	22%
Hierarchy	27%	26%	41%	26%
	100%	100%	100%	100%

Source: Own elaboration

Younger participants (under 40) demonstrated stronger desire for change across all culture types, whereas older professionals favoured cultural stability. The 40-49 age cohort uniquely advocated for balanced expression across all types while maintaining Clan preference. Analysis by professional category, Operational Assistants (OA), Technical Assistants (TA), Nurses (E), and Physicians (P), highlighted subtle yet noteworthy distinctions in perceptions of the current organizational culture. Despite these differences, a clear and consistent alignment emerged in relation to the preferred culture, with the Clan and Hierarchy typologies being unanimously favored across all groups (Figure 3).

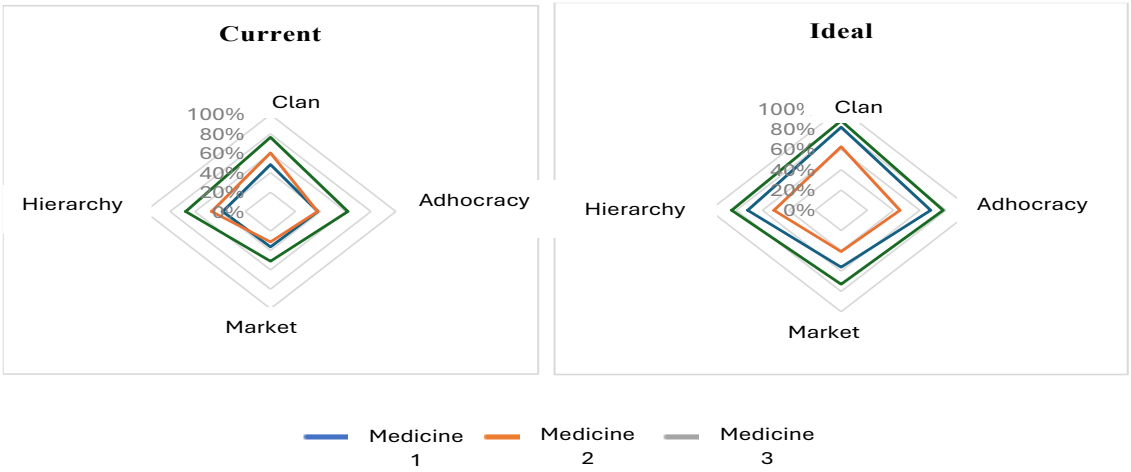
Figure 3: Organizational Culture of the Internal Medicine Services at PHA – by Professional Category Current and Ideal.



Source: Own elaboration

Medicine 3 professionals showed strongest alignment with the Clan model, potentially reflecting the cohesive response required during its operation as a COVID-19 ward. Medicine 2 exhibited no statistically significant difference between current and ideal cultures, possibly due to limited data representation (Figure 4).

Figure 4: Organizational Culture of the Internal Medicine Services at PHA – by Department Current and Ideal.



Source: Own elaboration

Length of service analysis (average tenure: 4.12 years) revealed that while Clan culture preference remained consistent regardless of seniority, professionals with shorter tenure expressed greater dissatisfaction with current culture and higher transformation expectations, suggesting potential generational shifts or unmet aspirations among newer staff. In conclusion, the organisational culture within PHA's Internal Medicine wards is currently perceived as predominantly supportive and structured. However, healthcare professionals—particularly younger and newer staff—express statistically significant preferences for integrating greater innovation, competitiveness, and goal orientation while preserving foundational elements of collaboration and trust. These findings provide crucial insights for healthcare leaders seeking alignment between organisational culture and professional expectations.

5. Discussion

This research evaluated the organisational culture within the Internal Medicine Department at PHA, comprising three subunits (Medicine 1, 2, and 3). The study population was predominantly female, under 39 years of age, with an average tenure of 4.12 years. Nurses represented the largest professional group, with Medicine 3 yielding the highest response rate. The cultural assessment employed the OCAI based on the CVF (Cameron & Quinn, 2011). This framework posits four cultural typologies - Clan, Adhocracy, Market, and Hierarchy - that coexist within organisations, typically with one predominant form (Corvo et al., 2024). According to this model, organisational sustainability requires balanced representation across all cultural dimensions (Basilio et al., 2024). Results revealed Clan culture as predominant (68%), followed by Hierarchical (58%), Adhocratic (52%), and Market (44%) orientations. The ideal cultural profile expressed by participants maintained Clan culture's primacy (81%) whilst seeking enhancement across all cultural dimensions (Behrens, 2024). This preference is consistent with the established body of literature, for instance, Silva et al. (2018) and Watanabe et al. (2024) have highlighted that Clan cultures—distinguished by their emphasis on teamwork and personal development—are associated with significantly higher levels of employee satisfaction when compared to Adhocratic models. Subcultural diversity within organisations represents a natural phenomenon (Camacho et al., 2018). Whelan (2016) and Cicea et al. (2022) conceptualise organisations as networks of subcultures that may interact synergistically, neutrally, or

