

ORGANIZATIONAL CULTURE AND THE LEVEL OF HEALTHCARE QUALITY AND PATIENT SAFETY IN LIGHT OF INTERNATIONAL EXPERIENCES

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Purpose: The aim of this study is to analyze the state of research on the relationship between organizational culture and the level of healthcare quality and patient safety in light of international experiences.

Design/methodology/approach: The article is a non-systematic literature review. Searches for studies on organizational culture and healthcare quality were conducted in databases such as Google Scholar, Web of Science, PubMed, and Scopus. The search queries included the following descriptors: "organizational culture", "organizational culture and hospital", "organizational culture and health care system", "patient safety", and "quality of health care". Original primary articles focusing on organizational culture and healthcare quality, available in full text in English online, were included in the study. The search identified 70 studies, of which 26 were excluded due to factors such as inappropriate study design, lack of relevance to the research objective, or outdated data. Ultimately, 44 studies met the inclusion criteria and were included in the analysis. The selected articles underwent detailed analysis, and significant data were extracted and organized by the author. The collected data were divided into specific sections, such as organizational culture, safety culture, the impact of management on healthcare quality, organizational culture change, and quality in healthcare. To ensure a coherent presentation of the results, a narrative approach to data synthesis was applied, involving the integration of information from the studies to provide a comprehensive review of the findings.

Findings: The final conclusion is the need to treat organizational culture as an integral component of quality management in healthcare. The pursuit of improving quality and patient safety cannot be limited to formal procedures and tools but should be rooted in values and attitudes supporting shared responsibility, continuous improvement, and mutual respect. Only in such an environment is it possible to achieve sustainable improvement in both clinical outcomes and the experiences of patients and staff. At the same time, it should be emphasized that there is a research gap in analyzing the impact of organizational culture on healthcare quality and patient safety. This area requires in-depth research that will allow for a better understanding of the cultural mechanisms determining quality in healthcare systems.

Originality/value: This paper offers a non-systematic literature review of 44 selected studies that explores the relationship between organizational culture, healthcare quality and patient safety. Value of the paper is synthesis of current knowledge, practical recommendations,

multidimensional analysis, cross-cultural comparative approach, integration of staff and patient perspectives. This paper appears to be addressed to key groups: healthcare administration and managers, clinical leaders, healthcare quality specialists, healthcare policy makers, healthcare educators.

Keywords: organizational culture, patient safety, healthcare quality, leadership, just culture, healthcare management.

Category of the paper: literature review.

1. Introduction

Organizational culture in healthcare is a fundamental element determining the quality of care, patient safety, and the efficiency of medical facilities. In an era of dynamic changes in healthcare systems, rising patient expectations, and increasing economic pressures, understanding and appropriately shaping organizational culture has gained particular importance. As research indicates (Schein, 2017; Braithwaite et al., 2017), shared values, norms, and practices among organizational members directly influence not only staff behavior but also clinical outcomes, patient satisfaction, and the institution's ability to implement innovations and adapt to changing conditions. This article focuses on analyzing the multidimensional relationships between organizational culture and the quality of healthcare services, with particular emphasis on the concept of safety culture (Just Culture) and the role of leadership in shaping an environment conducive to continuous improvement. As Florence Nightingale noted as early as 1863, the primary requirement of a hospital is to "do no harm to the sick" (Kaufman, McCaughan, 2013). However, the modern understanding of patient safety goes far beyond avoiding errors, encompassing the proactive building of high-reliability systems (Weick, Sutcliffe, 2007). Based on the current state of knowledge and an analysis of empirical studies, the article presents organizational culture models relevant to the healthcare sector, including Hofstede's model, the Organizational Culture Assessment Instrument (OCAI), and the concept of Just Culture. Special attention is paid to the challenges of implementing desired cultural patterns in environments with strong hierarchical traditions and the importance of open communication and emotion management in crisis situations. Furthermore, the article explores the links between organizational culture and transformational and authentic leadership, which, according to recent research (Vehvilainen et al., 2024; Tate et al., 2023), are key determinants of staff engagement and care quality. A comprehensive understanding of the mechanisms shaping organizational culture in healthcare institutions has significant implications for both management theory and clinical practice. The synthesis of knowledge from management, organizational psychology, and medical sciences enables the development of a holistic approach to improving care quality, which considers both the technical and social aspects of medical institutions' functioning. In light of the growing challenges facing healthcare

systems worldwide, investing in building a positive organizational culture has become a priority of fundamental importance for the future of this sector.

