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# ORGANIZATIONAL CULTURE AND ORGANIZATIONAL PERFORMANCE IN THE PRIMARY HEALTH CARE SECTOR IN QATAR: A PROPOSED THEORETICAL FRAMEWORK

Review  
Article

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## Keywords

*Organizational Culture,  
Organizational Performance,  
Primary Health Care in Qatar*

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## Abstract

*Primary Health Care Corporation (PHCC) in Qatar was operating in 27 primary health care centers distributed across three regions. In 2014 alone, PHCC served 5.2 million visitors. This provides us with an indication of how important the Primary Health Care Sector is to the State of Qatar and demonstrates the necessity for further research into the field of performance in this sector. Different antecedents of organizational performance have been considered in the literature. However, organizational culture has not been studied as an antecedent of organizational performance specifically in the context of Qatar's primary health care sector. Therefore, a theoretical framework will be beneficial in order to gain a better understanding of the relationship between organizational culture and organizational performance. In this paper, organizational culture is the independent variable which is measured by Denison et al. (2006) model and is based on four traits of culture. Organizational performance is the dependent variable which is measured by non-financial performance.*

## INTRODUCTION

Goh and Marimuthu (2015) mentioned that the demand for a better life quality is being pursued when a country continues to develop and progress. According to Andaleeb, Siddiqui, and Khandakar (2007), the status of healthcare in a country determines the country's development in terms of well-being and life quality of its citizens. As such, studying primary healthcare in Qatar is very much relevant and would have its contributions to the development of health sector in particular and the development of Qatar as a state in particular.

Qatar is a peninsula located between 24° and 26° latitude north. The peninsula is just 160km north-to-south with an area of 11,586km (Martinez-Plaza et al., 2015). Qatar's population is a "unique mixture of native citizens and immigrants" (Haddad et al., 2016). According to the World Health Statistics (2016), health is positioned within the 2030 Agenda, with one comprehensive goal, "to ensure healthy lives of its citizens and promote well-being for all, at all ages".

Primary health care (PHC) is considered fundamental to the healthcare system. PHC is delivered by a range of health care providers including general practitioners, nurses, pharmacists, dentists, and other healthcare professionals. The significance of PHC lies in the fact that it provides the first point of contact in the effort to maintain the population's wellbeing and to improve people's quality of life. Where we see the population having access to PHC systems, we also see a clear decrease in pressure on public hospitals as they assist in managing health issues within the community.

In Qatar, the Primary Health Care Corporation is responsible for managing the primary health care services provided to the inhabitants of Qatar. PHCC plays a vital role in enhancing the quality of the health services provided to those that use it. The vision of PHCC is to be Qatar's primary health care provider of choice. Their main objective being to advance health and well-being by delivering comprehensive, integrated, person-centered and affordable primary health care services. PHCC aims to provide excellence through health services, facilities and infrastructure. In order to achieve this they are working to establish excellence in their workforce, services and partnerships. This demonstrates the extent to which PHCC are focusing on primary health care. When we look at the mission statement of the main provider of primary health care services in Qatar, which is "to advance health and well-being through primary health care services which are comprehensive, integrated, person-centered and

affordable", and their vision, which is "to be Qatar's primary health care provider of choice", we can gain a better understanding of how much important the primary health care sector is to a state like Qatar (PHCC, 2015). It is worth noting that primary health care refers to health care services that are provided to the patients in the community and outside of hospitals. These services are provided by the employees including nurses and physicians. Therefore, the employee satisfaction is important. In fact, Platis et al. (2014) affirmed that many studies were conducted to find out the factors contributing to nurses' satisfaction (Lu, Barriball, Zhang, While, 2012). In fact, once nurses are satisfied, they tend to better perform and thus the organization performance increases. Doef et al. (2012) stated that job satisfaction is a key issue for health care professionals around the world.