antagonistically. While these subcultures develop distinct norms through shared experiences, they remain embedded within the broader organisational culture that establishes systemic patterns (Berger et al., 2021). Sociodemographic variables showed minimal influence on cultural perceptions, though subtle generational variations emerged, with younger professionals demonstrating greater receptivity to change (Pilav and Jatić, 2017). These findings contrast with Cruz and Ferreira (2012), who identified Hierarchical culture as dominant in Portuguese public health institutions, but align more closely with primary care settings. Albino et al. (2022) similarly identified a predominant Clan culture with notable Hierarchical elements within hospital settings, aligning with the present findings, and highlighted that the application of OCAI fosters professional awareness, encourages critical reflection, and supports transformational change. This investigation highlights the strategic importance of organizational culture assessment in driving performance improvement (Chandler and Krajcsák, 2021), emphasizing its role as a catalyst for change. Hubbart (2024) builds upon this by asserting that a comprehensive understanding of cultural transformation mechanisms is pivotal for achieving meaningful progress, while Malik et al. (2020) complements these findings by underscoring the critical need for managers to adeptly interpret cultural indicators to translate insights into actionable strategies. The research highlights the significance of aligning leadership development initiatives with cultural objectives, advocating for a hybrid leadership model that combines the relational attributes of Clan culture with the structured framework of Hierarchical culture (Shikama et al., 2024). Such an approach is deemed essential for maintaining organizational performance, fostering adaptability, and enhancing professional engagement (Fagerdal et al., 2022).

6. Final Considerations

This study highlights the analytical value and complexity inherent in assessing organisational culture, particularly within the healthcare sector. It underscores the methodological and interpretative challenges associated with subjective data and the need for active professional engagement to ensure data validity. Without robust participation and sound methodological frameworks, cultural assessments risk bias and reduced representativeness. The analysis was conducted in the Internal Medicine Department of PHA and revealed that Clan culture predominates, followed by Hierarchical culture. The findings align with broader literature that recognises Clan culture—marked by collaboration, participation, and interpersonal support—as favourable for enhancing employee satisfaction and organisational cohesion. The professionals surveyed not only recognised the current dominance of Clan culture but also expressed a preference for reinforcing its attributes in the future organisational profile. Importantly, the ideal culture outlined by participants goes beyond a singular cultural model. Respondents advocated for a more integrative leadership style that combines traits from all four archetypes in Cameron and Quinn's (2011) CVF. This includes visionary qualities from Adhocracy, performance-driven focus from Market culture, and procedural stability from Hierarchical models. Such a hybrid leadership approach is considered essential to navigating complexity, balancing innovation with structure, and achieving sustainable organisational development. A significant outcome of the study is the consistency observed across sociodemographic variables such as age, profession, and service unit. Despite minor differences, the general cultural patterns remained stable, with Clan culture consistently prioritised. This uniformity enhances the robustness of the data and provides a reliable foundation for strategic planning. The findings support an internal focus across all cultural types, with emphasis on people-centred leadership and relational dynamics, complemented by technical competence and procedural rigour. The study proposes a broader institutional cultural assessment as a next step. Such a diagnosis would not merely serve as a descriptive tool but as a catalyst for strategic alignment. Leadership development programmes, team-building initiatives, and targeted training should be designed to reinforce the desired cultural attributes, aligning practice with professionals' aspirations and fostering shared organisational values. This investigation also contributes to a wider body of knowledge affirming the importance of cultural diagnosis in diverse management domains, including strategic planning, knowledge management, project execution, employee engagement, and performance enhancement. As noted in the literature, understanding cultural dynamics is often a precursor to effective transformation and a vital component of long-term resilience. In conclusion, this study provides not only empirical insight into the current cultural state of PHA's Internal Medicine Department but also actionable recommendations for cultural transformation. It contributes to strategic decision-making by offering a clear understanding of existing cultural patterns and pointing to mechanisms for their evolution. Disseminating these findings

within the institution may stimulate reflection, promote participatory change, and support the cultivation of a cohesive, adaptive, and people-centred organisational culture. Future research should explore intersections between organisational culture and other key variables such as leadership effectiveness, quality of care, interdisciplinary collaboration, generational differences, and international comparisons. These dimensions could deepen insight into how culture shapes, and is shaped by, broader systemic factors in healthcare settings.