2. Organizational Culture in Healthcare Institutions

Organizational culture plays a key role in the functioning of healthcare institutions, influencing patient safety, the well-being of medical staff, and the efficiency of services provided. The literature review reveals multidimensional links between organizational culture and various aspects of medical organizations' operations. Silva et al. (2021), in a systematic review of studies from 2014-2020, demonstrated that a positive safety environment in hospitals fosters the development of a safety culture, encourages the reporting of adverse events, and contributes to improved healthcare quality. However, the authors note that the literature inadequately describes the interactions between safety culture and organizational culture, emphasizing the need to strengthen safety culture through education and inter-team collaboration (Silva, Caldas, Fassarella, Souza, 2021). Hsiung et al. (2020) identified 27 tools for measuring organizational culture and climate in primary care, highlighting the diversity of available instruments and the limited availability of data on their psychometric properties. The researchers recommend several tools, including the Culture Questionnaire adapted for healthcare settings and the Nurse Practitioner Primary Care Organizational Climate Questionnaire, while also stressing the need for further validation studies (Hsiung, Colclitz, McGuier, Switzer, VonVille, Folo, Kalko, 2020). Hibbert et al. (2023) focused on the perspectives of international patient safety experts, identifying four key factors influencing healthcare quality improvement: safety culture in healthcare organizations, policies and procedures for investigating and implementing safety initiatives, support for medical staff, and patient engagement. Based on these findings, the authors proposed a patient safety management model that can serve as a tool for policymakers and researchers (Hibbert, Stewart, Wiles, Braithwaite, Runciman, Thomas, 2023).

D'Silva et al. (2024) analyzed the impact of organizational culture on employee behavior and well-being in an emergency medicine department in India. Using the Organizational Culture Assessment Instrument (OCAI), they identified a clan culture as dominant (73.17%), characterized by collaboration and adaptability. Employees operating in this culture reported higher job satisfaction (96.66%) and lower stress levels (48.33%) compared to other types of organizational cultures (market, adhocracy, hierarchical). Nevertheless, symptoms of burnout, including emotional exhaustion (53.66%), were common. The study underscores the importance of organizational culture for department efficiency and employee well-being (D'Silva, Balakrishnan, Bari, Verma, Kamath, 2024). Kim and Jung (2022) analyzed the impact of organizational culture and employee competencies on perceived workplace stress.

Their results indicate that aligning the type of organizational culture with employee competencies can effectively reduce stress levels. Specifically, clan culture proved more effective in reducing stress among employees with adaptive competencies, while market culture better supported customer-oriented employees. The authors emphasize that a mismatch between organizational culture and employee competencies can lead to increased stress and decreased performance (Kim, Jung, 2022). Mutonyi et al. (2022) examined the impact of an internal market-oriented culture and autonomy-supportive leadership climate on organizational attractiveness and innovative employee behavior in Norwegian hospitals. The results showed that an internal market-oriented culture positively influences autonomy-supportive leadership and organizational attractiveness, while the autonomy-supportive leadership climate further enhances organizational attractiveness and innovative employee behavior. The study highlights the importance of investing in organizational culture and autonomy support for improving innovation and workplace attractiveness (Mutonyi, Slåtten, Lien, González-Piñero, 2022).

In summary, the literature analysis indicates the significant role of organizational culture in shaping the work environment in healthcare institutions. A well-matched organizational culture can contribute to improved patient safety, reduced stress and burnout among medical staff, and increased innovation and organizational attractiveness. Further research in this area should focus on practical implications and interventions aimed at shaping optimal organizational culture in healthcare facilities (Silva et al., 2021; Hsiung et al., 2020; Hibbert et al., 2023; D'Silva et al., 2024; Kim, Jung, 2022; Mutonyi et al., 2022).

3. Safety Culture as the Foundation of High-Quality Healthcare and Patient Safety

Patient safety is the cornerstone of modern healthcare. As early as 1863, Florence Nightingale emphasized that the primary requirement of a hospital is to "do no harm to the sick" (Kaufman, McCaughan, 2013). Despite significant advancements in medicine and technology, challenges related to patient safety remain critical for healthcare systems worldwide. These challenges require a systematic approach encompassing not only procedures but also a fundamental cultural shift in medical organizations (Culture of Safety. PSNet [internet], 2019).

Safety culture, derived from research on high-reliability organizations (HROs), is characterized by risk acknowledgment, a blame-free environment, interdisciplinary collaboration, and organizational commitment to problem-solving (Weick, Sutcliffe, 2007). The concept of "just culture" balances a "no-blame" approach with appropriate accountability, distinguishing between human error, risky behavior, and reckless behavior (Dekker, 2012; Marx, 2001). Studies show that a low perceived safety culture is associated with a higher rate

of medical errors (Mardon, Khanna, Sorra et al., 2010). Examples of failures at Bristol Royal Infirmary and Mid Staffordshire NHS Foundation Trust demonstrate how the lack of an appropriate organizational culture can lead to serious consequences for patients (Kaufman, McCaughan, 2013). This chapter analyzes how effective leadership, transparency, and teamwork shape an organizational culture conducive to patient safety, as well as the challenges and assessment methods associated with this process.

