

ORGANIZATIONAL CULTURE IN HEALTHCARE: PERSPECTIVES OF FOUR GENERATIONS OF MEDICAL STAFF

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Purpose: The purpose of this study is to examine how healthcare personnel in Poland perceive organizational culture and whether these perceptions differ across generations. The research aims to identify generational differences in the evaluation of workplace atmosphere, work-life balance, and the professional climate fostered by management, thereby contributing to a better understanding of workforce diversity in healthcare institutions.

Design/methodology/approach: A quantitative survey was conducted among 506 healthcare professionals in Poland, including physicians, nurses, midwives, and other clinical staff. The survey used a five-point Likert scale to assess perceptions of organizational culture. Data were analyzed using descriptive statistics, reliability analysis, Kruskal-Wallis tests, and post hoc pairwise comparisons to identify differences between generational groups.

Findings: The study found significant generational differences in perceptions of organizational culture. Older generations (Generation X and Baby Boomers) rated workplace atmosphere, work-life balance, and the professional climate fostered by management more positively than younger generations (Millennials and Generation Z). Generation Z reported the lowest evaluations across all three measured dimensions of organizational culture.

Research limitations/implications: The cross-sectional design limits causal inference, and contextual variables such as type of healthcare facility or employment conditions were not controlled. Future research should adopt longitudinal and mixed-method approaches to examine whether these generational differences are stable over time and how they impact organizational performance in Polish healthcare settings.

Practical implications: The findings indicate that perceptions of organizational culture differ across generational groups among healthcare personnel. Healthcare managers may benefit from considering how employees from different generational cohorts perceive workplace atmosphere, work-life balance, and the professional climate fostered by management.

Social implications: The study demonstrates that healthcare personnel from different generations perceive organizational culture differently. Recognizing these differences may support a more inclusive work environment and enhance staff well-being across all age groups.

Originality/value: This study provides empirical evidence of generational differences in healthcare personnel's perceptions of organizational culture in Poland. By comparing four generational cohorts using a consistent measurement framework, it addresses a notable gap in the literature on workforce diversity and organizational culture in healthcare settings.

Keywords: organizational culture; generational diversity; healthcare workforce.

Category of the paper: Research paper.

1. Introduction

Healthcare organizations operate in complex and dynamic environments, where the quality of care depends on clinical skills and resources, as well as the underlying organizational culture.

Organizational culture encompasses shared values, beliefs, norms, and practices that guide employees' behavior and influence decision-making, communication, and collaboration within institutions (Praveena, Fonceca, 2023; Schein, Schein, 2017). A positive culture can enhance staff satisfaction, engagement, and retention, while also improving patient outcomes and overall institutional performance. Conversely, cultural misalignment or neglect may contribute to stress, burnout, and reduced quality of care (Georgousopoulou et al., 2025; Kiptulon et al., 2024; Qin et al., 2023; Rafi'i et al., 2025).

In recent years, research has increasingly highlighted the role of generational diversity as a factor shaping perceptions and expectations within healthcare organizations. Different generational cohorts - Baby Boomers, Generation X, Millennials (Generation Y), and Generation Z - exhibit distinct work values, leadership preferences and attitudes towards technology. These differences can impact teamwork, communication, and the effectiveness of organizational policies and interventions. Understanding how generational composition interacts with organizational culture is therefore essential for designing strategies that foster collaboration, engagement, and high-quality patient care (Lee, Lee, 2023).

Polish healthcare institutions are undergoing demographic and structural changes, including shifts in the age distribution of physicians, nurses, and other clinical staff (GUS, 2025). These changes may further influence how organizational culture is perceived and enacted in daily practice. Organizational culture has been shown to play a critical role in the effectiveness and overall performance of healthcare organizations (Qin et al., 2023). Consequently, it is important to monitor and review the evolving literature on organizational culture in healthcare to identify emerging insights and strategies for improving healthcare delivery. Despite increasing interest in this area, empirical studies examining the relationship between organizational culture and generational diversity in Poland remain limited.

