

Chinese Hospital Culture Profile for Better Performance and Staff Satisfaction: A Case Study

Wangqing Peng¹, Yun Chen¹, Yu Cheng^{2,3}, Huiwen Zhai^{1,2}, Zijie Shao¹, Jun Ma^{1,*}

¹Sun Yat-sen University Cancer Center, State Key Laboratory of Oncology in South China, Collaborative Innovation Center for Cancer Medicine, Guangzhou, China

²School of Sociology and Anthropology, Sun Yat-sen University, Guangzhou, China

³The Seventh Affiliated Hospital, Sun Yat-sen University, Shenzhen, China

Email address:

majun@sysucc.org.cn (Jun Ma)

*Corresponding author

To cite this article:

Wangqing Peng, Yun Chen, Yu Cheng, Huiwen Zhai, Zijie Shao, Jun Ma. Chinese Hospital Culture Profile for Better Performance and Staff Satisfaction: A Case Study. *Science Journal of Business and Management*. Vol. 9, No. 4, 2021, pp. 237-244. doi: 10.11648/j.sjbm.20210904.11

Received: September 23, 2021; Accepted: October 14, 2021; Published: October 29, 2021

Abstract: Background: Chinese public hospitals are facing ‘business-like’ transformation challenges in the Health Care Reform policy era, with increasing focus on lean management and efficiency. At the same time, other issues have occurred, including tense physician-patient relations, heavy workloads and high job stress which have led to low job satisfaction and burnout among medical staff. This paper aims to explore a Chinese hospital culture profile with the possibility of combining a culture of a patient wellness-centered approach and a business-like approach. Methods: A questionnaire (n=110) using convenience sampling was carried out at Sun Yat-sen University Cancer Center (SYSUCC). Observation and interview (n=8) data on the hospital’s operations were also collected. Results: SYSUCC’s culture profile includes clan culture (mean = 4.35), hierarchical culture (mean = 4.40) and rational culture (mean = 4.32). The Chief Clinical Professor Responsibility System is a key strategy that enables this culture profile to be successful in the hospital. Conclusion: This culture profile focuses on teamwork inside and outside of the medical teams to achieve a positive and cohesive effect, with standardized operational and formal procedures, as well as, a performance assessment system to reach the goal of operational stability, efficiency and better financial outcomes.

Keywords: Culture Profile, Chinese Hospital, Team Work, Efficiency

1. Introduction

Organizational culture has long been discussed from a management perspective and is commonly referred to as a set of values, norms, and attitudes which aligns its employees, for the sake of developing a highly motivated and well-coordinated workforce [1]. Schien defined it as “a pattern of shared basic assumptions that a group has learned as it solved its problems of external adaptation and internal integration that has worked well enough to be considered valid and therefore, to be taught to new members as the correct way to perceive, think and feel in relation to those problems [2]”.

Organizational culture plays an important role in healthcare quality improvement [3, 4] shaping ways of thinking and deepening shared assumptions in staff’s day-to-day practices

[5, 6]. Prior studies in hospital culture commonly apply the Competing Values Framework (CVF) to discuss culture types, characterizing how healthcare organization uses soft management tools to achieve better outcomes. The CVF includes four culture types and recent studies revealed that multidimensional CVF cultures can coexist in a hospital instead of a single dominant CVF culture [7]. For example, in Sasaki’s study of Japanese hospital culture, clan and hierarchical cultures were found to be more common among group nurses and physicians in Neonatal Intensive Care Units [8]. In Italian healthcare organizations, rational and hierarchical cultures were more prevalent [9]. However, not all of the organizational cultures led to better performance in healthcare practices. In non-profit hospitals in the United States today, like MD Anderson Cancer Center, one of the top cancer centers in the world, it has been criticized for its

‘business-like’ transformation which embodies two types of cultures – a patient wellness-centered culture focusing on healthcare quality and its business-like culture focusing on economy [10].

Chinese public hospitals are also facing ‘business-like’ transformation challenges in the Health Care Reform, with increasing focus on lean management and efficiency [11, 12]. At the same time, issues have also occurred - tense physician-patient relations, heavy workloads and high job stress have led to low job satisfaction and burnout among medical staff [13-15]. In particular, nationwide studies show 45.4%-76.9% of medical staff reported having job burnout [16]. While focusing on medical humanities to better care for patients, we may be guilty of ignoring the humanity to care for our physicians. Some studies suggest hospitals adjust the incentive strategy and cultivate medical staffs' professional interests to increase the happiness [17], but without detailed methods of how to actually achieve such goals.

