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Organizational Culture Model among Clinical Staff of Ministry of Health and Medical **Education: A Validation Study**

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Article Info	ABSTRACT		
Article type:	Objective: The aim of this investigation was to substantiate the organizational culture model		
Research Article	pertinent to the clinical personnel of the Ministry of Health and Medical Education of Iran.		
Article history:	Methods: This study was quantitative-descriptive research. The statistical population		
Received 03 Sep. 2024	encompassed all nursing professionals employed across 19 public hospitals affiliated with		
Received in revised form 12	the University of Medical Sciences and Health Services within Tehran province, amounting		
Dec. 2024	to a total of 3200 individuals in 2021. The sample was derived through a method of random		
Accepted 13 Jan. 2025	sampling. The sample size was ascertained utilizing the Cochran formula, resulting in a total		
	of 343 individuals. The data collection instrument was a questionnaire formulated by the researcher, which demonstrated a contented validity and reliability. Structural equation		
Published online 01 Jun. 2025	modeling was utilized, along with Smart PLS version 3 software for the quantitative		
Kevwords:	validation of the model.		
Organizational culture model,	Results : The findings indicated that the factor loadings for the dimensions of organizational		
Clinical Staff,	culture were 0.99 for the structural dimension, 0.98 for the behavioral dimension, 0.95 for		
Validation,	the value dimension, and 0.94 for the managerial dimension, respectively. Furthermore, the		
Ministry of Health and Medical	coefficient of determination (\mathbb{R}^2) was established at 0.53, signifying a high degree of accuracy		
Education	of the model in predictive capacity. The goodness of fit index for the proposed model was		
	also calculated to be 0.416, suggesting that the model exhibits a commendable and robust fit.		
	Conclusions: It can be inferred that the organizational culture model is indeed valid and may		
	be utilized by university planners and administrators to implement effective measures aimed		
	at enhancing organizational culture within medical universities.		

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Introduction

In the third millennium, entities have prioritized human resources over an excessive concentration on technological apparatus and equipment, endeavoring to establish a sustainable competitive edge in relation to their counterparts (Zare et al., 2017). To enhance organizational efficacy, governmental institutions must recalibrate their business and management paradigms through a diverse array of innovative strategies (Ferris & Graddy, 2007).

The scholarly discourse has established that organizational culture significantly influences both organizational transformation and performance outcomes (Riollano, 2012). Culture is recognized as a salient organizational attribute that possesses contextual dimensions and can exert either reinforcing or inhibiting effects on various activities, including managerial tasks pertinent to innovation and transformation (Ahvazian et al., 2016). Culture constitutes one of the most critical elements impacting management, neglecting which may result in internal dissonance and external discordance. The imperative to consider culture is underscored by the consensus among experts that for substantial and effective transformations to occur within an organization, the cultural framework must also be subject to modification. Generally, culture is regarded as an essential instrument within any organization, as it influences employee performance and fosters enhancements in the manner in which employees execute their roles and responsibilities (Ahvazian et al., 2016).

Organizational culture cultivates a distinctive management philosophy and methodology for administering organizations to augment their overall performance and effectiveness. Furthermore, within the current competitive landscape, organizational culture is deemed a robust instrument for evaluating organizational functions (<u>Omidi, 2018</u>). Organizational culture encompasses a constellation of diverse value systems that can facilitate an organization in attaining a more profound comprehension of its principal functions through the dissemination of the organization's core norms and values (<u>Reidhead, 2020</u>). Broadly, organizational culture comprises shared philosophies, ideologies, values, assumptions, beliefs, expectations, attitudes, and norms that cohesively unite individuals within the organization (<u>Isensee et al., 2020</u>). Robbins characterizes organizational culture as a system of collective interpretations that members hold regarding an organization, a characteristic that further differentiates one organization from another (<u>Parsaeian & Arabs, 1998</u>). <u>Tsang (2010</u>) similarly asserts that organizational culture influences the

interactions among members and their corresponding values. Organizational culture serves as a microcosm of the macro-cultural processes inherent in the organizational environment, which, through the emergence of elements such as information and communication technology, globalization phenomena, demographic shifts, lifelong learning, knowledge proliferation, ethical dilemmas, learning organizations, and the escalating emphasis on quality and effectiveness within organizations, necessitates the establishment of a conducive foundation for a creative organizational culture at all hierarchical levels (Shoghi et al., 2013).

