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ORGANIZATIONAL CULTURE AND COMMITMENT OF NURSES IN A TERTIARY HOSPITAL IN ILOCOS NORTE

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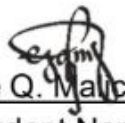
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This work stands not only as a product of my effort but also as a reflection of the collective support of those who guided and believed in me. Today, I stand one step closer to fulfilling my childhood dream—wearing the “sablay.” Truly, nothing is impossible when one holds on to faith and perseverance.

Dedication

This work is lovingly dedicated to:

My beloved parents, whose unwavering love, sacrifices, and endless support have been the foundation of my strength and determination throughout this academic journey.

My husband, Charls, for his patience, understanding, and constant encouragement during the countless hours I spent pursuing this dream.

My daughter, Chiara, who serves as my daily inspiration and reminds me that perseverance and hard work create a better future for the next generation.

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Abstract

This study investigated the relationship between organizational culture and organizational commitment among nurses in a tertiary hospital in Ilocos Norte. It aimed to describe the socio-demographic profile of nurses, determine the prevailing organizational culture and level of organizational commitment, and examine their relationships. A descriptive-correlational research design was utilized. Data were gathered from 279 nurses holding plantilla positions using purposive sampling. The Organizational Culture Assessment Instrument (OCAI), based on the Competing Values Framework, assessed cultural dimensions such as dominant characteristics, leadership, employee management, organizational glue, strategic emphases, and success criteria. The Three-Component Organizational Commitment Questionnaire by Meyer and Allen measured affective, continuance, and normative commitment. Statistical tools included frequency, percentage, weighted mean, Pearson correlation, Spearman's rank correlation, and point-biserial correlation.

Results revealed that the dominant organizational culture leaned toward clan and hierarchy, reflecting characteristics of collaboration, mentoring, and stability. The nurses demonstrated a moderately high level of organizational commitment, with affective commitment as the highest dimension. Significant associations were found between certain socio-demographic variables—such as rank and years of experience—and organizational culture and commitment levels. Furthermore, a positive correlation existed between organizational culture and organizational commitment, indicating that a supportive and participative culture enhances nurses' commitment to the organization.

These findings highlight the critical role of fostering a positive organizational culture to strengthen nurse engagement, reduce turnover, and improve the quality of care in healthcare institutions.

Keywords: Organizational Culture; Organizational Commitment; Nurses; Competing Values Framework; Meyer and Allen Model

CHAPTER I

THE RESEARCH PROBLEM

Background of Study

Every group has a culture, and leaders can either maintain it or change it on their own. According to Randhawa (2019), organizational culture comprises the set of beliefs, assumptions, values, and methods of interaction that collectively define the organization's distinctive social and psychological environment. Therefore, it is a crucial aspect of the organization's success, as organizations actively strive to create a positive work environment.

The culture of a company encompasses many aspects, including how decisions are made and how employees interact with customers. One approach to show the culture of the firm is through the employees' dedication to providing good service. Research indicates that a positive workplace culture fosters greater employee commitment to the company.

Leaders have a significant impact on the culture of an organization. They create and discuss the culture at work, and everyone in the organization is expected to uphold it. A culture that is positive, robust, and healthy fosters an organization where everyone shares the same values and beliefs. It shapes how employees act, the company's identity, and their commitment to their jobs, which helps keep things from getting messy, contradictory, and unhappy at work.

The culture of an organization impacts every member of that organization. A dedicated employee is crucial to the organization, as the concept of loyal employees has numerous positive effects on the organization. A strong sense of duty to one's employment is an important aspect of the organization's culture. The nurse's role in

the healthcare system has become increasingly important and challenging over the past few years, particularly since the COVID-19 pandemic has had a profound impact on the healthcare system. The Performance Governance System is being utilized by government agencies, which is changing the way they are structured. This altered the direction and alignment of the company, as well as the duties that employees were required to perform. A nurse's job is not simply to provide good care for 12 hours, but they also have to go beyond their expected nursing role. During this time of the pandemic, the world has seen the vital role that healthcare providers play. Filipino nurses remain the lowest paid in Southeast Asia, despite a salary increase for entry-level nurses during the pandemic. They are in high demand abroad, and with the problems of staffing, burnout, and low pay, they are prompted to leave the country.

In addition to their clinical work, nurses have other jobs in the healthcare system. Nurse managers perform administrative tasks, including planning for the future, hiring new staff, and managing financial resources. By ensuring that the clinical area has sufficient and qualified personnel, their work has a direct impact on the overall quality of care. The nurses, who comprise the majority of the hospital staff, play a crucial role in shaping the organization's culture. They are also the ones who stay with the patients or clients when they are in the hospital. The way they act, their work ethic, and their attitude can all impact the company's culture. Motivated staff do an excellent job and make patients happier. A high patient satisfaction rating means that the organization has a good culture. The way healthcare organizations are structured affects their overall performance.

The researcher, a nurse for over ten years, had witnessed the organization and leadership evolve. Some more young leaders want to reform the organization, which is suitable for the organization. The culture of the organization is shaped by the diverse

ways these executives see and experience things. Young nurses may also change their minds due to the dedication of these young leaders.

Over the previous five years, nurses at a tertiary hospital in Ilocos Norte have kept an average customer satisfaction rate of 95%. This means that the company typically has a good culture when it comes to caring for patients. During the pandemic, the institution received praise for its innovative work in infection prevention and control. It has now reached the Institutionalization stage of the Performance Governance System. These successes demonstrate that the organization remains committed to achieving its vision and goals, despite the numerous challenges faced by the healthcare system. The hospital is currently growing by adding specialized centers to serve patients from Northern Luzon. Staff members are also getting much training.

The researcher participated in a Mental Health Nursing course in Singapore, which the Department of Health and Nanyang Polytechnic funded. People who work for this group view it as a privilege because it allows them to help other Filipinos, especially Ilocanos. Most workers live in their home province, which allows them to spend more time with their families. Some of the new nurses had worked abroad previously and preferred to return to the institution so they could be closer to their families. However, many nurses, especially those who have been educated in specialized areas, have decided to work abroad. Many Filipino nurses aspire to work in foreign countries, as they may be able to live with their families and have better nurse-to-patient ratios.

Nearly 9% of the nurses in this hospital have resigned, with the majority seeking employment opportunities abroad. Despite the institution's efforts to provide extensive training programs, career advancement opportunities, and reward systems, many nurses still opt to work overseas. Over the past years, the Nursing Division has

consistently implemented induction programs for new employees and maintained a recognition system to acknowledge nurses' contributions.

In the Philippines, many nurses choose to leave their jobs because the pay and benefits are not sufficient. Some people quit because they want to advance in their careers or due to personal reasons. The researcher has stayed with the institution for more than ten years, nonetheless, due to the management's innovative leadership.

Banaszak-Holl et al. (2015) say that organizational culture has a significant effect on nurse and nursing attendant turnover. This management should address issues by implementing strategic changes to the workplace culture. Previous research has shown that organizational commitment is one of the most significant factors influencing nurses' decisions to leave their jobs. This typically means that trained and experienced workers leave the organization. With turnover rates increasing and nursing shortages persisting, it is essential to foster organizational commitment to retain talented nurses.

In management, organizational culture and commitment are two very essential ideas. However, few studies have been conducted on these subjects in hospitals and government offices. Understanding the company's culture is crucial when implementing improvements. The organization will also change if the structure changes. It takes a considerable amount of time and effort to improve an organization's culture and make it more effective. Top-level managers must be highly committed to improving things. Level managers should help employees develop a shared vision. To improve the culture of the organization, we need baseline data, which provides clear information on the disparities between current conditions and desired outcomes. As one of the nurse supervisors, the researcher was interested in these themes to help nursing management improve the workplace, increase staff

satisfaction, and at least slow the rate at which nurses leave for work abroad. Because nurses are leaving the institution at a higher rate and the results of the patient satisfaction survey regarding the care provided by nurses, the researcher aimed to describe the organizational culture and the level of commitment among nurses in a tertiary hospital in the Ilocos Region. This study also aimed to investigate the relationship between these parameters.

Statement of the Problem

This research study aimed to describe the level of organizational culture and the level of commitment of nurses in a tertiary hospital in Ilocos Norte. It tried to determine the relationship between the two variables. This research study was intended to serve as a guide for nursing administrators in determining the culture and their commitment to the organization.

Research Questions

More specifically, it sought to answer the following questions:

1. What is the socio-demographic profile of nurses in terms of:
    a. Age
    b. Gender
    c. Civil status
    d. Rank
    e. Years of experience?
2. What are the levels of organizational culture in terms of:
    a. Dominant characteristics
    b. Organizational leadership

c. Management of employees

d. Organizational glue

e. Strategic emphasis

f. Criteria of success?

3. What are the levels of organizational commitment among nurses in terms of:

   a. Affective commitment

   b. Continuance commitment

   c. Normative commitment?

4. Is there a significant relationship between the socio-demographic profile of the nurses and the level of organizational culture?

5. Is there a significant relationship between the socio-demographic profile and the level of commitment of the nurses?

6. Is there a significant relationship between the level of organizational culture and the level of commitment of the nurses?

Significance of the Study

The findings of the study were beneficial to the following:

Respondents/Nurses. This study would help them assess their personal values in relation to the existing organizational culture and increase their level of commitment, which can positively impact their loyalty to the organization. This would help them realize their importance within the organization, which can lead to improved productivity among the respondents in their work. This study would also help determine the organizational commitment of nurses, which reflects their engagement in their work and impacts patient outcomes, ultimately improving the quality of care provided.

Patients and caregivers. The role of organizational culture in healthcare encompasses the ability to deliver safe and high-quality healthcare services. Healthcare workers who possess good personal values regarding quality healthcare would naturally exhibit a working behavior conducive to quality care. Cultural values such as a good attitude towards treating patients, care, and respect for patients would result in high patient satisfaction and better health outcomes.

Nursing Administrators. The results serve as a basis for developing a work-life balance program that benefits the nurses. The study's results will help nursing administrators develop feasible long-term approaches to retain nurses, enhance staff performance, and implement policies or programs to improve their commitment. Additionally, there would be a need to evaluate strategies or approaches that can address issues related to staffing or turnover rates. It is essential to describe the existing organizational culture in order to manage future cultural changes within the healthcare organization effectively. Describing the organizational culture is crucial for achieving organizational success and enhancing employee performance.

Researchers. Most researchers were confined to topics related to patients and healthcare services. This research study could serve as a reference for future research by students, educators, and healthcare professionals with similar or related concepts.

Scope and Limitation of the Study

This study examined the extent of organizational culture and the dedication of nurses at a tertiary hospital in Ilocos Norte. It would also ascertain the socio-demographic attributes of the respondents.

The participants consisted solely of nurses holding plantilla posts at a tertiary hospital in Ilocos Norte. It excluded job order workers and staff nurses with fewer than

six months of tenure at the facility. Only participants who provided written informed consent for the grant were included in the study.

This research employed a descriptive-correlational design. A questionnaire checklist was employed as a tool for data collection. This study was conducted after the pandemic. Data collection commenced after the study was endorsed. The factors included in the study were defined by the socio-demographic characteristics of the respondents, the degree of organizational culture, and the level of commitment of the respondents. The data collected in this study were examined and interpreted by measures of central tendency, percentages, and inferential analysis.

CHAPTER II

THEORETICAL BACKGROUND

Review of Literature

Organizational Culture: Organizational culture is a fundamental aspect of every organization, influencing the way its members act, think, and value things. It makes a big difference in how effectively the organization can achieve its aims. This chapter will examine the concept of organizational culture, its various forms, and the impact it has on various aspects of the workplace, including healthcare. This will be accomplished by utilizing a substantial amount of research available in popular databases such as PubMed, Scopus, or ProQuest. It will also focus on the concept of organizational commitment among nurses, who are crucial to the success of healthcare institutions. It will examine what it does, what causes it, and what happens when it happens." These two ideas intersect healthcare and will provide the backdrop for your next reading, which will focus specifically on their confluence in a tertiary government hospital in Ilocos Norte. This chapter also discusses theoretical perspectives for examining and analyzing organizational culture and commitment throughout the project work. Among these are the Competing Values Framework and associated dimensions.

Organizational culture refers to the set of beliefs, attitudes, and behaviors that people within an organization share. It shapes how people act toward that organization. Recent studies indicate that the culture of an organization has the most significant impact on both job satisfaction and performance. It sets the overall level of productivity for a business. Dunger (2023) demonstrates, for instance, that a business's culture has a significant impact on the level of emotional commitment

among its employees. This suggests that the culture will foster a stronger emotional connection to the organization, ultimately leading to improved performance. Cameron and Quinn state that the Competing Values Framework (CVF) categorizes organizational culture into four distinct areas: Clan, Adhocracy, Market, and Hierarchy. The Clan culture emphasizes cooperation and flexibility, the Adhocracy culture focuses on innovation, the Market culture believes in competition, and the Hierarchy culture prioritizes order (Dunger, 2023). Each of these dimensions highlights distinct aspects of an organization. In healthcare settings, these cultural elements may manifest in various ways.

Sutton (2022) notes that a strong hierarchical culture is prevalent in settings with numerous rules, such as hospitals. However, market culture traits tend to proliferate due to the emphasis on performance indicators and competitive expectations (Dunger, 2023). CVF was used as the primary tool in the study to examine the cultural aspects of the organization being studied and how these aspects influence and relate to employee behavior. Meyer and Allen identify three primary components of organizational commitment. Affective, Continuance, and Normative Commitments are some of these dimensions. These aspects enable people to view employees and their retention in a global context, recognizing that retention occurs within the organization as a whole. Affective commitment refers to the emotional connection employees have with the company, leading them to want to stay (Tsareva, 2021). Continuance Commitment is based on the cost of leaving, while Normative Commitment is based on the feeling of obligation to stay in the organization (Tsareva, 2021). Commitment is essential in healthcare, as it directly impacts the quality of care provided by staff members and their retention rates. Labrague et al. (2018) conducted studies that show that the nursing staff is committed to their jobs, which leads to

increased job satisfaction and fewer turnover intentions. This highlights the importance of encouraging commitment among nursing managers. Existing research also shows that psychological factors, such as perceived organizational support and work engagement, have a significant impact on affective commitment, which in turn leads to higher job satisfaction and performance (Orgambídez et al., 2019; Suganda, 2022). Demographic factors, including age, gender, rank, and years of experience, have a significant impact on how individuals perceive corporate culture and commitment. According to recent research (Prianto et al., 2024), individuals with higher ranks are more committed to their organizations because of their beliefs and strategic goals align with those of the firm.

There have also been differences across generations in terms of what they want in an organizational culture. For example, younger workers tend to like more innovative cultures, while older workers tend to like cultures that are more stable and hierarchical (Bozat, 2021). The goal of this study is to investigate how demographic factors affect the relationship between culture and commitment in healthcare settings. This will help us understand how tailored initiatives boost employee engagement among different demographic groups. Numerous studies have demonstrated a correlation between organizational culture and employee commitment. This highlights the importance of creating a supportive and creative cultural environment to enhance employee engagement and commitment (Prianto et al., 2024). For example, Rachmat et al. (2019) found that a good culture, one that values teamwork and flexibility, leads to employees being more emotionally committed to their jobs. In the healthcare field, ensuring that cultural values and organizational goals align with each other is crucial for enhancing staff performance and retaining them.

According to a study by Sungkawati and Suarniati (2022), an engaging culture that respects employees will lower turnover and improve patient outcomes. This shows how a strong corporate culture pays off. The study examines the relationship above to gain a deeper understanding of how to improve the effectiveness of healthcare organizations. The literature indicates that organizational culture and commitment are closely linked concepts that are crucial to an organization's success. These factors have a significant impact on how well employees stay at their jobs, how effectively they perform their duties, and the quality of care they provide to patients in the healthcare field. Using the Competing Values Framework and Meyer and Allen's model of commitment as the primary focus of the research provides us with valuable insights into the culture and commitment of nurses (Srimulyani & Hermanto, 2022). This kind of evaluation brings focus to how healthcare organizations can bring together cultures that work well together by aligning their goals with those of their employees and the organization as a whole. This study aims to fill the gaps in the existing literature, particularly in government hospitals, by providing real-world evidence that will help shape strategies for enhancing organizational culture and nursing dedication, leading to improved patient care outcomes (Sukarji, 2023).

Organizational Culture

Tsai (2011) defines organizational culture as the enduring beliefs and values inside an organization, along with the convictions of the staff and the anticipated significance of their job, which collectively shape their attitudes and behaviors. Administrators typically modify their leadership styles to achieve the organization's objectives, which may impact on employees' job satisfaction. Understanding the relationship among company culture, leadership conduct, and employee job satisfaction is vital. Every organization possesses a culture that delineates how individuals operate and function.

This is a crucial factor in achieving the organization's objectives; therefore, many organizations strive to cultivate a productive and positive work environment.

Organizational culture, as delineated by the Indeed Editorial Team (2021), encompasses the aggregate of beliefs, values, and interaction methodologies that constitute the environment of an organization. It pertains to the fundamental principles of an organization or enterprise.

To effectuate change inside a company, it is essential to recognize the significance of corporate culture in shaping employee behavior. Lorraine Marais (1998) posits that if the organizational culture does not endorse program assessment, then change, growth, and quality improvement inside the organization will be sluggish, unstructured, or nonexistent.

Types of Organizational Culture

There are four main cultural dimensions of the Competing Values Framework by Cameron and Quinn: adhocracy, hierarchy, clan, and market.

1. *Adhocracy Culture*

   When businesses focus on being flexible and adaptable, while also adopting an outward-looking perspective, adhocracies are formed. Experimentation and creativity are two qualities to which the members are dedicated. It is common knowledge that the leaders are both visionaries and risk-takers. The company places a strong emphasis on long-term expansion and the discovery of new sources. For this particular firm, success is defined as introducing new items or services to the market. There is a strong emphasis placed on independence and initiative among the members. According to World of Projects (2019), the organization may experience rapid growth and development. However, it may also have less control over its operations and provide fewer nurturing conditions than

other organizations. This type of culture encourages nurses and other healthcare professionals to adapt to new ideas, advance through technology, and use creative methods in solving problems.

2. *Hierarchy culture*

When organizations are inwardly focused and centered on stability and control, hierarchies can exist and function effectively among their members. The standardized and structured working environment is the focal point of this organization. It guarantees that items and processes are carried out in a manner that is streamlined, well-organized, and under control. At this firm, success is defined by dependable delivery, seamless planning, and reasonable pricing. In comparison to other organizations, the organization is less flexible in adapting to shifting circumstances and market requirements, as stated by World of Projects (2019). In the healthcare setting, this is characterized by clear boundaries in seniority, marked by strict protocols, and a chain of command. Although it is essential for maintaining workplace safety and quality of care, it may come across as rigid and inflexible.