The literature shows that job satisfaction can be promoted by organizational cultures, and thus with the development of a proper culture profile [18], we believe medical professionals' job burnout can be minimized. However, in management practice, Chinese hospitals' leadership teams rely too heavily on incentive strategies such as salaries and bonuses, neglecting the soft power of culture to shape the way of how the staff think and behave. It is believed that every Chinese hospital should develop its own culture profile, which is not formed by a policy document or a revolution, but regarded as a form of cultural heritage with long-term efforts made by management teams, staff and society [19, 20].

In this study, we analyze the culture profile of Sun Yat-sen University Cancer Center (SYSUCC), a public hospital in Guangzhou, which won the Best Employer Title in the Best Employers of Chinese Medical Hospitals Competition organized by Ding Xiang Yuan (physicians' largest online social platform in China) and McKinsey in the years 2015-2020, and awarded the Most Satisfying Cancer Hospital Among Patients and Medical Staff in the year 2019 - 2020. In 2020, SYSUCC had 1 million outpatient visits, 125 thousand patient cases and conducted 35 thousand surgeries. Like most Chinese hospitals, medical staff at SYSUCC have heavy workloads. Thus raising the question: in light of the employment awards at SYSUCC, how is work organizational culture fostered to mitigate job dissatisfaction. This paper shines a light on the Chinese hospital culture profile, to explore the possibility of combining a culture of a patient wellness-centered approach and a business-like approach.

2. Methods

Both qualitative and quantitative research methods were used in this study. First, a questionnaire survey (n=110) was carried out from January 2020 to March 2020 among medical staff and senior administrative staff at SYSUCC. For the survey, we used a modified 24-item version of the CVF created by Cameron and Quinn [21]. In this framework, each of the four culture types includes six dimensions, each of

which has a descriptive statement. A five-point Likert scale ranging from (1) strongly disagree to strongly agree (5), was applied to measure the items. Statistical analysis was conducted using IBM SPSS 21.0 to calculate the descriptive statistics including mean, confidence intervals and Cronbach's alpha.

Based on the survey results, ethnographic observations on daily organizational operations from May 2020 to March 2021 were carried out by WP, YC and HZ, who were senior administrative staff in the hospital. During the observation, our researchers also used convenient sampling methods to ask 8 medical staff involved in containing activities for their perception of the hospital operations and cultural activities by face-to-face interview approach. The interviews lasted for 30-45 mins. All of the interviewees understand the purpose of our research and none of them refused to participate. The observations and the responses from the staff were recorded.

In the analysis phase on the observation, the first author closely read the observation report on hospital operation. Clan, rational and hierarchical cultures were appeared to be significant aspects in the culture profile. In focusing on the operational activities subject to organization culture, the first author open coded to excerpts that related to these three aspects. These codes grasped organizational operation logics. Examples of such codes were “team” and “performance”. In the process of reading, coding and rereading (already coded) the records, the first author recoded the interviews and eventually arrived at a set of more specific codes that included the spectrum of activities related to three types of cultures. Examples of these codes were “team collaboration”, “performance assessment” and “policies and procedures”. Based on these codes, more general storylines and evidence related to operation and activities driven by cultural profiles were drawn out in consultation with the other authors. The answers from the medical staff were recorded in Chinese and has been translated into English for this publication.

3. Results

A total of 110 valid questionnaires were returned by 70 physicians, 22 nurses and 18 senior administrative staff. The demographic characteristics are shown in Table 1. Cronbach's Alphas for CVF instrument were 0.867 for clan and hierarchical cultures; 0.866 for rational culture; and 0.878 for development culture (shown in Table 2). Hierarchical culture scored the highest points (mean = 4.40), followed by clan (mean = 4.35) and rational (mean = 4.32) cultures, and the developmental culture (mean = 3.81) scored the lowest points. It shows that SYSUCC emphasizes the hierarchical, clan and rational cultures.

Table 1. Demographic results.