Nurses are one of the employees in the primary healthcare sector. The number of nurses has been increasing in the primary healthcare in Qatar. For example, looking at the ration of nurses as personnel per 100 000 population, we can see that in 2000, the ration was 4.42 compared to 5.48 in 2002 (Health System Profile-Qatar,2006). There is a strong relationship between employee satisfaction and job performance in the nursing sector (Hanan, 2009) in addition to other professional categories (Kahya, 2008) and this phenomenon is obvious worldwide (Nabirye, Brown, Pryor, and Marles, 2011).

These healthcare settings act as the first point of contact in the health care system. As discussed by Mariam Ali Abdulmalik, Managing Director of PHCC, primary care is their main priority as indicated by the World Health Organization (WHO). She stated the development of this concept is Qatar's national priority with an aim to shift the balance of care from "the secondary or curative model towards a preventive and community based model" that is delivered across Primary Health Care Centers in the State of Qatar (PHCC, 2015). Therefore, it is vital that we fully understand how well these primary health care centers perform within the state and how we can enhance and address obstacles that inhibit their performance.

Badriya Al Malki, Assistant Executive Director for Continuing Care and Integrated Services at PHCC also acknowledged that primary healthcare is a vital sector and confirmed that the ministry is prioritizing it as a key issue to be address. Badriyah stated the Public Health Care Council (PHCC) are to promote school health services, improve the physical, psychological health of students and to support their abilities as part of the efforts to address this. Dr. Badriya also stated that 275 male and female nurses and

266 schools have now been included in the PHCC services in Qatar. (PHCC, 2017).

As stated in the Qatari PHCC director message, Qatar aspires and is working towards becoming the new leader in healthcare, education and culture in the Arab world. As a relatively new the healthcare system, it has already been through many changes. Culture was among one of the key aspects that required consideration when the Qatari government and the Ministry of Health initially proposed their plan to excel through healthcare (PHCC, 2017). In fact, healthcare is often viewed through the lens of Qatar as a nation of economic power of Qatar. It's vision and guidelines being set by the last Emir, HH Sheikh Hamad bin Khalifa Al-Thani and his wife, HH Sheikha Mozah Bint Nasser Al-Missned (A.Goodman, 2015).

Many precursors of organizational performance have been examined among the research on organizational culture. A. Nazarian et al. (2017) mentioned that different scholars have been studying the link between organizational culture and organizational performance over the last 30 years. Among these scholars, they have placed emphasis on organizational culture as they believe that it "affects overall performance" (Lee and Yu, 2004). To date, there has been no research completed in State of Qatar which has taken into account the link between organizational culture and organizational performance. A theoretical framework which explores this link, in the context of Qatar, is vital in order gain a full understanding of challenges faced within the sector.

## ORGANIZATIONAL CULTURE

As in Xiaoming and Junchen (2012), the concept of organizational culture first appeared in the literature of researchers and practitioners dating back to the 1980s after both scientific management and experience management approaches were examined (Kotter & Heskett, 1992). As Xiaoming and Junchen (2012) stated in their study, there exists two perspectives in the research completed on organization culture. Firstly, the perspective of measurement of organizational as highlighted by scholars such as Saxton (1983, Coake and Lafferty (1989), Hofstede (1990), and Denison (1995). Secondly, they argued that there was an often "opposing perspective" on the link between Organizational culture and corporate or organizational performance. This perspective was highlighted by scholars such as Barney (1986), Kotter and Heskett (1992), and Gordon and Tomaso (1992).

## Definition and Conceptualization of Organizational Culture

As in Rovithis et al. (2017), organizational culture, as a concept, has been studied in various different disciplines ranging from social anthropology to industrial-organizational psychology (Schein, 2010). Organizational culture was defined as the set of "beliefs, values, behavioral patterns, and assumptions" shared by members of an organization (Cooke & Rousseau, 1998; Jacobs & Roodt, 2008; Scott, Mannion, Huw, & Marshall, 2003).