The examination of organizational culture is paramount from multiple perspectives, with one of the most critical considerations being its significance in facilitating change and transformation within organizations. Contemporary organizations are perpetually engaged in processes of change and transformation. This phenomenon encompasses all the principles and constructs inherent within the organization, among which organizational culture stands as a pivotal concept. Acknowledging and adeptly managing organizational culture is vital to guarantee the successful execution of organizational changes (Rostamigooran et al., 2016). Organizational culture serves as an interconnected foundation that binds the various components of the organization cohesively. The historical context of organizational cultures signifies that the interplay between organizational culture and history is inextricable, as organizational culture does not materialize abruptly or arbitrarily. Numerous scholars assert that organizational culture constitutes a system of collective perceptions held by members regarding their organization, a characteristic that serves to differentiate one organization from another. On one hand, organizational culture integrates the elements within the organization; conversely, it functions as a distinguishing factor among organizations (Ahvazian et al., 2016). A robust organizational culture, imbued with positive values, fosters employee motivation and loyalty, enhances individual creativity, promotes improved communication, facilitates greater cohesion and cooperation among employees, strengthens the spirit of teamwork, encourages higher levels of individual participation in decisionmaking, and ultimately elevates organizational efficiency. Organizations characterized by a strong, positive, and coherent culture are predisposed to outperform those with weaker cultures, thus attaining a competitive advantage. The role of organizational culture in the success or failure of organizational strategies is of considerable significance. Approximately 50 to 55 percent of the success attributed to organizational strategies is contingent upon the organization's culture. Should the foundational principles and implementation methodologies of an organizational strategy misalign with the values embedded within the organizational culture, the execution of the strategy is likely to be unsuccessful. Furthermore, organizational culture exerts a substantial influence on the performance of health and medical organizations, as well as the quality of their services. A coherent and favorable organizational culture catalyzes the enhancement of organizational creativity, fosters improved teamwork among employees, elevates the quality of health and medical services, and promotes high levels of patient satisfaction (Mosadeghrad & Sokhanvar, 2019). In 2010, the World Health Organization identified nurses as integral to the success of the health workforce, emphasizing the necessity of bolstering the nursing workforce for the comprehensive enhancement of global health. A strong and affirmative organizational culture can augment employee satisfaction and foster conditions conducive to better interactions between nurses and their colleagues, satisfaction in task execution, and ultimately the attainment of organizational objectives (<u>Ataee zade et al., 2017</u>).

Extensive research has been conducted on the subject of organizational culture. In a study, Hosseini and Haji Hosseini (2010) determined that the Iranian Blood Transfusion Organization possesses a medium to strong organizational culture, with the mission dimension exerting the most significant influence among the various dimensions of organizational culture. Moreover, there is a recognized need for improvement in the indicators related to customer orientation and capability development. Hajiani et al. (2023) determined through empirical research that a total of five dimensions, twenty-two components, and one hundred forty-two indicators were established for the organizational culture framework of the Ministry of Sports and Youth. The identified dimensions encompassed: dynamism, strategic thinking, humanity, management, leadership, and environment. Babaei et al. (2022) demonstrated in their study that the initial dimension (humancentered culture), the subsequent dimension (interaction-environment-centered culture), the third dimension (direction-centered culture), the fourth dimension (excellence-centered culture), and the fifth dimension (law-centered culture) represent the organizational culture models. Paramita et al. (2020) executed an investigation titled The influence of organizational culture and organizational commitment on employee performance and job satisfaction as a moderating variable at PT. Bank Mandiri (Persero), Tbk. Their findings indicated that organizational culture exerts a favorable influence on employee performance. Yanner et al. (2020) carried out research titled The Effect of

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Organizational Culture and Job Stress on Job Satisfaction through Organizational Commitment. In this investigation, one hundred forty-seven employees from an educational institution in Jakarta participated. The outcomes revealed that organizational culture positively affects employee job satisfaction. Hogan and Coote (2014) undertook a study focused on the development of a work model predicated upon organizational culture. The findings from this study indicated that variables such as internal organizational communications, employee work interactions, organizational justice, and team orientation can significantly influence organizational culture. Mitrovic et al. (2019) conducted research examining the components of organizational culture within sports centers. The findings from this study indicated that organization's culture aspires for change. The results revealed that four dimensions of organizational culture emerged from this study: solidarity and flexibility culture, innovation, competitiveness, and a focus on pragmatism.