Characteristics	Number of Participants, n (%)
Gender	
Male	53 (48.18)
Female	57 (51.82)
Years of Experience in SYSUCC	
1-3	36 (32.73)

Characteristics	Number of Participants, n (%)
4-6	12 (10.91)
7-9	23 (20.91)
≥10	39 (35.45)
Current Position	
Senior Physicians	28 (25.45)
Senior Nurses	6 (5.45)
Resident or Attending Physicians	42 (38.18)
Junior Nurses	16 (14.55)
Senior Administrative Staff	18 (16.36)

Table 2. Descriptive statistics of variables.

Variable/Item	Mean	95% CI	Cronbach's alpha, CA
Clan Culture	4.35	4.25-4.45	0.867
Hierarchical Culture	4.40	4.30-4.51	0.867
Rational Culture	4.32	4.21-4.43	0.866
Development Culture	3.81	3.69-3.83	0.878

Based on the questionnaire results, we also conducted eight interviews with SYSUCC staff and observations on daily clinical and operational practices to explore the details of how the culture profiles generate success in hospital management and influence individuals' behaviors. Three major themes were identified, including clan, rational and hierarchical cultures. Interviewers' characteristics are shown on Table 3.

Table 3. Interviewers' characteristics.

Interviewer	Gender	Position
Weida	Male	Resident Physician
Lujun	Male	Associate Chief Physician
Huiting	Female	Nurse Head of Breast Cancer Department
Xuanye	Female	Associate Chief Physician
Deshen	Male	Associate Chief Physician
Tianqi	Female	Attending Physician
Yezi	Female	Nurse
Cong	Male	Attending Physician

3.1. Clan Culture

Physicians and nurses identified strongly with the culture emphasis on teamwork and root-seeking culture embedded by the Chief Clinical Professor Responsibility System. This system is setup at SYSUCC with the goal to allow physicians to work as a team with clear responsibilities and better collaborative actions to provide better medical care. This system divides physicians in each clinical department into different teams with a certain number of chief and associate chief physicians, attending and residents, who undertake a series of tasks such as outpatient consultations and emergencies, in-hospital treatment, follow-up and patients' return visits. It also includes pre-surgical preparation discussions, death case discussions and a critical patient rescue system. These mechanisms improve work efficiency while providing stable good-quality medical care, and at the same time, build up patient's trust with the physicians. As Weida, a young hematologist in the interview said:

The chief clinical professor, as the team leader, follows up with patients' condition every day, and reminds us to check the results of the examination and discuss with us if we need to adjust the patient's daily medication. The patients are more likely to trust the chief physicians with years of experience.

When they feel their body condition changes, the patients will send pictures and texts via Wechat [a social media platform] to the chief physicians. And then the chief physicians will pass the information on in the Wechat working group to discuss the case with subordinate physicians in his or her team to reduce treatment errors. At last, when complications occur, the chief physicians will also sit down and invite other senior chief physicians in related disciplines to discuss the case together. This kind of hands-on working attitude has also improved the doctor-patient relationship.

In Weida's case, the chief clinical professor in the team works as a tutor and is responsible for his or her medical team's performance. He or she is also regarded as the symbol of total medical quality for the whole team. Knowing about the chief clinical professors' reputation and experience, patients and their family members choose the professors' team with trust. Besides gaining experience through the teamwork, the clan culture enables physicians to collaborate with other teams and learn from other teams via Multidisciplinary Team Meetings to discuss difficult cases.

On the other hand, roots of culture is also well discussed as part of clan culture at SYSUCC. The roots of culture create the values which serve as principles that guide individuals and medical teams via their behaviors and actions [22]. The roots of culture developed at SYSUCC are based on the stories of its hospital founders conquering hardship and the humanistic stories of physicians and patients' interaction. As Joseph Campbell noted [23], stories guide our thinking and behaviors and David Livermore [22] believed that we manipulate symbols to create meaning and stories which dictate our behaviors. The senior people at SYSUCC resemble the elders in a family, and their g stories of glory are used as symbols that influence SUSCC's young medical staff in daily practices.

At SYSUCC's new campus opening ceremony in 2021, a documentary film: "Forty Years of Liao's Endeavour in Clinical Care" was launched, detailing the biography of Ms. Liao Yueqin, a nurse and also the first Vice-President of SYSUCC. Ms. Liao has encountered a number of difficulties and hardships throughout her time when she was trying to develop a professional nursing team with compassion and humanity. Huiting, the nurse head in the Breast Cancer Department, shared her views about the stories:

I was very touched after watching it as my eyes were moist. As a nurse, Ms. Yueqin Liao became our founder of the cancer center, which shows that nursing has played a very important role in the medical industry and hospital construction. No hospital can run without nurses, and no patient can be without us. The nurses' professionalism can not only improve patients' medical experience, but also has an indelible effect on their survival rate and quality of life. From her story, we learn to keep ourselves learning and improving professional nursing skills as "highly educated" nurses who are ubiquitous in care, management, teaching, and discipline development.