The aim of this study was to examine how healthcare personnel in Poland perceive organizational culture and whether these perceptions differ across generational cohorts. Prior research indicates that differences in work values and attitudes exist among employees of different generations (Caron, Bowers, 2000; Godino et al., 2025; Tan, Chin, 2023). Based on this literature, the following hypothesis was formulated:

H1: Perceptions of organizational culture in Polish healthcare institutions differ significantly according to employees' generational affiliation.

2. Organizational Culture in Healthcare Organizations

Organizational culture has been conceptualized in multiple ways across the literature. Deshpande and Parasuraman (1986) define it as a set of principles, often subconscious, that bridge the gap between unwritten rules and actual organizational behavior. Griffin (2017) emphasizes shared values that help members understand what the organization stands for, how it operates, and what it considers important. Hofstede (2000) describes culture as a set of values, norms, or organizational rules effectively instilled in a group, while Pettigrew (1979) frames it as a system of widely accepted meanings for a given group at a particular time. Schein (1998) conceptualizes organizational culture as a pattern of shared, basic assumptions developed by a group to solve the problems of external adaptation and internal integration. Likert and Likert (1976) describe it as the dominant pattern of values, myths, beliefs, assumptions, and norms, expressed through language, symbols, artifacts, technology, management practices, attitudes, and actions. Morgan (1997) interprets culture as a developmental pattern reflected in social knowledge systems, ideology, values, rules, and daily rituals, whereas Lewis (1997) emphasizes interpretative frameworks and core values that create unique meaning within an organization. Siehl and Martin (1984) highlight the cohesive function of culture, describing it as the “glue” that binds an organization together through shared patterns of meaning. Finally, Juchnowicz (2013) focuses on the behavioral aspect, defining organizational culture as an informal system of thinking and behavioral patterns within the organization. Collectively, these perspectives underline that organizational culture encompasses both formal and informal elements, shaping how members perceive, interpret, and act within their organizational environment.

In the context of healthcare, as emphasized by Sikorski (2002), organizational culture goes beyond standard definitions, encompassing specific aspects related to patient care, patient satisfaction, and the efficiency of medical staff. It can be understood as the sum of the shared values, attitudes, and beliefs across part of or the whole of an organization (e.g., across a medical division, an entire hospital, or a health service) (Braithwaite et al., 2018). In Poland, where the healthcare system is heavily dependent on public funding, organizational culture often reflects both the challenges associated with underfunding and the need to adapt to the evolving demands of patients and the broader environment (Sowińska-Domagala, Wolniak, 2025).

Organizational culture in healthcare settings has increasingly been recognized as a critical factor shaping staff attitudes and behaviors, patient outcomes, and institutional performance. It has been shown to influence a wide range of outcomes, including provider job satisfaction (Goodman et al., 2001; Joseph et al., 2023), patient satisfaction (Meterko et al., 2004; Tietschert et al., 2019), performance in acute hospital settings (Jacobs et al., 2013), patient safety (Singer et al., 2010), and the implementation of quality systems (Shortell et al., 1995).

In the Polish context, Pomaranik (2022) reported a positive correlation between organizational culture in hospitals and medical staff retention. Interest in organizational culture has been renewed recently, as challenges in healthcare quality and safety persist (Bates et al., 2023), and burnout among healthcare workers has become increasingly salient (Shanafelt et al., 2017), emphasizing its critical role in supporting effective and sustainable healthcare delivery (Mannion, Davies, 2018).

A recent systematic review by Rafi'i et al. (2025) demonstrates that organizational culture is significantly associated with provider work satisfaction, identifying six core cultural themes: continuous communication, organizational leadership, teamwork, employee involvement in decision-making, employee recognition, and autonomy. Earlier work confirms that organizational culture in hospitals also influences employee performance (Almutairi et al., 2022). The mechanisms by which culture exerts these effects are multifaceted. For example, Lu et al. (2022) found that a supportive culture correlates with staff well-being and patient safety outcomes, while Kiptulon et al. (2024) report that positive organizational culture and climate are consistently associated with reduced work-related stress among nurses, providing empirical evidence that culture can act as a protective factor in high-demand clinical settings.