Hospitals are intricate, multi-specialty bureaucratic social entities that deliver diagnostic, therapeutic, and rehabilitative services. For hospitals to provide effective and efficient services to the community, it is imperative that they maintain organizational health. The attainment of organizational goals is contingent upon the organizational structure, culture, and management strategies (Mosadeghrad & Sokhanvar, 2019). Within health and treatment service organizations, the significance of organizational culture is particularly pronounced, as specialists frequently interact collaboratively, and empirical evidence suggests that their organizational culture directly influences the quality of care, dignity and respect afforded to service recipients, service outcomes, performance metrics, career advancement, and employee engagement. In light of the aforementioned considerations, the objective of this study is to validate the organizational culture model pertinent to the clinical staff of the Ministry of Health and Medical Education of Iran.

Material and Methods

This study base on aim, is characterized as applied, and employs a quantitative-descriptive methodology. The statistical population encompassed all official, contracted, and part time nursing personnel employed across 19 state hospitals associated with the University of Medical Sciences and Health Services in Tehran province, amounting to a total of 3200 individuals in the year 2021. The sample for this study was derived through a random sampling technique. The sample size was

ascertained via the Cochran formula, resulting in a calculated total of 343 individuals. The instrument utilized for this research was a questionnaire developed by the researchers, which underwent validation through face validity and demonstrated reliability through the Cronbach's alpha test, achieving a coefficient of 0.89. For the purpose of data analysis, SPSS-22 software was employed in the descriptive statistics segment to evaluate the mean and standard deviation, while structural equation modeling was utilized in the inferential statistics segment, with Smart PLS-3 software applied for the quantitative validation of the model.

Results

are delineated in Table 1.

The outcomes of this empirical investigation, predicated on the gender demographics of the staff, reveal that from a total of 342 nursing professionals, 17.8 percent (61 individuals) were identified as male, whereas 82.2 percent (282 individuals) were classified as female. In accordance with the statistical analysis of the frequency distribution pertaining to marital status, it was observed that 23 percent (96 individuals) were categorized as single, while 77 percent (247 individuals) were classified as married. An examination of the work experience variable indicates that 27.7 percent (95 individuals) possessed less than 10 years of professional experience, 34.1 percent (117 individuals) had in excess of 20 years of experience, and 38.2 percent (131 individuals) had work experience ranging between 10 and 20 years. Regarding the age demographic, 21.4 percent (74 individuals) fell within the age range of 20 to 30 years, 34.1 percent (117 individuals) were aged over 40 years, and 44.3 percent (152 individuals) were situated within the 30 to 40 years age category. Concerning the educational attainment variable, 21.3 percent (73 individuals) held a master's degree or a higher qualification, while 78.7 percent possessed a bachelor's degree. Initially, the dataset was subjected to scrutiny utilizing the Kolmogorov-Smirnov test, which serves as a distribution conformity assessment for quantitative data. The outcomes of this analysis

Table 1. Assessment of Normality for the Variables Under Investigation				
Component	K-S value	Ν	Р	
Behavioral dimension	1.082	343	0.094	
Structural dimension	1.061	343	0.105	
Value dimension	1.271	343	0.074	
Management dimension	1.003	343	0.165	

It can be inferred that the data distribution associated with the variables, in light of the central limit theorem, exhibits a significant deviation from the normal distribution. As illustrated in the table 1, the significance level for each of the research indicators exceeds 0.5, thereby enabling the assertion that the distribution of data relevant to the variables adheres to a normal distribution. In the context of the current study, Partial Least Squares (PLS) modeling was employed to scrutinize and appraise the research models and latent constructs. Structural equation modeling constitutes a statistical approach that concurrently analyzes the interrelations among various variables.

The results pertaining to the factor loadings indicate that the factor loadings corresponding to the behavioral dimension, managerial dimension, organizational dimension, and value dimension are all positive, thereby signifying a favorable correlation between these dimensions and the organizational culture variable. The structural dimension, exhibiting a factor loading of 0.995, demonstrates the most substantial influence on organizational culture, followed by the behavioral dimension, the value dimension, and the managerial dimension, which rank second, third, and fourth with respective factor loadings of 0.989, 0.952, and 0.948. Furthermore, the organizational dimension is characterized by the highest coefficient of determination among the other dimensions, quantified at 0.99.

To enhance the assessment of reliability within the framework of the structural equation modeling approach (specifically, the partial least squares method), both Cronbach's alpha and the composite reliability coefficient are employed. A composite reliability and Cronbach's alpha value exceeding 0.7 for each construct signifies an adequate level of reliability for the research measurement model, whereas values falling below 0.7 indicate a lack of reliability. Should the composite reliability (CR) value for the constructs exceed 0.6, this denotes an acceptable threshold of reliability, with values approaching one reflecting an increased reliability for that construct. Table 2 delineates the findings from the Cronbach's alpha and composite reliability assessment.