Like its impact on Huiting, Ms. Liao's story provides meaningful work motivation for the nurses and at the same time encourages the nurses to keep learning to provide professional care for patients. Another story, recorded in a microfilm called

"The original aspiration", is a real-life story that took place in SYSUCC showing how a team of doctors and a patient worked together to overcome cancer. After suffering a hard life, a girl from a poor and remote area recovered under the whole medical team's efforts while simultaneously developing a new treatment protocol. The film conveys the advantage teamwork and professionalism in developing precision medicine for patients. As Xuanye, an associate chief physician in the Medical Oncology Department said:

From this story, I was able to experience pride and satisfaction as a doctor to save lives. E Although I spend a lot of time and energy in my spare time to work with the complications, I still feel it is quite worthy of doing that (treating patients).

In the past five years, SYSUCC's clan culture construction has also relied on WeChat to establish a media platform to spread the stories. In 2020, the number of page views on the media platform reached 1.7 million. The cultural roots from these videos and films help the medical staff to create better professional attitudes and affect their behaviors by invoking clinical passion while alleviating job burnout.

3.2. Rational Culture

The Chief Clinical Professor Responsibility System is also setup as part of a results oriented culture that emphasizes achievements. An assessment system of work performance was developed to match the Chief Clinical Professor Responsibility System. In 2010, the cancer center started to implement the system to assess the chief clinical professors' teams' performances, which are directly related to each physician's salaries and bonuses. This system comprehensively considers various factors based on the job responsibilities, such as scientific research, teaching, and management, with the adoption of a resource-based relative value scale (RBRVS). The payments physicians receive are heavily influenced by the underlying "work" relative value units (RVUs) [24] which include the number of workloads and the complexity of the medical services performed at SYSUCC. The medical service points are accrued and are vary based on different medical departments. The number of workloads is counted based on each chief clinical professor's team's work. For example, in the surgical departments, the workloads are counted by the number of surgeries carried out by each medical team; in the chemotherapy and radiotherapy departments, the workloads are counted by the number of cases treated in a team. Under this mechanism, the chief professor works as a CEO (Chief Executive Officer) in his or her team, with responsibility for the team's clinical performance, revenue earning and reputation, and maintenance and research, which increases the autonomy and performance pressure as team leaders. As Deshen, a medical oncologist indicated:

A medical team can be very busy or relaxed. It is based on the number of patients the chief professor takes. If the chief professor is aggressive and takes more patients with a high bed turnover rate, then his/her medical team would be busy with a high bonus.

Besides the "patient-centered" values, the center's rational culture also emphasizes "employee first" values. A friendly service system was established by the administration and logistics departments with technology to support front-line medical teams with seamless, high-quality and efficient services, with the aim to enable the clinical and research staff to focus on clinical and research activities. These services include free meals for over-time working staff, formal reviews of academic papers, and a document delivery system, etc.

A quarterly cross-checking assessment has also been carried out for years among clinical staff to rate the supporting services from the administration and logistics departments, for the sake of improving administrative service quality and efficiency, and encouraging more effective communication between clinical and administrative departments. With a clear position on serving, the administration and logistics departments strive to provide the best services to meet the needs of each clinical staff.

In the CVF, a rational culture also emphasizes personal accomplishments and encourages contributions from each individual. In recent years, the hospital's publicity work has closely focused on new clinical technology achievements and major scientific research achievements. A multi-dimensional media alliance (including the social media TV and news) is used to help publicity to build up role models for medical staff. In 2020, 124 SYSUCC role models were reported in the local media, shaping the identity of physicians and nurses associated with professional skills and diligence. "I hope I can be one of them", Tianqi, a young interventional surgeon said when he watched the local news. He told me his life's goal was working in the cancer center.