Leadership is a fundamental determinant of organizational culture in healthcare settings. Al-Shammery et al. (2023) highlight how leadership styles markedly influence both culture and performance, while Rovithis (2023) shows that interprofessional collaboration is intricately linked to organizational culture, indicating that culture can foster or inhibit cross-disciplinary teamwork - a key element in modern care delivery. Beyond staff performance and leadership, research indicates that culture also impacts system-level resilience and adaptability. Specific dimensions of organizational culture - including development, group, rational, and hierarchical cultures - are associated with healthcare supply chain resilience, highlighting culture's role in maintaining continuity of care during disruptions (Manda, 2017; Al-Ma'aitah, 2024). Moreover, technology orientation can strengthen the relationship between cultural dimensions and resilience outcomes, suggesting that culturally aligned technological capabilities may enhance organizational adaptability. The adaptation of measurement tools for culture in healthcare professional education has also been reported (Başer et al., 2025), indicating that cultural assessment is feasible and essential for strategic development.

Despite this growing body of research, several gaps remain. Many studies are cross-sectional and limited to single organizations or professions, making it difficult to infer causality or generalize findings. Rafi'i et al. (2025) emphasize that although the link between culture and satisfaction is robust, more rigorous longitudinal and mixed-method studies are needed. Furthermore, while teamwork, communication, and leadership dominate the literature, aspects such as culture's interaction with generational differences among staff remain under-explored - an important omission given workforce heterogeneity.

Research on generational dynamics in healthcare increasingly emphasizes that four generational groups - Baby Boomers (born approx. 1946-1964), Generation X (1965-1979), Millennials or Generation Y (1980-1994), and Generation Z (born from 1995 onwards) - differ in their work values, leadership expectations, and technology adoption (Tan, Chin, 2023). These generational differences are particularly relevant in the Polish context, where workforce demographics vary across professions. At the end of 2024, 166,515 physicians in Poland held the right to practice, of whom 141,193 were reported as working directly with patients. The largest age group among physicians was 30-39 years (20.4%), indicating a predominance of young- to mid-career professionals. Other core clinical professions working directly with patients included 36,965 dentists, 219,881 nurses, 28,828 midwives, and 62,087 physiotherapists (GUS, 2025). Midwives and some segments of the nursing workforce tend to be older on average, highlighting additional variability in workforce age structure. These demographic patterns provide an important context for organizational culture research, particularly when examining whether perceptions of organizational culture differ across generational groups.

3. Methods

A survey was conducted among healthcare professionals in Poland to collect research data. In total, 506 respondents took part in the study. Participation was voluntary, with full assurance of confidentiality and anonymity. To evaluate organizational culture, a five-point Likert scale was applied, ranging from 1 (strongly disagree) to 5 (strongly agree). The data obtained were processed using IBM SPSS Statistics 29. A reliability analysis was carried out to assess the properties of the measurement scale and its individual items. The overall organizational culture score did not follow a normal distribution, as indicated by the Shapiro-Wilk test. Subsequently, the data were analyzed using descriptive statistics and Kruskal-Wallis tests. In all analyzes, p-values below 0.05 were considered statistically significant.

4. Results

4.1. Characteristics of respondents

The study examined several socio-demographic variables to characterize the respondents and assess their suitability for participation. These included gender, age, healthcare profession, marital status, and years of work experience. The results are presented in Table 1.

Table 1.
Socio-demographic characteristics of the study participants (N = 506)

Construct		Frequency (N)	Percent (%)
Gender	Male	140	27.7
	Female	366	72.3
	Total	506	100.0
Age category and generations	Less than 31 years (Generation Z)	56	11.1
	Between 31-45 years (Millennials / Generation Y)	132	26.1
	Between 46-60 years (Generation X)	290	57.3
	Above 60 years (Baby Boomers)	28	5.5
	Total	506	100.0
Years of experience	Between 1-5 years	57	11.3
	Between 6-10 years	35	6.9
	Between 11-15 years	61	12.1
	Between 16-25 years	85	16.8
	Above 25 years	268	53.0
	Total	506	100.0
Marital status	Never married	57	11.3
	Married	377	74.5
	Widowed	18	3.6
	Divorced/separated	54	10.7
	Total	506	100.0
Healthcare profession	Physician	179	35.4
	Nurse	247	48.8
	Midwife	34	6.7
	Other	46	9.1
	Total	506	100.0

Source: Own elaboration.