Implementing a just culture in healthcare organizations involves numerous challenges. Research by Van Baarle et al. indicates that key elements include open communication, consideration of emotions, and management engagement (Van Baarle, Hartman et al., 2022). Open communication is essential for creating a just culture. Employees should feel safe reporting errors and sharing their experiences. However, finding a balance between openness and individual accountability is challenging. Additionally, emotions related to incidents can hinder objective fact analysis, posing another challenge for organizations (Van Baarle, Hartman et al., 2022). Management engagement is crucial for the success of a just culture. Leaders should exemplify desired behaviors and support employees in learning from mistakes. However, management must also maintain an appropriate distance to objectively assess situations and make informed decisions (Van Baarle, Hartman et al., 2022). Safety culture is fundamentally a local issue, as significant variations in safety culture perceptions can exist within a single organization. Safety culture perceptions may be high in one hospital unit and low in another, or high among management and low among frontline staff (Pronovost, Weast, Holzmueller et al., 2003). Studies also show that individual employee burnout negatively impacts safety culture perceptions (Hall, Johnson, Watt et al., 2016). Many determinants of safety culture depend on interprofessional relationships and other local circumstances, meaning that safety culture change occurs at the microsystem level. Consequently, improving safety culture often requires an emphasis on gradual changes in daily employee behaviors (Mohr, Batalden, 2002). Recent research highlights strong links between patient safety culture and workplace safety culture. A study by Hesgrove et al. found that 69 of 110 examined relationships between these two aspects of safety culture were statistically significant (Hesgrove, Zebrak, Yount, Sorra, Ginsberg, 2024). The strongest correlations with patient safety culture were observed in three aspects of workplace safety culture: overall hospital management support for workplace safety, the ability to report safety concerns without fear of negative consequences, and general workplace safety ratings. Stress and burnout are serious issues among healthcare workers that can negatively impact safety culture. Studies have shown that higher stress and burnout levels were associated with lower patient safety culture ratings (Hesgrove, Zebrak, Yount, Sorra, Ginsberg, 2024). Both the National Quality Forum's Safe Practices for Healthcare and the Leapfrog Group mandate safety culture assessments. The Agency for Healthcare Research and Quality (AHRQ) also recommends annual safety culture measurement as one of its "10 Patient Safety Tips for Hospitals" (Agency for Healthcare Research and Quality, 2018). Additionally,

research indicates growing interest in managing organizational culture as a lever for healthcare improvement (Mannion, Konteh, Davies, 2009).

Achieving a safety culture in healthcare is essential for preventing or reducing errors and improving overall care quality. This requires a systematic approach, management engagement, and changes to fundamental organizational norms and values. Research confirms that high-reliability organizations place significant emphasis on safety culture and organizational factors contributing to a safe work environment (Clark, 2002). Transitioning from a traditional blame culture to a safety culture that encourages error reporting and root cause analysis is necessary for meaningful improvements in patient safety and healthcare quality. Only by creating an environment where patient safety is a priority can we effectively reduce adverse events and improve patient outcomes.

Patient safety culture is a key element of healthcare quality, influencing both treatment outcomes and the well-being of medical staff. In recent decades, there has been growing interest in examining the factors shaping this culture and its impact on medical institutions' functioning. Researchers highlight the need for coherent theoretical frameworks and effective measurement tools to enable comprehensive analysis of this phenomenon (Bisbey et al., 2019). Existing studies show that safety culture is multidimensional and shaped by numerous organizational, team, and individual factors. Among these, staff attitudes, leadership, communication, organizational learning capacity, and human and material resources are particularly significant (Azyabi et al., 2021). Bisbey et al. (2019) note the fragmentation and inconsistency of existing safety culture theories, which hinder the development of practices and research in this area. Based on a review of 50 models, the authors proposed an integrated theoretical framework grounded in organizational culture theory, social identity theory, and social learning theory (Bisbey et al., 2019). This model presents safety culture as a dynamic social structure operating at three levels: artifacts and behavioral norms (most visible), values (intermediate level), and basic assumptions (deepest level). The researchers identified seven key factors enabling the adoption of a safety culture, including leadership, available resources, and group cohesion, as well as four types of behaviors realizing this culture, such as communication and collaboration (Bisbey et al., 2019). A systematic literature review by Azyabi et al. (2021) identified five main tools for assessing patient safety culture in hospital settings: the Hospital Survey on Patient Safety Culture (HSPSC), the Safety Attitudes Questionnaire (SAQ), the Patient Safety Climate in Healthcare Organizations (PSCHO), the Modified Stanford Instrument (MSI-2006), and the Scottish Hospital Safety Questionnaire (SHSQ). Each of these tools focuses on slightly different aspects of safety culture, enabling a multidimensional analysis of this phenomenon (Azyabi et al., 2021).