Table 2. Results of the Cronbach's alpha and composite reliability assessment of the model variables					
Index	Cronbach's alpha	Composite reliability	Critical value	Result	
Organizational Culture	0.934	0.990	0.70	Confirmed	
Behavioral Dimension	0.876	0.911	0.70	Confirmed	
Management Dimension	0.789	0.891	0.70	Confirmed	
Structural Dimension	0.725	0.746	0.70	Confirmed	
Value Dimension	0.845	0.863	0.70	Confirmed	

The findings presented in Table 2 indicate that the Cronbach's alpha index value for all constructs surpasses 0.7, while the composite reliability coefficient index value for all constructs also exceeds 0.6; consequently, each construct demonstrates a commendable level of reliability for the measurement of the research variables. Furthermore, to ascertain convergent validity, the average variance extracted (AVE) index was utilized, with the resulting data displayed in Table 3.

Index	Average Variance Extracted (AVE)	Critical value	Result
Organizational Culture	0.571	0.50	Confirmed
Behavioral Dimension	0.616	0.50	Confirmed
Management Dimension	0.763	0.50	Confirmed
Structural Dimension	0.597	0.50	Confirmed
Value Dimension	0.556	0.50	Confirmed

Table 3. Examination of the average variance extracted assessment of the model variables

The results illustrated in Table 3 reveal that the average variance extracted for all constructs exceeds 0.5, thereby confirming that each construct possesses a satisfactory level of convergent validity for the assessment of the research variables.

In Table 4, the coefficient of determination for the endogenous latent variable is also exhibited. A higher coefficient of determination value pertaining to the endogenous constructs of the model signifies enhanced model fit. Specifically, the criteria values of 0.19, 0.33, and 0.67 are designated to represent weak, moderate, and strong coefficients of determination, respectively.

Table 4 . Results of the criteria for the coefficient of determination (R^2) for the endogenous latent variable				
Endogenous latent variable	\mathbb{R}^2	Result		
Organizational culture	0.53	Confirmed		

The outcomes presented in Table 4 indicate that the coefficient of determination (\mathbb{R}^2) associated with the endogenous latent variable of organizational culture is affirmed at a moderate level. Hence, it can be concluded that the research model demonstrates an average fit. Ultimately, the goodness of fit value for the overall model is provided.

Index	R ²	Communalities	
Organizational Culture		0.571	
Behavioral Dimension	0.53	0.616	
Management Dimension		0.763	
Structural Dimension		0.597	
Value Dimension		0.556	

Table 5. Community Values and Coefficient of Determination

A statistical metric known as the t-statistic is employed to evaluate the significance of regression coefficients. The t-statistic serves to ascertain significance levels. Specifically, values exceeding 1.96 correspond to a significance level below 0.05 when testing the hypothesis concerning the regression coefficient. The significance level is utilized to determine whether the null hypothesis is confirmed or rejected within structural equation modeling, particularly if the significance value is less than the 0.05 threshold. The results indicate that the presence of an arrow in the model is statistically significant. In other words, the regression coefficient is demonstrably different from zero (Table 6).

Table 6. Path coefficients and significance

Path	Coefficient	SD	T value	Р
Value Dimension to Organizational Culture	0.277	0.020	13.57	0.001
Behavioral Dimension to Organizational Culture	0.257	0.015	16.91	0.001
Structural Dimension to Organizational Culture	0.323	0.009	36.17	0.001
Management Dimension to Organizational Culture	0.171	0.008	20.04	0.001

According to the results presented in Table 6, it can be inferred that the coefficient of determination for all examined variables exceeds zero, indicating the presence of a linear correlation among the variables within the proposed model. Furthermore, the analysis revealed that the t-statistic for each factor loading surpassed the threshold of 1.96, thereby establishing that the factor loadings attain statistical significance at a 95% confidence level; consequently, the null hypothesis positing the insignificance of the indicators in contributing to the structure under investigation was dismissed, and the relevance of the measures was affirmed.