The study results showed that the majority of respondents were female (72.3%), while male participants accounted for 27.7% of the total sample. This indicates a noticeable gender imbalance among the surveyed healthcare professionals, with women being significantly overrepresented.

In terms of age distribution, more than half of the respondents (57.3%) were aged 46-60 years, while 26.1% were between 31 and 45 years old. A smaller proportion (11.1%) were under 31 years, and 5.5% were over 60 years. The age structure therefore suggests that the majority of participants represented a mature, professionally active population rather than younger entrants or those approaching retirement in the healthcare workforce.

Regarding professional experience, more than half of the respondents (53.0%) reported over 25 years of work experience in healthcare institutions. Another 16.8% had between 16 and 25 years of experience, and 12.1% had worked for 11-15 years. A smaller proportion had shorter work experience: 11.3% had worked 1-5 years, and 6.9% reported 6-10 years of experience. This distribution indicates that the vast majority of participants possessed substantial professional experience, which likely enhanced the reliability of their responses in relation to the issues examined.

As for marital status, most respondents were married (74.5%), while 11.3% reported never having been married. Divorced or separated individuals accounted for 10.7%, and widowed participants for 3.6% of the total. These data suggest that the study group was largely composed of individuals with established family situations.

When analyzing healthcare professions, the largest group of respondents were nurses (48.8%), followed by physicians (35.4%) and midwives (6.7%). An additional 9.1% of participants belonged to other medical professions, including paramedics and laboratory diagnosticians. This distribution indicates that the sample reflected a diverse range of medical roles within the Polish healthcare system, with a predominance of nursing professionals.

4.2. Organizational culture in healthcare facilities - staff perspective

In order to examine the properties of the measurement scale and the items assessing organizational culture in the survey questionnaire for healthcare personnel, a reliability analysis was conducted. The detailed results of this analysis are presented in Table 2 and Figure 1.

Table 2.

Reliability analysis of the organizational culture items in the survey questionnaire for healthcare personnel and descriptive statistics of the variables (N = 506)

Construct	Variable	Mean	Standard Deviation
Organizational culture $\alpha = 0.790$	OC1. There is a friendly and supportive atmosphere in the healthcare facility	4.03	1.125
	OC2. Working conditions in the facility enable employees to maintain a work-life balance	3.77	1.336
	OC3. The management of the healthcare facility creates a professional climate in which medical staff are treated with respect	3.79	1.386

Source: Own elaboration.

Values of Cronbach's alpha exceeding 0.70 indicate that the scale demonstrates satisfactory internal consistency (Azhar et al., 2022). The significance levels for the individual variables were very low ($p < 0.001$), indicating that the null hypothesis of the Shapiro-Wilk test, which assumes normal distribution of the variables, is rejected. Consequently, the distributions of the analyzed variables deviate from normality.