References

Baek, P., Chang, J., & Kim, T. (2019). Organizational culture now and going forward. *Journal of Organizational Change Management*, *32*(6), 650-668. https://doi.org/10.1108/JOCM-05-2018-0121.

Basilio, V., Pescada, S. S. P. V., Vidal, J., & Teixeira, F. (2024). The culture and organizational performance: the case of family health units in the algarve region. *Sustainable Regional Development Scientific Journal*, *1*(1), 68-82.

Berger, E. J., Wu, C., Briody, E. K., Wirtz, E., & Rodríguez-Mejía, F. (2021). Faculty subcultures in engineering and their implications for organizational change. *Journal of Engineering Education*, *110*(1), 230-251. https://doi.org/10.1002/jee.20370.

Bianco-Mathis, V., & Burrell, D. N. (2023). Culture Change: The Nexus of Leadership, Organisational Development Models, and Coaching Cultures in Healthcare. *Business Ethics and Leadership*, *7*(4), 128-143. https://doi.org/10.61093/bel.7(4).128-143.2023.

Camacho, H., Coto, M., & Jørgensen, K. M. (2018). How Does Organisational Culture Influence the Process of Change towards PBL?. *Journal of Problem Based Learning in Higher Education*, *6*(2), 32-57. https://doi.org/10.5278/ojs.jpblhe.v6i2.2140.

Chandler, N., & Krajcsák, Z. (2021). Intrapreneurial fit and misfit: Enterprising behavior, preferred organizational and open innovation culture. *Journal of Open Innovation: Technology, Market, and Complexity*, *7*(1), 61. https://doi.org/10.3390/joitmc7010061.

Choflet, A., Packard, T., & Stashower, K. (2021). Rethinking organizational change in the COVID-19 era. *Journal of Hospital Management and Health Policy*, *5*. https://doi.org/10.21037/jhmhp-21-11.

Choi, Y. S., Seo, M., Scott, D., & Martin, J. (2010). Validation of the organizational culture assessment instrument: An application of the Korean version. *Journal of sport management*, *24*(2), 169-189. https://doi.org/10.1123/jsm.24.2.169.

Cicea, C., Țurlea, C., Marinescu, C., & Pintilie, N. (2022). Organizational culture: A concept captive between determinants and its own power of influence. *Sustainability*, *14*(4), 2021. https://doi.org/10.3390/su14042021.

Cooke, F. L., Cooper, B., Bartram, T., Wang, J., & Mei, H. (2019). Mapping the relationships between high-performance work systems, employee resilience and engagement: A study of the banking industry in China. *The International Journal of Human Resource Management*, *30*(8), 1239-1260. https://doi.org/10.1080/09585192.2015.1137618.

Corvo, T., Pescada, S., Krasniqi, A., Vidal, J., Teixeira, F., & Ruxho, F. (2024). The importance of organizational culture in the performance of family health units–model b in the Algarve region. *Regional Science Inquiry*, *16*(2), 93-102.

Davis, R., & Cates, S. (2018). The implementation of the organizational culture assessment instrument in creating a successful organizational cultural change. *International Journal of Business & Public Administration*, *15*(1).

Dickens, G. L., Salamonson, Y., Ramjan, L., Steel, K., & Everett, B. (2019). Safety attitudes, perceived organizational culture and knowledge of the physiologically deteriorating patient among mental health nurses: Cross-sectional, correlational study. *International journal of mental health nursing*, *28*(6), 1347-1362. https://doi.org/10.1111/inm.12649.