3.3. Hierarchical Culture

SYSUCC is a controlled and structured place, and the administrative and clinical activities follow formal procedures as documented in a number of institutions and all the activities are under the Party Committee's supervision. Since 2015, SYSUCC has made and revised more than 200 documents of rules and policies based on past operation experiences and governmental laws. They are applied to people in terms of clinical practices, teaching and management. The philosophy of the Party Committee mainly focuses on staff's integrity and maintains harmony and stability in the work place. At the same time, the hierarchical culture reflects the employees' position and level, which enables procedures to be stably implemented in the center, specifically via micro-layers at every level which help to produce performance success. When a policy is made and approved by the leadership, the entity for policy implementation announces it in the weekly center meeting, where all of the leaders and department directors sit together, and the announcement goes hierarchically to the department weekly meeting, where the chief professors and physicians are notified. The chief clinical professors in the medical team, the department director and the center leadership supervise and are responsible for the implementation of the policies. Figure 1 demonstrates the hierarchical structure of SYSUCC.

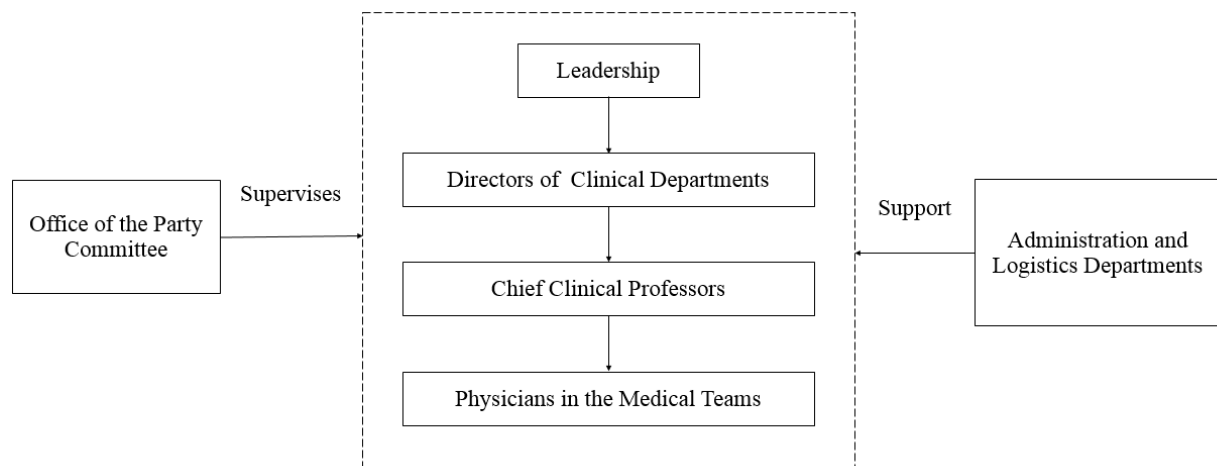


Figure 1. The hierarchical structure of SYSUCC.

The hierarchical culture supports the teamwork and results-oriented tasks, playing an important role in the stable and smooth operation of the cancer center. For better quality and safety of medical care, the Chief Clinical Professor Responsibility System classifies the prescription writing authority of doctors at all levels. As the chief clinical professor plays the authority role in the medical team, the lower level physicians follow the treatment protocols developed by the chief professors based on their clinical experiences. The ordinary operational procedures for daily practice in the team are the patient records and the prescriptions written by the resident or attending physicians which have to be checked by the associate chief physicians and then approved by the chief professors (Figure 2). A young surgeon, Cong, admitted the system benefits young

physicians by enriching their clinical experience via specific guidance from the team leaders.

We can learn a lot for the senior professors and feel less pressure as we share the responsibility within the team.

In Cong's interview, he points out his chief clinical professors develop a set of treatment protocols and require young doctors to follow the protocols when developing treatment plans for patients. Even though young physicians' autonomy decreases, they can learn from the experience shared by the chief clinical professors and discuss with teammates, and as a result, improve treatment quality and efficiency within the whole team. On the other hand, the performance assessment system also reflects a hierarchy of payments (Table 4), dependent on the managing responsibility of different positions.