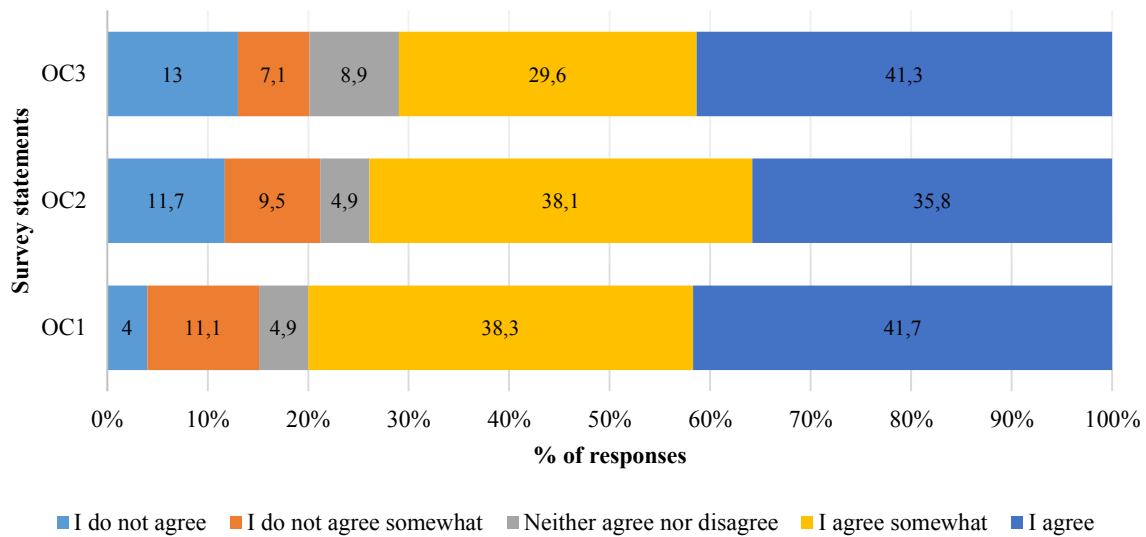


Figure 1. Distribution of survey responses.

Source: Own elaboration.

The results indicate that healthcare personnel rated aspects of organizational culture in their facilities at a moderately high level. The presence of a friendly and supportive atmosphere was assessed the highest (OC1: $M = 4.03$; $SD = 1.125$). Slightly lower ratings were given to the management's creation of a professional climate in which medical staff are treated with respect (OC3: $M = 3.79$; $SD = 1.386$), followed by the perception that working conditions allow employees to maintain a work-life balance (OC2: $M = 3.77$; $SD = 1.336$). These results suggest that staff generally view the organizational culture positively, though there remain areas that could be improved.

4.3. Differences in perceived organizational culture across staff generations

The next stage of the study examined whether ratings of individual aspects of organizational culture differed depending on the respondents' generational affiliation. Differences between generations were analyzed using the Kruskal-Wallis test, which is appropriate for nonparametric data (Wądołowska, 2013; Mondal et al., 2022).

Table 3.

Comparison of perceptions of organizational culture dimensions according to generation

Variable	Respondent's Generation	Mean rank	<i>Me</i>	<i>H</i> (3)	<i>p</i>	η^2
OC1. There is a friendly and supportive atmosphere in the healthcare facility.	Generation Z ($n = 56$)	192.25	4.00	16.894	<0.001	0.05
	Millennials ($n = 132$)	245.52	4.00			
	Generation X ($n = 290$)	270.73	4.00			
	Baby Boomers ($n = 28$)	235.13	4.00			
OC2. Working conditions in the facility enable employees to maintain a work-life balance.	Generation Z ($n = 56$)	189.17	3.00	28.278	<0.001	0.07
	Millennials ($n = 132$)	222.87	4.00			
	Generation X ($n = 290$)	278.38	4.00			
	Baby Boomers ($n = 28$)	268.84	4.00			

Cont. table 3.

OC3. The management of the healthcare facility creates a professional climate in which medical staff are treated with respect.	Generation Z (<i>n</i> = 56)	163.12	2.00	45.336	< 0.001	0.10
	Millennials (<i>n</i> = 132)	221.15	4.00			
	Generation X (<i>n</i> = 290)	281.89	4.00			
	Baby Boomers (<i>n</i> = 28)	292.71	5.00			

Note. Me - median, H - Kruskal-Wallis H test; η^2 - eta square, a measure of the strength of the association; p - an estimate of the probability that the observed difference between groups is random. The result of the analysis is statistically significant if the *p-value* is less than the assumed alpha threshold, which is 0.05.

Source: Own elaboration.

The aspects of organizational culture that significantly differed according to generation ($p < 0.05$) included all three analyzed dimensions: the presence of a friendly and supportive atmosphere in the healthcare facility, working conditions enabling work-life balance, and the creation of a professional climate by management in which medical staff are treated with respect.