One of the most commonly used tools, the Safety Attitudes Questionnaire (SAQ), was employed in a study by AL-Mugheed et al. (2022) in two private hospitals in Northern Cyprus. This study assessed attitudes toward patient safety among doctors and nurses and examined the relationships between workload, adverse events, professional experience,

and these attitudes (AL-Mugheed et al., 2022). The study, involving 73 doctors and 246 nurses, found that overall attitudes toward patient safety among medical staff were negative (below the positive threshold of 75%). The highest positive rating was for working conditions (64.2%), while the lowest was for safety climate (49.7%). An interesting finding was that nurses exhibited more positive attitudes (63.3%) than doctors (54.3%), with statistically significant differences in dimensions such as job satisfaction, stress recognition, and management perceptions (AL-Mugheed et al., 2022). The researchers also identified significant factors influencing safety attitudes. Staff with less professional experience (1-5 years) and those working more than 48 hours per week or reporting more adverse events exhibited lower positive attitudes toward patient safety. These results indicate the need for appropriate training, management support, and institutional regulations to improve patient safety in hospitals (AL-Mugheed et al., 2022).

Patient safety culture varies significantly depending on geographic and cultural context. Granel-Giménez et al. (2022) conducted a comparative study in four European countries: Croatia, Spain, Sweden, and Hungary. Mixed research methods were used, combining quantitative data collected via the HSOPSC questionnaire from 538 nurses with qualitative data from in-depth interviews and work observations (Granel-Giménez et al., 2022). The results showed that teamwork was the highest-rated aspect of safety culture, particularly in Sweden. The biggest weaknesses were staff shortages and excessive workload. In countries like Croatia and Hungary, discrepancies were observed between declared positive attitudes toward safety culture and actual practices and hierarchical work cultures. In Sweden, better work organization and higher safety culture were noted, though further improvements were still needed. The researchers emphasize that most studied countries exhibited only average patient safety cultures despite being part of the European Union (Granel-Giménez et al., 2022).

Hesgrove et al. (2024) examined the relationship between staff safety culture and patient safety culture in hospital settings based on data from 28 hospitals in 16 U.S. states, analyzing responses from 6684 healthcare workers. The study found a strong link between these two aspects of safety culture—69 of 110 analyzed relationships were statistically significant (Hesgrove et al., 2024). The strongest correlations with patient safety culture were observed in three aspects of staff safety culture: overall hospital management support for workplace safety, the ability to report safety concerns without negative consequences, and general workplace safety ratings. Particularly strong relationships were found between general workplace safety ratings and hospital management support for patient safety, and between management support for workplace safety and management support for patient safety (Hesgrove et al., 2024). This study provides empirical evidence that staff safety culture and patient safety culture are fundamentally interconnected and jointly contribute to creating a strong and healthy safety culture in healthcare facilities (Hesgrove et al., 2024). Lu et al. (2022) investigated the relationship between patient safety culture and healthcare worker well-being using the Conservation of Resources (COR) theory. Analyzing data from a large group of hospital staff

in Taiwan ($N = 3,232$), the researchers demonstrated that patient safety culture is significantly associated with lower burnout levels ($\beta = -0.74$) and higher work-life balance ($\beta = 0.44$) (Lu et al., 2022). Importantly, these effects were consistent regardless of age, gender, position, or patient contact, suggesting the universal nature of this phenomenon. This study indicates that investing in safety culture can serve as an organizational resource protecting staff well-being while simultaneously improving patient care quality (Lu et al., 2022). These findings align with the study by Hesgrove et al. (2024), who observed that higher stress and burnout levels were linked to lower patient safety culture scores, particularly in areas of staffing and work pace (Hesgrove et al., 2024). The presented studies clearly highlight the need for comprehensive strategies to improve patient safety culture in healthcare facilities.

AL-Mugheed et al. (2022) emphasize the necessity of improving patient safety in hospitals through training, management support, and institutional regulations. They also note that negative attitudes can hinder the implementation of interventions aimed at improving care quality (AL-Mugheed et al., 2022). Azyabi et al. (2021) recommend regular monitoring of patient safety culture and considering cultural and systemic differences in research on this phenomenon. Bisbey et al. (2019) suggest that effectively developing a safety culture requires actions at all three levels: artifacts and behavioral norms, values, and basic assumptions (Bisbey et al., 2019). Hesgrove et al. (2024) advocate for a systemic approach that considers both staff and patient safety, which can lead to synergistic effects in improving healthcare quality. Meanwhile, Lu et al. (2022) propose that investments in safety culture can benefit not only treatment outcomes but also the well-being of medical staff (Lu et al., 2022).