3. *Clan Culture*

The term "clan" refers to a welcoming workplace atmosphere in which organizations are primarily focused on the internal environment and place a high priority on responsiveness. It promotes teamwork and collaboration. Both loyalty and tradition serve to bind the group's members together. Members are motivated to work together in order to achieve their shared objectives. Additionally, the Quinn Association (2022) asserts that the organization places a strong emphasis on the long-term benefits of human resource development and is dedicated to maintaining personal relationships and morale. Openness to the client's

requirements and concern for the well-being of people are two of the defining characteristics of success. For nurses and healthcare professionals, this translates to a sense of belonging where an individual is recognized and valued. Leadership was characterized by mentors and coaches rather than an authoritarian style. This culture leads to high morale and practical commitment.

4. *Market Culture*

Internally focused while also looking outward, organization is a good example. Members are concerned with the organization's market position and emphasize the need to compete successfully. Reputation, victory, and financial success are the primary concerns of the organization. The organization is competitive, and as a result, its members are focused on the needs of their customers and suppliers. According to World of Projects (2019), the organization may be less forward-looking and responsive than other organizations, and it may also be less nurturing than similar organizations. As this culture is results and performance-driven, satisfaction was often measured in terms of patient volume, efficiency, and achieving performance quotas.

Organizational Culture in Healthcare

When everyone in an organization is dedicated, it has a quality culture. The culture of an organization shapes its surroundings and affects the long-term plan that helps it reach its vision. The attitudes, values, and behaviors of all employees in a healthcare organization shape its culture (Sutton, N., 2022).

Diverse healthcare groups have varied approaches to their operations and methods of collaboration. Sutton (2022) states that culture in a hospital facility cannot be seen or measured, but it can be experienced by observing and listening to the people who work there. The level of motivation, willingness to take risks, ability to

connect with people, and ability to cooperate with others are all ways to measure it. The way employees act and think about their coworkers and patients makes it clear.

Nurses, who comprise the majority of healthcare workers, play a significant role in shaping the culture of their organizations. An employee who values good healthcare will act in ways that support quality healthcare. Cultural values are fundamental in determining what constitutes good healthcare. The way nurses treat their patients and their behavior are important indicators of the company's culture. A culture that treats its patients with care, dignity, and respect is part of good healthcare.

Culture also sets rules and procedures that help the company reach its goals and mission every day. Healthcare companies aim to deliver high-quality treatment; therefore, they need to create an environment that facilitates easy access to these services. Additionally, healthcare settings have limited resources available. To lower expenses and meet financial needs, we need a culture that values efficiency, good waste management, and well-thought-out financial planning. Most end-users in a hospital are nurses, making their involvement in managing finances quite crucial. Planning is a crucial aspect of a nurse manager's role. They also help create a good work culture by being open to change, giving out bonuses and promotions, and encouraging people to work together or take the initiative (Sutton, N., 2022).

According to a study by Banaszak-Holl, J., et al. (2015), the culture of an organization influences the number of nurses and nursing attendants who leave their jobs. The study showed that nurses were more likely to stay with a company that focused more on internal standards, while a company that emphasized customer needs had a higher turnover rate among its personnel.

The culture of an organization influences the effectiveness of healthcare facilities in their operations. A culture that values hard work, compassion, dedication, and efficiency will lead to better health outcomes and higher survival rates.

Organizational Commitment

Rogier van der Werf (2018) stated that organizational commitment refers to the connection that workers feel with their company. He went on to say that employees who are dedicated to their company typically experience a sense of belonging within it. They are more focused on their work, accomplish a lot, and take the initiative to help the business reach its goals.

According to Yousef (2017), organizational commitment refers to the psychological bond that an individual has with an organization. He stated that job happiness and organizational commitment are closely linked and that people are less likely to want to leave the company when they are satisfied with their job.

De Las Heras-Rosas, C., Herrera, J., & Rodríguez-Fernández, M. (2021) define organizational commitment as an employee's inclination to exert effort for the organization's benefit and remain with it while embracing its core objectives and values. Greenberg and Baron redefined this notion, asserting that organizational commitment reflects the degree to which people identify with their workplace. This influences their level of commitment and their readiness to depart. Gregoriou, I., Papastavrou, E., Charalambous, A., Economidou, E., Soteriades, E. S., & Merkouris, A. (2023) assert that organizational commitment pertains to the degree of identification employees have with their organization and its influence on their commitment levels and intentions to resign.

Types of Organizational Commitment

The most popular conceptualization of organizational commitment is the research of John Meyer and Nathalie Allen. They discussed organizational commitment in three distinct types as follows:

1. *Affective Commitment*

   Affective commitment refers to an individual's emotional attachment to the organization. Allen and Meyer (1990), as cited by Teshome (2014), stated that individuals develop an emotional attachment to an organization when they identify with the organization's goals and are willing to help achieve these goals. Employees with high levels of affective commitment tend to stay in the organization because they genuinely want to and are satisfied with their work. They become significant assets for their organizations.

2. *Continuance* Commitment

   Continuance commitment refers to the extent to which an employee feels the need to stay at their organization, based on the cost that the individual would incur if they were to leave. Employees' underlying reasons for their commitment to the organization differ, but research has suggested that the lack of work alternatives and inadequate compensation are the primary reasons for their commitment.

3. *Normative commitment*

   Normative commitment refers to the involvement of a moral obligation to stay with one's organization. Allen and Meyer (1990), as cited by Teshome (2014), stated that normative committed employees feel they should stay with the organization. The employees have feelings of fear or guilt about the possibility of leaving the organization.

The three forms of organizational commitment are founded on distinct principles. It is presumed that these three dimensions of organizational commitment can coexist simultaneously. This indicates that an employee may cultivate a singular facet of organizational commitment, any mix thereof, or all three facets collectively. The three types vary according to their fundamental motives and results (Teshome, 2014). In conclusion, all facets of organizational commitment have a significant impact on employee tenure within firms. It is essential to acknowledge the relationship between individuals and their immediate work group, as this can impact the broader corporate commitment.

Organizational Commitment of Nurses

Nurses play a significant role in ensuring that people receive quality healthcare. Some studies have found a link between the level of commitment health workers have to their companies and the quality and quantity of care that healthcare organizations provide. Nurses, who comprise the majority of healthcare institutions, play a crucial role in achieving these institutions' goals, as they provide bedside care and regularly interact with patients and their families.

The commitment of Filipino nurses to their organizations has been extensively studied, with recent research by Jabonete et al. (2023) demonstrating that organizational commitment varies significantly based on demographic factors and perceived career advancement opportunities. The study found that nurses holding staff positions often experience different levels of commitment compared to those in supervisory roles, highlighting the importance of career progression in maintaining long-term organizational loyalty.

In general, employees who are dedicated to their jobs are more productive, less likely to quit, and less likely to miss work. Therefore, nurses' commitment to their jobs

is crucial for retaining them on staff. Nursing managers need to understand the level of commitment their team has to the organization so that they can make informed decisions about cultural change or any other key choice that will impact on the staff and healthcare services.

Azizollah, A., et al. (2015) found that nurses who love their jobs and are excited about them are dedicated to their organization. So, they really want to reach both their personal and business goals. To maintain these traits within the team, a decent work environment is necessary. Demographic Variables in Organizational Culture and Commitment

Studies have demonstrated that a company's culture can significantly impact its effectiveness and the level of commitment among its employees. Studies have shown that a business's culture helps people perform their jobs effectively. However, it is challenging to create a culture in a business that focuses on success due to factors that occur both within and outside the organization (Surucu & Surucu, 2020). The employees' diverse social and demographic traits could make the task more challenging. Surucu (2020) states that previous research has demonstrated that demographic factors, including age, sex, job level, and tenure with the company, can predict an individual's level of job commitment and job satisfaction.

On the other hand, the existing diversity is necessary for the company to be more creative and innovative.

Additionally, the nurses' rank has a significant impact on their level of commitment. Liu et al. (2020) found that nurses who are higher up in the organizational hierarchy are more likely to be dedicated to their role. Additionally, data indicate that nursing staff tend to feel more committed as they become happier with their jobs. On the other hand, the degree of organizational culture has a strong connection to the ranks of

nurses. Lee et al. (2021) found that the leadership style of the nurse leader affects how professionals perform their jobs. This helps nurses understand their role and work effectively as part of a team. Ledimo (2015), as mentioned by Surucu, L. Surucu. D (2020) says that this diversity is challenging to handle. Therefore, it is essential to be aware of these factors that could impact the culture of the workplace and the dedication of workers.

Helms and Stern (2001) found that nurses' views of the cultural organization changed based on their age, sex, work experience, and race. Chen et al. (2008) found that bank employees' views of the organizational culture were affected by their age, education, and work experience. Other research has demonstrated that an employee's age and work experience might affect how they see culture. Studies have shown that younger workers tend to prefer a more competitive workplace than older workers. Previous studies have also shown that elderly workers or those who have been with the company for an extended period often become emotionally attached to it.

Surucu and Surucu's (2020) study found that men and women had quite different perceptions of what a competitive culture entails within an organization. The results showed that men are more competitive than women and that men have a stronger perception of competitive or market culture than women. Their research also demonstrated that married workers had a better understanding of inventive or adhocracy cultures and competitive or market cultures than single workers did it.

Research by Labrague et al. (2018) on nurses from rural hospitals in the Central Philippines revealed that nurses were highly devoted to their jobs. Age, sex, education, rank, and job experience were all significantly associated with organizational commitment. It has been demonstrated that there is an inverse relationship between

organizational commitment and turnover intention. This means that those who are more committed to their jobs are less likely to want to leave their current position.

Organizational Culture and Commitment in the Context of Ilocano Values

The Ilocano people possess strong characters that may have stemmed from their 'harsh geography' (Naidas, 2024) and rich history. These factors have necessitated the development of specific beliefs and values that ensure self-sufficiency, survival, and success.

One of the most prominent Ilocano traits is their dedication to hard work and frugality (kuripot) (Naidas, 2024). As one article has suggested, Ilocanos are usually portrayed as thrifty and hard-working (Naidas, 2024). This is due to the necessity of being resourceful and diligent in managing their limited agricultural resources. As such, they also have a strong sense of responsibility and professionalism. Moreover, Ilocano literature has described Ilocanos as individualistic and resourceful, a result of the necessity of being self-reliant (Guira & Domingo, 2024). Lastly, Ilocanos are also described as patient and tenacious due to their personality, which is not easily discouraged by hardships (Naidas, 2024). In the context of healthcare, nurses reflect these values. They are often a symbol of tenacity, hard work, and responsibility, navigating complex dynamics of the workplace environment characterized by long shifts, independent problem-solving within limited resources, and a deep sense of compassion for patients. Nurses often embody these values that also reflect Ilocano culture.

Ilocano's emphasis on frugality and resourcefulness can be translated into an organizational culture that values efficiency and prudence. Additionally, strong familial ties and a deep sense of community in the Ilocano values lead to loyalty and combined with tenacity and patience, can result in a profound sense of commitment among

workers. Such cultural traits provide a unique framework for building a dedicated and effective workplace environment.

The Relationship Between Organizational Culture and Organizational Commitment

Nursing is a vocation that entails significant professional responsibility and a dedication to scholarly pursuits. Individuals dedicated to the vocation do not possess the ultimate authority over the destiny of nursing. Medical personnel must uphold patients' rights and do their duties to the best of their abilities (Ehrlich, H., McKenney, M., and Elkbuli, A. 2020). Kalateh Sadati et al. (2021) subjectively examined the experiences of attendants during the COVID-19 epidemic, incorporating remarks from healthcare workers who continued their duties despite significant stress and numerous hazards. A member of the medical staff remarked, "If I choose not to attend, who will?" Who will genuinely attend to individuals? These individuals reside here. Expert duty and obligation significantly influenced the roles of medical attendants during the pandemic (Kalateh Sadati et al., 2021).

Personnel with greater expertise will continue to fulfill their responsibilities and safeguard the lives of millions throughout this challenging period. It is crucial to examine the factors influencing medical practitioners' professional obligations during the epidemic. The degree of expert responsibility is a significant factor influencing the turnover rate of medical attendants (Haydari et al., 2016). Previous research indicates that an increase in medical caregivers' professional duty correlates with a diminished inclination to exit the profession.

The study by Manaloto et al. (2022) identified a significant inverse correlation between affective commitment and turnover intention. Nurses with emotional attachment to their company are less inclined to depart. Dela Cruz (2006) conducted

a study comparing Filipino and American nurses employed in the United States. The study revealed that Filipino nurses experienced heightened empowerment, along with enhanced job satisfaction and organizational loyalty.

Job satisfaction is crucial for retaining a sufficient number of nurses and delivering quality medical care. Previous research has established a correlation between job satisfaction and the desire to leave one's position, as well as job performance proficiency. When attendants experience diminished job satisfaction, their desire to depart increases, and their professional accountability declines. Numerous factors can influence job satisfaction, including orientation, age, educational attainment, working circumstances, workplace safety, and supervisory oversight (De Simone et al., 2018). A secure work environment is crucial in mitigating workplace violence, a pervasive issue impacting medical workers globally. The WHO characterizes workplace violence as any circumstance associated with work or professional endeavors in which an individual is intimidated, assaulted, or harassed, or when their safety and health are jeopardized (WHO, 2020). Exposure to violence diminishes employees' job happiness, increases their desire to resign, and reduces their professional accountability (Cheung et al., 2018; Li et al., 2019; Liu et al., 2019).

Assessment of Organizational Culture

According to Poorchangizi, B., et al. (2017), medical staff should be aware of and possess professional qualities in order to provide safe and high-quality moral care. There are basic rules for any professional group called proficient attributes. People in a specific profession see these traits as the standard and the source of inspiration for how to act like a professional. Weis and Schank (2019) state that professional qualities are standards of behavior accepted by professional groups and individuals, which are used to judge the honesty of a person or organization. Additionally, skilled abilities are

essential for enabling individuals to perform their jobs professionally. Private traits, which are shaped by factors such as family, culture, climate, religion, and nationality, are what make someone proficient. Getting these kinds of traits takes a long time and happens over the course of a person's life.

Additionally, several tests revealed that nurses who lack knowledge of professional ethics or moral reasoning tend to rely on their own experiences or the culture of their workplace as the primary basis for their moral duty and responsibility, rather than applying these principles in real-life situations. Mabona, J. F., van Rooyen, D., and Ten Ham-Baloyi, W. (2022) emphasize the importance of obtaining accurate information on how nurses prioritize their professional skills in various clinical settings. Additionally, examining how medical caregivers perceive the importance of professional qualities in various situations and cultures would enable medical care managers to understand how different professionals value these qualities, which in turn would help them create a positive work environment for nurses.

Factors Influencing Nurse Commitment

Nursing is a vocation that entails significant professional responsibility and a dedication to scholarly pursuits. Attendants dedicated to their vocation do not possess the final authority over the destiny of nursing. Medical personnel must uphold patients' rights and do their duties to the best of their abilities (Ehrlich, H., McKenney, M., and Elkbuli, A. 2020). Kalateh Sadati et al. (2021) subjectively examined the experiences of attendants during the COVID-19 epidemic, incorporating remarks from healthcare workers who performed their duties despite significant stress and considerable hazards. A member of the medical staff remarked, "If I choose not to attend, who will?" Who will genuinely attend to individuals? These individuals reside here. We possess a professional duty and obligation, indicating that responsibility is a primary component

influencing the roles of medical attendants during the pandemic (Kalateh Sadati et al., 2021).

Personnel with specialized responsibilities will continue to perform their tasks, execute their obligations, and safeguard the lives of millions throughout this challenging period. It is crucial to examine the factors influencing medical attendants' professional responsibilities during the epidemic. The degree of professional responsibility is the most significant factor influencing the frequency of job departures among medical attendants (Haydari et al., 2016). Prior research indicates that an increase in nurses' professional responsibility is correlated with a decrease in their intention to leave the profession.

Job satisfaction is crucial for maintaining a well-functioning nursing team and delivering high-quality medical care. Prior studies have shown that job satisfaction correlates with the desire to resign and a sense of accountability. When employees exhibit lower job satisfaction, they are more inclined to resign and less likely to engage earnestly in their roles. Numerous factors can influence job satisfaction, including orientation, age, educational attainment, working conditions, workplace safety, and managerial oversight (De Simone et al., 2018). A secure work environment is crucial in mitigating workplace violence, a pervasive issue impacting medical workers globally. The WHO defines workplace violence as any circumstance associated with work or professional activities in which an individual is subjected to harassment, threats, or assault, or where their safety and health are jeopardized (WHO, 2020). Exposure to violence diminishes employee job satisfaction, increases turnover intentions, and reduces their feeling of professional accountability (Cheung et al., 2018; Li et al., 2019; Liu et al., 2019).

Impact of Organizational Culture on Nurse Performance

Braithwaite, J. et al. (2017) say that each group has a unique culture. Duran, S. et al. (2021) stated that most people believe that a favorable hierarchical culture is linked to good patient outcomes. Almost three out of four (74.2%) focus on specific relationships, either favorable or unfavorable, between culture and patient outcomes. For example, cross-sectional studies done in emergency rooms indicated that patient fatality rates were about 48% lower in medical clinics with better workplaces and more than 60% higher in clinics with bad workplaces. Some studies went beyond simply categorizing circumstances as "better" or "poor" by examining types of culture that were clearly linked to patient outcomes. For example, a culture that focused on "human relations" was also linked to happier patients. In human relations, people focus on being flexible and supporting their own strengths, as well as values like belonging, trust, and togetherness (Lansing, A. E., et al., 2023).

Strategies for Enhancing Nurse Commitment

Abdellah, R. F. and Salama, K. M. (2017) state that the lack of empowerment is a significant challenge that nurses may face at work. Sulaiman, E. and Tarek, M. (n.d.) say that powerless nurses are unproductive, unhappy nurses who are more likely to burn out and lose their sense of self. According to Sim, J. et al. (2018), nurses can feel empowered in three ways: by working in a place that has the right structures to support empowerment, by believing that they can be empowered, and by recognizing that there is power in the relationships and care that nurses provide. We need to understand these three aspects better in order to empower nurses and enable them to deliver better care to patients.