F Beha, D Sina, F Ruxho, 2024. "The effect of institutional quality on tourism in designated European Union Mediterranean states", Journal of Infrastructure, Policy and Development 8 (6), 3412

F Beha, F Ruxho., 2024. "The impact of public debt on the economic growth. Evidence for Kosovo", Global Business & Finance Review 29 (3)

FJ Teixeira, SSPV Pescada, F Ruxho, C Palma, F Beha, 2024. "GLAMPING IN LOW-DENSITY TERRITORIES: THE CASE OF SANTO ALEIXO DA REASTAURA?? O, Regional Science Inquiry 16 (1), 71-80

Fuertes, G., Alfaro, M., Vargas, M., Gutierrez, S., Ternero, R., & Sabattin, J. (2020). Conceptual framework for the strategic management: a literature review-descriptive. *Journal of engineering*, *2020*(1), 6253013. https://doi.org/10.1155/2020/6253013.

Gradstein, M. (2024). Organizational Culture: Structure and Evolution. *The Journal of Law, Economics, and Organization*, ewae008. https://doi.org/10.1093/jleo/ewae008.

Johnson, A., Nguyen, H., Groth, M., Wang, K., & Ng, J. L. (2016). Time to change: A review of organisational culture change in health care organisations. *Journal of Organizational Effectiveness: People and Performance*, *3*(3), 265-288. https://doi.org/10.1108/JOEPP-06-2016-0040.

Khan A., Tripathi S., Chandiramani J., 2024. "Smart city initiatives and economic growth in india: an empirical analysis", Sustainable Regional Development Scientific Journal, Vol. I, (2): Special Issue, pp. 41-56

Kloot, L., & Martin, J. (2007). Public sector change, organisational culture and financial information: A study of local government. *Australian Journal of Public Administration*, *66*(4), 485-497. https://doi.org/10.1111/j.1467-8500.2007.00558.x.

Krupavicius, A., Šarkute, L., Krasniqi, A., Ladias, Christos Ap. 2024. "Perceived and desired images of society: how (un)equal is society?" Regional Science Inquiry, 16(1), pp. 55-70

Ladias C.A., Ruxho F., Teixeira F., Pescada S., 2023, "The regional economic indicators and economic development of Kosovo", Regional Science Inquiry, Vol. XV, (1), pp. 73-83

Lampreia M., Teixeira F., Pescada S. P. V., 2024. "The predictive power of technical analysis: evidence from the gbp/usd exchange rate", Sustainable Regional Development Scientific Journal, Vol. I, (3), pp. 67-75

Lincaru C., Tudose G., Cosnita D., Pirciog S., Grigorescu A., Ciuca V., 2024. "Clusters as engines of sustainable employment growth in Romania1", Sustainable Regional Development Scientific Journal, Vol. I, (3), pp. 10-27

McCormick, L., & Donohue, R. (2019). Antecedents of affective and normative commitment of organisational volunteers. *The International Journal of Human Resource Management*, *30*(18), 2581-2604. https://doi.org/10.1080/09585192.2016.1166388.

Mrkonjić, R., Ristić, J., Jambrović, I., Rukavina, M., & Rašić, I. (2019). Analysis of the organisational culture in two Croatian hospitals. *British journal of nursing*, *28*(10), 647-651. https://doi.org/10.12968/bjon.2019.28.10.647.

Papajorgji P., Tordi A., 2024. "Using quantitative tools to understand political issues", Sustainable Regional Development Scientific Journal, Vol. I, (3), pp. 28-35

Pavithra, A. (2022). Towards developing a comprehensive conceptual understanding of positive hospital culture and approaches to healthcare organisational culture change in Australia. *Journal of Health Organization and Management*, *36*(1), 105-120. https://doi.org/10.1108/JHOM-10-2020-0385.

Pérez-Guerrero, E. E., Guillén-Medina, M. R., Márquez-Sandoval, F., Vera-Cruz, J. M., Gallegos-Arreola, M. P., Rico-Méndez, M. A., Aguilar-Velázquez, J. A. & Gutiérrez-Hurtado, I. A. (2024). Methodological and statistical considerations for cross-sectional, case–control, and cohort studies. *Journal of Clinical Medicine*, *13*(14), 4005. https://doi.org/10.3390/jcm13144005.

Pilav, A., & Jatić, Z. (2017). The impact of organizational culture on patient satisfaction. *Journal of Health Sciences*, *7*(1), 9-14. https://doi.org/10.17532/jhsci.2017.411.