A common conclusion from these studies is that patient safety culture should be treated as a key component of healthcare facility management strategies, requiring systematic monitoring, an interdisciplinary approach, and engagement at all organizational levels, from management to frontline staff.

4. The Impact of Healthcare Facility Management on Healthcare Quality and Patient Safety

Management in healthcare plays a crucial role in shaping healthcare quality, patient satisfaction, and organizational efficiency. Contemporary research, such as that conducted by Vehvilainen, Kang, and Tate (Vehvilainen et al., 2024; Kang et al., 2023; Tate et al., 2023), indicates that key factors such as leadership style, organizational culture, and employee engagement significantly influence healthcare outcomes. This chapter integrates the findings of these studies to provide a comprehensive perspective on how management can shape healthcare quality. Leadership in healthcare can take various forms, with transformational and authentic leadership being particularly significant. Research by Vehvilainen (Vehvilainen et al.,

2024) found that collaborative leadership, which challenges traditional hierarchies, fosters open communication and the reporting of concerns by employees. Leaders who promote psychological safety create an environment conducive to learning from mistakes (Edmondson, 1999). Tate (Tate et al., 2023) highlight the importance of authentic leadership, which is based on self-awareness, balanced information processing, and trust. In their study, a model incorporating authentic leadership and a developmental/group culture explained 50.7% of the variance in patient satisfaction in groups with high levels of such leadership. Authentic leadership combined with a collaborative organizational culture significantly improves care quality. Leaders who are transparent and build trust influence increased employee engagement, which translates into better treatment outcomes and higher patient satisfaction (Tate et al., 2023).

An organizational culture based on trust and fairness increases employees' willingness to take initiative and report errors, which is critical for improving patient safety (Vehvilainen et al., 2024). In such environments, employees feel safe expressing concerns, leading to faster problem resolution. Tate (Tate et al., 2023) distinguish between developmental/group cultures (focused on collaboration) and hierarchical/rational cultures (focused on efficiency). Developmental/group cultures are strongly correlated with better care quality outcomes, while hierarchical cultures may limit innovation and flexibility. Rigid hierarchies in healthcare can marginalize the voices of younger employees and patients, negatively impacting care quality (Vehvilainen et al., 2024). Solutions include training that supports teamwork and involving employees at all levels in decision-making processes. Kang (Kang et al., 2023) demonstrated that values such as excellence and innovation have a strong positive impact on patient satisfaction, even when employee well-being is not high. However, long-term neglect of staff well-being can lead to burnout and declining care quality. Research shows that in hospitals with high levels of authentic leadership and a developmental/group culture, care quality and patient satisfaction are significantly higher (Tate et al., 2023). In such organizations, patients feel more cared for, and staff are more motivated to provide high-quality services. Implementing anonymous reporting systems for concerns can improve communication and patient safety, enabling faster responses to potential risks (Vehvilainen et al., 2024). The integration of research findings confirms that effective healthcare management requires a combination of authentic leadership, an organizational culture based on trust, and actions to reduce the negative impact of hierarchies. Implementing these recommendations can lead to improvements in care quality, patient safety, and staff satisfaction. Effective hospital management directly impacts patient treatment outcomes by streamlining organizational processes.

Bhati, Deogade, and Kanyal (2023) highlight the importance of elements such as leadership, financial management, human resources, quality, and patient safety. The authors also emphasize the value of a patient-centered approach, interdisciplinary collaboration, and data-driven decision-making as strategies for improving care quality (Bhati, Deogade, Kanyal, 2023). Credible leadership plays a key role in shaping the organizational culture of medical

facilities, which in turn translates into staff engagement. A study by Srimulyani and Hermanto (2022) demonstrates that there is a significant positive impact of credible leadership on organizational culture, which subsequently increases employee engagement at work. Higher staff engagement directly translates into better quality of medical services provided (Srimulyani, Hermanto, 2022). Frontline managers have a significant impact on patient safety by shaping safety culture in medical facilities. Hedsköld et al. (2021) identified strategies used by effective managers, such as valuing staff competencies, organizing work to increase resilience to errors, and learning from reported incidents. The study emphasizes that frontline managers' engagement and their role-modeling behavior are crucial for patient safety, despite challenges in bridging theory and practice (Hedsköld, Sachs, Rosander, von Knorring, Pukk-Härenstam, 2021).

Healthcare quality is directly linked to effective management at various levels of a medical organization—from strategic leadership to operational frontline management. Key aspects include building a positive organizational culture, promoting patient safety, increasing staff engagement, and implementing patient-centered care while leveraging modern technologies and data for decision-making.