According to Bjorkman, A. et al. (2017), nurse managers need to have a deep understanding of the most common problems that nurses face on the job in order to

tailor effective strategies to address them. This is because nurse managers are expected to address all problems that arise in their areas of responsibility. In Egypt, many nurse managers in various clinical settings are promoted to managerial positions based on their length of service, even if they lack the proper education or management experience. This means they cannot solve problems, a critical skill for managers. Munro, C. L., and Hope, A. A. (2020) suggest that effective strategies should be implemented to teach staff the best ways to manage their work-related challenges. The goal of this study was to identify the work-related problems that nurse managers believed their teams faced and to develop strategies for addressing these concerns. The strategy that was created should be utilized by newly hired first-line nurse managers as they transition from practicing nursing to managing, as well as by other nurses in managerial positions, to address existing workplace issues. Policies for health care organizations need to be improved so that they can be more open to using alternative solutions.

Organization and Culture

Numerous enterprises have found that corporate culture has a significant influence on employee commitment and productivity (Hofstede, 1980; Schein, 1985). It denotes the shared values, beliefs, standards, and practices inside an organization that influence individuals' actions and thoughts (Denison, 2018). Deal and Kennedy's (2020) research demonstrated that a robust and positive business culture is essential for fostering a sense of belonging among employees and aligning their objectives, resulting in increased commitment.

Numerous studies have examined various facets of company culture and its impact on employee commitment. Denison's (2019) paradigm proposed four cultural traits—mission, flexibility, engagement, and consistency—and their impact on

organizational outcomes. Employees exhibit more commitment to their work when employed by a company with a robust mission-driven culture (O'Reilly & Chatman, 2020). A culture that permits employee involvement in decision-making is associated with enhanced job satisfaction and commitment (Cameron & Quinn, 2016).

Executives play a crucial role in shaping the culture of their firms. Bass and Avolio (2016) introduced the concept of transformational leadership, emphasizing the necessity for charismatic leaders capable of energizing and motivating personnel. This is beneficial for the organization's culture. Schein (2016) discussed how leaders serve as culture carriers and how their actions and words significantly influence the organization's culture.

Researchers have examined the impact of company culture on employee engagement within the healthcare sector. Examining the impact of company culture on healthcare personnel's commitment to patient care is crucial, as they face distinctive challenges. Healthcare professionals who perceive their organization as prioritizing patient care are more inclined to exhibit commitment (Scott, Mannion, Davies, & Marshall, 2020).

It is essential to recognize that not all aspects of an organization's culture necessarily enhance commitment. A culture characterized by excessive effort and high expectations that leads to burnout may diminish employee commitment, adversely affecting patient outcomes (Maslach & Leiter, 2019).

Synthesis

In management, organizational culture and dedication are fundamental ideas. Every company has its own culture. By defining the organization's culture, employees will be able to see what values they all have in common. There are several ways to

assess an organization's culture, including how it treats its employees and clients, the flow of communication, and the level of commitment to delivering excellent service.

The pandemic had a significant impact on the healthcare system, altering aspects such as its organizational structure, operational processes, and the roles of nurses. It is crucial to understand the organization's culture in order to adapt to changes. Changes will occur, and the company must adapt to remain successful.

One approach for any healthcare organization to achieve its goal of delivering the best possible care is to have staff who are dedicated to their work. To motivate, inform, and commit their nurses to the organization's vision, mission, and goals, administrators and managers should empower them. This will lead to happier patients, better relationships between nurses and patients, and faster recovery times (Frankel, 2011). Recent Philippine research by Jabonete et al. (2023) reinforces these findings, demonstrating that demographic variables, particularly experience and position, significantly influence organizational commitment among Filipino nurses. Their work emphasizes that retention strategies must address both emotional attachment and career advancement needs to be effective in the contemporary healthcare environment.

Every nurse needs to understand their role within the company. For nurses to be committed and motivated, they need to know their own values and the culture of the healthcare company they work for. This will lead to a positive attitude and work conduct, which will improve the quality of care for their clients.

Theoretical Framework

The Competing Values Framework, developed by Cameron and Quinn, is the most widely used and popular approach to describing different forms of corporate

culture. The Competing Values Framework is a valuable tool for identifying the types of organizational culture present in the workplace. This is called a "competing values framework" because it examines the various priorities that businesses can have that conflict with one another. It discussed the six most important aspects of an organization's culture: its primary traits, its leaders, how it manages its people, its "glue," its strategic focuses, and its standards for success.

The first dimension, Dominant Characteristics, encompasses the organization's most significant traits and ideals that define its identity. It helps employees see their jobs and duties differently. According to research by Denison and Mishra (1995), these traits are crucial in defining an organization's culture and how that culture influences employee behavior and thought. Innovation, client focus, and adaptability are some of the traits that make up these. For example, a company that values innovation may foster a culture that encourages employees to be creative and take calculated risks. Similarly, a culture that places a high emphasis on customer satisfaction may also prioritize making customers happy and responding to their needs promptly. These main traits not only shape how workers perceive their jobs within the company, but they also influence the overall atmosphere of the company, which can impact the level of engagement and productivity among workers (Denison & Mishra, 1995).

The second component, Organizational Leadership, demonstrates how leadership style impacts the organization's culture and decision-making processes. The way leaders interact with, direct, or change their teams can have a significant effect on how engaged and productive their employees are. There is much research on how leaders affect the culture of an organization. According to Schein (2010), leaders are the main people who shape an organization's culture. Different types of leadership, such as transformational, transactional, and servant leadership, can

impact a company's culture in various ways. Transformational leaders often encourage and inspire their employees to accept change and new ideas, which fosters a culture of continuous progress. Transactional leaders may emphasize following rules and procedures, which can create a culture that is more structured and adheres to established guidelines. Servant leaders put the needs of their people first and work to create a culture of empathy and teamwork. According to research, leadership behaviors set the tone for the entire business and influence how employees behave, what they value, and the overall culture of the organization (Schein, 2010).

The third factor, Management of Employees, examines how the business supports the growth and well-being of its employees. This part includes aspects such as communication, collaboration, and strategies to engage people. Luthans and Peterson's (2002) research highlights the significance of positive and supportive management practices in shaping an organization's culture. Good communication makes things clearer and helps people work together, which in turn fosters a culture of trust and openness. Teamwork tactics encourage people to work together and collaborate, fostering a culture of collective effort and problem-solving. Motivation techniques, such as rewards and recognition, can influence the level of commitment and engagement that employees have with the organization's values. These aspects of managing employees not only contribute to creating a positive work culture, but they also impact on employee satisfaction, retention, and the overall effectiveness of the organization (Luthans & Peterson, 2002).

The fourth component, Organization Glue, demonstrates how shared values, traditions, and symbols unite employees. This unifying factor helps to create a group identity that goes beyond individual duties. Schein (2010) discusses how organizational glue contributes to making culture an integral part of an organization.

Rituals and ceremonies, such as annual awards or team-building events, help employees feel a sense of belonging and strengthen shared values. Logos and mottos are examples of symbols that serve as potent reminders of an organization's core beliefs and mission. This helps to strengthen the company's culture. Not only can organizational glue enhance employee morale, but it also fosters a peaceful and unified workplace where people can work together as a cohesive team (Schein, 2010).

Strategic Emphasis, the fifth dimension, reveals what the organization is most interested in and its long-term ambitions. The organization's focus and priorities are reflected in its emphasis on innovation, stability, and customer service. Miles and Snow (1978) identified four strategic types—prospector, defender, analyzer, and reactor—that are associated with specific cultural traits. For example, companies that use a prospector approach place a strong emphasis on invention and exploration, which fosters a culture of flexibility and risk-taking. Defender organizations, on the other hand, emphasize stability and efficiency, fostering a culture of prudence and adherence to established protocols. Analyzer companies strike a balance between new ideas and stability, resulting in a culture that combines both flexibility and structure. Reactor organizations often lack a clear strategic direction, and their culture may be more fractured and inconsistent. The research clearly indicates a connection between strategic emphases and organizational culture. It also makes it clear that aligning these two areas can affect an organization's success, competitive advantage, and ability to adapt to new situations (Miles & Snow, 1978). The last dimension, Criteria of Success, establishes the criteria and metrics that the organization uses to evaluate its performance. This dimension guides how decisions are made and resources are utilized, which in turn affects the organization's future.

Quinn and Rohrbaugh's (1983) research show that organizations with varied success criteria tend to have different cultural qualities. This illustrates how these two factors interact to shape organizational culture. Financial measurements, customer happiness, employee engagement, social impact, and other key performance indicators can all be used to measure success. When these criteria align with the firm's values and mission, they can transform the organization's culture, influencing how employees behave and make decisions. Additionally, research indicates that companies may modify their definitions of success over time in response to shifts in their internal and external environments. This can have a significantly greater impact on business culture (Quinn & Rohrbaugh, 1983).

Together, these characteristics create a comprehensive picture of how organizational culture operates and its impact on various aspects of the company, including employee behavior, leadership style, and the organization's strategic approach. It demonstrates that organizational culture is constantly evolving, and its direction can shift as executives change, strategic priorities shift, or external influences alter. For firms that want to create a good and flexible culture that will help them succeed eventually, it is important to understand and manage these characteristics.

In this study, the six characteristics were used to thoroughly examine the organizational culture of a tertiary hospital in Ilocos Norte. The study aims to gain a deeper understanding of how organizational cultures influence nurses' commitment by examining these variables within each type of culture. This study aims to investigate how these cultural factors influence nurse commitment in complex ways. The results could help organizations improve their culture and keep more nurses. The idea behind this is that these cultural factors are crucial in shaping the workplace and, consequently, impact nurse dedication, which is a vital component of healthcare

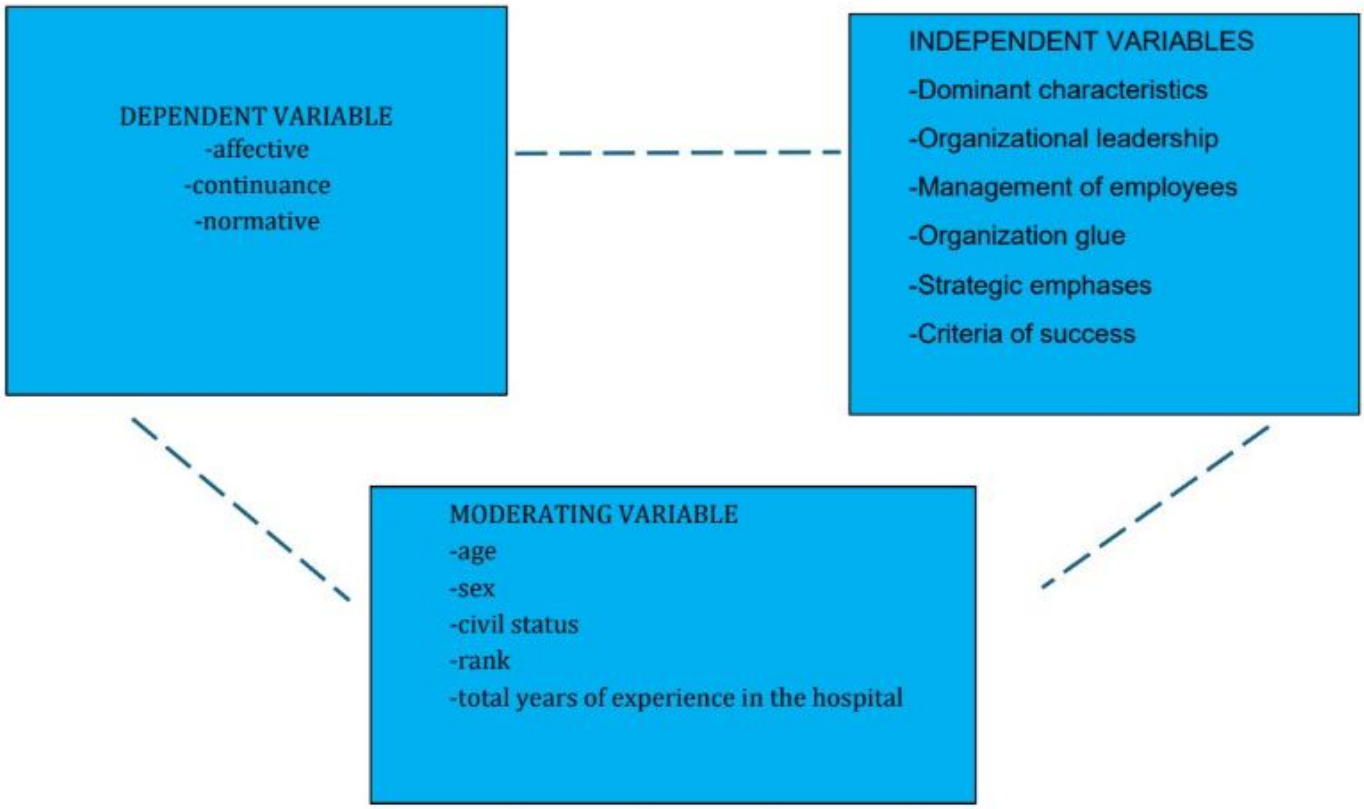
organizations. As Jasemi, M., Valizadeh, L., Zamanzadeh, V., & Keogh, B. (2017) argue, this framework provides a comprehensive picture of an organization's culture and the factors that contribute to its effectiveness. Organizations can effectively address problems, capitalize on their strengths, and foster a culture that supports their strategic objectives by recognizing and aligning these dimensions.

Conceptual Framework

This study employed a descriptive-correlational research design to ascertain the association between organizational culture and nurse commitment in a tertiary hospital located in Ilocos Norte. This study focused on the paradigm illustrated in Figure 2.1. The model demonstrates the relationship between the socio-demographic characteristics of the respondents and their corporate culture and dedication. It also illustrates the correlation between organizational culture and responder commitment.

The line linking the variables indicates a relationship between them.

Figure 2.1. Conceptual Framework.



Operational Definition

Organizational Culture refers to the shared values, beliefs, and practices in the hospital, measured using the Organizational Culture Assessment Instrument (OCAI) by Cameron and Quinn. It is operationalized into six dimensions: dominant characteristics, organizational leadership, management of employees, organizational glue, strategic emphases, and criteria of success.

Organizational Commitment refers to the psychological attachment of nurses to the organization, measured through the Three-Component Organizational Commitment Questionnaire by Allen and Meyer. It includes three dimensions: affective, continuance, and normative commitment.

Socio-Demographic Profile pertains to the personal and work-related characteristics of the respondents, specifically age, sex, civil status, rank, and total years of hospital experience.

Research Hypothesis

The following were the research hypotheses of the study:

1. There is no significant relationship between the socio-demographic profile and the level of organizational culture of the respondents.
2. There is no significant relationship between the socio-demographic profile and the level of organizational commitment of the respondents.
3. There is no significant relationship between the level of organizational culture and the level of commitment of the respondent.

CHAPTER III

RESEARCH METHODOLOGY

Research Design

This descriptive-correlational study aims to ascertain the impact of organizational culture on the commitment levels of nurses in a tertiary hospital in Ilocos Norte. The objective of a descriptive study is to delineate the socio-demographic profile, assess the levels of organizational culture, and evaluate the organizational commitment levels of nurses. Conversely, the investigation into the link would concentrate on correlational studies among the aforementioned variables. The research employed a survey methodology to collect data and fulfill the specified objectives. Bhandari (2022) asserts that a correlational strategy is optimal for determining relationships between variables without the need for intervention. This methodology would help elucidate the correlations among socio-demographic characteristics, organizational culture, and organizational commitment.

Sampling Technique

The research's target population consists of all 417 nurses employed in plantilla positions at a tertiary hospital in Ilocos Norte. Only nurses with a minimum tenure of six months at the institution were included in the study to ensure the collection of sufficient and relevant data. Only 339 individuals satisfy the specified requirements, and 279 have agreed to participate in the research. This sampling method is referred to as "purposive sampling" or "judgmental sampling," as it involves selecting participants based on specific criteria that align with the research objectives.

Inclusion Criteria:

1. Nurses holding a plantilla position in the specified tertiary hospital in Ilocos Norte.
2. Nurses who have been employed at the hospital for a minimum duration of six months.
3. Nurses who were willing to participate voluntarily in the study.

Exclusion Criteria:

1. Nurses who are not in a plantilla position in the specified tertiary hospital in Ilocos Norte.
2. Nurses with less than six months of employment.
3. Nurses who decline participation.
4. Nurses on extended leave.
5. Nurses with conflicting roles.
6. Nurses with language barriers.
7. Nurses with significant conflicts of interest

Research Setting

The research investigation was conducted at a local DOH regional hospital and a tertiary hospital in Ilocos Norte. The institution has a current capacity of 400 beds, with an ongoing expansion to 700 beds, and is designated as a general, teaching, training, and research hospital. The hospital holds ISO 9001:2015 accreditation. The hospital received the Gold Trailblazer Award in the Institutionalization Stage of the Performance Governance System (PGS) and is considered the premier hospital of Northern Luzon, with various specialty centers. PhilHealth accredits the hospital as a healthcare provider. It is additionally associated with other medical, paramedical, and nursing institutions for postgraduate study in the clinical departments.

The Nursing Division comprises the largest contingent of staff in the hospital, encompassing all nursing attendants, nurses, and midwives. All nurses currently possess permanent roles. Newly recruited nurses are provided with a month for observational training. The institution provides various training programs for nurses that correspond with the distinct specialization centers. Nurses are afforded the ability to select their area of specialty. Employees are being provided with complimentary online and in-person courses and training. Notwithstanding this, around 9% of nurses with plantilla posts resigned and relocated abroad in 2022. A significant number of skilled nurses have resigned from the hospital in the past three years.

Research Instrument

The survey approach was employed to gather data on the socio-demographic characteristics, organizational culture, and dedication of the nurses. The data collection tool employed was a questionnaire developed and modified by the researcher, informed by a review of pertinent literature and studies.

The questionnaire checklist consisted of three sections. The initial phase involved identifying the socio-demographic attributes of the respondents, encompassing their age, gender, marital status, and total years of employment at the hospital.

The subsequent segment would ascertain the organizational culture. The Organizational Culture Assessment Instrument (OCAI) has been modified for this objective. The OCAI is a rigorously researched and validated tool for evaluating organizational culture, developed by Robert Quinn and Kim Cameron. This is founded on the Competing Values Framework (CVF). Research indicates that OCAI demonstrates strong reliability and construct validity in assessing organizational

culture within healthcare environments. To date, this instrument has been utilized in various contexts globally. Van Huy et al. (2020) sought to validate the OCAI within the healthcare context of a developing nation, specifically Vietnam. The findings demonstrated that the OCAI had commendable reliability, with Cronbach's alpha coefficients ranging from 0.6 to 0.8 for both current and anticipated culture. The translated version of OCAI demonstrated a satisfactory fit, with the majority of the Confirmatory Factor Analysis (CFA) loading factors below 0.60. Their findings indicate that OCAI may serve as a tool for assessing organizational culture.