As in Rovithis et al. (2017), the theoretical model argues that an organization's operating cultures are not determined directly by the organization's values or ideal culture. In addition, these operating cultures are not directly influenced by their missions and philosophies. In fact, the norms that grow within the organization are directly influenced by the organizational structure, systems and skills of the employees.

Jacobs et al. (2012) argues that culture has many definitions and meanings. They state that it has always been difficult to provide a clear definition of what exactly it is (Braithwaite, Hyde, & Pope, 2010; Martin, 2002). In the fields of Anthropology and sociology, they define a concept of culture as view it as a shared set of "attitudes, beliefs, customs, values and practices" within a certain group (Alvesson, 2002).

Xiaoming and Junchen (2012) and Yesil and Kaya (2013) stated that there is also no agreement on the definition of organizational culture. Different scholars define organizational culture in various ways or compartmentalize it into different categories. For example, Schein (1984, 1992) looks at it as "*basic assumptions*" while Peters and Waterman (1982), Calori and Sarmin (1991), and Wiener and Vardi (1990) consider it to be "*shared values*". Peters and Waterman (1982), Roland Calori, Phillippe Sarmin (1991), and Wiener and Vardi (1990) looked at it as "*beliefs*". Other scholars such as Lepak, Takeuchi, Erhardt and Colakoglu (2006) defined culture as "*norms of behaviour*". Meanwhile, the idea of "*shared values*" dominated over other domains of culture. According to Peters and Waterman (1988) the concept can be broken down into their 7-S model, which is, according to McKinsey, is a tool that analyzes firm's organizational design by looking at 7 key internal elements: strategy, structure, systems, shared values, style, staff and skills, in order to identify if they are effectively aligned and allow organization to achieve its objectives. This 7-S model viewed the *shared values* as the most important soft element which contributes to sustaining a company's competitive advantage. They regarded shared

values as guiding concepts or very important ideas upon which any business is built. They suggested these shared values must be simple, stated in the abstract level but also have greater meaning inside within the organization regardless of how people outside the organization may view them.

As discussed in Cui Xiaoming and Hu Junchen (2012), despite the different terminology used to describe or define organizational culture, most of these terms refer in one way or another to shared values. For example, Kono Toyohiro (1990) looked at organizational culture as “shared values, shared thoughts, shared decision methods and shared behavioural pattern”. In addition, Denison (1984) agreed that the corporate or organizational culture refers to the “set of values, beliefs and behaviour patterns” that form the central part of an organizations identity. When we examine these various definitions, we must acknowledge that beliefs are made up of various values result in behaviour. As suggested in sociology, it becomes apparent that values, beliefs, and behaviour cannot be separated from each other. This supports Godron and Tomaso (1992) definition of culture when they suggest that what creates an organizational culture is that of “shared, stable values and beliefs” together with the norms of behaviour.

In A. Nazarian et al. (2017), there were many different conceptualizations of organizational culture. Nazarian et al. (2017) adopted the competing values framework (CVF). They argue that this framework reveals the relationship between organizational culture and organizational performance or effectiveness as they see it (Gregory et al., 2009; Cameron and Quinn, 2011). Competing values framework (CVF) was developed to measure organizational effectiveness (Quinn and Rohrbaugh, 1983). However, it was later used as a “multi-purpose instrument” (Quinn and Spreitzer, 1991; Cameron and Freeman, 1991) which enables researchers to measure both organizational culture and organizational effectiveness (Gregory et al., 2009). According to CVF, organizational culture is a combination of characteristics such as team work, innovation and risk taking (Tajeddini and Trueman, 2008; Tajeddini and Trueman, 2012); orientation to market responsiveness and customer satisfaction (Deshpande et al., 1993) or having a definite structure of authority with control over work-flows, similar to Weber’s ideal-type of bureaucracy (Cameron and Quinn, 2011).