5. Changing Organizational Culture to Improve Healthcare Quality and Patient Safety

The role of organizational culture in improving patient safety: A comparative analysis of two programs. Organizational culture is a fundamental element determining patient safety in healthcare facilities. The two studies presented, though conducted in different socio-economic contexts, highlight the crucial role that transforming organizational culture plays in improving care quality and patient safety. A comparative analysis of these studies provides valuable insights into effective strategies for implementing cultural changes in different healthcare systems. The program implemented at the University of Washington represents a systematic, multi-year approach to shaping safety culture through resident education. A key element of this program was integrating educational activities with the operational aspects of the medical center, maximizing both educational and practical value (Chen et al., 2021). The program's gradual structure, based on the Kirkpatrick model, enabled the building of patient safety culture from the ground up—starting with raising awareness and promoting the reporting of adverse events, through learning quality improvement methodologies, to implementing specific projects to streamline processes at the medical center (Chen, Wolpaw, Vande Vusse, Wu, Meo, Staub, Hicks, Carr, Schleyer, Harrington, Klein, 2021).

In contrast to the Washington program, the study conducted at an Ethiopian hospital in Gondar focused on diagnosing the existing organizational culture and identifying barriers to implementing changes in the cardiology unit. The results of this study revealed significant deficits in psychological safety among employees and limited opportunities for organizational learning, despite high levels of declared staff engagement (Mengstie et al., 2023). Identified barriers to change, such as employee resistance, lack of management support, and inequalities in access to medical services, underscore the complexity of challenges associated with transforming organizational culture in resource-limited settings (Mengstie, Biks, Cherlin, Curry, 2023). Comparing the two studies allows for the identification of common features of effective strategies for changing organizational culture to improve patient safety. Key elements include: building psychological safety to enable open reporting of adverse events, engaging facility management in the change process, creating multidisciplinary teams, and systematically monitoring the effectiveness of implemented initiatives. The Washington program demonstrates that integrating education with clinical practice can effectively break down communication barriers between different organizational levels, which was identified as a significant problem in the Gondar hospital (Chen et al., 2021).

A particularly important aspect emphasized in both studies is the role of psychological safety in shaping a culture conducive to improving care quality. The Washington program placed strong emphasis on creating an atmosphere that encouraged residents to report patient safety events, while the Gondar hospital identified low psychological safety as one of the main barriers to change. This convergence confirms that without an environment where employees feel safe reporting problems and proposing improvements, it is impossible to effectively implement safety culture and care quality (Chen et al., 2021). An interesting aspect of the Washington program was the creation of specialized positions: a Quality Improvement and Patient Safety (QIPS) director and an associate program director for healthcare systems. These roles served as a bridge between residents and medical center leadership, enabling the effective implementation of changes proposed by residents. In the context of the Gondar study, where lack of management support was identified as a significant barrier, a similar structural solution could help overcome this obstacle (Chen et al., 2021). The gradual approach to building safety culture used in the Washington program could serve as a valuable model for facilities facing challenges similar to those identified in the Gondar hospital. Starting with building awareness and psychological safety, followed by systematically developing competencies in quality improvement methodologies, may be more effective than attempting to implement comprehensive changes without adequate cultural preparation (Chen et al., 2021; Mengstie et al., 2023). It is also worth noting that both studies emphasized the importance of multidisciplinary collaboration in the process of organizational culture change. The Washington residency program enabled horizontal integration of training across different medical specialties, supporting the development of a comprehensive approach to quality improvement.

Similarly, the authors of the Gondar study recommend supporting multidisciplinary teams as a strategy for strengthening organizational culture (Chen et al., 2021; Mengstie et al., 2023).

In summary, the comparative analysis of the two studies indicates that effective organizational culture change to improve patient safety requires a systematic, multifaceted approach that considers both staff education and structural aspects of the organization. Key elements include building psychological safety, engaging leadership, creating multidisciplinary teams, and integrating educational and operational activities. Although the contexts of the two studies differ significantly, the common elements of effective strategies for organizational culture change can provide valuable guidance for other healthcare facilities striving to improve patient safety (Chen et al., 2021; Mengstie et al., 2023).

6. Quality in Healthcare: The Role of Organizational Culture, Leadership, and Quality Improvement Systems

Healthcare quality is a key factor determining the effectiveness of healthcare systems, patient satisfaction, and clinical outcomes. Research shows that high-quality care translates into better population health, reduced medical errors, and increased trust in medical institutions (West et al., 2011). This chapter discusses key elements influencing healthcare quality, with particular emphasis on the role of organizational culture, leadership, staff engagement, and quality improvement systems. Organizational culture in medical facilities plays a crucial role in shaping care standards. As Swensen and Mohta (Swensen, Mohta, 2019) note, organizational culture is the way organizations make decisions and how employees experience their work. In healthcare, culture can be both a barrier and a catalyst for change, influencing staff readiness to implement innovations and improve quality (Davies et al., 2000). According to Schein (Schein, 2004), organizational culture consists of three levels:

- Artifacts—visible manifestations of culture, such as organizational structure, procedures, or dress code.
- Values—beliefs and norms that influence decision-making.
- Basic assumptions—deeply rooted, often unconscious beliefs that shape behaviors.