The study utilized the Organizational Culture Assessment Instrument (OCAI) to evaluate six dimensions of organizational culture: dominant characteristics, organizational leadership, employee management, organizational cohesion, strategic emphasis, and criteria for success. Each dimension consisted of four descriptive statements, and respondents were instructed to distribute a total of 100 points among the four alternatives based on how closely each statement reflected their organization. The statement most representative of their organization received the highest points, while the least applicable statement received the lowest or no points. The total scores derived from this distribution indicated the relative strength of each cultural type. For interpretation, scores were categorized as follows: below 20 points indicated a weak presence, 20–25 points a moderate presence, 25–30 points a strong presence, and above 30 points a dominant presence of the culture type.

Moreover, this is highly relevant to studies on organizational culture in healthcare settings. Individuals with diverse backgrounds often dominate the healthcare industry. The healthcare setting is often a mix of hierarchy, as it follows strict protocols, a chain of command, and a clan culture, while also emphasizing the importance of teamwork and camaraderie. OCAI can also reveal gaps between the

preferred culture and the dominant culture in healthcare and may provide insights into potential improvements, particularly in terms of leadership. A study from Vietnam found that the OCAI is a reliable and valid tool for evaluating organizational culture in healthcare settings (Van Huy et al., 2020). Furthermore, a study in Jakarta (Iriviranty et al., 2016) found that evaluating organizational culture in healthcare is linked to how professionals establish patient safety. With this, OCAI was chosen for this study due to its applicability in evaluating the different organizational cultures and understanding the complex dynamics inside the healthcare environment.

The final section, designed to assess nurses' organizational commitment, was derived from the Three-Component Organizational Commitment Questionnaire developed by Natalie Allen and John Meyer. The instrument is a prevalent framework for examining workplace commitment. Furthermore, the inquiries were broad and therefore lacked content relevant to any specific demographic group. The questionnaire consists of 18 statements measured on a 7-point Likert scale. This study will employ an improved version of the commitment survey. In this iteration, inquiries regarding obligation were not posed directly to mitigate the conceptual danger to the validity of this study. The respondent will express their level of agreement with the statement by choosing a number from 1 (strongly disagree) to 7 (strongly agree). Six statements were designated for the three commitment scales: affective commitment (ACS), normative commitment (NCS), and continuation commitment (CCS). The respondents' answers to all items on the scale were averaged to derive the total score for each component. The researcher verified that the respondents completed all items to ensure the correctness of the results. Certain items have been "reverse-keyed" to prompt responders to contemplate each assertion. The mean results were interpreted as follows: 1-2.49 (very low commitment), 2.50 – 3.49 (low commitment), 3.50 – 4.49

(moderate commitment), 4.50 – 5.49 (moderately high commitment), 5.50 – 6.49 (high commitment), and 6.50 – 7.00 (very high commitment).

Data Collection Method and Procedures

The researcher sought approval from the University of the Philippines Open University's Master of Arts in Nursing thesis panel. A formal request to conduct the study was submitted to the Chief of the Medical Center. Additionally, clearance from the Hospital Research Committee and the Research Ethics Review Committee was obtained prior to the commencement of the study. The study also underwent ethical review by the Region 1 Health Research and Development Consortium.

After the study was approved, a letter was attached to the survey form, seeking permission from the respondents to participate as subjects in the study. The respondents signed the informed consent form before receiving the questionnaires, ensuring their voluntary participation. The researcher took an official leave from her work for one week to focus on gathering reliable data from the respondents. The researcher would distribute the questionnaires personally to the respondents, ensuring that all directions were explained clearly and that all questions were answered correctly. The respondents were assured that all the information gathered would be kept confidential.

After answering the questionnaires, the researcher collected the instruments, and the data were collated, tabulated, analyzed, and interpreted.

Data Collection

Figure 3.1. Data Collection Flowchart.



Plan for Data Analysis and Data Management

Descriptive and inferential statistics were employed to evaluate the data, enabling the study to meet its objectives and test its hypotheses. Descriptive statistics, including frequency, percentage, and mean scores, reported the socio-demographic profile, organizational culture levels, and commitment levels.

Inferential statistics, including Pearson Correlation, Spearman's Rank Correlation, and Point-biserial Correlation, were employed in the study to ascertain correlations between variables. The researcher would reject the null hypothesis, indicating a substantial link between leadership styles and organizational commitment, if the p-value is below the alpha level of 0.05 or 0.01. If the p-value exceeds the alpha

level of 0.05 or 0.01, the researcher will accept the null hypothesis, indicating no significant association between leadership styles and organizational commitment.

Table 3.1

Statistical Treatment

Research Objective	Variables to be Measured	Level of Measurement	Statistical Treatment
1. What is the socio-demographic profile of the respondents as to: a. Age b. Sex c. Civil Status d. Rank e. Total years of experience in the hospital?	Age Sex Civil Status Rank Total years of experience in the hospital	Categorical or Nominal level data	Frequency Count and Percentage
2. What are the levels of organizational culture in terms of: a. Dominant characteristics b. Organizational leadership c. Management of employees d. Organizational glue e. Strategic emphasis f. Criteria of success?	Respondents were asked to give scores to four statements based on the six characteristics of the current and preferred organizational culture.	Categorical level of measurement	Central tendency through weighted mean
3. What is the level of organizational commitment of the nurses in terms of: a. Affective commitment b. Continuance commitment c. Normative commitment?	A Likert scale of respondents' responses on the level of organizational commitment of the nurses	Ordinal level of measurement	Central tendency through weighted mean
4. Is there a significant relationship between the socio-demographic profile of the nurses and the level of organizational culture?	Socio-demographic profile of the nurses and the scores of the respondents on the level of organizational culture	Categorical or Nominal level data	Pearson Correlation Point Biserial Correlation

5.	Is there a significant relationship between the socio-demographic profile and the level of commitment of the nurses?	Socio-demographic profile of the nurses and the Likert scale of respondents' responses on the level of commitment of the nurses	Categorical or Nominal level data	Pearson Correlation Point Biserial Correlation
6.	Is there a significant relationship between the organizational culture and the level of commitment of the nurses?	scores of the respondents on the level of organizational culture and the level of commitment of the nurses	Ordinal level of measurement	Spearrman's Rank Correlation

Ethical Considerations

The researcher sought authorization from the Medical Center Chief to conduct the study. Clearance was obtained from the University of the Philippines Open University Institutional Review Board, and the corresponding certificate of approval was submitted to the Research Ethics Review Committee of the study setting. In addition, the study underwent ethical review and approval by the Region 1 Health Research and Development Consortium (R1HRDC). Permission to proceed with the conduct of the study was likewise secured from the Chief Nurse of the institution.

Data collection was conducted in person, with the researcher distributing printed questionnaires to the respondents. All subjects provided informed consent prior to data collection. The participants were informed about the research, its objectives, and their rights. Participants were advised that they may withdraw from the study at any time without facing any repercussions. Numerical codes were used as identifiers to guarantee anonymity and confidentiality. Completing the survey typically takes between 15 and 30 minutes.

Respondents were chosen by purposive sampling to align with the research aims, emphasizing the influence of socio-demographic characteristics and organizational culture in nursing. The researcher established inclusion criteria,

permitting only nurses with a minimum of six months' experience at the hospital and who could participate willingly. Furthermore, exclusion criteria included nurses lacking a plantilla position, those employed for less than six months, individuals unwilling to participate in the survey, nurses on extended leave, those with conflicting roles, nurses encountering language barriers, and individuals with significant conflicts of interest.

This study was entirely non-invasive, posing no unexpected health risks to participants. Participation would yield substantial advantages in assessing organizational culture and nursing commitment levels at the facility. This would offer nursing administrators vital insights into the field. Participants received no compensation, either monetary or kind; however, they may access their results at the conclusion of the study if they like.

To ensure a high degree of confidentiality upon the conclusion of the data entry process, all coded original questionnaires were securely stored in a locked filing cabinet for three years from the study's commencement date, retained in the personal custody of the principal investigator. Access to the files is restricted solely to the researcher. No personal identities were utilized in any papers or publications derived from the study. Participants did not receive compensation in the form of monetary or non-monetary advantages.

All collected materials will be obliterated using a shredder three years after the study's conclusion. A copy of the study paper will be available at the Hospital Library and Research Office for future reference, accessible to respondents for their convenience.

CHAPTER IV

RESULTS AND DISCUSSION

The subsequent section presents the findings of this study through a simplified tabulation of results, accompanied by their corresponding interpretations. In line with the analysis and interpretation of the results, it is beneficial to have an understanding of the socio-demographic profile of the respondents included in this study. Table 4.1 presents the socio-demographic profile of the respondents.

Table 4.1

Socio-Demographic Profile

Characteristics	Mean or Frequency	Percentage
Age (Years)	34.59	
22-34	162	58.91%
35-44	80	29.09%
45-64	33	12.00 %
Sex		
Male	99	35.48%
Female	180	64.52%
Civil Status		
Single	150	53.76%
Married	126	45.16%
Widowed	2	0.72%
Separated	1	0.36%
Rank		
Nurse I	46	16.49%
Nurse II	169	60.57%
Nurse III	45	16.13%
Nurse IV-VI	19	6.81%
Years of Experience		
less than 3 years	55	19.71%
3 to 5 years	98	35.13%
6 to 10 years	78	27.96%
more than 10 years	48	17.20%

Table 4.1 shows that the majority of nurses (58.91%) fall within the age range of 22 to 34, placing them in the young adult bracket. This aligns with the 2020 Census of Population and Housing in Ilocos Norte, which also indicates that most of the working-age population falls within this age range. These figures suggest that a significant portion of the nursing workforce is in the early stages of their careers. The institution has an active recruitment strategy targeting younger nurses, as reflected in its recent expansion from a 400-bed to a 700-bed capacity. This trend is consistent with broader patterns observed by Feliciano et al. (2019), who reported that the average age of nurses in selected hospitals in Central Luzon was approximately 31.64 years.

Additionally, female nurses comprised 64.52 percent of the respondents, reinforcing the commonly held understanding of nursing as a female-dominated profession in the Philippine context. The predominance of female nurses reflects societal perceptions of nursing as a caring profession traditionally associated with feminine qualities. Nursing remains one of the most accessible professional paths for Filipino women, and the 35.48% male representation, while still a minority, suggests growing acceptance of men in nursing roles. A female-dominated workforces often require flexible policies regarding family responsibilities and maternity concerns.

In terms of civil status, the majority of respondents were single (53.76%), while married nurses comprised 45.16% of the sample. This suggests that many nurses are still in the early phases of career development, with single nurses potentially focusing more on professional growth. At the same time, the significant proportion of married nurses indicates that the profession supports individuals with family responsibilities. The low percentage of widowed or separated respondents may reflect employment stability among those with family commitments, as suggested by Feliciano et al.

(2019). Single nurses may prioritize career advancement and professional development over family obligations. Unmarried status allows for greater flexibility in work assignments and career opportunities; however, they may be more likely to pursue overseas employment due to fewer family ties. Married nurses may demonstrate greater organizational commitment due to family responsibilities and a desire for stable employment. Married nurses, particularly those with local family connections, may be less likely to migrate internationally.

Most nurses in the study held the position of Nurse II (60.57 percent), which represents the largest rank within the institution's structure. This indicates the presence of career progression; however, the limited number of higher-ranked nurses suggests restricted opportunities for promotion. According to the study by Jabonete et al. (2023), 61.79% of nurse respondents held staff positions, reflecting a similar trend of limited advancement beyond mid-level roles. The heavy concentration at Nurse II levels suggests either a bottleneck in career advancement opportunities, recent hiring patterns during hospital expansion, or an optimal operational staffing structure.

Using the Dreyfus Model of Skill Acquisition, respondents were categorized by experience level. About 19.17 percent had less than three years of experience, corresponding to the Novice stage. The largest group (35.13 percent) had three to five years of experience, falling into the Advanced Beginner stage, where some independence is possible but support is still needed. This supports the notion that many respondents had sufficient exposure to clinical work, especially those in Nurse II and Nurse III positions. Many were also hired during the pandemic, contributing to this distribution of experience.

Additionally, 27.96 percent had six to ten years of experience, corresponding to the Competent stage, while 17.20 percent had over ten years of experience, placing

them in the Proficient or Expert stages. These stages are characterized by a more profound intuition, a more comprehensive understanding, and effective leadership. The low percentage of highly experienced nurses may be due to career changes or retirement. Jabonete et al. (2023) noted that years of experience significantly affect how nurses perceive their work environment, with more experienced nurses more likely to seek international or alternative employment. This decline in experienced staff raises concerns about long-term retention and points to the need for strategies such as leadership development, succession planning, and retention incentives to maintain institutional knowledge and clinical capacity across all levels.

In summary, nurses were reported to be in a younger age bracket and were associated with the early-career stage. Such proportions were also linked to the recent expansion of the institution, further suggesting its attempt to recruit early-career professionals. The high proportions of married nurses, accompanied by low percentages of widowed/separated nurses, suggest career stability that stemmed from the supportive environment provided by the institution, particularly for those with family responsibilities. With these findings, we can describe the potential organizational culture and commitment of nurses. Among young nurses in early career, there is a dominant market culture that is also balanced by a clan culture, as observed in the proportion of married nurses. However, with only a small portion of well-experienced nurses, there was low commitment on their part, due to career changes or retirements resulting from the scarcity of career opportunities available at the institution.

Table 4.2

Organizational Culture as Dominant Characteristics

	Dominant Characteristics	Scores	Interpretation
A	The organization is a very personal place. It is like an extended family. People seem to share a lot of themselves. *(Clan Culture)*	23.42	Moderate
B	The organization is a dynamic and entrepreneurial place. People are willing to stick their necks out and take risks. *(Adhocracy Culture)*	21.70	Moderate
C	The organization is very results-oriented. A major concern is with getting the job done. People are very competitive and achievement-oriented. *(Market Culture)*	29.52	Dominant
D	The organization is a very controlled and structured place. Formal procedures generally govern what people do. *(Hierarchy Culture)*	25.27	Strong

Table 4.2. presents the organizational culture in terms of the dominant characteristics. The data reveal that Market Culture (C) is currently the most dominant, with a score of 29.52, followed by Hierarchy Culture at 25.27, Clan Culture at 23.42, and Adhocracy Culture at 21.70. The high score for Market Culture indicates a workplace characterized by intense competitiveness and a strong emphasis on results. Within the Competing Values Framework, Market Culture is associated with an external focus and a commitment to achieving measurable outcomes, which is often reflected in performance-based standards and productivity goals.

The dominance of Market Culture (29.52) with its results-oriented focus has significant implications for patient care, including enhanced quality metrics, improved efficiency in service delivery, competitive excellence, and performance accountability. The emphasis on measurable outcomes likely contributes to the institution's consistently high 95% patient satisfaction rate, which has been maintained over five

years. The institution's ISO 9001:2015 certification and Gold Trailblazer Award reflect systematic quality improvements that directly benefit patients. Regular monitoring of clinical indicators, such as hospital-acquired infection rates, ensures safer patient environments.

The prominence of Hierarchy Culture, with the second-highest score, indicates the organization's significant emphasis on order, structure, and control. Institutions operating under a hierarchical model typically rely on formal procedures, defined roles, and rigid organizational lines to maintain stability. This is consistent with the hospital's identity as a leading healthcare provider in Region I, where emphasis is placed on clinical efficiency, patient throughput, and treatment outcomes. Staff performance is closely monitored through regular assessments, including monthly evaluations and the Individualized Performance Commitment and Review, which is conducted every semester. Supervisors are likewise evaluated by their subordinates via the Performance Evaluation of Nurse Supervisors, reinforcing a system of accountability at multiple levels.

These high scores of market culture and hierarchy culture indicate that these organizational cultures may be in congruence with the nurses' fundamental cultural values. In Ilocano culture, a deep sense of hard work and professionalism are some of its prominent characteristics. Ilocano nurses also embody these values, which may translate to nurses overall valuing performance and seniority.

These organizational practices demonstrate a performance-driven environment in which nurses operate within clearly defined metrics and targets. Units are expected to contribute to broader institutional goals such as patient satisfaction and service quality. However, this may result in an excessive focus on metrics that can overshadow individualized, compassionate patient interactions, leading to burnout-related

mistakes or rushed decision-making due to a high-pressure environment. As a result, patients may be viewed primarily through the lens of throughput and efficiency rather than as holistic individuals.

While such a structure supports operational efficiency, it also aligns with the findings of Banaszak-Holl et al. (2015), who observed that strong market-oriented cultures in nursing facilities can boost productivity but may also result in elevated turnover rates. This is attributed to the increased stress and diminished job satisfaction that often accompany a highly competitive work culture. Therefore, while Market Culture may advance institutional goals, it also necessitates careful management to prevent adverse outcomes related to workforce morale and retention.

Table 4.3

Organizational Culture as to Organizational Leadership

	Organizational Leadership	Scores	Interpretation
A	The leadership in the organization is generally considered to exemplify mentoring, facilitating, or nurturing. *(Clan Culture)*	26.06	Strong
B	The leadership in the organization is generally considered to exemplify entrepreneurship, innovation, or risk-taking. *(Adhocracy Culture)*	26.36	Strong
C	The leadership in the organization is generally considered to exemplify a no-nonsense, aggressive, results-oriented focus. *(Market Culture)*	23.08	Moderate
D	The leadership in the organization is generally considered to exemplify coordinating, organizing, or smooth-running efficiency. *(Hierarchy Culture)*	24.61	Moderate

Table 4.3. presents the organizational culture in terms of leadership style. The data show that Clan Culture (A) and Adhocracy Culture (B) are currently the strongest

cultures, with scores of 26.06 and 26.36, respectively. Such high scores have resulted from the stemmed belief among nurses that community and strong familial ties are important, even in the workplace environments. These results indicate that the organization's leadership exhibits characteristics of both supportive, team-oriented coaching and innovative, risk-taking behavior. This blend of leadership traits suggests a culture that values both collaboration and adaptability, essential qualities in dynamic healthcare environments.

Over the past several years, the institution's management has consistently encouraged initiatives focused on continuous quality improvement and evidence-based practice. Staff members are supported in conducting research, and many of their studies have received recognition both nationally and internationally. This focus on scholarly engagement and innovation reflects the leadership's commitment to fostering an environment of learning, exploration, and professional growth. The embeddedness of innovation in daily operations further emphasizes the organization's alignment with Adhocracy Culture, where leaders serve as visionaries who promote experimentation and autonomy.

Simultaneously, the influence of Clan Culture is evident in the organization's relational and mentorship practices. Leaders in this setting are perceived not only as supervisors but also as mentors or parental figures, prioritizing the development of trust, morale, and a sense of belonging. The nursing division conducts structured orientation and mentoring programs for newly hired nurses. These induction initiatives are designed to help new staff members acclimate to institutional norms and integrate smoothly with existing teams. Training units coordinate onboarding programs that include both technical instruction and socialization processes. Furthermore, regular

team-building activities organized by management strengthen internal cohesion and interpersonal relationships across departments.