The strongest generational differences were observed in the perception of respectful and professional management climate (OC3; $H = 45.336$, $p < 0.001$, $\eta^2 = 0.10$), indicating a moderate effect size. Slightly smaller but still statistically significant effects were found for work-life balance conditions (OC2; $H = 28.278$, $p < 0.001$, $\eta^2 = 0.07$) and friendly workplace atmosphere (OC1; $H = 16.894$, $p < 0.001$, $\eta^2 = 0.05$), both reflecting weak to moderate effects.

The analyzes indicate that the respondents' generation differentiates the perception of organizational culture dimensions. To identify the specific differences between generational groups, post hoc tests with Bonferroni correction were conducted. The results of these analyzes are presented in Table 4.

Table 4.

Significance value of pairwise comparisons with Bonferroni correction for organizational culture dimensions according to generation

Variable	Respondent's Generation	1	2	3
OC1. There is a friendly and supportive atmosphere in the healthcare facility.	1. Generation Z (<i>n</i> = 56)	-		
	2. Millennials (<i>n</i> = 132)	0.086	-	
	3. Generation X (<i>n</i> = 290)	0.001	0.469	-
	4. Baby Boomers (<i>n</i> = 28)	1.000	1.000	1.000
OC2. Working conditions in the facility enable employees to maintain a work-life balance.	1. Generation Z (<i>n</i> = 56)	-		
	2. Millennials (<i>n</i> = 132)	0.761	-	
	3. Generation X (<i>n</i> = 290)	0.001	0.001	-
	4. Baby Boomers (<i>n</i> = 28)	0.077	0.663	1.000
OC3. The management of the healthcare facility creates a professional climate in which medical staff are treated with respect.	1. Generation Z (<i>n</i> = 56)	-		
	2. Millennials (<i>n</i> = 132)	0.052	-	
	3. Generation X (<i>n</i> = 290)	0.001	0.001	-
	4. Baby Boomers (<i>n</i> = 28)	0.001	0.079	1.000

Source: Own elaboration.

It has been shown that:

- The organizational culture dimension related to a friendly and supportive atmosphere in the healthcare facility (OC1) was assessed significantly higher by Generation X representatives compared to Generation Z ($p = 0.001$). Other generational differences in this dimension were not statistically significant.
- The organizational culture dimension related to working conditions that enable employees to maintain a work-life balance (OC2) was also rated significantly higher by Generation X respondents than by Generation Z ($p = 0.001$) and Millennials ($p = 0.001$). No statistically significant differences were found between the other generational groups.
- The organizational culture dimension related to management creating a professional and respectful climate (OC3) was evaluated at a significantly higher level by Generation X and Baby Boomers compared to Generation Z ($p = 0.001$ for both comparisons). The difference between Generation X and Millennials was also statistically significant ($p = 0.001$), indicating that older generations perceived this aspect of organizational culture more positively.

Overall, the results suggest that older generations (Generation X and Baby Boomers) tend to rate the organizational culture of healthcare facilities more favorably, particularly in terms of professional climate and respect from management, while Generation Z consistently reported the lowest evaluations across all analyzed dimensions.

5. Discussion

The present study examined healthcare personnel's perceptions of selected dimensions of organizational culture and the extent to which these perceptions differ across generational cohorts. Overall, the findings indicate that all three analyzed dimensions of organizational culture - a friendly and supportive atmosphere (OC1), working conditions supporting work-life balance (OC2), and a professional climate characterized by respect from management (OC3) - were evaluated at moderately high levels. Importantly, the results demonstrate that perceptions of organizational culture are not uniform across generations. Statistically significant differences were identified between generational groups, with older cohorts generally reporting more favorable assessments, while the youngest respondents tended to provide lower evaluations.

The present study demonstrated significant generational differences in perceptions of whether management creates a professional climate in which medical staff are treated with respect (OC3). This dimension was evaluated more positively by representatives of Generation X and Baby Boomers compared to Generation Z, while Generation X also reported significantly higher ratings than Millennials. These findings indicate that older generations perceive the

professional and respectful climate created by management more favorably than younger cohorts.