Polo A., Caca E., Zyberi I., Ladias C.A, Ruxho F., 2025. "Foreign direct investment in real estate in Albania and its impact on GDP", Regional Science Inquiry, Vol. XVII, (1), 2025, pp. 135-142

Rua, O., França, A., & Fernández Ortiz, R. (2018). Key drivers of SMEs export performance: the mediating effect of competitive advantage. *Journal of Knowledge Management*, *22*(2), 257-279. https://doi.org/10.1108/JKM-07-2017-0267.

Ruxho F., 2024. "Kosovo employee's perception of economic growth and decent work according to sustainability", Sustainable Regional Development Scientific Journal, Vol. I, (3), pp. 53-66

Ruxho F., Ladias C.A., 2022. "The logistic drivers as a powerful performance indicator in the development of regional companies of Kosovo" Regional Science Inquiry Journal, Vol. XIV. (2), pp. 95-106

Ruxho F., Petropoulos D., Negoro D.A. 2024. "Public debt as a determinant of the economic growth in Kosovo", Sustainable Regional Development Scientific Journal, Vol. I, (1), pp. 55-67

Sasaki, H., Yonemoto, N., Mori, R., Nishida, T., Kusuda, S., & Nakayama, T. (2017). Assessing archetypes of organizational culture based on the Competing Values Framework: the experimental use of the framework in Japanese neonatal intensive care units. *International Journal for Quality in Health Care*, *29*(3), 384-391. https://doi.org/10.1093/intqhc/mzx038.

Scott, T., Mannion, R., Marshall, M., & Davies, H. (2003). Does organisational culture influence health care performance? A review of the evidence. *Journal of health services research & policy*, *8*(2), 105-117. https://doi.org/10.1258/135581903321466085.

Seggewiss, B. J., Boeggemann, L. M., Straatmann, T., Mueller, K., & Hattrup, K. (2019). Do values and value congruence both predict commitment? A refined multi-target, multi-value investigation into a challenged belief. *Journal of Business and Psychology*, *34*, 169-187. https://doi.org/10.1007/s10869-018-9534-0.

Sepetis A., Krupavičius A., Ladias Ap. C. 2024 "Social protection in Greece and sustainable development leaving no one behind", Sustainable Regional Development Scientific Journal, Vol. I, (1), pp. 83-92

Sequeira T., Rego C., Dionisio A., 2024. "Investment and productivity in the agro-industrial sector: a case study", Sustainable Regional Development Scientific Journal, Vol. I, (2): Special Issue, pp. 13-26

Servi, J. P. (2024). The Impact of Cultural Dimensions on Competitiveness: Insights for Nations and Organizations. *International Journal of Global Business and Competitiveness*, *19*(2), 150-158. https://doi.org/10.1007/s42943-024-00102-9.

Teixeira F., Pescada, S.S.P.V., Ladias C.A., Hulaj M., Ruxho F., Machado V., 2025. "Stablecoin dp2p: innovation and sustainability in fiat currencies", Regional Science Inquiry, Vol. XVII, (1), pp. 95-106

Tsiotas D., Polyzos S., 2024. "Analyzing the spatial interactions in the nationwide regional capitals network of Greece", Sustainable Regional Development Scientific Journal, Vol. I, (3), pp. 36-52

Tsiotas, D., Krabokoukis, T., & Polyzos, S. 2020. "Detecting interregional patterns in tourism seasonality of Greece: A principal components analysis approach", Regional Science Inquiry, 12(2), 91-112.

Tsiotas, D., Polyzos, S., 2024. "Transportation networks and regional development: the conceptual and empirical framework in Greece", Sustainable Regional Development Scientific Journal, Vol. I, (1), pp. 15-39

Whelan, C. (2016). Organisational culture and cultural change: A network perspective. *Australian & New Zealand journal of criminology*, *49*(4), 583-599. https://doi.org/10.1177/0004865815604196.

Willis, C. D., Saul, J., Bevan, H., Scheirer, M. A., Best, A., Greenhalgh, T., Mannion, R., Cornelissen, E., Howland, D., Jenkins, E. & Bitz, J. (2016). Sustaining organizational culture change in health systems. *Journal of health organization and management*, *30*(1), 2-30. https://doi.org/10.1108/JHOM-07-2014-0117.

Wu, L. F., Huang, I. C., Huang, W. C., & Du, P. L. (2019). Aligning organizational culture and operations strategy to improve innovation outcomes: An integrated perspective in organizational management. *Journal of Organizational Change Management*, *32*(2), 224-250. https://doi.org/10.1108/JOCM-03-2018-0073.