The organization also emphasizes emotional support through structured debriefing sessions and counseling services. These initiatives allow staff to process their experiences, share concerns, and receive psychological support, further reinforcing the perception of the workplace as a supportive "family."

The strong presence of both Clan and Adhocracy cultures in leadership fosters a balanced approach to innovation in care, compassionate leadership, and adaptability. Adhocracy leadership promotes evidence-based practices and research initiatives, leading to cutting-edge treatments. Clan-oriented mentoring leads to more empathetic patient interactions through nurse modeling, and the combined leadership styles facilitate prompt responses to changing patient needs and healthcare challenges.

This cultural orientation is supported by the findings of Yuguang Xie et al. (2020), who noted that clan-oriented leadership plays a critical role in improving nurse retention. Similarly, Scott et al. (2018) argue that healthcare organizations must strike a balance between hierarchical leadership, which fosters stability, and empowerment-based leadership, which promotes innovation and staff engagement. The data from this study suggest that the institution achieves this balance by nurturing a dual culture that values both structure and flexibility, thereby contributing to both operational effectiveness and employee satisfaction.

Moreover, this aligns with the cultural belief of the Ilocano, which values the sense of community. This also extends to the healthcare setting, where nurses are often in congruence with a clan culture in terms of leadership. Such a culture

encourages collaboration, teamwork, loyalty, and commitment, rather than the rigid structure observed in market culture.

Table 4.4

Organizational Culture and Management of Employees

	Management of Employees	Score	Interpretation
A	The management style in the organization is characterized by teamwork, consensus, and participation. *(Clan Culture)*	25.93	Strong
B	The leadership in the organization is generally considered to exemplify entrepreneurship, innovating, or risk-taking. *(Adhocracy Culture)*	22.67	Moderate
C	The management style in the organization is characterized by hard-driving competitiveness, high demands, and achievement. *(Market Culture)*	27.33	Strong
D	The management style in the organization is characterized by security of employment, conformity, predictability, and stability in relationships. *(Hierarchy Culture)*	24.03	Moderate

In Table 4.4, the data reveal that Market Culture (C) is the strongest in the area of employee management, with a score of 27.33, followed by Clan Culture at 25.93, Hierarchy Culture at 24.03, and Adhocracy Culture at 22.67. This suggests that the organization places strong emphasis on performance, achievement, and outcome-oriented leadership. The management approach is primarily results-driven, focusing on measurable outputs such as clinical effectiveness, patient safety, operational efficiency, and compliance with institutional standards. Key performance indicators include hospital-acquired infection rates (HAIs), patient experience scores, and adherence to clinical protocols.

Employees are guided and evaluated through the Individual Performance Commitment and Review (IPCR), a performance management system in which each

staff member outlines specific tasks, performance indicators, and objectives aligned with departmental and organizational goals. The IPCR ensures that individual roles are directly tied to broader institutional targets, reinforcing accountability and fostering a culture of high performance. This structure reflects the core tenets of Market Culture—goal orientation, competitiveness, and clear expectations—within employee supervision and motivation.

At the same time, Clan Culture remains present through programs that emphasize training, mentoring, and staff support. Nurse managers conduct regular check-ins that address not only clinical performance but also employee well-being. Emotional resilience is considered a crucial element of clinical effectiveness, and leadership strives to maintain a caring and collegial environment while pursuing high standards. This duality enables the organization to strike a balance between rigorous performance orientation and human-centered leadership practices.

The combination of Market Culture and Clan Culture in employee management creates a complex work environment. Positive environmental factors include clear expectations, team cohesiveness, and professional development. However, this can lead to stress, competition, work-life balance issues, and conflicting messages. A high-demand culture may create tension between colleagues competing for recognition. Results orientation may lead to extended work hours and increased workload pressure, and nurses may experience confusion when collaborative values clash with competitive demands.

The findings of Zhou et al. (2011) support this configuration, noting that healthcare workers who perceive their organizational culture as market-oriented tend to report better satisfaction in work relationships compared to those in hierarchical cultures. This suggests that a goal-driven culture, when paired with adequate

autonomy and relational support, can enhance professional satisfaction. However, high Market Culture intensity, if unbalanced, carries risks. The constant push for measurable results can lead to burnout, diminished collaboration, or reduced morale, especially if employees feel undervalued or unsupported. Therefore, the presence of Clan Culture in the institution's management practices plays a protective role, mitigating the potential adverse effects of a purely market-driven culture. This combination of performance accountability and interpersonal support is crucial for sustaining both employee engagement and quality patient care.

Table 4.5

Organizational Culture as to Organizational Glue

	Organizational Glue	Score	Interpretation
A	The glue that holds the organization together is loyalty and mutual trust. Commitment to this organization runs high. *(Clan Culture)*	22.62	Moderate
B	The glue that holds the organization together is commitment to innovation and development. There is an emphasis on being on the cutting edge. *(Adhocracy Culture)*	23.01	Moderate
C	The glue that holds the organization together is the emphasis on achievement and goal accomplishment. Aggressiveness and winning are common themes. *(Market Culture)*	27.65	Strong
D	The glue that holds the organization together is formal rules and policies. Maintaining a smooth-running organization is important. *(Hierarchy Culture)*	26.04	Strong

As presented in Table 4.5, Market Culture (C) has the highest score in terms of organizational glue, scoring 27.65, followed by Hierarchy Culture at 26.04, Adhocracy Culture at 23.01, and Clan Culture at 22.62. This ranking suggests that within the institution, employees are primarily unified by shared goals related to performance,

accountability, and measurable outcomes. The organizational cohesion is primarily built on achieving targets, maintaining efficiency, and delivering results. This culture is particularly pronounced given the hospital's recent transformation into an apex institution for Northern Luzon, marked by the establishment of various specialty centers focused on advanced and diversified patient care services.

From the outset of employment, the organization emphasizes alignment with institutional goals. New staff members are oriented to the hospital's mission and vision, reinforcing the idea that individual roles must directly contribute to overall organizational performance. This alignment with Market Culture values fosters a cohesive environment centered around productivity, clinical excellence, and operational effectiveness.

The additional importance of Hierarchy Culture enhances unity via established frameworks, regulations, and uniform processes. In a hospital setting, particularly one with significant operational requirements, this framework offers clarity, clear role assignments, and consistency in service provision. Market and hierarchy cultures collaborate to establish a results-driven and well-organized workplace where employees understand what is expected and how success is measured.

Nevertheless, the reduced ratings for Adhocracy and Clan Cultures—which prioritize innovation, adaptability, teamwork, and personal relationships—indicate that these aspects are less pivotal in bringing staff together. Although this might enhance efficiency and align goals, it also poses a trade-off. The lack of focus on creativity and interpersonal relationships could hinder adaptability and diminish the feeling of community, both of which are critical for lasting sustainability and employee retention.

This interpretation aligns with contemporary research on healthcare organizational culture. Recent systematic reviews by Shanafelt et al. (2019) and

updated meta-analyses confirm that while market-driven approaches maintain operational efficiency, continuous communication, organizational leadership, teamwork, employee involvement in decision-making, employee recognition, and autonomy are essential cultural elements for provider work satisfaction. Current studies by the 2024 Global Culture Report reveal a critical disconnect: 80% of healthcare workers report that having flexibility at work would influence their decision to stay at their organization, yet only half experience this flexibility in practice, highlighting the gap in current cultural balance identified by Scott et al. (2018).

Furthermore, research by Tsai et al. (2024) emphasizes that innovation and adaptation, including flexibility and vision setting, as well as collaboration and communication, are now fundamental leadership competencies in healthcare settings. Studies by Kumar et al. (2024) demonstrate that communication and collaboration, governance goals, authentic leadership, environmental engagement, and innovation endurance are vital for fostering healthcare innovation and patient-centered approaches, supporting the earlier findings of Manley et al. (2011). Additionally, recent evidence by Chen and Rodriguez (2023) suggests that a supportive workplace culture can mitigate adverse effects and facilitate smooth transitions during hospital organizational change, with a teamwork culture being crucial for staff adaptation. Therefore, while the existing cultural structure effectively promotes performance and organizational order, integrating elements of flexibility, collaboration, and innovation has become essential for enhancing employee morale, fostering creativity, ensuring workforce retention, and maintaining long-term organizational effectiveness in modern healthcare environments.

Table 4.6

Organizational Culture as to Strategic Emphases

	Strategic Emphases	Score	Interpretation
A	The organization emphasizes human development. High trust, openness, and participation persist. *(Clan Culture)*	24.28	Moderate
B	The organization emphasizes acquiring new resources and creating new challenges. Trying new things and prospecting for opportunities are valued. *(Adhocracy Culture)*	25.57	Strong
C	The organization emphasizes competitive actions and achievement. Hitting stretch targets and winning in the marketplace are dominant. *(Market Culture)*	25.88	Strong
D	The organization emphasizes permanence and stability. Efficiency, control, and smooth operations are important. *(Hierarchy Culture)*	24.62	Moderate

The findings on organizational culture in terms of strategic emphases reveal that market culture scored the highest (25.88), indicating that the organization prioritizes goal achievement and measurable performance outcomes. This suggests that strategic decisions are primarily driven by the need to excel in external benchmarks such as patient throughput and service quality. The organization had been ISO certified for several years and had earned the Gold Trailblazer Award for completing the final stage of the Performance Governance System, the Institutionalization Stage. This means that the organization is a leader in public healthcare reform. The Adhocracy Culture follows closely (25.57), reflecting an emphasis on innovation, adaptability, and the development of new services or technologies, which points to a dynamic environment that supports growth and change. This is evident in the shift to a "paperless system" within the organization, as seen in the Nursing Management Information System and the Hospital Assets Tracker System.

Hierarchy culture (24.62) still plays a significant role, highlighting the importance of structured process, compliance, and operational stability. Clan culture, with the lowest score (24.28), suggests that aspects such as employee development and a family-like atmosphere are less prioritized in the organization's strategic direction. Overall, the organization's strategic culture is focused and performance-driven, but with an emphasis on innovation.

This dual emphasis on market and adhocracy cultures creates both opportunities and challenges. Positive outcomes include enhanced adaptive capacity for managing performance demands and innovation requirements simultaneously, successful technology integration supporting digital transformation, and expanded specialized service centers that create professional growth opportunities. However, tensions emerge as nursing staff navigate competing priorities between innovative initiatives and performance metrics, while continuous adaptation demands may contribute to staff fatigue over time.

The study of Zhou et al. (2011) found that institutions emphasizing cost control and performance metrics were profitable. Additionally, research by Kovacs and Szakaly (2022) indicates that adopting a market-oriented culture enhances responsiveness to environmental pressures and improves overall performance in the health industry.

Table 4.7

Organizational Culture as to Criteria of Success

	Criteria of Success	Score	Interpretation
A	The organization defines success on the basis of the development of human resources, teamwork, employee commitment, and concern for people. *(Clan Culture)*	26.28	Strong
B	The organization defines success on the	22.28	Moderate

	basis of having the most unique or newest products. It is a product leader and innovator. *(Adhocracy Culture)*		
C	The organization defines success on the basis of winning in the marketplace and outpacing the competition. Competitive market leadership is key. *(Market Culture)*	24.57	Moderate
D	The organization defines success on the basis of efficiency. Dependable delivery, smooth scheduling, and low-cost production are critical. *(Hierarchy Culture)*	26.15	Strong

Table 4.7 indicates that Clan Culture received the highest score in terms of the criteria of success, at 26.28, closely followed by Hierarchy Culture (26.15), Market Culture (24.57), and Adhocracy Culture (22.28). This pattern reflects a prevailing organizational view that success is best defined through internal cohesion, employee development, and adherence to structured processes. The hospital's management style reinforces this, emphasizing participatory governance, recognizing individual roles in institutional goals, and providing collective rewards. These inclusive practices are aligned with performance-based governance systems. They are exemplified by the institution's receipt of the Gold Trailblazer Award during the Institutionalization phase of the Performance Governance System (PGS). This award highlights the organization's commitment to collective performance, shared leadership, and staff involvement in governance as key factors in delivering effective services. The strong presence of both Clan and Hierarchy cultures in defining success creates a positive work environment outcome, such as human-centered values, job security due to apparent hierarchical success, and collaboration.

These findings are consistent with those of Mesfin et al. (2020), who emphasized the value of a structured environment with precise control mechanisms

as a key determinant of success. The high score for Clan Culture supports the view that teamwork, mutual support, and employee participation are prioritized in the hospital's operational approach.

In summary, the results from the previous tables collectively reveal that nurses perceive their current organizational environment to be primarily Market Culture (C)-oriented, where efficiency, targets, and competition are the dominant factors. However, elements of Hierarchy Culture (D)—with its emphasis on stability and formal systems—also remain influential. These findings align with the study by Armstrong et al. (2019), which identified a similar order of dominant cultures (Market, Hierarchy, Clan, Adhocracy) at the Belfast Royal Victoria Hospital.

However, a systematic review by Kiptulon et al. (2024) found that positive organizational cultures, such as Clan and Adhocracy, are associated with lower levels of work-related stress. In contrast, Market and Hierarchy Cultures tend to correlate with higher stress levels among nurses. Similarly, Aydogdu (2023) concluded that organizational culture has a significant impact on a wide range of nursing-related outcomes, including professionalism, turnover, retention, well-being, leadership performance, and workplace challenges. The author emphasizes the value of fostering a preferred organizational culture to support these dimensions effectively.

The study by Garcia et al. (2017) also observed that external integration and gratification values are frequently perceived in healthcare organizations, suggesting that while competitiveness and achievement are culturally ingrained, they may not necessarily lead to improved satisfaction or reduced stress for nurses.

Nonetheless, Market Culture holds functional relevance in healthcare settings. Harrison et al. (2022) emphasized that in fast-paced clinical environments where patient safety and timely decisions are paramount, efficiency-driven practices enable

nurses to manage high workloads effectively. According to Cameron and Quinn (2011) and Weston (2021), Market Culture fosters goal-oriented behaviors, accountability, and adherence to performance standards, contributing to reduced clinical errors and improved patient outcomes. Aydogdu (2023) supports this by asserting that nurses in results-driven environments are more likely to follow evidence-based practices and comply with institutional standards. In items where market culture received higher scores, including strategic emphases and organizational glue, it is due to the primary focus of these items being more on quantifiable external results. Healthcare environments that value market culture are often characterized by an emphasis on performance and operational efficiency, as well as accountability for outcomes, particularly in healthcare settings where decisions have a significant impact on both patients and clinicians.

Harhash et al. (2020) argue that organizational culture is deeply embedded in behavioral norms, shared values, and collective memory, making it resistant to change. This reinforces the challenge of transitioning from a prevailing culture, such as Market or Hierarchy, to a preferred one like Clan or Adhocracy, even when such a shift could yield improvements in morale, creativity, and retention.

A positive organizational culture fosters an environment that is both supportive and efficient, whereas a negative environment leads to stress and poorer patient outcomes. Clan culture complements positive organizational performance. Nurses who feel valued are more committed, whereas a rigid environment that prioritizes performance and results over nurses' welfare undermines motivation and reduces commitment. Positive nurse welfare increases the quality of care. This indicates better collaboration among departments, prioritizing accountability and open communication for patient safety, and promotes an environment that is conducive to recuperation.

This, however, needs to be balanced with other cultures, including market and adhocracy. These three cultures often overlap with one another due to the similarity of their goals, namely, to build a workplace environment that is effective, efficient, and values its individuals. This is essential for competing demands, where instances may arise where one needs to be performance-driven while also fostering camaraderie and engaging with new technology.

In terms of its impact on the daily work environment for both nurses and patients, clan culture, where an individual possesses a sense of belonging, boosts nurses' morale due to the supportive environment they are exposed to, leading to better job satisfaction, reduced stress, and less burnout. The risk of errors was also reduced, which in turn led to a higher quality of care and better patient satisfaction. This improves patient outcomes and fosters an environment where patients feel safe and cared for. Meanwhile, market and hierarchical cultures enforce competition and are driven by performance-based results, which often leave nurses feeling stressed and burned out. Although this kind of culture may improve efficiency, nurses will feel less inclined to stay in the job, and this may even increase the risk of errors. Nurses who are stressed and overworked are often unable to deliver quality care to patients, which can lead to poor patient outcomes.

Table 4.8

Level of Organizational Commitment

Organizational Commitment	Mean	SD	Interpretation
Affective			
I would be very happy to spend the rest of my career with this organization.	5.09	1.11	Moderate High Commitment
I really feel as if this organization's problems are my own.	4.41	1.26	Moderate High Commitment
I do not feel a strong sense of "belonging" to my organization. (R)	5.41	1.2	Moderate High Commitment
I do not feel "emotionally attached" to this organization. (R)	5.43	1.09	Moderate High Commitment
I do not feel like "part of the family" at my organization. (R)	5.7	0.98	High commitment

This organization has a great deal of personal meaning for me.	5.43	0.96	Moderate High Commitment
Total Weighted Mean	**5.25**		Moderate High Commitment
Continuance			
Right now, staying with my organization is a matter of necessity as much as desire.	5.22	1.42	Moderate High Commitment
It would be very hard for me to leave my organization right now, even if I wanted to.	4.85	1.76	Moderate High Commitment
Too much of my life would be disrupted if I decided I wanted to leave my organization now.	4.32	1.43	Moderate High Commitment
I feel that I have too few options to consider leaving this organization.	4.58	1.39	Moderate High Commitment
If I had not already put so much of myself into this organization, I might consider working elsewhere	4.28	1.61	Moderate High Commitment
One of the few negative consequences of leaving this organization would be the scarcity of available alternatives.	4.25	1.59	Moderate High Commitment
Total Weighted Mean	**4.58**		Moderate High Commitment
Normative			
I do not feel any obligation to remain with my current employer.	5.24	1.31	Moderate High Commitment
Even if it were to my advantage, I do not feel it would be right to leave my organization now.	4.89	1.31	Moderate High Commitment
I would feel guilty if I left my organization now.	4.76	1.46	Moderate High Commitment
This organization deserves my loyalty.	5.42	1.07	Moderate High Commitment
I would not leave my organization right now because I have a sense of obligation to the people in it	5.11	1.29	Moderate High Commitment
I owe a great deal to my organization.	5.92	0.79	High Commitment
Total Weighted Mean	**5.22**		Moderate High Commitment

Range	**Interpretation**
1.00 - 2.49	Very Low Commitment
2.50 – 3.49	Low commitment
3.50 – 4.49	Moderate Commitment
4.50 – 5.49	Moderately High Commitment
5.50 – 6.49	High commitment
6.50 – 7.00	Very High Commitment

Table 4.8 presents the levels of organizational commitment among nurses, segmented into affective, continuance, and normative components. The data indicate that the overall commitment is interpreted as moderately high, suggesting a generally strong sense of loyalty and attachment to the organization among the nursing staff.