Previous research consistently emphasizes that respect from leaders and supervisors constitutes a central element of how healthcare personnel evaluate their professional environment. Studies on workplace dignity indicate that being treated with respect by management and colleagues is a core component of perceived organizational culture in healthcare settings (de Beer et al., 2024). It has also been shown that medical staff are unable to fully uphold patients' dignity in work environments where their own professional dignity is not respected (Gallagher, 2004). Similarly, qualitative research among nurses has identified lack of respect and insufficient managerial support as frequently reported barriers to a respectful and professional work climate (Nouri et al., 2019).

Generational perspectives on respect in healthcare workplaces have also been documented in earlier studies. Research focusing on older cohorts of medical staff indicates that being valued and respected by management is regarded as a particularly important aspect of the work environment among more experienced professionals (Dols et al., 2010; Wieck et al., 2010). This aligns with the higher OC3 ratings observed among Generation X and Baby Boomers in the present study.

In contrast, evidence from studies involving younger cohorts suggests a less favorable perception of respect in the workplace. Tan and Chin (2023) reported that Generation Y and Generation Z healthcare staff obtained the highest recognition-related scores indicating feelings of insufficient respect or consideration, particularly in relation to age. More recent findings further suggest that Generation Z medical staff may experience a sense of inadequate respect and recognition that has not been widely reported in earlier research (Kanste et al., 2025). Qualitative evidence also indicates that younger staff, especially Generation Z, often perceive their opinions as undervalued by colleagues from other generations in clinical settings (Al-Moteri et al., 2025).

Overall, these findings from prior research are consistent with the results of the present study, which show that younger generations - particularly Generation Z - evaluate the professional and respectful climate created by management less positively than older cohorts. This convergence of evidence suggests that generational affiliation is an important factor differentiating how respect and professionalism within healthcare management are perceived by medical staff.

Generational differences were also observed in perceptions of work-life balance conditions (OC2). In the present study, representatives of Generation X assessed work-life balance more positively than Generation Z and Millennials. Comparable patterns were reported by Tan and Chin (2023), who identified statistically significant generational differences in perceptions of work-life balance among hospital nurses, with younger cohorts assigning higher importance to this aspect than older generations. Their findings demonstrated a progressive increase in work-

life balance ratings from Baby Boomers to Generation Z, indicating that perceptions of this dimension of the work environment vary systematically across generations.

Evidence from nursing research further suggests that work-life balance constitutes a central element of favorable working conditions for younger healthcare professionals. Campbell et al. (2020) and Dols et al. (2010) demonstrated that nurses from Generation Y perceive balance between professional and private life as a key component of a supportive practice environment, while disturbances related to excessive workload and staffing shortages are associated with less favorable evaluations of working conditions and care quality.

More broadly, previous research indicates that younger cohorts of employees, particularly Generation Y and Generation Z, attach greater importance to work-life balance compared to older generations, including Baby Boomers (Christensen et al., 2018; Pawlak et al., 2022; Sanches et al., 2024; Stevanin et al., 2018). Integrative reviews of the nursing workforce indicate that Generation X and Generation Y nurses have been consistently described as valuing the maintenance of an appropriate balance between professional and personal life as part of their work environment perceptions (Rollán Oliveira, Siles González, 2021).

Collectively, these findings support the view that generational differences in the assessment of work-life balance observed in the present study are consistent with broader patterns reported in healthcare workforce research.

In the present study, the dimension related to a friendly and supportive atmosphere in healthcare facilities (OC1) was rated significantly higher by Generation X compared to Generation Z, while differences between other generational groups were not statistically significant. This suggests that older employees perceive the workplace as slightly more supportive than the youngest generation.