#### **Denison et al. (2006) Study**

The study of Denison et al. (2006) presented a method of measuring organizational culture. This measurement was developed from various

research studies on culture and effectiveness (Denison, 1984; 1990; 1996; 2000, Denison & Mishra, 1995; Denison & Neale, 1996; Fey & Denison, 2003, Denison, Haaland, & Goelzer, 2004; Denison, Leif & Ward, 2004).

Denison’s approach focuses on certain aspects of organizational culture that are believed to have a direct impact on organizational effectiveness. These aspects were involvement, consistency, adaptability and mission. Other researchers such as Kotter and Heskett (1992), and Gordon and DiTomaso (1992) had a similar approach to organizational culture and effectiveness. These researchers focused on the same four dimensions or traits that Denison et al. (2006) highlighted. Denison et al. (2006) were not the only researchers to explore organizational culture and organizations effectiveness. However, Denison et al. (2006) study was a very comprehensive study that looked into organizational culture from different perspectives.

#### **Denison Organizational Culture Model**

Denison model focuses on four organizational traits that have been considered influential to organizational performance. These four traits are “involvement, consistency, adaptability and mission” (Denison, 1990; Denison & Mishra, 1995; Gordon & Di Tomaso, 1992; Kotter & Heskett, 1992). There are three components measuring each of these traits with a further five items measuring each of these components.

In terms of involvement, the previous literature suggests that organizations which are effective, empower and engage employees in different activities within their organization and their individual teams. These organizations build their teams at the different levels (Block, 1991; Katzenbach & Smith, 1993; Lawler, 1986; Spreitzer, 1995; 1996; Buckingham & Coffman, 1999). In such organizations, people at the different levels feel they participate and contribute in some way to the decision-making process. This provides an opportunity for high involvement organizations to rely on informal rather than formal systems. In Denison’s model, this trait was measured by three dimensions or indexes as outlined by Denison et al. (2006). These indexes were empowerment, team orientation and capability development. When empowerment exists, individuals are given authority and encouraged to take initiative as well afforded the opportunity to manage their own work. This creates a sense of responsibility and a sense of belonging for the individual within their organizations. In relation to team orientation, value is placed on cooperatively achieving common goals for which all employees feel a mutual sense of responsibility. This places the emphasis on team efforts in order

to complete the assigned task or work. Employee can develop their capabilities when organizations continually invest in building skill within the workplace. In this way, an organization can remain competitive and achieves the organizational goals.

With regard to consistency, existing literature on the subject suggests that organizations become more effective “when they are well integrated and consistent” (Saffold, 1988). According to this dimension of consistency, behaviour is rooted in a group of core values. Leaders and followers are skilful at reaching agreement and incorporating diverse points of view. As a consequence, the activities of the organization will be “well-coordinated and integrated” (Gordon & DiTomaso, 1992; Martin, 1992; Schein, 1992; Treacy & Wiersma, 1995; Lencioni, 2002). Organizations which are consistent develop a mentality that creates organizational systems that assist in building an internal system of governance dependent on consensual support. Organizations that are consistent also tend to have a higher level of commitment among their employees. They maintain a distinctive method of how they do business and promote internally within their organizations. They will also set out clear guidelines with regard to company policies and procedures within the business outlining what can and can’t be done within the organization. This type of consistency is a powerful source of stability and fosters a sense of internal integration.

In Denison model, this trait is measured by three dimensions namely: (core values, agreement, and coordination and integration). With core values, the employees of the organization share a set of values which create a sense of identity and provide them with a clear set of expectations. With agreement, the employees can agree on issues which are critical to the operation of the organization. Not only does this include agreement among employees but also the employees’ ability to reconcile their differences if and when they happen.

In Denison model, adaptability refers to the ability of the organization to translate the demands of the organizational environment into action. Organizations take risks and learn from their mistakes; they also have the capability and experience at creating change (Katz & Kahn, 1978; Kotter, 1996; Senge, 1990). Organizations with high levels of adaptability tend to be able to improve their ability to provide value for its customers. This is done by creating a system of beliefs that support the organization’s capacity to receive, interpret and translate signals from its environment into internal systems thereby increasing their chance of surviving and growing

(Denison & Mishra, 1995). In their model, this trait was measured by three dimensions (indexes), namely (creating change, customer focus, organizational learning, and mission). These dimensions (indexes) are explained briefly in the paragraph below.