Affective commitment registered the highest total weighted mean of 5.25, indicating that nurses have a moderately high level of commitment, as reflected in statements that demonstrate an emotional attachment to their organization. The most

highly rated item was "I feel like part of the family at my organization" (5.70), followed by "I feel emotionally attached to this organization" (5.43). Other items, such as "This organization has a great deal of personal meaning for me" (5.43) and "I would be very happy to spend the rest of my career with this organization" (5.09), further emphasize the sense of belonging among nurses. These findings reflect a workplace culture that fosters connection, support, and inclusion—values particularly resonant in the Filipino context.

In the Philippines, affective commitment is often reinforced by cultural norms emphasizing collectivism, familial ties, and community loyalty. Filipino nurses, including those of Ilocano heritage, often view their colleagues as extended family, which fosters greater emotional engagement. Liou et al. (2013) found a strong correlation between collectivist values and organizational commitment, while House et al. (2004) confirmed the Philippines' high collectivist orientation. These cultural traits support a harmonious and loyal work environment. Khan et al. (2021) also noted that practical commitment strengthens when organizations offer professional development aligned with personal growth goals. Fukuzaki et al. (2023) further observed that high affective commitment improves job performance and reduces turnover intentions, underscoring the operational value of fostering emotional bonds in healthcare institutions.

Continuance commitment received a total weighted mean of 4.58, indicating a moderately high level of commitment. The highest-rated item was "Right now, staying with my organization is a matter of necessity as much as desire" (5.22), followed by "It would be very hard for me to leave my organization right now, even if I wanted to" (4.85). These findings suggest that practical financial stability, job security, or limited employment alternatives have a strong influence on retention. Recent improvements

in government nurse salaries may contribute to a stronger sense of economic stability. Conversely, the lowest-scoring item, "One of the few negative consequences of leaving this organization would be the scarcity of available alternatives" (4.25), implies that some nurses do not perceive external job markets as entirely inaccessible, but are nonetheless anchored by practical barriers. This finding is consistent with Al-Haroon et al. (2020), who also reported similarly elevated continuance commitment among nurses. It contrasts with Pishgar et al. (2023), whose findings of low continuance commitment may reflect differing job market dynamics or institutional environments.

Normative commitment yielded a total weighted mean of 5.22, indicating that nurses had a moderately high sense of moral obligation to stay. The strongest responses were to "I owe a great deal to my organization" (5.92) and "This organization deserves my loyalty" (5.42). These responses suggest that many nurses are motivated to remain in their roles due to ethical convictions and gratitude, which are influenced by perceived support, job continuity, and career development opportunities. The lowest-rated item, "I would feel guilty if I left my organization now" (4.76), suggests that while there is a sense of duty, it is not uniformly internalized as guilt. These findings are supported by Essa et al. (2021), who found that organizational commitment is strongly linked to the quality of work life, particularly when institutions offer supportive environments. Wziątek-Staśko et al. (2023) also observed that normative commitment varies by generation, with older employees exhibiting higher moral loyalty, which helps explain the observed variances across age groups in the current study.

In summary, all metrics for organizational commitment received moderately high scores. This high score is likely due to the congruence between organizational

values and the nurses' inherent beliefs. Affective commitment received high scores because nurses who embody the Ilocano culture also value community, familial ties, and a strong sense of camaraderie among themselves. By protecting the reputation of the team and the institution, individuals develop a strong sense of belonging and pride, which in turn leads to loyalty and commitment. High scores of continuance commitment can also stem from normative commitment, which also received high scores. Incentives from the institution also foster commitment and loyalty among nurses. Nurses have received moderately high commitment scores due to their roles, which align with factors that foster loyalty and dedication. However, there are also external factors, including stress and burnout, that impede the achievement of very high commitment scores.

Table 4.9

Relationship between Socio-Demographic Profile and Organizational Culture

OCAI		Age	Sex	Civil Status	Rank	Years of Service
Dominant Characteristics						
A	r	0.031	-0.023	0.059	0.082	0.024
	Sig.	0.604	0.707	0.324	0.171	0.685
B	r	-0.012	0.047	0.052	0.01	0.033
	Sig.	0.847	0.431	0.389	0.866	0.578
C	r	-0.016	0.087	0.001	0.005	-0.024
	Sig.	0.787	0.149	0.986	0.935	0.685
D	r	-0.004	-0.054	-0.087	-0.1	-0.026
	Sig.	0.942	0.366	0.148	0.095	0.66
Organizational Leadership						
A	r	0.099	**.124***	0.086	0.031	**.150***
	Sig.	0.1	0.039	0.154	0.608	0.012
B	r	0.014	0.033	-0.001	-0.074	-0.022
	Sig.	0.82	0.579	0.985	0.219	0.719
C	r	-0.027	-0.001	-0.102	-0.028	-0.048
	Sig.	0.659	0.988	0.088	0.644	0.421

D	r	-0.076	-0.112	-0.006	.128*	-0.049
	Sig.	0.205	0.061	0.924	0.032	0.418
Management of Employees						
A	r	0.049	0.066	0.016	0.107	0.032
	Sig.	0.418	0.269	0.794	0.076	0.598
B	r	**-.141***	0.076	0.002	-0.005	-0.079
	Sig.	0.018	0.203	0.975	0.933	0.189
C	r	0.04	-0.052	-0.014	-0.114	0.01
	Sig.	0.503	0.383	0.818	0.058	0.864
D	r	-0.014	-0.018	-0.005	-0.032	0.004
	Sig.	0.822	0.762	0.929	0.593	0.944
Organizational Glue						
A	r	0.053	-0.048	0.039	0.024	0.005
	Sig.	0.374	0.424	0.512	0.695	0.933
B	r	0.069	-0.072	0.012	**.134***	-0.045
	Sig.	0.25	0.233	0.845	0.026	0.457
C	r	**-.135***	0.052	-0.067	-0.087	-0.053
	Sig.	0.024	0.388	0.267	0.149	0.378
D	r	-0.032	.139*	0.073	-0.099	0.041
	Sig.	0.591	0.02	0.224	0.097	0.49
Strategic Emphasis						
A	r	0.004	-0.009	-0.062	-0.02	0.073
	Sig.	0.941	0.875	0.305	0.742	0.224
B	r	-0.043	-0.042	0.055	0.049	-0.017
	Sig.	0.475	0.485	0.362	0.411	0.784
C	r	0.044	0.036	0.085	-0.009	-0.056
	Sig.	0.463	0.55	0.156	0.876	0.355
D	r	-0.046	0.037	0.036	0.026	0.02
	Sig.	0.442	0.537	0.55	0.668	0.739
Criteria of Success						
A	r	-0.065	0.014	0.026	-0.045	**-.122***
	Sig.	0.28	0.813	0.663	0.45	0.042
B	r	-0.063	-0.05	-0.064	0.066	-0.019
	Sig.	0.292	0.409	0.289	0.273	0.75

C	r	-0.009	0.105	-0.006	-0.027	0.085
	Sig.	0.883	0.079	0.919	0.657	0.156
D	r	**.119***	-0.045	0.025	0.033	0.064
	Sig.	0.048	0.45	0.679	0.584	0.29

**significant at 0.05 level*

Table 4.9 presents the relationships between various socio-demographic profiles of the nurses and the Organizational Culture Assessment Instrument (OCAI) dimensions. The correlation coefficients for Dominant Characteristics across age, sex, civil status, rank, and years of service are not statistically significant, indicating no significant relationships between the variables and the perceived dominant characteristics within the organization. This suggests that the nurses' perception of the organization's dominant traits is consistent across their demographic profiles. This could also mean that the hospital policies, leadership styles, and institutional values are applied consistently across all staff members, leading to a shared understanding of the organization's dominant traits. This consistency may stem from the organization's strong and clearly communicated cultural identity, which uniformly shapes employee perceptions. Pre-employment orientation and onboarding programs are conducted for new employees, as well as regular unit meetings and general assemblies. These gatherings provide a formal mechanism for leadership to disseminate cultural expectations, strategic priorities, and behavioral norms, thereby minimizing perceptual discrepancies among staff. Another key institutional practice that contributes to this consistency is the institution's adoption of the Performance Governance System (PGS). As a strategic management framework, the PGS promotes alignment of individual and departmental goals with the institution's overall mission and vision. It also emphasizes performance monitoring and accountability, which contributes to a strong, top-down reinforcement of cultural norms and organizational identity. This finding is consistent with the study by Khan et al. (2024),

which also did not reveal a significant relationship between profile and organizational culture.

In terms of Organizational Leadership, a significant positive correlation is observed between sex and Organizational Leadership in terms of clan culture ($r = 0.124$, $p = 0.039$), in which female nurses tend to have slightly higher organizational leadership scores in terms of Clan Culture than males. This result could indicate that female nurses and those with longer years of service tend to perceive leadership as more aligned with Clan Culture characteristics, which emphasize mentorship and collaboration. In the context of Filipino nurses, cultural values emphasizing collectivism and familial bonds further reinforce the alignment between female leadership and clan culture. The communal nature of Filipino society supports leadership approaches that are collaborative and community-oriented, enhancing organizational commitment among nurses. These findings can be better understood through the lens of Ilocano culture, which traditionally emphasizes family solidarity, respect for hierarchy, and strong interpersonal bonds. These values align closely with the core principles of clan culture. Gender studies in leadership have shown that female leaders tend to adopt a more transformational and participative approach, emphasizing empathy, communication, and team building. According to Eagly and Carli (2003), women often excel in leadership environments that value collaboration and interpersonal connection, such as those found in clan culture. Similar results are also reflected in the findings of Galsanjigmed & Sekiguchi (2023), who discussed how female employees tend to view transformational leadership, which shares characteristics with the clan culture of fostering a sense of community and shared values, as an effective leadership style.

There is also a significant relationship between years of service and Organizational Leadership in terms of clan culture ($r = 0.015$, $p = 0.012$). The PGS adapts the Balanced Scorecard, emphasizing transparency, accountability, and strategic alignment in public institutions. The PGS promotes inclusive leadership and participative management, which resonates with the characteristics of clan culture - collaboration, mentoring, and shared values. As nurses remain in service for more extended periods, their deeper integration into institutional goals and values is likely to enhance their perception of leadership as more relational and supportive, consistent with the PGS focus on engaging personnel in governance (Institute for Solidarity in Asia, 2020). Moreover, as a healthcare institution, long-serving nurses with their years of experience have become key stakeholders in strategy execution, benefiting from leadership that values their institutional knowledge and loyalty. This is also supported by Cameron and Quinn (2011), who emphasized that clan culture thrives in environments where long-term commitment, shared purpose, and community-like relationships are valued.

A positive correlation was found between rank and organizational leadership about Hierarchy Culture ($r = 0.128$, $p = 0.032$), indicating that nurses in higher positions tend to perceive leadership as more structured and rule-oriented. In a hierarchical culture, characterized by formal structure, stability, clearly defined authority, and standardized procedures, leadership is commonly exercised through control, monitoring, and strict adherence to rules and protocols. This finding suggests that as nurses ascend in rank (e.g., from staff nurse to charge nurse), their perceptions of leadership increasingly align with the core values of hierarchical culture. Higher-ranking nurses are more likely to value and embody leadership practices that prioritize order, discipline, policy enforcement, and the chain of command. These individuals

typically carry greater administrative responsibilities, such as enforcing institutional norms and ensuring operational efficiency, which reinforces their identification with hierarchical leadership ideals. Conversely, lower-ranking nurses may have limited exposure to the structural mechanisms of leadership and are often less responsible for enforcing formal procedures. As a result, they may perceive leadership more through interpersonal support, clinical guidance, and collaborative teamwork, rather than through formal authority and control, making them less attuned to the expectations of a hierarchy-driven culture. This pattern is particularly relevant within Philippine public healthcare institutions, where hierarchical structures are entrenched due to civil service regulations and standardized professional roles. Nurses in higher positions are typically more engaged in administrative functions and policy implementation, shaping their view of leadership as one that emphasizes compliance, organizational order, and efficiency of performance. These findings are consistent with prior research. For example, studies have shown that leadership perceptions and preferences evolve with position and responsibility in healthcare settings, with senior staff often showing greater endorsement of formal structures and authority-driven practices (Cameron & Quinn, 2011).

Moreover, with the adoption of the Performance Governance System (PGS), a framework that emphasizes structure, accountability, and performance monitoring, leadership roles have become increasingly defined by discipline and responsibility. Higher-ranking nurses, as members of the strategic management team, are expected to model governance principles, uphold performance standards, and monitor institutional outcomes. These expectations reinforce hierarchical leadership dynamics, further aligning leadership perception with the principles of Hierarchy Culture (ISA, 2020).

A significant negative correlation was found between age and management of employees in terms of Adhocracy Culture ($r = -0.141$, $p = 0.018$), suggesting that as nurses age, they tend to perceive fewer opportunities for innovation, adaptability, and risk-taking in management practices. In contrast, younger nurses may be more open to flexible, creative, and dynamic approaches in managing staff. This generational difference reflects varying levels of comfort with uncertainty and change, key elements of an adhocracy culture. Cameron and Quinn (2011) emphasize that adhocracy culture performs best when employees are encouraged to embrace innovation, experimentation, and continuous improvement. In the context of a government hospital where the Performance Governance System (PGS) has been institutionalized, this finding becomes particularly relevant. While the PGS promotes structured performance tracking and accountability, it also requires transformational leadership and innovation to improve healthcare delivery and adapt to emerging challenges. The generational gap in perceptions of management practices suggests that older nurses may be more inclined toward the structured and compliance-driven aspects of the PGS. In contrast, younger nurses may align more with their innovation-focused, adaptive goals.

Significant correlations were found between demographic factors and organizational glue across various cultural dimensions: age and Market Culture ($r = -0.135$, $p = 0.024$), sex and Hierarchy Culture ($r = 0.139$, $p = 0.020$), and rank and Adhocracy Culture ($r = 0.134$, $p = 0.026$). These findings reflect how demographic characteristics influence the elements that bind nurses to their organization.

The negative correlation between age and organizational glue in Market Culture suggests that older nurses are less likely to perceive competition, performance goals, and external recognition as key forces for unification. In healthcare institutions where

market culture is emphasized, organizational glue is often tied to goal orientation and achievement. While younger nurses may find motivation and cohesion through these mechanisms, older nurses may instead align with more structured, outcome-based values that reflect their experience and long-standing commitment to institutional standards. This aligns with findings from Kim and Park (2023) and Nguyen et al. (2018), which suggest that age and tenure influence cultural preferences and acceptance of rational, performance-driven systems.

The positive correlation between sex and organizational glue in Hierarchy Culture indicates that female nurses are more likely to associate organizational cohesion with clear policies, formal rules, and well-defined authority structures. These hierarchical values may provide stability and predictability, which some female nurses view as essential for effective collaboration and workplace unity.

In addition, the positive correlation between rank and organizational glue in Adhocracy Culture implies that nurses in higher positions are more likely to view innovation, creativity, and risk-taking as central to what binds the organization together. As leaders, they are often involved in strategic planning and adaptive change, which fosters stronger identification with the principles of adhocracy.

These insights are particularly relevant in the context of a government hospital where the Performance Governance System (PGS) has been institutionalized. While the PGS emphasizes structured performance monitoring and accountability, it also supports transformational leadership, innovation, and adaptive practices. Recognizing that nurses' perceptions of organizational glue vary based on age, sex, and position enables leadership to tailor engagement and retention strategies more effectively. For older nurses, initiatives such as career recognition programs and clear performance benchmarks may enhance organizational commitment. For younger nurses,

emphasizing team-based care, innovation, and professional development can foster a stronger sense of professional identity and a more profound attachment to their profession. Ensuring clarity in rules and procedures may reinforce cohesion for female nurses, while nurse leaders may be further empowered through opportunities that support creativity and strategic thinking.

For strategic emphasis, no significant correlation was found between the demographic profile of the nurses and the strategic emphasis across different types of organizational cultures. This suggests a shared perception of the organization's strategic direction among nurses, regardless of differences in age, sex, or position. Such uniformity in strategic outlook may be attributed to the top-down management structure characteristic of the government hospital where the study was conducted. In this context, strategic priorities are typically formulated by senior leadership and disseminated through formal communication channels, allowing for limited input from frontline or lower-ranking staff. Consequently, nurses across demographic groups tend to consistently interpret and internalize organizational strategies, reflecting the centralized and hierarchical decision-making process embedded within the institution's governance model.

Lastly, significant correlations were observed between demographic variables and criteria of success in different organizational culture types. A positive correlation between age and criteria of success in Hierarchy Culture ($r = 0.119$, $p = 0.048$) suggests that as nurses age, they increasingly associate success with efficiency, stability, formal procedures, and structured performance metrics. This finding aligns with the study by Kuo et al. (2010), which highlighted that older healthcare workers tend to value clear policies and predictability in organizational operations. Such preferences reflect an orientation toward control and consistency, which resonates

with the structured governance promoted under the Performance Governance System (PGS) framework implemented in many Philippine government hospitals. The PGS emphasizes performance measurement, disciplined leadership, and accountability—factors that may strongly appeal to more experienced nurses who have adapted to institutional expectations over time.

In contrast, a negative correlation between years of service and criteria of success in Clan Culture ($r = -0.122$, $p = 0.042$) indicates that longer-serving nurses are less likely to associate success with teamwork, employee development, and collaboration—core values of clan-oriented environments. This may reflect a shift in values resulting from prolonged exposure to hierarchical systems and increased administrative responsibilities. Nguyen et al. (2018) found that tenure influences cultural alignment, with longer-serving staff in Vietnamese hospitals showing a stronger preference for performance and authority-based systems over participatory ones. Similarly, Kim and Park (2023) observed that as healthcare professionals advance in years and position, they often prioritize efficiency and accountability over interpersonal dynamics, which may be seen as secondary to institutional performance outcomes.

The examination of links between demographic elements and aspects of organizational culture reveals that while some facets of organizational culture are uniformly viewed among nurses, other components are notably influenced by personal traits. The results indicate that gender, position, and tenure are significantly associated with views on leadership, employee management, and organizational cohesion. In contrast, age exhibits a strong correlation with success metrics and employee management. These findings highlight the subtle ways in which demographic factors influence how healthcare professionals internalize organizational values and

practices. This aligns with the research of Sürücü and Sürücü (2020), who highlighted that employees' views on organizational culture differ according to factors such as gender, age, marital status, work experience, and length of service. These demographic factors underscore the need for flexible and inclusive organizational policies that take into account the diverse values, expectations, and experiences of the nursing staff.