Comparable findings regarding levels of supportive and collegial work environments have been reported in healthcare contexts internationally. For instance, a study conducted among nurses during the COVID-19 pandemic in Poland found that younger staff reported lower evaluations of supportive aspects of the workplace compared to older staff, with the overall mean for interpersonal support being moderately high but still lower than other components (Klukow et al., 2022). Similarly, research involving a large sample of nurses in Sweden documented measurable positive assessments of support within healthcare teams, indicating that supportive workplace atmospheres are generally recognized by staff, though levels vary across contexts (Larsman et al., 2024). In addition, Shahnavaizi et al. (2021) reported that among nurses in multiple hospital settings in Iran, those in older age groups generally rated the organizational climate more positively than younger nurses, indicating that a friendly and supportive atmosphere is commonly perceived at a moderate to high level across the workforce.

In contrast to the present study, Stuenkel et al. (2005) reported that as compared with the older nurses, younger nurses significantly perceived their superiors to be supportive.

Taken together, these findings suggest that the moderately high scores observed in the current study for OC1 align with existing evidence from healthcare settings. They also confirm that generational differences, particularly the lower evaluations reported by Generation Z compared to Generation X, are consistent with broader patterns of variation in perceived workplace support.

In conclusion, fostering a positive and inclusive organizational culture requires recognizing and integrating the distinct strengths of each generational group among medical staff. Baby Boomers contribute extensive clinical expertise and often serve as important mentors. Generation X staff bring adaptability and openness to modernizing care delivery and may play a key role in responding to evolving organizational challenges. Generation Y employees contribute technological competencies and can strengthen teamwork when their skills are appropriately recognized. Finally, Generation Z approaches learning, work, communication, and opportunity creation in ways that differ from previous generations, prompting healthcare organizations to adapt work environments to better reflect generational diversity (Christensen et al., 2018; Sanches et al., 2024). This perspective highlights the importance of designing healthcare work environments that acknowledge generational diversity while fostering a professional, respectful, and supportive climate across all staff.

In summary, the study provides empirical evidence that perceptions of key dimensions of organizational culture in healthcare - supportive atmosphere, work-life balance conditions, and respectful professional climate - vary significantly across generations. This finding aligns with prior healthcare workforce research and underscores the relevance of generational analysis in studies of organizational culture in medical settings.

This research has several limitations. The cross-sectional design limits the ability to infer causality, and the analysis did not control for contextual variables such as type of healthcare facility, ownership model, or employment conditions, which may influence cultural perceptions. Similar limitations have been reported in other recent systematic reviews (Kiptulon et al., 2024; Rafi'i et al., 2025). Future longitudinal studies should therefore examine whether the observed generational differences are stable over time or reflect transitional phenomena linked to the post-pandemic transformation of healthcare work environments (Pawlak et al., 2025).

6. Conclusions

This study provides empirical evidence confirming H1, demonstrating that perceptions of organizational culture in Polish healthcare institutions differ significantly according to employees' generational affiliation. Older generations, particularly Baby Boomers and Generation X, consistently evaluated key dimensions of organizational culture - supportive

workplace atmosphere (OC1), work-life balance conditions (OC2), and a professional climate characterized by respect from management (OC3) - more positively than the youngest cohort, Generation Z.

The demographic and professional composition of Polish healthcare institutions provides essential context for understanding these differences. Key factors include generational diversity, feminization of care professions, and regional disparities. Younger medical staff, especially Generation Z, enter the workforce during periods of high workload, rapid technological change, and systemic pressures intensified by the COVID-19 pandemic, which may shape their perceptions of organizational culture differently than those of older generations, who are accustomed to more stable and hierarchical settings (Al-Moteri et al., 2025; Almutairi et al., 2022; Pawlak et al., 2025; Tietschert et al., 2024).

In sum, organizational culture in healthcare is shaped by workforce characteristics, including generational composition. Understanding how different generational cohorts perceive organizational culture is therefore essential to interpret cultural dynamics in healthcare institutions and to inform tailored management strategies (Godino et al., 2025; Tan, Chin, 2023; Tussing, Tornwall, 2024). Recognizing these differences can help healthcare managers design policies and practices that effectively support a professional, respectful, and supportive organizational culture across all generational cohorts.

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