Creating change is related to the organizations ability to adapt its ways to meet changing needs. In addition, the organization must read the external environment, react to current trends quickly and expect future changes. Customer focus means that the organization understands and reacts to their customers and anticipates future needs. It also reflects the extent to which the organization is driven by a concern to satisfy their customers. In the case of public health care, customers include everyone from the patients to the suppliers that the employees deal with. Organizational learning means that the organization receives, translates and interprets signals from the environment creating opportunities in order to encourage innovation, gain knowledge, and develop capabilities. Finally, mission means that successful organizations have a clear vision, sense of purpose and direction. This clear sense of purpose and direction defines the organizational goal and strategic objectives. It also expresses a vision of what the organization will “look like in the future” (Hamel & Prahalad, 1994; Mintzberg, 1989; Selznick, 1957). Mission ensures that the organization has a sense of purpose. This can only happen when we clearly define the social role and the external goals for the organization. It also provides the organization with clear direction and goals. This direction and these goals help the organization define an appropriate course of action for employees to function effectively. In addition, mission allows the organization to shape current behaviour by envisioning a desired future condition. Defining an organization’s mission contributes to both the short and long-term commitment of the employees toward their organization.

Mission trait was measured by three dimensions (indexes) which were: Strategic Direction and Intent, Goals and Objectives and Vision. Clearly defined strategic intentions convey the organization’s purpose and provide a concrete path as to how every employee can contribute. The goals and objectives connect the organizations mission, vision and strategy. These goals and objectives again provide a clear direction for each employee. The vision is a shared future state that the organization wishes to achieve. This instils core values and captures the hearts and minds of the employees by providing guidance and direction.

## ORGANIZATIONAL PERFORMANCE

A. Nazarian et al. (2017) stated that organizational performance is a significant factor to managers as it allows them to assess the success of the organizational strategy in objective terms. Although scholars tend to use the terms “effectiveness and performance interchangeably” (eg. Pfeffer and Sutton, 1999; Werther et al., 1995; Sellani, 1994), effectiveness is often used to represent organizational potentials whereas performance measures the outcomes. According to Henri (2004), organizational effectiveness and organizational performance have evolved in parallel from the same requirements but effectiveness examines the resource and process from an internal standpoint. Performance include any factor which stakeholders consider to be important.

### Non-financial Performance

With the increase in knowledge on employee behaviour and the consciousness of social responsibilities coming to the fore, non-financial performance variables are now seen to be of equal importance to accounting (Xiaoming and Junchen, 2012). In fact, Hermalin and Weisbach (2003) suggest that financial variables cannot “reflect the intangible factors contribution to the corporate value”, while the non-financial variables are difficult “to decipher and measure” in the form of “value added”.

As the term suggests, non-financial performance is not about profitability or financial growth. Xiaoming and Junchen (2012) mentioned that non-financial performance indexes are “employees’ satisfaction, turnover rate, quality of products and/or services and other variables” within different organizational sectors. In this study, we look at employees’ satisfaction and the quality of the services they provide as workers in healthcare field. This is used as an instrument to measure organizational performance within the primary health care sector in Qatar. Other variables of non-financial performance were considered by other studies. For example, Norton (1992) proposed the balanced scorecard which places an emphasis on the importance of internal business processes, learning and growth. Researchers such as Gavino et al. (2003) divided the corporate performance into what they called the “in-role performance and extra-role performance”. By the in-role performance, they examined sales volume, communication effectiveness and relationship building. While in the extra-role performance, they looked into courtesy, helping, sportsmanship and civic virtue.