Table 4.10

Relationship between Socio-Demographic Profile and Organizational Commitment

Commitment		Age	Sex	Civil Status	Position	Years of Service
Affective	r	**0.147***	-0.060	0.090	0.054	-0.013
	Sig.	0.014	0.321	0.136	0.367	0.833
Continuance	r	-0.064	0.015	-0.025	-0.087	-0.011
	Sig.	0.284	0.806	0.679	0.146	0.849
Normative	r	0.115	0.03	**.184****	0.03	-0.062
	Sig.	0.054	0.618	0.002	0.623	0.302

**significant at 0.05 level*

Table 4.10 examines the relationship between nurses' socio-demographic profiles and their levels of organizational commitment. Among the variables analyzed, age and civil status showed statistically significant relationships with particular dimensions of commitment. Specifically, age demonstrated a weak positive correlation with affective commitment ($r = 0.147$, $p = 0.014$), indicating that older nurses tend to feel a stronger emotional attachment to and identify more closely with their organization. This may be attributed to their accumulated work experience, deeper relationships with colleagues, and a greater alignment of personal and professional goals with the institution's vision.

Similarly, civil status exhibited a weak positive relationship with normative commitment ($r = 0.184$, $p = 0.002$), suggesting that married or more established nurses feel a stronger moral obligation to remain in the organization. This could be attributed to increased financial responsibilities, desire for stability, and familial obligations—values strongly emphasized in Ilocano culture, where commitment to both family and work is deeply rooted.

These results are significant in relation to the hospital's compliance with the Performance Governance System (PGS) and its ISO 9001:2015 certification, both of which emphasize strategic alignment, organized performance management, and quality assurance. These systems can strengthen a culture of responsibility and alignment with the mission, appealing particularly to experienced and married nurses who desire organizational clarity, consistent direction, and job security.

The outcomes align with the conclusions of Satoh et al. (2017), who found that older and married nurses often exhibited greater affective and normative commitment, attributed to their emotional maturity and practical responsibilities. The research also emphasized how overtime work and financial responsibilities enhance nurses' dedication to the organization. In contrast, Duran et al. (2021) found no substantial link between demographic characteristics and professional commitment within a public hospital environment, which may be attributed to variations in institutional culture or governance frameworks.

Furthermore, while this study found no significant correlations between sex, position, or years of service and any form of organizational commitment, other researchers have reported contrasting findings. For example, Al-Haroon et al. (2020) identified a significant relationship between age, work experience, and continuance commitment. The lack of correlation in the present study may be explained by the

influence of a PGS-aligned and ISO-compliant work environment, where clearly defined roles, performance standards, and leadership systems may neutralize the impact of positional and tenure-related differences.

In summary, the integration of structured governance (PGS) and standardized quality management (ISO 9001) may enhance the organizational commitment of nurses who value institutional stability and long-term alignment, particularly among Ilocano nurses, whose cultural orientation prioritizes loyalty, responsibility, and strong interpersonal ties.

Table 4.11

Relationship between Organizational Culture and Organizational Commitment

OCAI		Affective	Continuance	Normative
Dominant Characteristics				
A	r	0.043	0.1	0.117
	Sig.	0.479	0.096	0.05
B	r	0.048	0.089	0.063
	Sig.	0.425	0.138	0.297
C	r	0.024	0.043	-0.029
	Sig.	0.693	0.476	0.634
D	r	-0.074	**-.180***	**-.141***
	Sig.	0.215	0.003	0.018
Organizational Leadership				
A	r	-0.044	-0.078	0.068
	Sig.	0.461	0.195	0.258
B	r	0.006	.137*	-0.008
	Sig.	0.923	0.022	0.89
C	r	-0.113	-0.014	**-.141***
	Sig.	0.059	0.815	0.019
D	R	**0.135***	-0.028	0.105
	Sig.	0.023	0.636	0.081
Management of Employees				
A	R	0.188*	-0.052	.198*
	Sig.	0.002	0.385	0.001
B	R	0.070	.126*	0.087
	Sig.	0.245	0.036	0.148
C	R	**-0.176***	0.005	**-.233***
	Sig.	0.003	0.934	0.00
D	R	-0.077	-0.033	-0.048
	Sig.	0.202	0.589	0.421
Organizational Glue				
A	R	**0.172***	-0.038	**.165***
	Sig.	0.004	0.526	0.006
B	R	**-0.135***	0.013	-0.012
	Sig.	0.024	0.827	0.841
C	R	-0.060	0.105	-0.065
	Sig.	0.316	0.08	0.281
D	R	-0.001	-0.061	**-.137***
	Sig.	0.988	0.313	0.022

Strategic Emphasis				
A	R	0.058	0.029	0.091
	Sig.	0.336	0.631	0.128
B	R	-0.033	.131*	0.026
	Sig.	0.580	0.029	0.67
C	R	0.014	-0.017	-0.079
	Sig.	0.815	0.784	0.189
D	R	0.074	-0.025	0.109
	Sig.	0.216	0.677	0.07
Criteria of Success				
A	R	0.065	0.045	0.116
	Sig.	0.277	0.456	0.053
B	R	**0.128***	0.047	0.045
	Sig.	0.032	0.435	0.453
C	R	**-0.125***	0.105	**-.123***
	Sig.	0.037	0.081	0.04
D	r	-0.047	-.167*	-0.04
	Sig.	0.430	0.005	0.505

**significant at 0.05 level*

Table 4.11 presents the statistical examination of the relationship between the types of organizational culture and the level of organizational commitment among nurses, specifically in terms of affective, continuance, and normative commitment. In terms of dominant characteristics, Clan Culture showed a positive, though weak, correlation with normative commitment ($r = 0.117$, $p = 0.05$), suggesting that in healthcare institutions where a familial atmosphere and shared values are cultivated, nurses may feel a stronger moral obligation to remain. This supports PGS principles, which emphasize mission alignment, participatory leadership, and internal collaboration as key levers for performance and retention.

Conversely, Hierarchy Culture was negatively correlated with both continuance commitment ($r = -0.180$, $p = 0.003$) and normative commitment ($r = -0.141$, $p = 0.018$), implying that highly bureaucratic and rigid environments may erode nurses' perceived necessity and moral duty to stay. This observation, though structurally aligned with ISO 9001's focus on standardization and formal procedures, warns that excessive formality without a supportive culture may undermine commitment, especially among Filipino nurses who value relational bonds and respect-driven teamwork.

For organizational leadership, Adhocracy Culture showed a positive correlation with continuance commitment ($r = 0.137$, $p = 0.022$), suggesting that leadership styles promoting innovation and risk-taking may help retain nurses by offering unique opportunities or specialized roles. However, Market Culture had a negative correlation with normative commitment ($r = -0.141$, $p = 0.019$), suggesting that competitive, outcome-driven leadership may lead to reduced feelings of moral responsibility towards the organization. While both ISO and PGS emphasize results and performance, this finding suggests that such goals must be balanced with value-based leadership to maintain organizational loyalty and commitment.

Hierarchy Culture also showed a positive correlation with affective commitment ($r = 0.135$, $p = 0.023$), which may reflect some nurses' preference for structured and stable environments—an area of alignment with ISO 9001's emphasis on defined processes and roles. However, this structure must still be tempered by flexibility and inclusivity to avoid eroding deeper forms of commitment.

In terms of employee management, Clan Culture again emerged as a strong positive factor, correlating with both affective commitment ($r = 0.188$, $p = 0.002$) and normative commitment ($r = 0.198$, $p = 0.001$). This reinforces the idea that collaborative, team-oriented management fosters both emotional attachment and moral loyalty, core values echoed in PGS's commitment to personnel alignment and shared visioning. In contrast, Market Culture showed significant negative correlations with both affective ($r = -0.176$, $p = 0.003$) and normative commitment ($r = -0.233$, $p = 0.000$), illustrating the risks of overly pressurized, target-driven environments—a reminder for institutions implementing ISO metrics not to overlook human factors.

In terms of organizational glue, Clan Culture remained positively correlated with affective ($r = 0.172$, $p = 0.004$) and normative commitment ($r = 0.165$, $p = 0.006$),

reinforcing that a foundation of mutual trust and shared purpose encourages both emotional and moral retention. However, Adhocracy Culture showed a negative correlation with affective commitment ($r = -0.135$, $p = 0.024$), suggesting that constant change may hinder emotional connection, even if it promotes innovation. Hierarchy Culture again showed a negative link to normative commitment ($r = -0.137$, $p = 0.022$), reinforcing concerns about excessive rigidity in ISO-driven environments if not moderated with staff engagement strategies.

For strategic emphasis, Adhocracy Culture again showed a positive correlation with continuance commitment ($r = 0.131$, $p = 0.029$), indicating that innovation-led organizations may retain staff due to the specialized nature of their work and fewer alternatives—an opportunity for ISO-certified hospitals to embed innovation alongside quality standards.

Under criteria for success, Adhocracy Culture correlated positively with affective commitment ($r = 0.128$, $p = 0.032$), while Market Culture showed negative correlations with both affective ($r = -0.125$, $p = 0.037$) and normative commitment ($r = -0.123$, $p = 0.040$). Additionally, Hierarchy Culture had a negative relationship with continuance commitment ($r = -0.167$, $p = 0.005$), further emphasizing that while structure is important, overly rigid systems may reduce the perceived need to stay.

The findings suggest that organizational culture has a significant influence on nurses' organizational commitment. Among the cultural types examined, Clan Culture shows the most positive correlation, particularly with affective and normative commitment. This indicates that supportive, collaborative, and trust-based environments foster a stronger emotional connection and a heightened sense of responsibility among nurses. The cooperative nature of Clan Culture facilitates teamwork and interpersonal relationships, reinforcing a moral obligation to the

organization. This aligns with the conceptualization of commitment by Allen and Meyer (1990, as cited in Teshome, 2014), who posited that social bonds and shared values underpin both affective and normative commitment.

This relationship is further validated by Udochukwu (2024), whose empirical review emphasized that Clan Culture positively complements organizational performance. The study suggests that when employees feel valued, supported, and connected, they are more likely to develop long-term loyalty and internalize the organization's goals as their own. Such environments not only reduce turnover intention but also enhance organizational citizenship behaviors, particularly among healthcare professionals who rely heavily on interpersonal coordination and emotional resilience.

At the same time, Organizational Commitment is negatively correlated with Market and Hierarchy Cultures. The intense pressure to perform inherent in Market Culture and the strict, control-based climate of Hierarchy Culture can undermine personal freedom and psychological safety, making it more difficult for staff to feel emotionally or morally committed to the organization. This trend aligns with Park and Kim's (2009) observation that overly structured or competitive work environments can decrease staff motivation and lower commitment levels. These cultural types tend to prioritize performance over internal integration, which can lead to reduced staff loyalty and increased turnover, particularly in emotionally demanding fields such as healthcare.

CHAPTER V

CONCLUSION AND RECOMMENDATIONS

Summary

This study investigated the relationship between organizational culture and nurses' commitment to the organization at a tertiary hospital in Ilocos Norte. Grounded in the theoretical principles of the Competing Values Framework by Cameron and Quinn, along with the Three-Component Model of Commitment by Allen and Meyer, this study aimed to characterize the dominant organizational culture types recognized by nurses and evaluate the impact of these cultural dimensions on affective, continuance, and normative commitment. The research was driven by ongoing difficulties in retaining nurses and managing staff turnover in public healthcare facilities in the Philippines, even with enhancements in pay and career advancement opportunities.

A descriptive-correlational research design was employed to analyze data from 279 nurses holding plantilla positions in the hospital. Participants were selected through purposive sampling based on tenure, except for nurses with less than six months of service. Data were gathered using two standardized instruments: the Organizational Culture Assessment Instrument (OCAI) and the Three-Component Organizational Commitment Questionnaire. The OCAI evaluated six cultural dimensions—dominant characteristics, leadership, employee management, organizational glue, strategic emphases, and criteria of success—categorized into Clan, Adhocracy, Market, and Hierarchy cultures. The commitment questionnaire assessed affective, continuance, and normative commitment using a seven-point

Likert scale. Data analysis included descriptive statistics and correlation measures such as Pearson, Spearman, and Point Biserial correlations.

The findings on the socio-demographic profile of nurses revealed that the workforce is composed of young professionals, primarily within the age range of 22 to 34 years. This age distribution corresponds to the early stages of career development, where personal and professional growth trajectories are still being shaped. The majority of the respondents were female, which aligns with the established gender distribution in the nursing profession in the Philippines. In terms of civil status, most of the nurses were single, indicating a workforce segment that may still be navigating professional paths before settling into long-term personal commitments. Rank-wise, most nurses held mid-level positions, specifically Nurse II, reflecting an organizational structure centered around operational clinical roles. Years of experience varied, with a substantial number of nurses falling into the early to mid-experience categories. However, the presence of experienced nurses was limited, highlighting the potential effects of workforce mobility, career transitions, or international migration among senior staff.

Results showed that Market Culture emerged as the dominant current organizational culture in dimensions such as dominant characteristics, employee management, and organizational glue. This indicates a strong performance-oriented environment focused on achieving measurable targets, efficiency, and accountability. However, Clan Culture was most pronounced in the dimension of criteria of success, highlighting the institution's investment in employee development, inclusion, and shared governance. Leadership was perceived as balancing Clan and Adhocracy cultures, suggesting an environment where coaching, support, and innovation coexist.

These results reflect an organizational attempt to reconcile productivity goals with emotional and professional support mechanisms for staff.

In terms of organizational commitment, nurses exhibited the highest levels of affective commitment, followed by normative and then continuance commitment. High affective commitment scores, such as feeling part of the organizational family and emotional attachment, indicate that nurses experience a sense of belonging and alignment with organizational values. Normative commitment was also strong, with nurses expressing gratitude and loyalty, suggesting that ethical and moral considerations significantly influence their intention to stay. Continuance commitment was moderate, with responses indicating that financial stability and job security influence some nurses' decisions to remain, although not necessarily driven by a strong desire for job security. In terms of the relationships between nurses' socio-demographic profiles and their perceptions of organizational culture, age, rank, and years of experience were found to influence the variations of cultural perceptions. This suggests that different career stages influence how nurses interact with organizational structures and leadership. Furthermore, roles and experiential factors influence how nurses perceive the different organizational cultures.

For socio-demographic profiles of nurses versus organizational commitment, age, and years of experience were also found to be key factors. This stems from the professional maturity and experience of the institution's practices, which deepen their attachment and responsibility. Statistical analysis further revealed that clan culture has a high positive correlation with nurses' commitment, indicating that an environment that prioritizes its members' welfare and values emotional connection drives nurses to stay. In contrast, the rigid and overly competitive nature of market and hierarchy cultures diminishes long-term loyalty. This highlights the importance of a balanced

culture, one that fosters a sense of belonging while encouraging competition among individuals.

Conclusions

The findings of this study collectively affirm the importance of congruence between institutional culture and the motivation, values, and professional needs of nurses, which is essential in improving the stability of the organization and the quality of care. Despite market culture being the primary driving force of performance and efficiency, nurses are more likely to stay in an environment with a strong clan culture, one that fosters a strong sense of family and commitment, where they are valued and recognized.

Moreover, findings have suggested that nurses' motivation is stronger in intrinsic values than in extrinsic values. A high level of affective commitment was reported, indicating that nurses value emotional connection and a sense of belonging. Normative commitment was also reported to have high scores, while continuance commitment only has a moderate score. Notably, clan culture has a high positive correlation with nurses' commitment, while market and hierarchy culture reported a negative correlation. This suggests that nurses are more likely to leave a rigid environment with a high rate of stress and burnout.

In contrast, an environment that provides emotional support and connection encourages them to remain. A market-driven healthcare environment is not enough to retain nurses. An environment that nurtures relationships, empowers individuals, and recognizes the values and contributions of nurses in the workplace is crucial in creating a stable, high-performing healthcare environment that also provides quality care and safety for patients. This is consistent with the values of Ilocano culture. Ilocanos have a strong sense of family and community, which makes them more

inclined towards clan culture. Nurses thrive more in environments where they are recognized and valued.

Additionally, their work ethics reinforce a normative commitment, where individual performance affects the group's reputation. Their traits, which uphold hard work and resourcefulness, are fostered within the clan culture. These results highlight the influence of internal cultural dynamics on staff motivation and job stability.

Recommendations

From the following findings, researchers have recommended the following:

Hybrid cultures. The hospital is encouraged to integrate clan culture into its predominant market culture, fostering camaraderie and peer relationships while also motivating friendly competition within the workplace. Normative and affective commitment were strongly connected with clan culture; a workplace where nurses feel supported and morally aligned with the institution must be the central human resource strategy.

Balance Performance with Support. A balanced organizational culture should be fostered to ensure that nurses and other healthcare professionals receive adequate support systems alongside performance expectations. In institutions where a dominant market culture prevails, employees may be more vulnerable to stress and burnout. To address these potential concerns, interventions such as counseling services, periodic workload distribution assessments, and recognition programs will be implemented. Furthermore, team-building activities will be encouraged at both the clinical unit level and across the Division to strengthen collaboration and morale.

Clear Career Pathways. Although a structured career pathway is already in place, opportunities for career advancement among nurses remain limited. To further

strengthen this, the enhancement of clinical ladder programs and specialized training certifications is recommended. These strategies can prepare nurses for advanced roles, increase commitment among experienced staff, and minimize the outflow of skilled nurses seeking growth opportunities elsewhere. Succession planning, currently in place within each unit, should be reviewed at least once per semester and must actively involve Nurse II staff to boost morale and promote stronger engagement.

Retention Strategies. To strengthen workforce stability, the hospital should continue the comprehensive induction programs. These initiatives include mentorship programs that pair younger or early-career nurses with more experienced counterparts to foster professional growth, skills transfer, and a sense of belonging. At the same time, leadership roles and advanced responsibilities should be offered to seasoned nurses to recognize their expertise and keep them engaged. Such dual approaches ensure that nurses across different age groups and stages of their careers are provided with equitable opportunities for development, which fosters a culture of inclusivity and respect.