In healthcare, culture can vary across professional groups (e.g., doctors vs. managers), leading to the emergence of subcultures or even countercultures that hinder collaboration and change implementation (West, 2012). Empirical studies such as NEJM Catalyst (2019) found that 59% of healthcare workers believe their organization's culture is changing for the better. However, 55% of respondents indicated that their organizations use a "top-down" approach to cultural change management, which the authors consider a sign of inefficiency. Swensen emphasizes that engaging employees in decision-making is crucial to prevent them from feeling that decisions are imposed "from above" (Swensen, Mohta, 2019). Leadership plays a key role

in shaping an organizational culture conducive to quality improvement. West (West, 2012) suggests that effective leaders should:

- Promote a shared vision—clearly communicate priorities related to care quality, e.g., through simple slogans like "patient needs come first" (Swensen, Mohta, 2019).
- Support staff engagement—encourage participation in decision-making processes, e.g., through daily team meetings.
- Build trust—through transparency and integrity in actions.

Research shows that organizations with strong quality cultures exhibit lower patient mortality, higher staff satisfaction, and better financial performance (West et al., 2011). According to the NEJM Catalyst study (2019), 33% of respondents believe that the CEO is primarily responsible for cultural change in the organization. However, Swensen and Mohta stress that responsibility should be distributed across the entire team to prevent culture from being dependent on a single individual (Swensen, Mohta, 2019). Quality improvement systems, such as accreditation, clinical audits, or risk management programs, play a crucial role in raising care standards. The DUQuE project (Groene et al., 2010) demonstrated that mature quality improvement systems are associated with:

- Better clinical outcomes—e.g., reduced medical errors.
- Greater patient engagement—involving them in decision-making processes.
- More effective risk management—through regular monitoring and analysis of adverse events.

Key elements of effective quality improvement systems include:

- Quality monitoring and measurement—using data to identify areas for improvement (Locke, Latham, 2013).
- Shaping organizational culture—promoting values such as collaboration and continuous improvement (Schein, 2004).

Analyzing the DUQuE project, which examined the relationships between quality improvement systems, organizational culture, professional engagement, and patient empowerment in European hospitals, the following recommendations for healthcare organizations can be made (Groene et al., 2010):

- Implement comprehensive quality improvement systems—instead of isolated quality tools, hospitals should develop integrated quality systems encompassing diverse improvement strategies.
- Consider organizational culture—quality improvement systems should be integrated with an organizational culture that supports change and staff engagement.
- Increase professional engagement—doctors and other medical staff should be actively involved in quality improvement processes, enhancing the effectiveness of implemented initiatives.

- Strengthen patient empowerment—hospitals should implement methods to increase patient participation in treatment decisions and use their experiences to improve organizational performance.
- Use maturity assessment frameworks—employ classification models for quality improvement system maturity to assess current status and plan further development.
- Adapt strategies to context—quality improvement strategies should be tailored to the specific hospital, country, and healthcare system.
- Measure impact on treatment outcomes—assessing the effectiveness of quality improvement systems should include their impact on clinical outcomes, patient safety, and patient experiences.
- Develop self-assessment tools—use catalogs of tools developed in the project to build and evaluate quality and safety programs.

Citing the bibliometric analysis conducted in the study "Organisational Culture Research in Healthcare: A Big Data Bibliometric Study" (Qin, Wang, Huang, Zhao, Chiu, Tung, Harrison, Wang, 2023), there is dynamic growth in interest in organizational culture in healthcare. The increase in publications from 1990 to the present, with predictions of further intensification in the coming years, reflects the growing importance of this area. The most active countries, such as the United States, the United Kingdom, Australia, and Canada, are also leaders in publication quality, as evidenced by citation metrics. Such data highlight that research on organizational culture is becoming not only a theoretical tool but also a practical instrument supporting care quality by identifying key areas, such as:

- Leadership—leaders play a decisive role in shaping organizational culture, motivating employees to adhere to high-quality standards and supporting patient safety initiatives.
- Care quality—research clearly indicates a correlation between positive organizational culture and better outcomes in service quality, including improved communication, safety system implementation, and reduced medical errors.
- Innovation and knowledge management—a culture that promotes openness to change and continuous learning enables medical facilities to quickly adapt new technologies and evidence-based practices.

Understanding organizational culture as a complex, multi-layered phenomenon is crucial for strategies to improve medical service quality. First, facility management must recognize that effective culture management involves not only implementing procedures and control systems but also building a shared vision that integrates diverse subcultures within the organization. Second, integrating qualitative research with bibliometric analytical tools enables the identification of trends and key areas requiring intervention. As a result, actions taken are more precise and targeted at specific facility needs, leading to improvements in patient safety, team efficiency, and overall service quality.