Uzkurt et al. (2013) pointed out that some studies in the literature focused primarily on the relationship between organizational culture and firm performance (Ngo and Loi, 2008; Lau and Ngo, 1996; Chan et al., 2004). Most of the research completed in this area focuses on examining the relationship between organizational culture and firm performance (Daft, 2007; Kotter and Heskett, 1992; Denison and Mishra, 1995; Ngo and Loi, 2008). Ngo and Loi (2008) suggest that a culture which is adaptive has a positive effect on market-related performance. Chan et al. (2004) also found similar evidence suggesting that organizational culture is related to firm performance.

In addition, Shahzad et al. (2012), refer to strong cultures being a driving force to improve the performance of the employees. They argue that it enhances self-confidence, employee commitment, reduces workplace related illnesses such as stress and improves the ethical behavior of the employees (Saffold, 1998). Furthermore, They state that most studies on culture tend to place emphasis on a single organizational culture. For Deal and Kennedy’s (1982), they argue that strong and weak cultures impact organizational behavior. In strong cultures, the employee goals are aligned with the goal of management which helps to increase the overall organizational performance.

In the healthcare field, organizational culture plays an important role in the provision of quality services in different sectors including staff safety, quality of nursing, job satisfaction and staff turnover, as well as the systematic improvement of management procedures (Boan & Funderburk, 2003; Seyda & Ulku, 2007; Jacobs & Roodt, 2008; Randsley de Moura, dominic, Retter, Sigridur, & Kaori, 2009; Singer et al., 2009). Pelletier (2005) and Sanders and Cooke (2005) argue that there is a correlation between organizational culture and financial performance. While Marcoulides and Heck (1993) suggest that the establishment of a precise relationship between organizational culture type and performance-related variables such as staff performance, organizational aims and achievement is too complex an issue to establish a relationship between these two factor. Moreover, it is reasonable for one to suggest that a large complex organization may have multiple cultural facets within it. The interdependent perspectives of each subculture within large organizations may not favor planned change (Cooke & Rousseau, 1998; Vitonen, Willi-Peltola, Tampusi-Jarvala, & Lehoto, 2007; Xenikou & Simosi, 2006).

When we consider this as the case of a hospital, with different subdivisions within different departments and wards, it is likely that we also

need to take into account the development of multiple subcultures (Xenikou & Simosi, 2006). What makes it more challenging is that some cultural attributes may be shared across different sub-groups while others may not (Mannion et al., 2008).

In Xiaoming and Junchen (2012), they state that the existing research on organizational culture can be broken down into two dimensions: firstly, the measurement of organizational culture and the second being the link between organizational culture and organizational performance.

As Jacobs et.al (2012) see it, a greater body of research is required in order to examine the relationship between organizational culture and organizational performance. In fact, a group of populist texts dating back to the 1980s proved the existence of the idea that strong cultures. They state these are “a set of norms and values that are widely shared and strongly held by the members of the organization” and are related to high performance across a range of industries (O’Reilly & Chatman, 1996,p.166) , (Deal & Kennedy, 1982; Denison, 1990; Peters & Waterman, 1982).

In relation to the impact of culture on economic behavior, Richerson and Boyd (2005) stated that sociologists and anthropologists gathered a large amount of evidence to support the theory that culture impacts economic behavior. For Guiso et al. (2006) many institutional economists emphasize both the link from “culture to beliefs and values” and from “beliefs and values to economic outcomes”.

Jacobs et.al (2012) did explain that culture may also have an impact upon efficiency by instilling shared values and beliefs as well as norms within an organization. This, in turn, will help shape the way in which members within the organization interact and engage with each other. Jacobs et al (2012) went on to explain that certain cultural values may be conducive to effective decision-making processes. They provide examples of reporting, responding and the rate at which they learn and identify errors, work as a team and create inter-departmental synergies as well as fostering creativity. They suggest that culture influences overall social objectives that an organization attempts to achieve. Therefore, organizational culture is important to the employee and the quality of their working lives.