Discussion

This research endeavor was undertaken with the objective of substantiating the organizational culture framework pertinent to the clinical personnel of the Ministry of Health and Medical Education. The results indicated that each component within the investigative model exhibits

significant interaction with other components. The coefficient of determination (R²) was computed to be (0.53), which suggests a substantial degree of accuracy in the model's predictive capacity. As a result, the research model demonstrates a commendable average fit. The index representing the predictive capability of endogenous variables is articulated through the Stone-Geisser Q^2 statistic, recorded at 0.32, thereby affirming the model's moderate predictive efficacy. To evaluate the goodness of fit (GOF), two indices, namely the coefficient of determination and the communalities (average extracted variance), were employed. The goodness of fit value for the proposed model was assessed to be 0.416, signifying that the model's fit is both appropriate and robust. The results of this investigation revealed that the organizational culture model encompasses four dimensions, 19 components, and 60 indicators. The four dimensions are delineated as follows: 1- Structural dimension (0.99), 2- Behavioral dimension (0.98), 3- Value dimension (0.95), and 4-Management dimension (0.94). Additionally, the 19 components, arranged in accordance with their factor loading, comprise: 1-Capacity Development (0.98) 2-Professional Behavior (0.97) 3-Uncertainty Avoidance (0.96) 4-Organizational Management (0.96) 5-Service (0.96) 6-Human Holism (0.96) 7-Time Attention (0.95) 8-Organizational Linker (0.93) 9-Success (0.92) 10-Team Orientation (0.91) 11-Patient Orientation (0.91) 12-Goals and Objectives (0.90) 13-Collective Orientation (0.89) 14-Health Orientation (0.88) 15-Perspective (0.87) 16-Sacrifice (0.83) 17-Learning Organizational (0.80) 18-Respect (0.74) 19-Empowerment (0.63), which were elucidated in this study. Within this model, the highest degree of desirability for organizational culture is attributed to the structural dimension (0.99). This dimension is composed of six components, which encompass uncertainty avoidance (0.96), attention to time (0.95), organizational link (0.93), goals and objectives (0.90), vision (0.87), and respect (0.74).

The findings of this investigation align with several studies, including those conducted by <u>Hosseini</u> and <u>Haji Hosseini (2010)</u>, <u>Hajiani et al. (2023)</u>, <u>Babaei et al. (2022)</u> and <u>Samur (2021)</u>.

Scholars assert that organizational structure and environmental factors delineate the types and modalities of strategy adoption and implementation, as well as the establishment of policies, rules, and procedures within the organization, thereby functioning as a significant and indirect influence on the cultivation of organizational culture. The structural dimensions encompass the perceptions that employees possess regarding the constraints imposed by the group, as well as the prevalence of regulations, legality, and procedural frameworks within the organization (<u>Prajogo &</u> McDermott, 2011).

Numerous experts contend that organizational culture is epitomized in the actions of individuals. Argeris characterizes organizational culture as a living system, elucidating it through the behaviors exhibited by individuals in practice, their genuine thoughts and feelings, and the actual ways in which they interact with one another. Consequently, attributes such as team orientation, collectivism, and empowerment can be recognized as behavioral components intrinsic to organizational culture. The third dimension of the proposed model pertains to the value dimension of organizational culture within the national health system. This value dimension represents one of the various and multifaceted forms of overarching beliefs and cultural norms pertaining to the organization, which fall under the umbrella of an evolved organizational culture. In light of the cultural, ethical, and belief systems prevailing in Iranian society, it can be posited that this cultural dimension holds considerable importance, is widely accepted, and commands respect, thereby occupying a distinctive role. The national health and medical system can leverage this substantial cultural potential to enhance performance and elevate the quality of care services.

The fourth dimension of the organizational culture framework within the national health system is identified as the managerial dimension of organizational culture. Participatory leadership establishes a foundation for employees to cultivate the confidence necessary to articulate their opinions and perspectives within the organization, thereby actively engaging in pertinent matters. A critical component associated with the managerial dimension in this study is the enhancement of capabilities. In essence, the organization necessitates a diverse array of resources to ensure its survival, and to optimize the utilization of these resources, it is imperative that they are equipped with and bolstered by relevant capabilities.

It is posited that forthcoming investigations should account for confounding variables such as age and socio-economic status, among others, to enhance the internal validity of the findings. Furthermore, it is advocated that the diverse cultural and ethnic backgrounds of the university personnel examined should be regarded as an asset by the governing bodies and administrators, thereby leveraging these differences to promote cultural, educational, and therapeutic objectives. Additionally, it is recommended that the institution, with the aim of augmenting the organizational learning paradigm, incentivize and acknowledge innovation and risk-taking, while contemplating suitable rewards for individuals who exhibit creativity and innovation. Administrators ought to demonstrate, through both verbal and behavioral means, their receptiveness to the innovative perspectives and proposals of their staff, utilizing these insights to ameliorate the organizational circumstances and facilitate the achievement of its objectives. Moreover, the pursuit of learning should be recognized as a pivotal aim within the daily operational framework.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by the ethics committee of Islamic Azad University. The patients/participants provided their written informed consent to participate in this study.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection, and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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