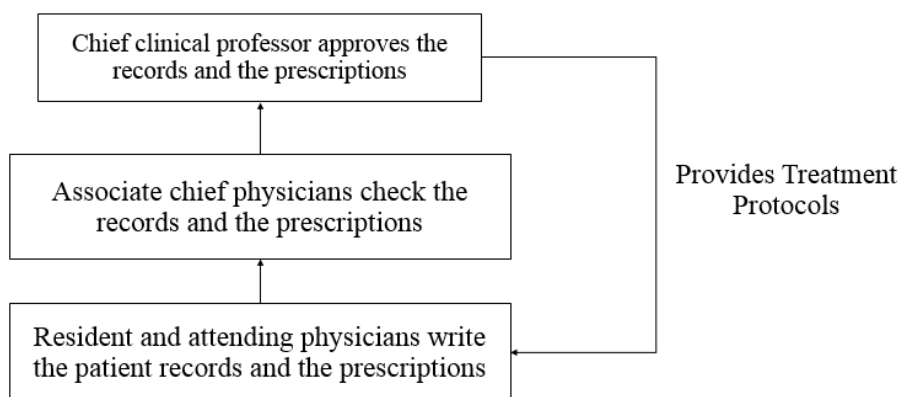


Figure 2. Daily Working Procedure of a Medical Team.

Table 4. The Hierarchy of Payments of the Performance Assessment System.

Position in the Team	Position Coefficient Index*
Chief Clinical Professor	1.5
Associate Chief Physician	1.3
Attending and Resident Physician	1.2
Other Physicians	1.1

*Individual's Bonus = Department' Work Complexity Coefficient × Position Coefficient × Basic Bonus (Depending on the Workloads).

4. Discussion

The results shows a culture profile emphasizing clan, rational and hierarchical cultures, which matches Chinese public hospital's operations and it helps to shape medical staffs' behavior for better performance. Like in Japanese culture, SYSUCC is a nation-owned entity in China that is dominated by hierarchical and clan culture. Previous research shows employees perceived Chinese public hospital culture as focusing on internal rules and regulations [25] and it has been demonstrated that large hospitals with subspecialty services tended to be more hierarchical for successful implementation [26]. In our case, the hierarchical culture is the longest established culture at SYSUCC which can be viewed as the result of years of experience in successful implementation governing people in terms of clinical practices, teaching and management with formal protocols and procedures. It creates supervision and accountability mechanism to ensure the standardization of team behavior. At the same time, a teamwork atmosphere for physicians and nurses is created within the clan culture, enhancing the sense of belonging and pride within the hospital, and achieves a positive effect of cohesion. As research shows, clan culture values are positively related to job involvement and job satisfaction [27, 28]. The Chief Clinical Professor Responsibility System is a key strategy that encourages collaboration and releases burnout. On the other hand, the rational culture encourages medical staff's diligence and self-contribution to clinical work and research. Previous studies show that the rational culture increases job engagement [29] and positive financial outcomes [30]. When the Chinese public hospitals are facing 'business-like' transformation challenges, the integration with rational culture in the culture profile is crucial for staff motivation strategies, ensuring the hospital's long-term ability to gain positive financial outcomes.

Prior studies in the United Kingdom found either a hierarchical culture [31] or clan culture [32] were dominant. However, it has been said to be moving towards more competitive culture archetypes with hierarchical and rational cultures on the rise [33]. SYSUCC's culture profile is also integrating competitive elements to match its operational strategies in the new market environment. In recent years, its efficiency in medical services has continuously improved. In 2020, the average duration of each patient's in-hospital stay was 3.93 days, which is a 1/3 reduction compared with 2016. The bed utilization rate was 91.08%, and the bed turnover rate was 87.67 times per bed per year. Employee satisfaction has also continued to rise, as SYSUCC ranked the first in the national "Action Plan for Improving Medical Services" competition (2019-2020) in terms of employee and patient satisfaction among tumor specialist hospitals. The hospital has received much social recognition in recent years as it has won various social honors.

As Chen has addressed, hospital culture affects physicians' attitudes and behaviors, suggesting that improvement in hospital culture is crucial to enhance professionalism [34]. SYSUCC's overall service volume has increased by about

12.5% per year between 2016 and 2019. At the same time, its medical service quality has continuously improved with a higher five-year cancer survival rate.

In March 2021, SYSUCC's second campus was opened, enabling an effective dual-campus operation. In the five-year (2021-2025) plan for development of the cancer center, a third hospital campus will be built and the scale of medical service doubled. The Chief Clinical Professor Responsibility System is integrated with a multi-cultural structure that will be important in the large-scale public hospital's operation. The construction of rational culture and hierarchical culture guarantee the efficient use of resources, while the clan culture provides a friendly collaborative team atmosphere, and will help to achieve a balanced development of multi-dimensional culture.