In the healthcare settings, there are a number of empirical studies that examine the relationship between organizational culture and organizational performance. One cross-sectional study on employees in Chinese public hospitals examined this and found a the contingent relationship were factors embedded in the culture (e.g. cost control) correlate with hospital

performance (Zhou, Bundorf, Chang, Huang, & Xue, 2011).

The aim of Jacobs et al (2012) study was to extend the previous cross-sectional analysis (Davies et al., 2007). Jacobs et al. (2012) study looks at changes in senior management team level and its culture within English NHS acute hospitals over a three periods (2001, 2002, and 2007 / 2008). Different performance indicators were used along with key characteristics of the healthcare organizations with regard to the relationship between culture and performance. The primary aim of this research was to identify whether organizational values were important within a particular dominant culture and if these factors related to certain aspects of performance on which the organization enhanced its performance over time.

#### Organizational Commitment

Lee et al. (2001) stated that over the past 15 years, various studies have proposed and refined a multidimensional approach to the conceptualization and measurement of organizational commitment (Allen&Meyer, 1990; Meyer & Allen, 1984,1991,1997).

In the Meyer and Allen (2004) research, they argue that commitment contributes to a reduction in turnover and it is believed that committed employees will work harder to achieve organizational objectives. Thus, they believe that by achieving organizational, overall organizational performance will be improved (Meyer & Allen, 1991). As we measure non-financial performance of public health care organizations in Qatar, organizational commitment is one of two non-financial organizational performance measurements used in this study. Below is a definition of organizational commitments we have used for the purpose of this study. Here we examine how it is measured.

#### Meyer and Allen Model

Based on the literature review, Meyer and Allen (1991) conceptualized commitment in terms of three distinct psychological states. Each of these states influences whether or not the person will remain with the organization. These states are emotional attachment to the organization, which they termed as (affective commitment), recognition of the costs associated with leaving the organization, which they referred to as (continuance commitment), and perceived obligation to remain with the organization, which they referred to as (normative commitment).

## THEORETICAL FRAMEWORK

After the literature review was conducted on the main variables of the study, the theoretical framework of the study is formed and drawn below in figure 1. The independent variable (IV) is Organizational Culture. It is measured by four organizational traits and each trait is measured by three dimensions or as named by Denison et al. (2006) indexes. The dependent variable (DV) is organizational performance. It is measured by non-financial performance measured, which are employee satisfaction and employee organizational commitment. Figure 1 below shows the proposed theoretical framework.

## CONCLUSION

As highlighted in literature, organizational culture seems to play an important role in enhancing organizational performance. In Qatar, in general, and in the Qatari primary healthcare sector, in particular, organizational culture has not been studied thoroughly. To be precise, no single study on the link between organizational culture and organizational performance in the primary healthcare sector has been conducted as for today. This study is believed to be the first study that paves the way to more investigation to this link so that more contribution to the health sector in general and to the primary healthcare sector in particular is provided. This study is unique in applying Denison Organizational Culture Model, which is believed to be a comprehensive one. It is also unique as it measures organizational performance of such an important sector in Qatar.

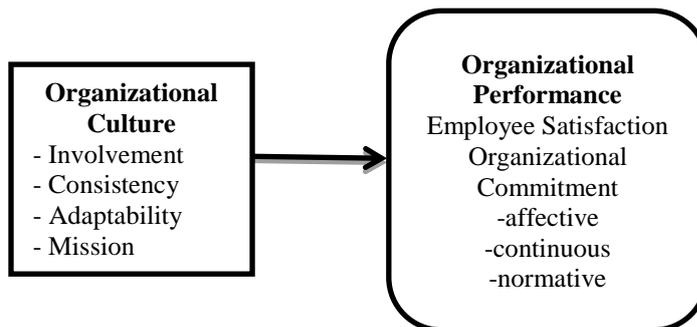
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## APPENDICES

Figure 1  
A proposed model in Theoretical Framework



Source: author's synthesis