7. Discussion

The results of the analysis indicate that effective shaping of organizational culture in healthcare facilities requires an integrated approach, encompassing supportive leadership, open communication, and creating an environment conducive to learning. Mechanisms enabling two-way information exchange, psychological support, and promoting shared responsibility for healthcare quality and patient safety are of key importance here. These actions contribute to reducing the risk of burnout, increasing employee satisfaction, and improving clinical outcomes.

It is also important to adapt change strategies to the local organizational context. Rather than implementing standardized solutions, an approach based on needs assessment, gradual implementation of changes, and utilizing the opinions of internal leaders proves more effective. Such actions increase acceptance among staff, facilitate the implementation of innovations, and promote sustainable improvement in healthcare quality and patient safety. Key recommendations supporting these findings are summarized in Table 1.

Table 1.
Recommendations

Area	Recommendation	Bibliography
Organizational culture	Strengthen clan culture through collaboration, adaptability, and team engagement.	D'Silva, R., Balakrishnan, J.M., Bari, T., Verma, R., Kamath, R. (2024). Organizational culture and burnout...
Safety culture	Implement 'just culture': promoting open communication and management support in error management.	Dekker, S. (2012). Just culture: Balancing safety and accountability...
Impact of management on healthcare quality	Promote authentic and transformational leadership styles to increase staff engagement and improve quality of care.	Tate, K., Bloodworth, L., Rezai, K., Taylor, R. (2023). Authentic leadership, organizational culture, and patient...
Changing organizational culture	Combine resident education with clinical practice to build a safety culture.	Chen, A. et al. (2021). Creating a framework to integrate residency program...
Quality in medical care	Implement comprehensive quality improvement systems, integrate organizational culture and patient involvement.	Groene, O. et al. (2010). Investigating organizational quality improvement systems, patient empowerment, organizational culture...

This table presents key recommendations for improving healthcare organizations across five critical areas. Each recommendation is supported by recent research cited in the bibliography column.

The findings presented in this chapter underscore the critical importance of a holistic approach to organizational culture development in healthcare settings. The evidence strongly suggests that healthcare facilities benefit most from integrating supportive leadership practices, fostering open communication channels, and establishing learning-oriented environments. These elements collectively create a foundation for two-way information exchange, psychological support systems, and shared accountability for quality care and patient safety.

The recommendations outlined in Table 1 provide actionable guidance across five key domains: organizational culture development, safety culture implementation, leadership impact on quality, cultural change management, and comprehensive quality improvement. By addressing these interconnected areas with evidence-based strategies, healthcare organizations can create environments that reduce burnout, enhance job satisfaction, and ultimately deliver better clinical outcomes for patients.

8. Summary and Conclusions

The article shows that organizational culture is not limited solely to formal structures – it is also a sphere in which intangible but key elements manifest, such as unwritten rules, traditions, or rituals that integrate the team and give it a common character. These subtle aspects are of great importance because they shape the way staff interpret everyday challenges, respond to crises, and implement changes. In the context of improving the quality of medical care, a strong, positive organizational culture fosters an environment in which patient safety and effective risk management are priorities. As a result, medical facilities with a well-established culture are better prepared to implement innovations, execute evidence-based strategies, and continuously improve processes.

The presented study constitutes a comprehensive analysis of the role of organizational culture in healthcare facilities, with particular emphasis on its impact on healthcare quality and patient safety. The author reviews current global scientific literature, indicating multidimensional relationships between organizational culture, healthcare quality, and patient safety. At the same time, they recognize a gap in this area of research.

Organizational culture in healthcare has a significant impact on quality of care, patient safety, and staff well-being. The article shows that a culture based on collaboration, openness, and mutual trust fosters the effective functioning of medical facilities. Clan culture, promoting team bonds and flexibility, contributes to greater employee engagement and job satisfaction. On the other hand, a safety culture, in which staff can report errors and hazards without fear, forms the foundation for effective clinical risk management and reduction of adverse events.

Management plays a key role in shaping desired cultural patterns. Effective leadership, both transformational and authentic, plays an important role in building an environment conducive to learning, open communication, and psychological safety. Leaders who promote engagement and transparency have a direct impact on the quality of services provided and the level of trust within the organization. The article demonstrates that leadership style and the nature of organizational culture are inextricably linked and jointly determine the effectiveness of corrective and developmental actions.

Transforming organizational culture requires a systemic and long-term approach. It is indicated that combining education with clinical practice, developing multitasking teams, and creating structural support mechanisms for employees are effective tools for introducing changes. Effective cultural change is only possible when it is embedded in the realities of a given organization, takes into account local needs and barriers, and actively involves all participants in the system – from management to frontline workers.

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