5. Recommendations

As Chinese public hospitals are facing 'business-like' transformation challenges in Health Care Reform, improvement of the culture profile is crucial to enhancing operational efficiency and high quality "patient-centered" valued medical care. SYSUCC's culture profile emphasizes both clan, rational and hierarchical cultures which can be seen as an empirical case study for public hospital culture construction to meet the challenges faced in contemporary China. To create such a cultural profile, a Chief Clinical Professor Responsibility System provides supportive supervision and an accountability mechanism to ensure the standardization of team behavior, and it is recommended for better team collaboration and more efficient operations.

However, there are limitations of this study. First, there might be elements of sampling bias as we used convenience sampling. Second, the generalizability of our findings is unknown since we studied only one particular case in south China. Further research needs to be carried out in other public hospitals in different parts of China to increase the sample sizes as well as generalizability. In addition, comparative research between hospital cultural profiles in different countries could be carried out for better management models facing 'business-like' transformation challenges.

6. Conclusion

Our findings show that SYSUCC's culture profile emphasizes clan, rational and hierarchical cultures. This culture profile focuses on teamwork inside and outside the medical teams to achieve a positive effect of cohesion, with standardized operation and formal procedures as well as a performance assessment system to reach the goal of operational stability and efficiency and better financial outcomes. The implementation of its culture profile provides an empirical case for public hospital culture construction to meet the challenges in the Health Care Reform policy in contemporary China.

Author Contributions

(I) Conception and design: All authors; (II) Administrative support: J Ma; (III) Provision of study materials or patients: W Peng; (IV) Collection and assembly of data: Y Chen, H Zhai; (V) Data analysis and interpretation: Y Cheng, H Zhai; (VI) Manuscript writing: All authors; (VII) Final approval of manuscript: All authors.

Conflicts of Interest

Mr. Wangqing Peng and Dr. Jun Ma are the members of the cancer center's leadership. Other authors have no conflicts of interest to declare.

Ethical Statement

The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Acknowledgements

We thank medical staff at Sun Yat-sen University Cancer Center participated in the research.