Specifically, this study recommends the following:

1. Building a clan culture that is also goal-oriented

    a. Mentorship should not just be authoritative but also liberal, encouraging leadership that also fosters familial relationships rather than a hierarchical one.

    b. A hybrid metric for rewards and incentives will also be implemented. While market-based outcomes, such as achieving patient satisfaction, will also be rewarded, peer-to-peer teamwork will also be recognized. Rewards can be anything, such as sponsored seminars, which will be implemented.

c. Monthly recognition of top performers per clinical area, either as individuals or groups, will be implemented to acknowledge and value hard work while fostering healthy competition within the organization. In addition, an annual recognition program will honor long-term service nurses and categorize awards in a way that includes and appreciates all nurses, regardless of age or career stage.

d. Conduct team-building activities and stress management programs at least once annually for nurses. Annual team-building sessions foster collaboration, enhance communication, and strengthen workplace relationships, while stress management programs equip nurses with effective coping strategies to maintain their mental well-being.

e. Integrating new nurses into different working committees promotes a sense of belonging and shared responsibility in organizational activities. Active involvement in decision-making and project implementation fosters professional growth, strengthens commitment, and encourages collaboration across units. This strategy also helps new employees understand hospital policies, culture, and quality improvement initiatives, improving retention and job satisfaction. With this, Ilocano values will be highlighted, from hard work, patience, tenacity, frugality, and a sense of community. These programs aim to encourage individuals to stay motivated and be recognized through their efforts. Nurses who are recognized will feel valued and supported and will encourage loyalty and commitment to the organization.

The organization should continuously assess its cultural dynamics through regular surveys and feedback mechanisms. This allows management to monitor shifts

in employee perceptions, identify emerging concerns, and implement timely adjustments. Culture change efforts must be deliberate, inclusive, and sustained 108 by leadership commitment. By aligning organizational values with employee expectations, the hospital can cultivate a workplace that supports both professional excellence and personal fulfillment, leading to improved retention, enhanced morale, and better patient care outcomes.

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Appendices

APPENDIX A

Informed Consent Form

This informed consent form is for nurses with plantilla positions at Mariano Marcos Memorial Hospital and Medical Center (MMMH&MC) and whom I am inviting to participate in my research entitled, **"Organizational Culture and Commitment of Nurses in a Tertiary Hospital in Ilocos Norte"**

Name of Principal Investigator:	Ethel Jane Q. Malicad
Name of Organization:	University of the Philippines Open University
Name of Project:	Thesis N300
Sponsor:	N/A
Contact Information:	0917-3068283 (mobile number) jane.ethel@yahoo.com (email address)

PART I: INFORMATION SHEET

INTRODUCTION

I am Ethel Jane Q. Malicad, a student at the University of the Philippines Open University (UPOU) taking up Master of Arts in Nursing Major in Nursing Administration. I am doing a research study on the level of organizational culture and level of commitment of nurses in a Tertiary hospital in Ilocos Norte.

I am going to give you information, and I would like to invite you to participate in my research. This consent form may contain words that you do not understand. Please ask me to stop as we go through the information, and I will take time to explain. Should you have questions about the study or this consent later, feel free to ask me.

PURPOSE OF THE RESEARCH

The general purpose of the study is to determine the relationship between organizational culture and the commitment of the nurses of a tertiary hospital in Ilocos Norte. This study aims to help you assess your personal values with regard to the existing organizational culture and your level of commitment to the organization. The results of this study can be a basis for Nursing administrators to address work-life balance programs and feasible long-term approaches to retain nurses and improve staff performance.

TYPE OF RESEARCH INTERVENTION

This research will involve your participation in answering the three-part survey questionnaire. The first part is composed of a socio-demographic profile, and the second and third parts are composed of different statements which aim to measure your organizational culture and level of commitment.

In addition, this study is a self-funded academic activity that will benefit not just the researcher and its institution alone, but also the benefactors, and the body of knowledge of Nursing Researches.

PARTICIPANT SELECTION

You are invited to participate in this research because you are qualified based on this study's inclusion and exclusion criteria.

VOLUNTARY PARTICIPATION

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate in the study, it will not affect your job or job-related evaluations.

PROCEDURES

I am asking you to help me learn about the organizational culture and commitment of nurses in the institution by answering the questionnaire. I am inviting you to take part in this research project. The survey will be handed to you face-to-face and collected in the same way. The printed questionnaire is composed of three parts: a socio-demographic profile, an Organizational Culture Assessment Instrument, and a Three-Component Organizational Commitment Questionnaire.

Code numbers will be used to ensure anonymity and confidentiality. All coded original questionnaires will be stored in a locked file cabinet for three years from the date of the study in a locked file cabinet in the personal possession of the principal investigator. Only the researcher will have access to the files. No individual identities will be used in any reports or publications resulting from the study.

All materials that are gathered will be destroyed with the use of a shredder after three years from the date of the study. Lastly, a copy of the manuscript of the study will be made available at the Hospital Library and Research Office as future reference material and which the respondents can also readily access.

DURATION

It will take 15-30 minutes in answering the questionnaire. You may ask questions as you wish.

RISKS

Your involvement in this study will not affect your health in any way. There are no invasive procedures to be done or are there any unforeseen risks to your health. However, if you feel the statement/s or question/s is too personal or makes you uncomfortable, you may not answer them.

BENEFITS

Your participation will give be of great help in determining the level of organizational culture and level of commitment of the nurses in the institution. The result of the study

can serve as a basis of nursing administrators to develop policies or programs that will improve the organizational commitment of the nurses and change the organizational culture if the need arises.

Compensation in the form of monetary and non-monetary will not be given. At the end of the study, you can access the result if you wish to do so.

DATA MANAGEMENT

The researcher will make every effort to keep your personal information and other data private and confidential in accordance with all applicable privacy legislation, including the Republic Act 10173 or the Data Privacy Act of 2012.

All data collected will be coded and your name will not appear on any forms or records in the study. However, any research that is published as a result of our findings will preserve the confidentiality of all participants and be accessible to the general public. After the collation of data, all data sheets will be stored in a personal locked file cabinet of the researcher. All materials that are gathered will be destroyed with the use of a shredder after three years from the date of the study.

RIGHT TO REFUSE OR WITHDRAW

You may decide not to participate in the study or withdraw from the study at any time without affecting your job or any job-related evaluations. Refusal to participate in the study will not have any negative consequences.

WHO TO CONTACT

If you have questions at any time about this study, you may contact the researcher whose contact information is provided on the first page.

The R1HRDC Ethics Review Committee has approved the study and may be reached through the following contact information regarding your rights as a participant in the study:

Chairperson: **DR. HILARION H. MARAMBA JR.**
Address: Mariano Marcos Memorial Hospital and Medical Center

PART II: CERTIFICATE OF CONSENT

I have been invited to participate in research about *"***Organizational Culture and Commitment of Nurses in a Tertiary Hospital in Ilocos Norte***"*

PI have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print Name of Participant: _____

Signature of Participant: _____

Date: _____

STATEMENT BY THE RESEARCHER OR PERSON TAKING CONSENT

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1.Participation in answering the survey-questionnaire

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this Informed Consent Form has been provided to the participant.

Print Name of Researcher ETHEL JANE Q. MALICAD, RN

Signature of Researcher _____
Date: _____

APPENDIX B

Questionnaire/Tool for Data Collection

Name (optional): _____

Instruction: Please check or provide the necessary answers to the questions below.

I. Socio-demographic Characteristics

1. Age:_____

2. Sex:
   [ ] Male
   [ ] Female

3. Civil Status

   [ ] Single
   [ ] Married
   [ ] Widowed
   [ ] Separated

4. Rank / Position

   [ ] Nurse I
   [ ] Nurse II
   [ ] Nurse III
   [ ] Nurse IV
   [ ] Nurse V
   [ ] Nurse VI

5. Total Years of Experience in the Hospital: _____

II. Organizational Culture Assessment Instrument (OCAI)

Instructions:

Kindly rate the following statements or questions. Each number has four alternatives. Divide 100 points among these four alternatives depending on the extent to which each alternative is similar to your own organization. Give a higher number of points to the alternative that is most similar to your organization.

(Excerpt from https://www.enterprise-ireland.com/en/events/ourevents/finance-for-growth/culture-questionnaire-april-12.pdf)

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

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

III. Organizational Commitment

Instructions:

With respect to your own feelings about the particular organization for which you are now working, please indicate the degree of your agreement or disagreement with each statement by circling a number from 1 to 7 using the scale below.

(Excerpt from TCM Employee Commitment Survey)

Statement	1 strongly disagree	2 disagree	3 slightly disagree	4 undecided	5 slightly agree	6 agree	7 strongly agree
I would be very happy to spend the rest of my career with this organization.	1	2	3	4	5	6	7
I really feel as if this organization's problems are my own.	1	2	3	4	5	6	7
I do not feel a strong sense of "belonging" to my organization.	1	2	3	4	5	6	7
I do not feel "emotionally attached" to this organization.	1	2	3	4	5	6	7
I do not feel like "part of the family" at my organization.	1	2	3	4	5	6	7
This organization has a great deal of personal meaning for me.	1	2	3	4	5	6	7
Right now, staying with my organization is a matter of necessity as much as desire.	1	2	3	4	5	6	7
It would be very hard for me to leave my organization	1	2	3	4	5	6	7

right now, even if I wanted to.							
Too much of my life would be disrupted if I decided I wanted to leave my organization now.	1	2	3	4	5	6	7
I feel that I have too few options to consider leaving this organization.	1	2	3	4	5	6	7
If I had not already put so much of myself into this organization, I might consider working elsewhere	1	2	3	4	5	6	7
One of the few negative consequences of leaving this organization would be the scarcity of available alternatives.	1	2	3	4	5	6	7
I do not feel any obligation to remain with my current employer.	1	2	3	4	5	6	7
Even if it were to my advantage, I do not feel it would be right to leave my organization now.	1	2	3	4	5	6	7
I would feel guilty if I left my	1	2	3	4	5	6	7

organization now.							
This organization deserves my loyalty.	**1**	**2**	**3**	**4**	**5**	**6**	**7**
I would not leave my organization right now because I have a sense of obligation to the people in it	**1**	**2**	**3**	**4**	**5**	**6**	**7**
I owe a great deal to my organization.	**1**	**2**	**3**	**4**	**5**	**6**	**7**

APPENDIX C

Letter Of Approval – Hospital Research Committee

Republic of the Philippines
Department of Health
Regional Office I
MARIANO MARCOS MEMORIAL HOSPITAL AND MEDICAL CENTER
City of Batac, Ilocos Norte
Trunk line 077-600-8000; Fax line 077-792-3133
E-mail address: mmmhk.deba@yahoo.com
"PHIC Accredited Health Care Provider"
"ISO 9001:2015Certified"
"PGS Proficient"

Hospital Research Committee

Chairman
Ellen M. Palomares, MD

Co-Chairman
Guillermo Manalo II, MD

Technical Chairman
Ma. Blanca O. Kua, MD

Members
Jose B. Orosa III,MD
Jhoan Galano,MD
Maria Eloisa Salvador, MD
Judith Gay Cristobal, MD
Modesty Leaño, MD
Czarina Juliana Alcarez,MD
Gail Domecq Tanawit, MD
Melanie Grace Valdez, MD
Ana Patricia De Grano, MD
Jennifer Joy Santos-Rayos, MD
Orland Joshua Alimbuyugen,MD
Sheryl Racelis, MD
****Karlo Pedro, MD***
****Donaryn Pasamonte, MD***
****Lorelie Castillo, MD (Anes)***
Efleda Sarah Marders RN,MAN
Mercy Lenn Arzadon,RND
Diego Ofiaza,RMT
****Gladys Cuaresma, RN***
****Anthony James Almazan, RN, MAN***
****Ecles Manglapuz***

Secretaries
Mark Joseph Fagarang, RN, MAN
Genevieve S. Batoon, PTRP
Charo Galang

LETTER OF APPROVAL

Date: November 30, 2023

Research Title: Organizational Culture and Commitment of Nurses in a Tertiary Hospital in Ilocos Norte
Principal Investigator: ETHEL JANE Q. MALICAD, RN
Agency/Institution: UP-OPEN UNIVERSITY/MMMHMC

The research or study as described above has been reviewed for content or technical evaluation and found to be sufficient and approved for the next action with the following suggestions:

- [x] **May proceed to Research Ethics Review Committee (RERC)**
- [ ] For Non- MMMHMC staff: Please submit the Approved Ethical Review of the study
- [ ] May proceed to re-rewrite after suggestions and editing have been done (please italicize corrected entries upon re-submission)
- [ ] May proceed with no correction
- [ ] Provide an Abstract (Intro, Methods, Results, Discussion)

For Proposals (Intro and Methods only)

- [ ] Clinical/Interview Protocol
- [ ] Questionnaire
- [ ] Copy of Letter of Informed Consent
- [ ] A Letter of Confidentiality Clause
- [ ] Disapproved

Note: Upon completion of the study, kindly provide the hospital a final manuscript in soft copy (USB) and hard copy.

Prepared by:

MARK JOSEPH FAGARANG, RN, MAN
Secretary, Hospital Research Committee

Noted by:

ELLEN M. PALOMARES, MD, FPCP, FPCC
Chairman, Hospital Research Committee

APPENDIX D

Certification of Approval – Region 1 Health Research and Development Consortium – Ethics Review

	Region 1 Health Research and Development Consortium (R1HRDC) Ethics Review Committee	
	ERC FORM 21 CERTIFICATION OF APPROVAL	Version no: 01 Approval Date: May 14, 2021 Effective Date: June 1, 2021

CERTIFICATION OF APPROVAL

This certifies that the Region 1 Health Research and Development Consortium – Ethics Review Committee (R1HRDC-ERC) has approved the following study protocol and related documents:

Protocol No.:	ERC-2024-10
Study Protocol Title:	**Organizational Culture and Commitment of Nurses in a Tertiary Hospital in Ilocos Norte**
Principal investigator:	Ethel Jane Q. Malicad
Type of Review:	Expedited
Sponsor/ Funding Agency:	none
Date of Approval:	July 3, 2024
Duration of Approval:	July 3, 2024 to July 2, 2025
Frequency of Progress Report:	Annually
Due Date of Application for Renewal of Ethical Clearance:	June 2, 2025
Documents Approved:	1. Research protocol, 46 pages (Title, Introduction p.1; statement of the problem, research questions p.4; significance of the study p.5; scope and limitation p.6; review of literature p.7; theoretical framework p.21; conceptual framework p.25; methodology p.27-35, ethical considerations p.36; questionnaire p.38-42, references p.43-46) 2. Informed consent – English.
Other Documents:	3. CV – EJ.Malicad, Q.Roxas, GCP Certificate EJ.Malicad 4. Letter of approval from MMMHMC Hospital Research Committee
Responsibilities of PI while study is in Progress:	1. Submit **progress report** using the *Study Progress Report Form*. 2. Submit any **amendments** to R1HRDC-ERC for approval before implementation; 3. Report **protocol deviation/ violation**, Reportable Negative events (**RNEs**), and/or Serious Adverse Events (**SAEs**); 4. Submit **final report** after completion of the study; and 5. Any event which may have ethical significance.

HILARION M. MARAMBA JR., MD
CHAIRPERSON R1HRDC ERC

APPENDIX E

Curriculum Vitae



ETHEL JANE MALICAD PUSAG, RN
Nurse IV
Mariano Marcos Memorial Hospital and Medical Center

Address: 135 Bagaoisan Street, Brgy. Caunayan, Batac City, Ilocos Norte
Mobile: 09173068283
Email: jane.ethel@yahoo.com
Date of Birth: July 15, 1989
Civil Status: Married
Citizenship: Filipino

EDUCATIONAL BACKGROUND

Master of Arts in Nursing
University of the Philippines - Open University
2016 – Present

Bachelor of Science in Nursing
Mariano Marcos State University
2006-2010
Cum Laude

High School
Mariano Marcos State University
Honorable Mention
2002-2006

Elementary
Catalino Acosta Memorial Elementary School, Batac
Valedictorian
1996-2002

PROFESSIONAL EXPERIENCE

Nurse IV (August 2022 - Present)
Mariano Marcos Memorial Hospital and Medical Center

Nurse III (June 2019 - July 2022)
Mariano Marcos Memorial Hospital and Medical Center

Nurse II (December 2013 - June 2019)
Mariano Marcos Memorial Hospital and Medical Center

Contracted Nurse (January 2013 - December 2013)
Mariano Marcos Memorial Hospital and Medical Center

RN HEALS (October 2011 - December 2012)
Mariano Marcos Memorial Hospital and Medical Center

PROFESSIONAL LICENSURE

Registered Nurse (RA 1080)
Date of Registration: October 1, 2010
Place: San Fernando City, La Union

RECENT TRAINING AND PROFESSIONAL DEVELOPMENT

2025

- **Continuous Quality Improvement in Healthcare Organizations** – Philippine Society for Quality in Healthcare (July 10, 2025) - 24 hours
- **Quarter Century of Excellence in Cardiovascular Nursing: Safety and Technology at the Forefront** - Society of Cardiovascular Nurse Practitioners of the Philippines (May 27-28, 2025) - 16 hours
- **55th PHA-PCC Annual Convention** - Philippine Heart Association (May 24-26, 2025) - 32 hours
- **Advanced Life Support / Basic Life Support** - Line Heart (May 17-18, 2025) - 32 hours

2024

-
- **Sealing the Generational Diversity Gap** - MMMHMC(December 8, 2024) - 8 hours
- **Business Communication Lecture** - MMMHMC (June 21, 2024) - 4 hours**57th ANSAP Annual Convention** - ANSAP (March 14-15, 2025) - 16 hours

2023

- **Implementation of Healthy Workplace** - MMMHMC (July 30, 2023) - 4 hours
- **Basic Life Support and Advanced Cardiovascular Life Support Training** - Line Heart (May 29-30, 2023) - Multiple sessions

2021-2022

- **Basic Life Support and Advanced Cardiovascular Life Support** - Line Heart (June 17-18, 2021)
- **Angels Stroke Initiative** - MMMHMC (June 8-21, 2021)
- **Good Clinical Practice** (July 6, 2022)
- **COVID-19 Related Webinars** - University of the Philippines (2021)

AWARDS AND RECOGNITION

- Most Outstanding Employee of MMMH & MC, 2017
- Nursing Leadership Awardee - 2019, 2021,2022, 2023
- Most Outstanding Nursing Division Staff – 2022
- Mental Health Advocate / Facilitator
- Excellence Awardee - Competency Development in Mental Health and Psychiatric Nursing
- First Runner-Up - RN HEALS Research Contest

PROFESSIONAL MEMBERSHIPS

- Association of Nursing Service Administrators of the Philippines (ANSAP)
- National League of Philippine Government Nurses Inc. (NLPGN)
- Philippine Nurses Association, Inc. (PNA)

This curriculum vitae is submitted in support of thesis requirements and represents a true and accurate account of professional qualifications and experience.

Date: September 4, 2025
Signature: _____
Ethel Jane Malicad - Pusag, RN