References

- [1] Lim, B. Examining the organizational culture and organizational performance link. *Leader. Organ. Dev. J.* 1995; 16 (5), 16–21.
- [2] Schein, E. H. Coming to a new awareness of organizational culture. *Sloan Manag. Rev.* 1984; 25 (2), 3–16.
- [3] Scott, T., Mannion, R., Marshall, M., Davies, H. Does organizational culture influence health care performance? A review of the evidence. *J. Health Serv. Res.* 2003; 8 (2), 1005–1117.
- [4] Mannion R, Davies H. Understanding organisational culture for healthcare quality improvement *BMJ* 2018; 363: k4907.
- [5] Schein E. *Organizational culture and leadership*. Jossey Bass, 1985.
- [6] Ferlie E, Montgomery K, Reff Pedersen A, Mannion R, Davies, H. *Cultures in Healthcare*. In: Ferlie E, Montgomery K, Reff Pedersen A, eds. *Oxford Handbook of Health Care Management*. Oxford University Press, 2016.
- [7] Lee JY, McFadden KL, Lee MK, Gowen CR. U.S. hospital culture profiles for better performance in patient safety, patient satisfaction, Six Sigma, and lean implementation. *International Journal of Production Economics* 2021; 234.
- [8] Sasaki H, Yonemoto N, Mori R, Nishida T, Kusuda S, Nakayama T. Assessing archetypes of organizational culture based on the Competing Values Framework: the experimental use of the framework in Japanese neonatal intensive care units. *Int. J. Qual. Health Care* 2017; 29 (3), 384–391.
- [9] Calciolari S, Prenestini A, Lega F. An organizational culture for all seasons? How cultural type dominance and strength influence different performance goals. *Public Management Review*, 2018; 20 (9), 1400–1422.
- [10] Mulligan J, Rehman B. Corporate medical cultures: MD Anderson as a case study in American corporate medical values *Medical Humanities* 2020; 46: 84-92.
- [11] Yang J, Li L, Zeng X, Xiao L, Liu Q. Strengthen the delicacy management of clinical pathway to promote the reform in public hospitals. *Modern Hospitals*. 2021, 21 (03), 332-334.
- [12] Hu S, Zhang Y, Liu Qing. Empirical Research on Comprehensive Equivalent Method of Hospital Performance Appraisal and Performance Salary Distribution. *Chinese Hospital Management*. 2021; 41 (03), 63-67.
- [13] Zhou X, Pu J, Zhong X, Zhu D, Yin D, Yang L, Zhang Y, Fu Y, Wang H, Xie P; China Neurologist Association. Burnout, psychological morbidity, job stress, and job satisfaction in Chinese neurologists. *Neurology* 2017; 88 (18): 1727-1735.
- [14] Nie JB, Yu Cheng Y, Zou X, Gong N, Tucker JD, Wong B, Kleinman A. The vicious circle of patient-physician mistrust in China: health professionals' perspectives, institutional conflict of interest, and building trust through medical professionalism. *Developing World Bioethics* 2017; 1-11.
- [15] Li WC, Zhuang YH, Sun XY, et al. Investigation on mental health status and job satisfaction of primary medical staff in Wenzhou. *Health Research* 2020; 40 (05): 513-517.
- [16] Wang H, Zhang N. Analysis on the Status of Occupational Burnout among Doctors. 2008; 04: 397-399.
- [17] Jiang S, Wang W, Yang X, Tian H, Chen M. Studying on The Factors to Influence The Job Burnout of Medical Staffs in Shenzhen City. *Chinese Health Service Management*. 2020; 37 (09), 709-712.
- [18] Belias D, Koustelios A. Organizational Culture and Job Satisfaction: A Review. 2014; 4 (2): 132-149.
- [19] Yao J. Practice studies of cultural construction in modern hospitals. *Chinese Hospital Management*, 2010; 30 (5): 46-48.
- [20] Chen Y. Hospital management should not discard the cultural essence. *Health News*, 2009-02-19 (5).
- [21] Cameron KS, Quinn RE. *Diagnosing and Changing Organizational Culture*. Addison-Wesley, Reading (MA), 1999.
- [22] Livermore D. *Cultural Intelligence: Improving Your CQ to Engage Our Multicultural World*. Baker Publishing Group, 2009.
- [23] Campbell J. *The power of myth with Bill Moyers* (B. S. Flowers, Ed.). New York, NY: Bantam Doubleday, 1988.
- [24] Laugesen MJ. Regarding "Committee Representation and Medicare Reimbursements: An Examination of the Resource-Based Relative Value Scale". *Health services research*, 2018; 53 (6), pp. 4123-4131.
- [25] Zhou P, Bundorf K, Le Chang J, et al. Organizational culture and its relationship with hospital performance in public hospitals in China. *Health Serv Res*. 2011; 46 (6pt2): 2139-60.
- [26] Carman JM, Shortell SM, Foster RW et al. Keys for successful implementation of total quality management in hospitals. *Health Care Manage Rev* 2010; 35: 283–93.

- [27] Brazil K, Wakefield DB, Cloutier MM et al. Organizational culture predicts job satisfaction and perceived clinical effectiveness in pediatric primary care practices. *Health Care Manage Rev* 2010; 35: 365–71.
- [28] Goodman EA, Zammuto RF, Gifford BD. The Competing Values Framework: understanding the impact of organizational culture on the quality of work life. *Organ Dev J* 2001; 19: 58–68.
- [29] Mijakoski, D, Karadzinska-Bislimovska J, Basarovska V, et al. Burnout, engagement, and organizational culture: differences between physicians and nurses. *Open Access Maced. J. Med. Sci.* 2015; 3 (3), 506–513.
- [30] Hartnell, CA, Ou, AY, Kinicki, A. Organizational culture and organizational effectiveness: a meta-analytic investigation of the competing values framework's theoretical suppositions. *J. Appl. Psychol.* 2011; 96 (4), 677–694.
- [31] Ovseiko PV, Buchan AM. Organizational culture in an academic health center: an exploratory study using a competing values framework. *Acad. Med.* 2012; 87 (6), 709–718.
- [32] Wagner C, Mannion R, Hammer A, et al. The association between organizational culture, organizational structure, and quality management in European hospitals. *Int. J. Qual. Health Care* 2014; 26 (1), 74–80.
- [33] Jacobs R, Mannion R, Davies HTO, et al. The relationship between organizational culture and performance in acute hospitals. *Soc. Sci. Med.* 2013; 76, 115–125.
- [34] Chen J, Yang Q, Zhang R et al. Effect of hospital culture on professional attitudes and behaviors of Chinese clinical physicians: a cross-sectional investigation. *The Lancet*, 2017; 390: S82-S82.